

# Dental Schedule 8B

- Sample listing from dental schedule effective 11/1/07
- 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- Unpublished procedures are available upon request.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.

## Schedule 8B — \$350 annual family maximum

If you have any questions, call the Fund Office at **282-3131** for local calls or **1-800-852-0806** for out of area calls.

| 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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|--|---------------|-----------|
| <b>Resin</b>   |               |           |
| 1 surface  |               |           |
| Anterior .....   | (D2330) ..... | \$102.00  |
| Posterior .....  | (D2391) ..... | \$119.00  |
| 2 surfaces   |               |           |
| Anterior .....   | (D2331) ..... | \$130.00  |
| Posterior .....  | (D2392) ..... | \$156.00  |
| 3 surfaces   |               |           |
| 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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| Procedure   | Dental Code   | Allowance  |
|---|---------------|------------|
| 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   |