

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

**PLAN ZR DENTAL SCHEDULE  
ANNUAL FAMILY MAXIMUM - \$1,900  
Effective January 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Unpublished procedure codes are available upon request.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
<b>Diagnostic</b>		
D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT (2 per calendar year)	\$65
D0150	COMPREHENSIVE ORAL EVALUATION - NEW/ESTABLISHED PATIENT	\$115
D0210	INTRAORAL - COMPLETE SERIES (once in a 3-year period)	\$188
D0220	INTRAORAL PERIAPICAL FIRST FILM	\$38
D0230	INTRAORAL PERIAPICAL EACH ADDITIONAL FILM	\$34
D0272	BITEWINGS - TWO FILMS (2 sets in a calendar year)	\$60
D0330	PANORAMIC FILM (once in a 3-year period)	\$142
<b>Preventive</b>		
D1110	PROPHYLAXIS - ADULT (2 per calendar year)	\$119
D1120	PROPHYLAXIS - CHILD (2 per calendar year)	\$82
D1208	TOPICAL APPLICATION OF FLUORIDE	\$35
D1351	SEALANT - PER TOOTH	\$70
<b>Restorative</b>		
D2140	AMALGAM-ONE SURFACE PRIMARY/PERMANENT	\$160
D2150	AMALGAM-TWO SURFACES PRIMARY/PERMANENT	\$207
D2160	AMALGAM-3 SURFACES PRIMARY/PERMANENT	\$250
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	\$305
D2330	RESIN-BASED COMPOSITE - 1 SURFACE ANTERIOR	\$193
D2331	RESIN-BASED COMPOSITE - 2 SURFACE ANTERIOR	\$246
D2332	RESIN-BASED COMPOSITE - 3 SURFACE ANTERIOR	\$301
D2391	RESIN-BASED COMPOSITE - 1 SURFACE POSTERIOR	\$226
D2392	RESIN-BASED COMPOSITE - 2 SURFACES POSTERIOR	\$295
D2393	RESIN-BASED COMPOSITE - 3 SURFACES POSTERIOR	\$367
D2410	GOLD FOIL - 1 SURFACE	\$373
D2510	INLAY - METALLIC - 1 SURFACE	\$985
D2951	PIN RETENTION - PER TOOTH IN ADDITION TO RESTORATION	\$80
<b>Crowns</b>		
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,466
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$1,398
D2792	CROWN - FULL CAST NOBLE METAL	\$1,365
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY	\$369
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT	\$417
D2950	CORE BUILDUP INCLUDING ANY PINS	\$352
D2952	POST & CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	\$556
<b>Endodontics</b>		
D3110	PULP CAP - DIRECT	\$129
D3120	PULP CAP - INDIRECT	\$104
D3220	THERAPEUTIC PULPOTOMY - REMOVAL OF CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION	\$265
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	\$1,036
D3320	ENDODONTIC THERAPY BICUSPID TOOTH	\$1,269
D3330	ENDODONTIC THERAPY MOLAR	\$1,574

DENTAL CODE	PROCEDURE	ALLOWANCE
D3410	APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR	\$1,137
D4341	PERIODONTAL SCALING & ROOT PLANNING - 4 OR MORE TEETH PER QUADRANT	\$298
D4910	PERIODONTAL MAINTENANCE	\$184
<b>Prosthodontics</b>		
D5110	COMPLETE DENTURE - MAXILLARY	\$1,906
D5120	COMPLETE DENTURE - MANDIBULAR	\$1,906
D5211	MAXILLARY PARTIAL DENTURE RESIN BASE	\$1,608
D5212	MANDIBULAR PARTIAL DENTURE RESIN BASE	\$1,869
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL WITH RESIN DENTURE BASES	\$2,106
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE - 1 PIECE CAST METAL (INCLUDING CLASPS AND TEETH) -MAX	\$1,228
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE - 1 PIECE CAST METAL (INCLUDING CLASPS AND TEETH) - MAN	\$1,228
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$104
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$104
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$104
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$104
D5630	REPAIR OR REPLACE BROKEN CLASP	\$296
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$191
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$261
D5660	ADD CLASP EXISTING PARTIAL DENTURE	\$313
D5740	RELINE MAXILLARY PARTIAL DENTURE CHAIRSIDE	\$400
D5741	RELINE MANDIBULAR PART DENTURE CHAIRSIDE	\$400
D5750	RELINE COMPLETE MAXILLARY DENTURE LABORATORY	\$583
D5751	RELINE COMPLETE MANDIBULAR DENTURE LABORATORY	\$583
D6210	PONTIC - CAST HIGH NOBLE METAL	\$1,430
D6240	PONTIC - PORCELAIN FUSED HIGH NOBLE METAL	\$1,412
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	\$1,394
D6750	CROWN PORCELAIN FUSED HIGH NOBLE METAL DENTURE	\$1,446
D6780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$1,364
D6790	CROWN FULL CAST HIGH NOBLE METAL DENTURE	\$1,396
D6791	CROWN FULL CAST BASE METAL DENTURE	\$1,323
D6930	RECEMENT FIXED PARTIAL DENTURE	\$198
D6950	PRECISION ATTACHMENT	\$867
<b>Implants</b>		
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$2,768
<b>Oral Surgery</b>		
D7111	EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH	\$163
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL	\$216
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - 4 OR MORE TEETH OR SPACES, PER QUADRANT	\$346
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - 4 OR MORE TEETH OR TOOTH SPACES PER QUAD	\$562
<b>Miscellaneous</b>		
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURES	\$166
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT	\$261
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$96
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	\$695
D9944	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$695
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$959