



WASHINGTON
TEAMSTERS
 WELFARE TRUST



DENTAL PLAN C BENEFIT SUMMARY

Plan Feature	Plan Pays*
Annual Deductible	None
Covered Services	Scheduled Allowance (see attached)
Annual Maximum	\$2,675
Orthodontia for children through the age of 25 <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
Special Treatment Benefit <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>	<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</i>
Dental Accident	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
Class I Services	Exams		
	D0120	Periodic Oral Evaluation – established patient	\$21
	D0140	Limited Oral Evaluation — problem focused	\$32
	D0180	Comprehensive Periodontal Evaluation-new/est. pt	\$32
	X-rays		
	D0210	Intraoral — complete series of radiographic images	\$59
	D0220	Intraoral — periapical first radiographic image	\$10
	D0230	Intraoral — periapical each additional radiographic image	\$8
	D0272	Bitewings — two radiographic images	\$17
	D0273	Bitewings — three radiographic images	\$22
	D0274	Bitewings — four radiographic images	\$24
	D0277	Vertical Bitewings — seven to eight radiographic images	\$57
	D0330	Panoramic Radiographic Image	\$47
	Cleanings, fluorides, sealants		
	D1110	Prophylaxis — adult	\$46
	D1120	Prophylaxis — child	\$32
	D1206	Topical Fluoride Varnish	\$21
	D1208	Topical Application of Fluoride	\$18
	D1351	Sealant — per tooth	\$21
	D4910	Periodontal Maintenance	\$61
Miscellaneous procedures			
D9110	Palliative (Emergency) Treatment of Dental Pain — minor proc	\$51	
D9310	Consultation (by doctor other than doctor providing treatment)	\$64	
D9430	Office Visit for Observation — regular hours — no service performed	\$42	
Class II Services	Restorations/fillings		
	D2140	Amalgam — 1 surface, primary or permanent	\$42
	D2150	Amalgam — 2 surfaces, primary or permanent	\$60
	D2160	Amalgam — 3 surfaces, primary or permanent	\$72
	D2161	Amalgam — 4 or more surfaces, primary or permanent	\$90
	D2330	Resin-Based Composite — 1 surface anterior	\$53
	D2331	Resin-Based Composite — 2 surfaces anterior	\$69
	D2332	Resin-Based Composite — 3 surfaces anterior	\$94
	D2335	Resin Composite — 4 or more surfaces or incisal angl	\$103
	D2390	Resin-Based Composite crown, anterior	\$211
	D2391	Resin-Based Composite, one surface, posterior	\$53
	D2392	Resin-Based Composite, two surfaces, posterior	\$69

	ADA Procedure Code	Procedure	Plan Pays
Class II Services	D2393	Resin-Based Composite, three surfaces, posterior	\$95
	D2394	Resin-Based Composite, four or more surfaces, posterior	\$221
Other restorative procedures			
	D2910	Recement Inlay, Onlay or Partial Cov Rest	\$44
	D2920	Recement Crown	\$31
	D2930	Prefabricated Stainless Steel Crown — primary tooth	\$58
	D2931	Prefabricated Stainless Steel Crown — permanent tooth	\$61
	D2940	Protective Restoration	\$32
	D2950	Core Buildup, including any pins when required	\$92
	D2951	Pin Retention — per tooth, in add. to restoration	\$18
	D2960	Labial Veneer (Resin Laminate) — direct	\$219
Endodontic procedures			
	D3110	Pulp Cap — direct (excluding final restoration)	\$24
	D3220	Therapeutic Pulpotomy (excluding final restoration)	\$58
	D3310	Root Canal — anterior (excluding final restoration)	\$241
	D3320	Root Canal — premolar (excluding final restoration)	\$315
	D3330	Root Canal — molar (excluding final restoration)	\$395
Periodontal procedures			
	D4210	Gingivectomy or Gingivoplasty — 4+ teeth per quad	\$230
	D4211	Gingivectomy or Gingivoplasty — 1-3 teeth per quad	\$62
	D4240	Gingival Flap Proc — 4+ teeth per quad	\$283
	D4241	Gingival Flap Proc — 1-3 teeth per quad	\$170
	D4260	Osseous Surgery — 4+ contiguous teeth per quad	\$502
	D4261	Osseous Surgery — 1-3 teeth per quad	\$301
	D4270	Pedicle Soft Tissue Graft Procedure	\$297
	D4341	Perio Scaling/Root Planing — 4+ teeth per quad	\$77
Extraction and other surgical procedures			
	D7111	Extraction — coronal remnants-primary teeth	\$47
	D7210	Extraction, erupted tooth requiring bone removal	\$101
	D7220	Removal of Impacted Tooth — soft tissue	\$111
	D7230	Removal of Impacted Tooth — partially bony	\$155
	D7240	Removal of Impacted Tooth — completely bony	\$188
	D7241	Removal of Impacted Tooth — completely bony with comp	\$189
	D7250	Surgical Removal of Residual Tooth Roots-cutting procedure	\$113
	D7280	Exposure of an Unerupted Tooth	\$255
	D7282	Mobiliz. of Erupted or Malposed Tooth to Aid Erupt	\$244
	D7285	Biopsy of Oral Tissue — hard (bone, tooth)	\$138
	D7286	Biopsy of Oral Tissue — soft	\$138
	D7310	Alveoplasty in Conjunction with Extractions — 4+ teeth	\$106

	ADA Procedure Code	Procedure	Plan Pays	
Class II Services	D7510	Incision/Drain of Abscess — intraoral soft tissue	\$58	
	D7961	Buccal/Labial Frenectomy (frenulectomy)	\$159	
	D7962	Lingual Frenectomy (frenulectomy)	\$159	
	D7963	Frenuloplasty	\$159	
	Miscellaneous procedures			
	D6930	Recement Fixed Partial Denture	\$34	
	D9222	Deep Sedation/General Anesthesia — 1st 15 minutes	\$87	
	D9223	Deep Sedation/Gen Anesthesia — 15-minute increments	\$87	
	D9239	Intravenous Conscious Sedation — 1st 15 minutes	\$116	
	D9243	Intravenous Conscious Sedation — 15-minute increments	\$116	
	D9944	Occlusal Guard-hard appliance, full arch	\$337	
	D9951	Occlusal Adjustment — limited	\$64	
	D9952	Occlusal Adjustment — complete	\$212	
Class III Services	Onlays and crowns			
	D2542	Onlay — metallic — 2 surfaces	\$418	
	D2543	Onlay — metallic — 3 surfaces	\$438	
	D2544	Onlay — metallic — 4 or more surfaces	\$455	
	D2740	Crown — porcelain/ceramic	\$260	
	D2750	Crown — porcelain fused to high noble metal	\$254	
	D2751	Crown — porcelain fused to predominant base metal	\$246	
	D2752	Crown — porcelain fused to noble metal	\$251	
	D2780	Crown — ¾ cast high noble metal	\$405	
	D2790	Crown — full cast high noble metal	\$249	
	D2791	Crown — full cast predominantly base metal	\$239	
	D2792	Crown — full cast noble metal	\$242	
		Complete dentures		
		D5110	Complete Denture — maxillary	\$380
		D5120	Complete Denture — mandibular	\$359
		D5130	Immediate Denture — maxillary	\$392
		D5140	Immediate Denture — mandibular	\$392
		Partial dentures		
		D5213	Maxillary Partial Denture-cast frame with resin base	\$373
		D5214	Mandibular Partial Denture-cast frame with resin base	\$380
		Repair to dentures and other procedures		
		D5410	Adjust Complete Denture — maxillary	\$26
		D5411	Adjust Complete Denture — mandibular	\$26
		D5421	Adjust Partial Denture — maxillary	\$25
		D5422	Adjust Partial Denture — mandibular	\$25
		D5511	Repair Broken Complete Denture Base, mandibular	\$38

	ADA Procedure Code	Procedure	Plan Pays
Class III Services	D5512	Repair Broken Complete Denture Base, maxillary	\$38
	D5520	Replace Missing or Broken Tooth — complete denture	\$34
	D5710	Rebase Complete Maxillary Denture	\$123
	D5730	Reline Complete Maxillary Denture (direct)	\$67
	D5731	Reline Complete Mandibular Denture (direct)	\$67
	D5740	Reline Maxillary Partial Denture (direct)	\$67
	D5741	Reline Mandibular Partial Denture (direct)	\$67
	D5750	Reline Complete Maxillary Denture (indirect)	\$115
	D5751	Reline Complete Mandibular Denture (indirect)	\$115
	D5760	Reline Maxillary Partial Denture (indirect)	\$115
	D5761	Reline Mandibular Partial Denture (indirect)	\$115
	D5850	Tissue Conditioning, maxillary	\$55
	D5851	Tissue Conditioning, mandibular	\$56
	Implant procedures		
	D6010	Surgical Placement of Implant Body, endosteal implant	\$675
	D6055	Connecting Bar-Imp/Abut Supported	\$262
Fixed bridge procedures			
	D6210	Pontic — cast high noble metal	\$254
	D6211	Pontic — cast predominantly base metal	\$254
	D6212	Pontic — cast noble metal	\$254
	D6240	Pontic — porcelain fused to high noble metal	\$254
	D6241	Pontic — porcelain fused to predominantly base metal	\$240
	D6242	Pontic — porcelain fused to noble metal	\$242
	D6245	Pontic — porcelain/ceramic	\$410
	D6750	Rtnr Crown — porcelain fused to high noble metal	\$254
	D6751	Rtnr Crown — porcelain fused to predominantly base metal	\$242
	D6752	Rtnr Crown — porcelain fused to noble metal	\$242
	D6780	Rtnr Crown — $\frac{3}{4}$ cast high noble metal	\$255
	D6790	Rtnr Crown — full cast high noble metal	\$254
	D6791	Rtnr Crown — full cast predominantly base metal	\$254
	D6792	Rtnr Crown — full cast noble metal	\$254

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/

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

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

