



**WASHINGTON**  
**TEAMSTERS**  
 WELFARE TRUST



## DENTAL PLAN B BENEFIT SUMMARY

Plan Feature	Plan Pays*
<b>Annual Deductible</b>	None
<b>Covered Services</b>	Scheduled Allowance (see attached)
<b>Annual Maximum</b>	\$2,675
<b>Orthodontia for children through the age of 25</b> <i>Only dependent children through the age of 25 are eligible. If orthodontia work began before the dependent's 26th birthday, treatment after age 25 is not covered, whether treatment is completed or not.</i>	70% up to \$2,675 lifetime maximum
<b>Special Treatment Benefit</b> <i>Necessary dental services are covered for you and your eligible family members who experience deterioration of the teeth and gums directly related to radiation of the head, neck or throat.</i>	Class I, Class II and Class III services are covered as described in the Schedule of Allowance up to a \$10,000 lifetime maximum
<b>Dental Accident</b>	100% of the member dentists' pre-approved fee (up to the unused annual maximum)

# ABBREVIATED SCHEDULE OF DENTAL ALLOWANCE

	ADA Procedure Code	Procedure	Plan Pays
<b>Class I Services</b>	<b>Exams</b>		
	D0120	Periodic Oral Evaluation – established patient	\$33
	D0140	Limited Oral Evaluation — problem focused	\$54
	D0180	Comprehensive Periodontal Evaluation-new/est. pt	\$55
	<b>X-rays</b>		
	D0210	Intraoral — complete series of radiographic images	\$79
	D0220	Intraoral — periapical first radiographic image	\$14
	D0230	Intraoral — periapical each additional radiographic image	\$11
	D0272	Bitewings — two radiographic images	\$26
	D0273	Bitewings — three radiographic images	\$31
	D0274	Bitewings — four radiographic images	\$35
	D0277	Vertical Bitewings — seven to eight radiographic images	\$57
	D0330	Panoramic Radiographic Image	\$64
	<b>Cleanings, fluorides, sealants</b>		
	D1110	Prophylaxis — adult	\$65
	D1120	Prophylaxis — child	\$45
	D1206	Topical Fluoride Varnish	\$33
	D1208	Topical Application of Fluoride	\$25
	D1351	Sealant — per tooth	\$28
	D4910	Periodontal Maintenance	\$102
	<b>Miscellaneous procedures</b>		
D9110	Palliative (Emergency) Treatment of Dental Pain — minor proc	\$77	
D9310	Consultation (by doctor other than doctor providing treatment)	\$163	
D9430	Office Visit for Observation — regular hours — no service performed	\$63	
<b>Class II Services</b>	<b>Restorations/fillings</b>		
	D2140	Amalgam — 1 surface, primary or permanent	\$83
	D2150	Amalgam — 2 surfaces, primary or permanent	\$106
	D2160	Amalgam — 3 surfaces, primary or permanent	\$129
	D2161	Amalgam — 4 or more surfaces, primary or permanent	\$157
	D2330	Resin-Based Composite — 1 surface anterior	\$96
	D2331	Resin-Based Composite — 2 surfaces anterior	\$123
	D2332	Resin-Based Composite — 3 surfaces anterior	\$151
	D2335	Resin Composite — 4 or more surfaces or incisal angl	\$177
	D2390	Resin-Based Composite crown, anterior	\$283
	D2391	Resin-Based Composite, one surface, posterior	\$108
	D2392	Resin-Based Composite, two surfaces, posterior	\$150

	ADA Procedure Code	Procedure	Plan Pays
Class II Services	D2393	Resin-Based Composite, three surfaces, posterior	\$185
	D2394	Resin-Based Composite, four or more surfaces, posterior	\$269
<b>Other restorative procedures</b>			
	D2910	Recement Inlay, Onlay or Partial Cov Rest	\$62
	D2920	Recement Crown	\$52
	D2930	Prefabricated Stainless Steel Crown — primary tooth	\$142
	D2931	Prefabricated Stainless Steel Crown — permanent tooth	\$160
	D2940	Protective Restoration	\$54
	D2950	Core Buildup, including any pins when required	\$175
	D2951	Pin Retention — per tooth, in add. to restoration	\$29
	D2960	Labial Veneer (Resin Laminate) — direct	\$314
<b>Endodontic procedures</b>			
	D3110	Pulp Cap — direct (excluding final restoration)	\$46
	D3220	Therapeutic Pulpotomy (excluding final restoration)	\$110
	D3310	Root Canal — anterior (excluding final restoration)	\$464
	D3320	Root Canal — premolar (excluding final restoration)	\$566
	D3330	Root Canal — molar (excluding final restoration)	\$732
<b>Periodontal procedures</b>			
	D4210	Gingivectomy or Gingivoplasty — 4+ teeth per quad	\$425
	D4211	Gingivectomy or Gingivoplasty — 1-3 teeth per quad	\$114
	D4240	Gingival Flap Proc — 4+ teeth per quad	\$501
	D4241	Gingival Flap Proc — 1-3 teeth per quad	\$301
	D4260	Osseous Surgery — 4+ contiguous teeth per quad	\$807
	D4261	Osseous Surgery — 1-3 teeth per quad	\$484
	D4270	Pedicle Soft Tissue Graft Procedure	\$598
	D4341	Perio Scaling/Root Planing — 4+ teeth per quad	\$182
<b>Extraction and other surgical procedures</b>			
	D7111	Extraction — coronal remnants-primary teeth	\$88
	D7210	Extraction, erupted tooth requiring bone removal	\$179
	D7220	Removal of Impacted Tooth — soft tissue	\$224
	D7230	Removal of Impacted Tooth — partially bony	\$298
	D7240	Removal of Impacted Tooth — completely bony	\$350
	D7241	Removal of Impacted Tooth — completely bony with comp	\$439
	D7250	Surgical Removal of Residual Tooth Roots-cutting procedure	\$189
	D7280	Exposure of an Unerupted Tooth	\$421
	D7282	Mobiliz. of Erupted or Malposed Tooth to Aid Erupt	\$356
	D7285	Biopsy of Oral Tissue — hard (bone, tooth)	\$745
	D7286	Biopsy of Oral Tissue — soft	\$306
	D7310	Alveoplasty in Conjunction with Extractions — 4+ teeth	\$208

	ADA Procedure Code	Procedure	Plan Pays	
<b>Class II Services</b>	D7510	Incision/Drain of Abscess — intraoral soft tissue	\$199	
	D7961	Buccal/Labial Frenectomy (frenulectomy)	\$159	
	D7962	Lingual Frenectomy (frenulectomy)	\$159	
	D7963	Frenuloplasty	\$159	
	<b>Miscellaneous procedures</b>			
	D6930	Recement Fixed Partial Denture	\$68	
	D9222	Deep Sedation/General Anesthesia — 1st 15 minutes	\$156	
	D9223	Deep Sedation/General Anesthesia — 15-minute increments	\$156	
	D9239	Intravenous Conscious Sedation — 1st 15 minutes	\$141	
	D9243	Intravenous Conscious Sedation — 15-minute increments	\$141	
	D9944	Occlusal Guard-hard appliance, full arch	\$410	
	D9951	Occlusal Adjustment — limited	\$98	
	D9952	Occlusal Adjustment — complete	\$554	
<b>Class III Services</b>	<b>Onlays and crowns</b>			
	D2542	Onlay — metallic — 2 surfaces	\$510	
	D2543	Onlay — metallic — 3 surfaces	\$534	
	D2544	Onlay — metallic — 4 or more surfaces	\$555	
	D2740	Crown — porcelain/ceramic	\$415	
	D2750	Crown — porcelain fused to high noble metal	\$409	
	D2751	Crown — porcelain fused to predominant base metal	\$381	
	D2752	Crown — porcelain fused to noble metal	\$390	
	D2780	Crown — ¾ cast high noble metal	\$459	
	D2790	Crown — full cast high noble metal	\$395	
	D2791	Crown — full cast predominantly base metal	\$374	
	D2792	Crown — full cast noble metal	\$381	
		<b>Complete dentures</b>		
		D5110	Complete Denture — maxillary	\$596
		D5120	Complete Denture — mandibular	\$596
		D5130	Immediate Denture — maxillary	\$649
		D5140	Immediate Denture — mandibular	\$649
		<b>Partial dentures</b>		
		D5213	Maxillary Partial Denture-cast frame with resin base	\$658
		D5214	Mandibular Partial Denture-cast frame with resin base	\$658
		<b>Repair to dentures and other procedures</b>		
		D5410	Adjust Complete Denture — maxillary	\$32
		D5411	Adjust Complete Denture — mandibular	\$32
		D5421	Adjust Partial Denture — maxillary	\$32
		D5422	Adjust Partial Denture — mandibular	\$32
		D5511	Repair Broken Complete Denture Base, mandibular	\$87

	ADA Procedure Code	Procedure	Plan Pays	
<b>Class III Services</b>	D5512	Repair Broken Complete Denture Base, maxillary	\$87	
	D5520	Replace Missing or Broken Tooth — complete denture	\$72	
	D5710	Rebase Complete Maxillary Denture	\$242	
	D5730	Reline Complete Maxillary Denture (direct)	\$137	
	D5731	Reline Complete Mandibular Denture (direct)	\$137	
	D5740	Reline Maxillary Partial Denture (direct)	\$125	
	D5741	Reline Mandibular Partial Denture (direct)	\$125	
	D5750	Reline Complete Maxillary Denture (indirect)	\$181	
	D5751	Reline Complete Mandibular Denture (indirect)	\$181	
	D5760	Reline Maxillary Partial Denture (indirect)	\$179	
	D5761	Reline Mandibular Partial Denture (indirect)	\$179	
	D5850	Tissue Conditioning, maxillary	\$56	
	D5851	Tissue Conditioning, mandibular	\$57	
	<b>Implant procedures</b>			
	D6010	Surgical Placement of Implant Body, endosteal implant	\$994	
	D6055	Connecting Bar-Imp/Abut Supported	\$297	
	<b>Fixed bridge procedures</b>			
	D6210	Pontic — cast high noble metal	\$389	
	D6211	Pontic — cast predominantly base metal	\$364	
	D6212	Pontic — cast noble metal	\$379	
	D6240	Pontic — porcelain fused to high noble metal	\$384	
	D6241	Pontic — porcelain fused to predominantly base metal	\$355	
	D6242	Pontic — porcelain fused to noble metal	\$374	
	D6245	Pontic — porcelain/ceramic	\$464	
	D6750	Rtnr Crown — porcelain fused to high noble metal	\$438	
D6751	Rtnr Crown — porcelain fused to predominantly base metal	\$409		
D6752	Rtnr Crown — porcelain fused to noble metal	\$419		
D6780	Rtnr Crown — $\frac{3}{4}$ cast high noble metal	\$413		
D6790	Rtnr Crown — full cast high noble metal	\$423		
D6791	Rtnr Crown — full cast predominantly base metal	\$401		
D6792	Rtnr Crown — full cast noble metal	\$416		

---

This Plan's benefits are administered by the Board of Trustees with the assistance of Delta Dental of Washington.

To **find an in-network dentist**, view your benefits or dental claims, you can link to Delta Dental via the Trust's website [www.wateamsters.com/benefits/dental/](http://www.wateamsters.com/benefits/dental/)

Or call Delta Dental at **(800) 554-1907**

If you select a dentist in the Delta Dental PPO <sup>SM</sup> or Delta Dental Premier<sup>®</sup> network, you can lower your out-of-pocket expenses. Approximately 90% of dentists in the state of Washington are Delta Dental of Washington providers.

---

