

**TEAMSTERS HEALTH & WELFARE FUND
of Philadelphia and Vicinity**

DENTAL Non-PPO ALLOWANCES

(Subject to a Yearly Maximum of \$2,000.00)

		<u>FUND</u>	<u>FREQUENCY OF SERVICE</u>
		<u>PYMT</u>	
D0110	ORAL EXAMINATION	35.00	Every 12 months
D0120	PERIODIC EXAMINATION	25.00	Exams covered every 6 months
D0130	EMERGENCY EXAMINATION	12.00	Exams covered every 6 months
D0140	LIMITED ORAL EVALUATION	17.00	Every 6 months
D0150	COMPREHENSIVE ORAL EXAMINATION	40.00	Every 12 months
D0210	FULL MOUTH X-RAY	55.00	Every 12 months
D0220	FIRST PERIAPICAL FILM	9.00	Every 6 months
D0230	EACH ADD'L PERIAPICAL	7.00	Every 6 months
D0240	EACH INTRAORAL FILM	9.00	Every 6 months
D0250	FIRST EXTRAORAL FILM	20.00	Every 6 months
D0260	EACH ADD'L EXTRAORAL FILM	25.00	Every 6 months
D0270	BITEWING - ONE FILM	8.00	Every 6 months
D0272	BITEWINGS - TWO FILMS	10.00	Every 6 months
D0273	BITEWINGS - THREE FILMS	15.00	Every 6 months
D0274	BITEWINGS - FOUR FILMS	18.00	Every 6 months
D0277	VERTICAL BITEWINGS	18.00	Every 6 months
D0290	SKULL & FACIAL FILMS	20.00	Every 6 months
D0310	SIALOGRAPHY	50.00	Every 6 months
D0320	TEMPOROMANDIBULAR FILM	70.00	Every 6 months
D0330	PANORAMIC FILM	55.00	Every 12 months
D0340	CEPHALOMETRIC FILM	55.00	Every 12 months
D0410	BACTERIOLOGIC CULTURES	20.00	
D0420	CARIES SUSCEPTIBILITY	15.00	
D0425	CARIES SUSCEPTIBILITY	15.00	
D0460	PULP VITALITY	17.00	
D0470	STUDY MODELS	23.00	
D0501	BIOPSY - LAB EXAM	50.00	
D0502	TEST & LAB EXAM	0.00	
D1110 -	ADULT PROPHYLAXIS	54.00	Prophylaxi covered every 6 months
D1120	CHILD PROPHYLAXIS	49.00	Every 6 months (up to age 15)
D1200	FLUORIDE APPLICATION	22.00	Every 6 months
D1351	SEALANT - PER QUADRANT (Molar Teeth Only)	30.00	Every 18 months, from ages 6-14 years old
D1510	SPACE MAINTAINER - FIXED	100.00	
D1515	SPACE MAINTAINER - CRW TY	125.00	
D1525	SPACE MAINTAINER - REMOVABLE	125.00	
D2110	AMALGAM - CHILD - 1 SURFACE	30.00	Every 12 months (Same Surface)
D2120	AMALGAM - CHILD - 2 SURFACES	35.00	Every 12 months (Same Surface)

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** Service must be performed by a licensed orthodontist;
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D2130	AMALGAM - CHILD - 3 SURFACES	45.00	Every 12 months (Same Surface)
D2131	AMALGAM - CHILD - 4+ SURFACES	50.00	Every 12 months (Same Surface)
D2140	AMALGAM - ADULT - 1 SURFACE	35.00	Every 12 months (Same Surface)
D2150	AMALGAM - ADULT - 2 SURFACES	40.00	Every 12 months (Same Surface)
D2160	AMALGAM - ADULT - 3 SURFACES	45.00	Every 12 months (Same Surface)
D2161	AMALGAM - ADULT - 4+ SURFACES	50.00	Every 12 months (Same Surface)
D2170	PIN - AMALGAM	15.00	Every 12 months (Same Surface)
D2210	SILICATE-PER RESTORATION	35.00	Every 12 months (Same Surface)
D2330	COMPOSITE/BONDING - 1 SURFACE	45.00	Every 12 months (Same Surface)
D2331	COMPOSITE/BONDING - 2 SURFACES	50.00	Every 12 months (Same Surface)
D2332	COMPOSITE/BONDING - 3 SURFACES	55.00	Every 12 months (Same Surface)
D2335	COMPOSITE/BONDING - 4+ SURFACE	60.00	Every 12 months (Same Surface)
D2340	ACID ETCH TOOTH PREPARATION	13.00	
D2385	RESIN BONDED SURFACE (POSTER.)	45.00	Every 12 months (Same Surface)
D2386	RESIN BONDED - 2 SURFACES (POSTER.)	50.00	Every 12 months (Same Surface)
D2387	RESIN BONDED - 3 SURFACES (POSTER.)	55.00	Every 12 months (Same Surface)
D2388	RESIN BONDED - 4 - SURFACES (POSTER.)	60.00	Every 12 months (Same Surface)
D2391	RESIN BASED COMP. 1 SURF/POST	45.00	Every 12 months (Same Surface)
D2392	RESIN BASED COMP. 2 SURF/POST	50.00	Every 12 months (Same Surface)
D2393	RESIN BASED COMP. 3 SURF/POST	55.00	Every 12 months (Same Surface)
D2394	RESIN BASED COMP. 4 SURF/POST	60.00	Every 12 months (Same Surface)
D2410	GOLD FOIL - 1 SURFACE	44.00	
D2420	GOLD FOIL - 2 SURFACES	125.00	
D2430	GOLD FOIL - 3 SURFACES	145.00	
D2510	INLAY - 1 SURFACE	90.00	Inlays covered every 5 years
D2520	INLAY - 2 SURFACES	145.00	Inlays covered every 5 years
D2530	INLAY - 3 SURFACES	150.00	Inlays covered every 5 years
D2540	ONLAY	0.00	
D2610	INLAY-PORCELAIN/CERAMIC	55.00	
D2710	CROWN - ACRYLIC	95.00	Crowns covered every 5 years
D2720	CROWN - PLASTIC W/METAL	245.00	Crowns covered every 5 years
D2740	CROWN - PORCELAIN	245.00	Crowns covered every 5 years
D2750	CROWN - CERAMCO	450.00	Crowns covered every 5 years
D2751	CROWN PROC. FUSED BASE SINGLE	450.00	Crowns covered every 5 years
D2752	PORC. FUSED METAL CROWN	450.00	Crowns covered every 5 years
D2760	PORCELAIN LAMINATES	270.00	Crowns covered every 5 years
D2783	3/4 PORC. LAMINATES	145.00	Crowns covered every 5 years

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D2791	CROWN - GOLD	220.00	Crowns covered every 5 years
D2800	CROWN COPING/PREC METAL	145.00	Crowns covered every 5 years
D2810	CROWN - 3/4 CAST GOLD	145.00	Crowns covered every 5 years
D2820	STAINLESS/ACRYLIC CROWN - PRIM	90.00	Crowns covered every 5 years
D2830	CROWN - SWAGE	70.00	Crowns covered every 5 years
D2910	RECEMENT INLAY	15.00	
D2920	RECEMENT CROWN	20.00	
D2930	PREFAB STAINLESS STEEL CROWN/PRIMAR	90.00	Crowns covered every 5 years
D2931	CROWN - STAINLESS STEEL	45.00	Crowns covered every 5 years
D2933	PREFAB STAINLESS STEEL CROWN	45.00	Crowns covered every 5 years
D2940	SEDATIVE FILLING	12.00	
D2950	CROWN BUILD UP - PIN ADD'L	40.00	
D2951	PIN RETENTION PER TOOTH	15.00	
D2952	POST & CORE WITH CROWN	85.00	
D2954	PREFAB POST & CORE	85.00	
D2962	LABIAL VENEER PORC. LAMINATE	345.00	
D2970	RECALCIFICATION	15.00	
D3110	PULP CAP - DIRECT	12.00	
D3120	PULP CAP- INDIRECT	12.00	
D3220	VITAL PULPOTOMY	40.00	
D3221	PULPAL DEBRIDEMENT	40.00	
D3230	PULPAL THERAPY ANTERIOR	40.00	
D3240	PULPAL THERAPY POSTERIOR	40.00	
D3310 - -	ROOT CANAL - 1 CANAL	300.00	
D3320 - -	ROOT CANAL - 2 CANALS	325.00	
D3330 - -	ROOT CANAL - 3 CANALS	538.00	
D3340 - -	ROOT CANAL - 4 CANALS	585.00	
D3350	THERAPUTIC APICAL CLOSE	20.00	
D3410	APICOECTOMY SEP. SURG. PROC.	305.00	
D3420	APICOECTOMY CON. SURG. PROC.	608.00	
D3421	APICOECTOMY - BICUSPID	305.00	
D3425	APICOECTOMY - MOLAR	608.00	
D3430	RETROFILLING	40.00	
D3440	APICAL CURETTAGE SEPARATE	45.00	
D3450	ROOT AMPUTATION SEPARATE	55.00	
D3910	RUBBER DAM - ROOT CANAL	25.00	
D3920	HEMISECTION	275.00	

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D3950	CANAL/PULP ENLARGEMENT	50.00	
D3960	BLEACHING	0.00	
D4210	GINGIVECTOMY - PER QUADRANT	50.00	
D4220	GINGIVAL CURETTAGE EA QUAD	35.00	
D4240	GINGIVAL FLAP 4 OR MORE TEETH	50.00	
D4249	CROWN LENGTHENING	175.00	
D4260	OSSEOUS SURGERY	175.00	
D4261	OSSEOUS GRAFT - SINGLE SITE	170.00	
D4262	OSSEOUS GRAFT - MULTIPLE SITES	210.00	
D4263	BONE REPLACE GRAFT/1st IN QUAD	180.00	
D4270	PEDICAL SOFT TISSUE GRAFT	255.00	
D4271	FREE SOFT TISSUE GRAFT	240.00	
D4320	INTRACORNAL PROV. SPLINT	80.00	
D4321	EXTRACORNAL PROV. SPLINT	50.00	
D4340	SCALING - FULL MOUTH	90.00	Not within 90 days of prophyl/allowed every 6 mos
D4341	SCALING - 12 TEETH OR LESS	50.00	Not within 90 days of prophyl
D4342 * -	PERIO SCALING RT PLANNING 1-3	50.00	Not within 90 days of prophyl
D4355	FULL MOUTH DEBRIDEMENT	90.00	Not within 90 days of prophyl/allowed every 6 mos
D4360	SPECIAL PERIO APPLIANCE	75.00	
D4662 * -	ADVANCED PERIO	0.00	
D4910 * -	PERIODONTAL MAINTENANCE	65.00	
D4920	UNSCHEDULED DRESSING CHANGE	10.00	
D4930 * -	PERIODONTAL CHARTING	25.00	
D5110	FULL UPPER DENTURE	550.00	Dentures/Bridges covered every 5 years
D5120	FULL LOWER DENTURE	550.00	Dentures/Bridges covered every 5 years
D5130	IMMEDIATE FULL UPPER DENTURE	400.00	Dentures/Bridges covered every 5 years
D5140	IMMEDIATE FULL LOWER DENTURE	400.00	Dentures/Bridges covered every 5 years
D5211	PARTIAL UPPER DENTURE	400.00	Dentures/Bridges covered every 5 years
D5212	PARTIAL LOWER DENTURE	400.00	Dentures/Bridges covered every 5 years
D5213	MAXILLARY PARTIAL DENTURE	500.00	Dentures/Bridges covered every 5 years
D5214	MANDIBULAR PARTIAL DENTURE	500.00	Dentures/Bridges covered every 5 years
D5215	PARTIAL UPPER FULL CAST	500.00	Dentures/Bridges covered every 5 years
D5217	PARTIAL LOWER FULL CAST	500.00	Dentures/Bridges covered every 5 years
D5230	PARTIAL LOWER CHROME COBALT	325.00	Dentures/Bridges covered every 5 years
D5250	PARTIAL UPPER CHROME COBALT	325.00	Dentures/Bridges covered every 5 years
D5280	NESBIT	50.00	
D5281	REMOVEABLE UNILATERAL PARTIAL DENTU	50.00	

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	<u>FUND</u>	<u>FREQUENCY OF SERVICE</u>
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D5320	ADDITIONAL CLASP	20.00
D5410	ADJUST FULL DENTURE	15.00
D5411	ADJUST COMPLETE DENTURE/MAN	15.00
D5421	ADJUST PARTIAL DENTURE	15.00
D5610	REPAIR BROKEN DENTURE	35.00
D5640	REPLACE BROKEN TOOTH	30.00
D5650	REPLACE EXTRACTED TOOTH	37.00
D5660	ADD'L EXTRACTED TTH & CLASP	63.00
D5670	REATTACHING DAMAGED CLASP	24.00
D5680	REPLACE BROKEN CLASP	35.00
D5730	RELINE FULL UPPER DENTURE	45.00
D5731	RELINE FULL LOWER DENTURE	45.00
D5740	RELINE PARTIAL UPPER DENTURE	40.00
D5741	RELINE PARTIAL LOWER DENTURE	40.00
D5750	RELINE LAB FULL UPPER DENTURE	75.00
D5751	RELINE LAB FULL LOWER DENTURE	75.00
D5760	RELINE LAB PART'L UPPER DENTURE	100.00
D5761	RELINE LAB PART'L LOWER DENTURE	100.00
D5810	TEMPORARY COMPLETE DENTURE	0.00
D5820	TEMPORARY PARTIAL DENTURE	0.00
D5850	TISSUE CONDITIONING	35.00
D6010	SURGICAL PLACE. IMPLANT	475.00
D6210	PONTIC - CAST GOLD	270.00
D6211	PONTIC CAST PRED. BASE/METAL	245.00
D6231	PONTIC - METAL	245.00
D6240	PONTIC - CERAMCO	450.00
D6241	PONTIC - PORC. FUSED TO METAL	450.00
D6242	PONTIC PORC. FUSED TO NOBLE	475.00
D6250	PONTIC - PLASTIC TO METAL	245.00
D6251	PONTIC - PLASTIC TO METAL	170.00
D6520	PONTIC - 2 SURFACE GOLD INLAY	100.00
D6530	PONTIC - 3+ SURFACE GOLD INLAY	140.00
D6540	PONTIC - GOLD ONLAY	140.00
D6545	RETAINER MARYLAND BRIDGE	70.00
D6640	REPLACE BROKEN PIN/FACING/POST	10.00
D6721	ABUTMENT - PLASTIC/METAL	245.00
D6750	ABUTMENT - CERAMCO	450.00

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D6751	CROWN PORC. FUSED BASE METAL	450.00	Every 5 years
D6752	PORC. FUSED METAL CROWN/BRIDGE	450.00	Every 5 years
D6780	ABUTMENT - 3/4 CAST GOLD	145.00	Every 5 years
D6790	ABUTMENT - FULL CAST GOLD	295.00	Every 5 years
D6930	RECEMENT BRIDGE	25.00	
D6940	STRESS BREAKER	75.00	
D6950	PRECISION ATTACHMENT	200.00	
D6960	DOWEL PIN METAL	60.00	
D7110	EXTRACTION SINGLE TOOTH	20.00	
D7111	CORONAL REMNANTS	20.00	
D7120	EXTRACTION EACH ADD'L TOOTH	20.00	
D7140	SIMPLE EXTRACTION	20.00	
D7210	SURG EXTRACTION SINGLE TOOTH	20.00	
D7220	SOFT TISSUE IMPACTION 1 TOOTH	45.00	
D7230	IMPACTED TOOTH PARTIAL BONY	150.00	
D7231	PARTIAL IMPACTION	150.00	
D7240	REMOVE IMPACTED TOOTH FULL BONY	0.00	
D7242	100% IMPACTION - 1ST TOOTH	0.00	
D7243	100% IMPACTION - EA ADD'L TOOTH	0.00	
D7250	REMOVAL RETAINED ROOT	15.00	
D7260	ORAL ANTRAL - FIST. CLOSE	300.00	
D7270	TOOTH REIMPLANTATION	75.00	
D7271	TOOTH IMPLANTATION	100.00	
D7272	TOOTH TRANSPLANTATION	125.00	
D7280	SURG EXPOSED IMPACTED TOOTH ORTHO I	95.00	
D7281	SURG. EXPOSED IMPACTED TOOTH AID ERL	80.00	
D7285	BIOPSY & EXAM - HARD	25.00	
D7286	BIOPSY & EXAM - SOFT	24.00	
D7290	SURG. REPOSITIONING TEETH	125.00	
D7310	ALVEOPLASTY W/ EXTRACTION	50.00	
D7320	ALVEOPLASTY W/O EXTRACTION	65.00	
D7340	STOMATOPLASTY - PER ARCH	45.00	
D7350	STOMATOPLASTY - COMPLETE	0.00	
D7366	TUBEROSITY - TWO SIDES	75.00	
D7410	EXCISION LESION TO 1/2"	75.00	
D7420	EXCISION LESION OVER 1/2"	100.00	
D7430	EXCISION BENIGN TUMOR TO 1/2"	40.00	

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D7431	EXCISION BENIGN TUMOR OVER 1/2"	150.00	
D7440	EXC. MALIGNANT TUMOR TO 1/2"	0.00	
D7441	EXC. MALIGNANT TUMOR OVER 1/2"	0.00	
D7450	REMOVAL ODONT. CYST TO 1/2"	100.00	
D7451	REMOVAL ODONT. CYST OVER 1/2"	150.00	
D7460	REMOVAL NONODONTOGENIC CYST to 1/2"	100.00	
D7461	REMOVAL NONODONTOGENIC CYSY OVER	150.00	
D7465	DECOMPRESSION NERVE	0.00	
D7470	REMOVAL EXTOSIS TORUS	250.00	
D7480	OSTECTOMY	400.00	
D7490	RADICAL RESECTION OF MANDIBLE W/GRAF	725.00	
D7510	I & D ABSCESS INTRAORAL	15.00	
D7520	I & D ABSCESS EXTRAORAL	100.00	
D7530	REMOVAL FOREIGN BODY	75.00	
D7540	REMOVAL REACTIVE LESION TO FOREIGN B	25.00	
D7550	SEQUESTRECTOMY/OSTEO.	125.00	
D7610	FRAC-SIMPLE-MAX-OPEN RED	425.00	
D7620	FRAC-SIMPLE-MAX-CLOSED RED	175.00	
D7630	FRAC-SIMPLE-MAND-OPEN RED	675.00	
D7640	FRAC-SIMPLE-MAND-CLOSED RED	225.00	
D7710	REDUCTION	675.00	
D7740	ODONTOMA	155.00	
D7770	FRAC-ALVEOLUS-OPEN RED	325.00	
D7780	FRAC-COMP-FACIAL BONES	0.00	
D7810	OPEN REDUCTION DISLOCATION	375.00	
D7820	CLOSED REDUCTION DISLOCATION	25.00	
D7830	MANIPULATION UNDER ANESTHESIA	25.00	
D7840	CONDYLECTOMY	725.00	
D7850	MENISECTOMY	675.00	
D7860	ANTHROTOMY	725.00	
D7870	ANTHROCENTISIS	20.00	
D7910	SUTURE-SIMPLE WOUND TO 2"	55.00	
D7911	SUTURE-COMPLEX WOUND TO 2"	105.00	
D7920	SKIN GRAFT	425.00	
D7940	OSTEOPLASTY	750.00	
D7942	ANTERIOR MAX OSTEOTOMY	675.00	
D7950	GRAFT - OSTEOTOMY PERIOSTRAL	725.00	

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D7955	EXCISION PERIO GINGIVAL	25.00	
D7960	FRENULECTOMY	65.00	
D7970	EXC. HYPERPLASTY TISSUE ARCH	60.00	
D7980	SIALOLITHOTOMY	225.00	
D7981	EXCISION SALIVARY GLAND	475.00	
D7982	SIALODOCHOPLASTY	150.00	
D7983	CLOSURE SALIVARY FISTULA	50.00	
D7990	EMERGENCY TRACHEOTOMY	275.00	
D8110	ORTHO APPLIANCE - REMOVABLE	65.00	
D8120	ORTHO APPLIANCE - FIXED	50.00	
D8310	REMOVE RETAINED APPLIANCE	50.00	
D8570 **	CLASS II MALOCCLUSION	3,200.00	From ages 10 - 18 years
D8580 **	CLASS III MALOCCLUSION	3,200.00	From ages 10 - 18 years
D8750	REMOVABLE APPLIANCE - POST	175.00	One per lifetime
D9110	PALLIATIVE EMERGENCY TREATMENT	30.00	
D9210	LOCAL ANESTHESIA - NON SURGICAL	25.00	One per quadrant per day
D9211	REGIONAL BLOCK ANESTHESIA	32.00	One per quadrant per day
D9212	TRIGEMINAL DIVISION BLOCK ANES	32.00	One per quadrant per day
D9215	LOCAL ANESTHESIA	25.00	One per quadrant per day
D9220	GENERAL ANESTHESIA	230.00	
D9230	ANALGESIA	40.00	
D9248	NON IV CONSCIOUS SEDATION	30.00	
D9310	CONSULTATION - SPECIALIST	50.00	
D9610	THERAPEUTIC DRUG INJECTION	20.00	
D9630	EMERGENCY PRESCRIPTION	16.00	
D9910	APPLICATION DESENSITIZING MED	11.00	
D9951	OCCLUSAL ADJUSTMENT - LIMITED	35.00	One per quadrant per day
D9952	OCCLUSAL ADJUSTMENT - COMPL.	75.00	One per quadrant per day
D9953	DENTAL IMPLANTS	475.00	Consultant Review
D9998	TMJ - FIRST STAGE	425.00	One per lifetime
D9999	TMJ - SECOND STAGE	375.00	One per lifetime

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