

**Local 94 Health and Benefit Fund
Dental Fee Schedule
Effective 6/1/2010**

D0100-D0999 I. Diagnostic

D0120	periodic oral evaluation (1per year)	\$15
D0140	limited oral evaluation - problem focused	\$15
D0150	comprehensive oral evaluation - new or established patient	\$15
D0160	detailed and extensive oral evaluation - problem focused, by report	\$15
D0210	intraoral - full mouth series (including bitewings) once every 5 years	\$32
D0220	intraoral - periapical first film	\$5
D0230	intraoral - periapical each additional film	\$5
D0270	bitewing - single film	\$5
D0272	bitewing - two films	\$10
D0274	bitewing - four films	\$20
D0330	panoramic film (once per year)	\$27

D1000-D1999 II. Preventive

D1110	prophylaxis - adult (2 per calendar year 13 years of age and older)	\$23
D1120	prophylaxis - child (2 per calendar year under 13 years of age)	\$14
D1203	topical application of fluoride (prophylaxis not included) - child (up to 16 years of age)	\$17
D1351	sealant - per tooth (any tooth up to the age of 16)	\$13
D1510	space maintainer - fixed - unilateral (every 3 years)	\$59
D1515	space maintainer - fixed - bilateral (every 3 years)	\$89
D1520	space maintainer - removable - unilateral (every 3 years)	\$59
D1525	space maintainer - removable - bilateral (every 3 years)	\$89
D1550	re-cementation of space maintainer	\$14

D2000-D2999 III. Restorative

D2140	amalgam - one surface, primary or permanent	\$21
D2150	amalgam - two surfaces, primary or permanent	\$34
D2160	amalgam - three surfaces, primary or permanent	\$48
D2161	amalgam - four or more surfaces, primary or permanent	\$48
D2330	resin-based composite - one surface, anterior	\$27
D2331	resin-based composite - two surfaces, anterior	\$48
D2332	resin-based composite - three surfaces, anterior	\$48
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$48
D2391	resin-based composite - one surface, posterior (once every 6 months)	\$27
D2392	resin-based composite - two surfaces, posterior (once every 6 months)	\$48
D2393	resin-based composite - three surfaces, posterior (once every 6 months)	\$48
D2394	resin-based composite - four or more surfaces or involving Incisal angle (posterior)	\$48
D2510	inlay - metallic - one surface (once every 6 months)	\$89

D2520	inlay - metallic - two surfaces (once every 6 months)	\$89
D2530	inlay - metallic - three or more surfaces (once every 6 months)	\$111
D2542	onlay - metallic - two surfaces (once every 6 months)	\$89
D2543	onlay - metallic - three surfaces (once every 6 months)	\$111
D2544	onlay - metallic - four or more surfaces (once every 6 months)	\$111
D2610	inlay - porcelain/ceramic - one surface (once every 6 months)	\$89
D2620	inlay - porcelain/ceramic - two surfaces (once every 6 months)	\$89
D2630	inlay - porcelain/ceramic - three surfaces (once every 6 months)	\$111
D2642	onlay - porcelain/ceramic - two surfaces (once every 6 months)	\$89
D2643	onlay - porcelain/ceramic - three surfaces (once every 6 months)	\$111
D2644	onlay - porcelain/ceramic - four or more surfaces (once every 6 months)	\$111
D2710	crown - resin (indirect) (every 3 years)	\$172
D2720	crown - resin with high noble metal (every 3 years)	\$273
D2721	crown - resin with predominantly base metal (every 3 years)	\$273
D2722	crown - resin with noble metal (every 3 years)	\$273
D2750	crown - porcelain fused to high noble metal (every 3 years)	\$287
D2751	crown - porcelain fused to predominantly base metal (every 3 years)	\$287
D2752	crown - porcelain fused to noble metal (every 3 years)	\$287
D2790	crown - full cast high noble metal (every 3 years)	\$261
D2791	crown - full cast predominantly base metal (every 3 years)	\$261
D2792	crown - full cast noble metal (every 3 years)	\$261
D2810	crown - 3/4 cast metallic (every 3 years)	\$167
D2910	recement inlay (every 6 months)	\$14
D2920	recement crown (every 6 months)	\$14
D2930	prefabricated stainless steel crown - primary tooth (up to age 16 every 3 years)	\$59
D2931	prefabricated stainless steel crown - permanent tooth (up to age 16 every 3 years)	\$73
D2932	prefabricated resin crown (up to age 16 every 3 years)	\$48
D2933	prefabricated stainless steel crown with resin window (up to age 16 every 3 years)	\$48
D2940	sedative filling (once per tooth every 6 months)	\$14
D2950	core buildup, including any pins (every 3 years)	\$61
D2951	pin retention - per tooth, in addition to restoration	\$14
D2952	cast post and core in addition to crown (every 3 years)	\$89
D2954	prefabricated post and core in addition to crown (every 3 years)	\$89
D2980	crown repair, by report	\$28

D3000-D3999 IV. Endodontics

D3110	pulp cap - direct (excluding final restoration)	\$8
D3120	pulp cap - indirect (excluding final restoration)	\$8
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$37
D3310	anterior (excluding final restoration) (every 3 years)	\$160
D3320	bicuspid (excluding final restoration) (every 3 years)	\$213
D3330	molar (excluding final restoration) (every 3 years)	\$273
D3346	retreat of anterior teeth (every 3 years)	\$210
D3347	retreat of bicuspid teeth (every 3 years)	\$288
D3348	retreat of molar teeth (every 3 years)	\$373
D3410	apicoectomy/periradicular surgery - anterior (every 3 years)	\$147
D3421	apicoectomy/periradicular surgery - bicuspid (first root) (every 3 years)	\$147

D3425	apicoectomy/periradicular surgery - molar (first root) (every 3 years)	\$147
D3426	apicoectomy/periradicular surgery (each additional root) (every 3 years)	\$221

D4000-D4999 V. Periodontics

D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$187	Sp. \$320
D4211	gingivectomy or gingivoplasty - (4 teeth per year)	\$40	Sp. \$80
D4249	clinical crown lengthening - hard tissue	\$125	
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant (4 quads per year)	\$187	Sp. \$320
D4263	bone replacement graft - first site in quadrant	\$152	
D4273	subepithelial connective tissue graft procedures	\$103	
D4341	periodontal scaling and root planning - four or more contiguous teeth or bounded teeth spaces per quadrant (general 4 quads/specialist 5 quads)	\$40	Sp. \$80
D4381	localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$55	

D5000-D5899 VI. Prosthodontics (removable)

D5110	complete denture - maxillary (every 3 years)	\$367
D5120	complete denture - mandibular (every 3 years)	\$367
D5130	immediate denture - maxillary (every 3 years)	\$367
D5140	immediate denture - mandibular (every 3 years)	\$367
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth) (every 3 years)	\$267
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth) (every 3 years)	\$267
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) (every 3 years)	\$400
D5214	mandibular partial denture - cast metal frame work with resin denture bases (including any conventional clasps, rests and teeth) (every 3 years)	\$400
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth) (every 3 years)	\$103
D5410	adjust complete denture - maxillary (every 6 months)	\$73
D5411	adjust complete denture - mandibular (every 6 months)	\$73
D5421	adjust partial denture - maxillary (every 6 months)	\$73
D5422	adjust partial denture - mandibular (every 6 months)	\$73
D5510	repair broken complete denture base (every 6 months)	\$66
D5520	replace missing or broken teeth - complete denture (each tooth) (every 6 months)	\$48
D5610	repair resin denture base (every 6 months)	\$40
D5620	repair cast framework (every 6 months)	\$22
D5630	repair or replace broken clasp (every 6 months)	\$15
D5640	repair broken teeth - per tooth (every 6 months)	\$28
D5650	add tooth to existing partial denture (every 6 months)	\$48
D5660	add clasp to existing partial denture (every 6 months)	\$73
D5710	rebase complete maxillary denture (every 6 months)	\$114
D5711	rebase complete mandibular denture (every 6 months)	\$114

D5720	rebase maxillary partial denture (every 6 months)	\$114
D5721	rebase mandibular partial denture (every 6 months)	\$114
D5730	reline complete maxillary denture (chairside) (every 6 months)	\$67
D5731	reline complete mandibular denture (chairside) (every 6 months)	\$67
D5740	reline maxillary partial denture (chairside) (every 6 months)	\$67
D5741	reline mandibular partial denture (chairside) (every 6 months)	\$67
D5750	reline complete maxillary denture (laboratory) (every 6 months)	\$101
D5751	reline complete mandibular denture (laboratory) (every 6 months)	\$101
D5760	reline maxillary partial denture (laboratory) (every 6 months)	\$101
D5761	reline mandibular partial denture (laboratory) (every 6 months)	\$101

D6000-D6199 VIII. Implant Services

Dental implants are covered procedures when they are approved by Sele-Dent and services are rendered by a Local 94 panel dentist. Eligible participants will be responsible for applicable co-pays which went into effect May 1, 2008. **

If you visit a Sele-Dent, Inc. or an Out of Network dentist for dental implants you will be responsible for fees in excess of the Local 94 Schedule of Benefits.

			**Patient Co-Pay
D6010	surgical placement of implant body: endosteal implant	\$600	\$600
D6056	prefabricated abutment	\$89	\$100
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	\$287	\$100
OR			
D6061	abutment supported porcelain fused to metal crown (noble metal)		

D6200-D6999 IX. Prosthodontics (fixed)

D6210	pontic - cast high noble metal (every 3 years)	\$187
D6211	pontic - cast predominantly base metal (every 3 years)	\$187
D6212	pontic - cast noble metal (every 3 years)	\$187
D6240	pontic - porcelain fused to high noble metal (every 3 years)	\$187
D6241	pontic - porcelain fused to predominantly base metal (every 3 years)	\$187
D6250	pontic - resin with high noble metal (every 3 years)	\$187
D6252	pontic - resin with noble metal (every 3 years)	\$187
D6530	inlays used as abutments, three or more surfaces (every 3 years)	\$134
D6720	crown - resin with high noble metal (every 3 years)	\$273
D6721	crown - resin with predominantly base metal (every 3 years)	\$273
D6722	crown - resin with noble metal (every 3 years)	\$273
D6751	crown - porcelain fused to predominantly base metal (every 3 years)	\$287
D6752	crown - porcelain fused to noble metal (every 3 years)	\$287
D6780	crown - 3/4 cast noble metal (every 3 years)	\$167
D6790	crown - full cast high noble metal (every 3 years)	\$261
D6791	crown - full cast predominantly base metal (every 3 years)	\$261
D6930	recement fixed partial denture (every 6 months)	\$37
D6970	cast post and core in addition to fixed partial denture retainer (every 6 months)	\$89

D7000-D7999 X. Oral and Maxillofacial Surgery

D7110	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$34
D7210	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$61
D7220	removal of impacted tooth - soft tissue	\$67
D7230	removal of impacted tooth - partial bony	\$120
D7240	removal of impacted tooth - completely bony	\$167
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	\$167
D7250	surgical removal of residual tooth roots	\$73
D7260	oroantral fistula closure	\$134
D7281	surgical exposure of impacted or unerupted tooth to aid eruption	\$101
D7286	biopsy of oral tissue - soft (all others)	\$54
D7310	alveoplasty in conjunction with extractions - per quadrant	\$10
D7320	alveoplasty not in conjunction with extractions - per quadrant	\$94
D7510	incision and drainage of abscess - intraoral soft tissue	\$34
D7960	frenulectomy (frenectomy or frenotomy) - separate procedure	\$73

D8000-D8999 XI. Orthodontics

D8220	fixed appliance therapy (once per lifetime dependents 19 and under)	\$491
D8670	periodic orthodontic treatment visit (\$74.00 per month for 20 months)	\$1,480
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s)) as part of contract 18 months \$61.00 every 6 months	\$183
	Maximum Paid	\$2,154

D9000-D9999 XII. Adjunctive General Services

D9110	palliative (emergency) treatment of dental pain - minor procedure (1 per year)	\$14
D9220	deep sedation/general anesthesia - first 30 minutes (oral surgeon)	\$54
D9221	deep sedation/general anesthesia - each additional 15 minutes (oral surgeon)	\$22
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment (1 per year)	\$40
D9951	occlusal adjustment - limited (every 6 months)	\$14
D9952	occlusal adjustment - complete (every 6 months)	\$14