TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA
HEALTH & WELFARE FUND

PLAN 12 DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - $3,000
Effective September 1, 2026

PLAN 12 SERIES II DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - $3,000
Effective September 1, 2026

PLAN 11 DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - $3,000
Effective September 1, 2026

PLAN 11NG DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - $3,000
Effective September 1, 2026

PLAN 11 SERIES II DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - $3,000
Effective September 1, 2026

PLAN 11 SERIES II NG DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - $3,000
Effective September 1, 2026

PLAN 9 DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - $750
Effective September 1, 2026

PLAN 9 SERIES II DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - $750
Effective September 1, 2026

PLAN 9 ACME DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - $1,500
Effective September 1, 2026

PLAN ZR DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - $1,000
Effective September 1, 2026

All benefits are subject to Plan limitations. A family maximum applies to the total amount of benefits payable within a calendar year.

Below is a sample listing of dental codes and allowances that only apply to out-of-network claims.
Unpublished procedure codes are available upon request.

DENTAL CODE	PROCEDURE	ALLOWANCE
Diagnostic		
D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT (2 per calendar year)	$68
D0150	COMPREHENSIVE ORAL EVALUATION - NEW/ESTABLISHED PATIENT	$120
D0210	INTRAORAL - COMPLETE SERIES (once in a 3-year period)	$197
D0220	INTRAORAL PERIAPICAL FIRST FILM	$39
D0230	INTRAORAL PERIAPICAL EACH ADDITIONAL FILM	$35
D0272	BITEWINGS - TWO FILMS (2 sets in a calendar year)	$62
D0330	PANORAMIC FILM (once in a 3-year period)	$148
Preventive		
D1110	PROPHYLAXIS - ADULT (2 per calendar year)	$126
D1120	PROPHYLAXIS - CHILD (2 per calendar year)	$87
D1208	TOPICAL APPLICATION OF FLUORIDE	$37
D1351	SEALANT - PER TOOTH	$72
Restorative		
D2140	AMALGAM-ONE SURFACE PRIMARY/PERMANENT	$165
D2150	AMALGAM-TWO SURFACES PRIMARY/PERMANENT	$214
D2160	AMALGAM-3 SURFACES PRIMARY/PERMANENT	$259
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	$315
D2330	RESIN-BASED COMPOSITE - 1 SURFACE ANTERIOR	$203
D2331	RESIN-BASED COMPOSITE - 2 SURFACE ANTERIOR	$259
D2332	RESIN-BASED COMPOSITE - 3 SURFACE ANTERIOR	$316
D2391	RESIN-BASED COMPOSITE - 1 SURFACE POSTERIOR	$237
D2392	RESIN-BASED COMPOSITE - 2 SURFACES POSTERIOR	$311
D2393	RESIN-BASED COMPOSITE - 3 SURFACES POSTERIOR	$386
D2410	GOLD FOIL - 1 SURFACE	$374
D2510	INLAY - METALLIC - 1 SURFACE	$989
D2951	PIN RETENTION - PER TOOTH IN ADDITION TO RESTORATION	$84
Crowns		
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	$1,535
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	$1,464
D2792	CROWN - FULL CAST NOBLE METAL	$1,430
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY	$390
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT	$441
D2950	CORE BUILDUP INCLUDING ANY PINS	$373
D2952	POST & CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	$588
Endodontics		
D3110	PULP CAP - DIRECT	$133
D3120	PULP CAP - INDIRECT	$107
D3220	THERAPEUTIC PULPOTOMY - REMOVAL OF CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION	$273
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	$1,060
D3320	ENDODONTIC THERAPY BICUSPID TOOTH	$1,298
D3330	ENDODONTIC THERAPY MOLAR	$1,610

DENTAL CODE	PROCEDURE	ALLOWANCE
D3410	APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR	$1,120
D4341	PERIODONTAL SCALING & ROOT PLANNING - 4 OR MORE TEETH PER QUADRANT	$310
D4910	PERIODONTAL MAINTENANCE	$191
Prosthodontics		
D5110	COMPLETE DENTURE - MAXILLARY	$1,981
D5120	COMPLETE DENTURE - MANDIBULAR	$1,981
D5211	MAXILLARY PARTIAL DENTURE RESIN BASE	$1,672
D5212	MANDIBULAR PARTIAL DENTURE RESIN BASE	$1,943
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL WITH RESIN DENTURE BASES	$2,188
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE - 1 PIECE CAST METAL (INCLUDING CLASPS AND TEETH) -MAX	$1,276
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE - 1 PIECE CAST METAL (INCLUDING CLASPS AND TEETH) - MAN	$1,276
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	$108
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	$108
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	$108
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	$108
D5630	REPAIR OR REPLACE BROKEN CLASP	$307
D5640	REPLACE BROKEN TEETH - PER TOOTH	$199
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	$271
D5660	ADD CLASP EXISTING PARTIAL DENTURE	$325
D5740	RELINE MAXILLARY PARTIAL DENTURE CHAIRSIDE	$416
D5741	RELINE MANDIBULAR PART DENTURE CHAIRSIDE	$416
D5750	RELINE COMPLETE MAXILLARY DENTURE LABORATORY	$605
D5751	RELINE COMPLETE MANDIBULAR DENTURE LABORATORY	$605
D6210	PONTIC - CAST HIGH NOBLE METAL	$1,483
D6240	PONTIC - PORCELAIN FUSED HIGH NOBLE METAL	$1,465
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	$1,446
D6750	CROWN PORCELAIN FUSED HIGH NOBLE METAL DENTURE	$1,492
D6780	CROWN - 3/4 CAST HIGH NOBLE METAL	$1,407
D6790	CROWN FULL CAST HIGH NOBLE METAL DENTURE	$1,440
D6791	CROWN FULL CAST BASE METAL DENTURE	$1,365
D6930	RECEMENT FIXED PARTIAL DENTURE	$207
D6950	PRECISION ATTACHMENT	$905
Implants		
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	$2,728
Oral Surgery		
D7111	EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH	$168
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL	$223
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - 4 OR MORE TEETH OR SPACES, PER QUADRANT	$360
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - 4 OR MORE TEETH OR TOOTH SPACES PER QUAD	$586
Miscellaneous		
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURES	$177
D9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH 15 MINUTE INCREMENT	$274
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	$101
D9944	OCCLUSAL GUARD – HARD APPLIANCE, FULL ARCH	$713
D9944	OCCLUSAL GUARD – SOFT APPLIANCE, FULL ARCH	$713
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	$984