

# Dental Schedule 11

- Sample listing from dental schedule effective 1/1/11
- Procedure codes are listed to the left of the allowance.
- Unpublished procedures are available upon request.

All benefits are subject to Plan limitations. A family maximum applies to the total amount of benefits payable within a calendar year. Benefits paid for Qualifying Children under the age of 18 are not subject to or applied to the annual family maximum.

## Schedule 11 — \$3000 annual family maximum

If you have any questions, call the Fund Office at **804-282-3131** or toll free at **1-800-852-0806**.

Procedure	Dental Code	Allowance
<b><u>DIAGNOSTIC</u></b>		
<b>Clinical Oral Evaluations</b>		
Periodic .....	(D0120)	\$35.00
Comprehensive .....	(D0150)	\$62.00
<b>Radiographs</b>		
Complete series (including bitewings) .....	(D0210)	\$101.00
Intraoral-periapical-first film .....	(D0220)	\$20.00
Each additional .....	(D0230)	\$16.00
Bite-wings .....	(D0272)	\$33.00
Panoramic film .....	(D0330)	\$82.00
<b><u>PREVENTIVE</u></b>		
<b>Prophylaxis</b>		
Adult .....	(D1110)	\$65.00
Child .....	(D1120)	\$45.00
Fluoride treatment .....	(D1203)	\$29.00
Sealants – per tooth .....	(D1351)	\$40.00
<b><u>RESTORATIVE</u></b>		
<b>Amalgam</b>		
1 surface		
Primary or permanent .....	(D2140)	\$85.00
2 surfaces		
Primary or permanent .....	(D2150)	\$110.00
3 surfaces		
Primary or permanent .....	(D2160)	\$134.00
4 surfaces		
Primary or permanent .....	(D2161)	\$163.00

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Procedure	Dental Code	Allowance
<b>Resin</b>		
<b>1 surface</b>		
Anterior .....	(D2330) .....	\$102.00
Posterior .....	(D2391) .....	\$119.00
<b>2 surfaces</b>		
Anterior .....	(D2331) .....	\$130.00
Posterior .....	(D2392) .....	\$156.00
<b>3 surfaces</b>		
Anterior .....	(D2332) .....	\$159.00
Posterior .....	(D2393) .....	\$194.00
Pin retention - per tooth .....	(D2951) .....	\$44.00
Gold foil/inlay (1 surface) .....	(D2410) .....	\$210.00
Metallic inlay (1 surface) .....	(D2510) .....	\$555.00
 <b><u>CROWNS</u></b>		
Porcelain fused to high noble metal .....	(D2750) .....	\$827.00
Porcelain fused to noble metal .....	(D2752) .....	\$789.00
Full cast noble metal .....	(D2792) .....	\$770.00
<b>Prefabricated stainless steel</b>		
Primary .....	(D2930) .....	\$205.00
Permanent .....	(D2931) .....	\$232.00
Cast Post and core (in addition to crown) .....	(D2952) .....	\$310.00
Core build-up including any pins .....	(D2950) .....	\$196.00
 <b><u>ENDODONTICS</u></b>		
Pulp cap – direct .....	(D3110) .....	\$51.00
Pulp cap – indirect .....	(D3120) .....	\$42.00
Therapeutic pulpotomy .....	(D3220) .....	\$121.00
<b>Root canal therapy</b>		
Anterior .....	(D3310) .....	\$510.00
Bicuspid .....	(D3320) .....	\$623.00
Molar .....	(D3330) .....	\$805.00
Apicoectomy-anterior .....	(D3410) .....	\$584.00
 <b><u>PERIODONTICS</u></b>		
<b>Provisional splinting</b>		
Intra-coronal .....	(D4320) .....	\$333.00
Extra-coronal .....	(D4321) .....	\$292.00
Periodontal scaling and root planning - per quadrant .....	(D4341) .....	\$181.00
Periodontal maintenance procedures .....	(D4910) .....	\$108.00

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<b>PROSTHODONTICS</b>		
<b>Complete dentures (Includes routine post delivery care within 6 months)</b>		
Complete maxillary (upper)	(D5110)	\$1068.00
Complete mandibular (lower)	(D5120)	\$1068.00
<b>Partial dentures (Includes routine post delivery care within 6 months)</b>		
Maxillary (upper), resin base (including any conventional clasps, rests and teeth)	(D5211)	\$902.00
Mandibular (lower), resin base (including any conventional clasps, rests and teeth)	(D5212)	\$1048.00
Maxillary or mandibular (upper or lower), cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	(D5213)	\$1180.00
Removable unilateral partial - (including clasps and teeth)	(D5281)	\$688.00
<b>Adjustment complete denture</b>		
Maxillary	(D5410)	\$58.00
Mandibular	(D5411)	\$58.00
<b>Adjustment partial denture</b>		
Maxillary	(D5421)	\$58.00
Mandibular	(D5422)	\$58.00
<b>Repairs to dentures</b>		
Repair broken complete denture base	(D5510)	\$117.00
Replace missing or broken teeth (each tooth)	(D5520)	\$97.00
Repair or replace broken clasp	(D5630)	\$166.00
Replace broken teeth (per tooth)	(D5640)	\$107.00
Add tooth to existing partial	(D5650)	\$146.00
Add clasp to existing partial	(D5660)	\$175.00
<b>Upper and lower denture relining</b>		
Reline complete maxillary (upper) or mandibular (lower) denture		
Chairside	(D5740)	\$224.00
Laboratory	(D5750)	\$327.00
Reline maxillary (upper) or mandibular (lower) partial denture		
Chairside	(D5741)	\$224.00
Laboratory	(D5751)	\$327.00
<b>Bridge pontics</b>		
Pontic, cast high noble metal	(D6210)	\$769.00
Pontic, porcelain fused to high noble metal	(D6240)	\$759.00
Pontic, resin with noble metal	(D6250)	\$749.00
Recement bridge	(D6930)	\$102.00
Precision attachment	(D6950)	\$445.00

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Crowns when used as abutments		
Porcelain fused to high noble metal .....	(D6750) .....	\$866.00
3/4 cast high noble metal .....	(D6780) .....	\$817.00
Full cast high noble metal .....	(D6790) .....	\$836.00
Full cast predominately base metal .....	(D6791) .....	\$793.00
<b><u>IMPLANTS</u></b>		
Endodontic endosseous implant .....	(D3460) .....	\$1,719.00
<b><u>ORAL SURGERY</u></b>		
<b>Extractions (including local anesthesia)</b>		
Coronal remnants – deciduous tooth .....	(D7111) .....	\$79.00
Erupted Tooth .....	(D7140) .....	\$106.00
<b>Alveoloplasty - per quadrant</b>		
In conjunction with extractions .....	(D7310) .....	\$215.00
Not in conjunction with extractions .....	(D7320) .....	\$311.00
<b><u>MISCELLANEOUS</u></b>		
Palliative (emergency) treatment of dental pain .....	(D9110) .....	\$69.00
General anesthesia - first 30 minutes .....	(D9220) .....	\$279.00
Analgesia .....	(D9230) .....	\$38.00
Occlusal adjustments (complete) .....	(D9952) .....	\$495.00