

**Schedule of Dental Benefits
LOCAL 891 IUOE WELFARE FUND
DENTAL PROGRAM**

**DENTAL CLAIM OFFICE
253 WEST 35TH STREET, 12TH FLOOR, NEW YORK, N.Y. 10001-1907
(212) 505-5050, EXT. 5702**

Comprehensive Benefits for eligible members, spouses and dependent children.

Pre-Authorization required for dental services amounting to \$750 or more.

The maximum the Plan will pay toward covered expenses is

\$3,000 per calendar year for you and each eligible dependent.

Orthodontic benefit (see codes 8080-8670) offered once per lifetime for eligible dependent children up to age 19.

Implants up to \$1,500 with a \$2,000 lifetime maximum (includes codes 6010, 6040 & 6050 only)

All Crowns & Dentures are payable ONCE per five years.

EFFECTIVE: July 1, 2008

BENEFIT YEAR: Jan. 1 - Dec. 31

0120	Periodic Oral Evaluation	22.00	2720	Crown - Resin with high noble metal	268.00
0140	Limited Oral Evaluation – problem focused	17.00	2721	Crown - Resin with predominantly base metal	226.00
0150	Comprehensive Oral Evaluation.....	25.00	2722	Crown - Resin with noble metal	250.00
0210	Intraoral - complete series - including bitewings	50.00	2740	Crown - Porcelain/ceramic substrate	400.00
0220	Intraoral, Periapical, first film	4.25	2750	Crown - Porcelain fused to high noble metal.....	425.00
0230	Intraoral, Periapical, each additional film	1.00	2751	Crown - Porcelain fused to predominantly base metal	375.00
0240	Intraoral, Occlusal film.....	9.50	2752	Crown - Porcelain fused to noble metal.....	400.00
0250	Extraoral, first film	21.00	2790	Crown - Full Cast high noble metal	375.00
0260	Extraoral, each additional film	21.00	2791	Crown - Full Cast predominantly base metal	195.00
0270	Bitewings, single film	5.00	2792	Crown - Full Cast noble metal	238.00
0272	Bitewings, two films.....	10.00	2910	Recement inlay.....	16.75
0274	Bitewings, four films	13.00	2920	Recement crown.....	50.00
0290	Posterior-Anterior / lateral skull and facial bone survey film ..	21.00	2930	Prefabricated stainless steel crown - primary	165.00
0330	Panoramic film	50.00	2931	Prefabricated stainless steel crown - permanent	68.00
0340	Cephalometric film	29.00	2932	Prefabricated resin crown	56.00
0415	Collection of microorganisms for culture & sensitivity	17.00	2933	Prefabricated stainless steel crown w/resin.....	79.00
0425	Caries susceptibility tests.....	17.00	2940	Sedative filling	48.00
0460	Pulp vitality test.....	8.50	2950	Core buildup, including any pins	95.00
0470	Diagnostic casts	23.00	2951	Pin retention, per tooth, addition w/restoration	37.00
1110	Prophylaxis - Adult	37.00	2952	Cast post and core in addition to crown	100.00
1120	Prophylaxis - child to age 12	15.75	2954	Prefabricated post and core in add. to crown	125.00
1203	Topical application of fluoride excl. prophy - child.....	15.00	2970	Temporary crown (fractured Tooth).....	121.00
1204	Topical application of fluoride excl. prophy - adult.....	15.00	2980	Crown repair by report.....	26.00
1351	Sealant - per tooth.....	30.00	3110	Pulp cap - direct (excluding final restoration)	26.00
1510	Space Maintainer - fixed - unilateral	84.00	3120	Pulp cap - indirect (excluding final restoration)	43.00
1515	Space Maintainer - fixed - bilateral	116.00	3220	Therapeutic Pulpotomy	81.00
1520	Space Maintainer - removable - unilateral	114.00	3310	Anterior Root Canal (exclud. final restoration).....	317.00
1525	Space Maintainer - removable - bilateral	159.00	3320	Bicuspid Root Canal (exclud. final restoration)	333.00
1550	Recementation of space maintainer	12.00	3330	Molar Root Canal (exclud. final restoration).....	438.00
2140	Amalgam - 1 surface, primary or permanent.....	50.00	3410	Apicoectomy/Periradicular surgery - anterior	300.00
2150	Amalgam - 2 surfaces, primary or permanent	65.00	3421	Apicoectomy/Periradicular surgery - bicuspid (first root).....	310.00
2160	Amalgam - 3 surfaces, primary or permanent	83.00	3425	Apicoectomy/Periradicular surgery - molar (first root).....	315.00
2161	Amalgam - 4 or more surfaces, primary or permanent.....	100.00	3426	Apicoectomy/Periradicular surgery - add root.....	100.00
2330	Resin, 1 surface, anterior.....	60.00	3430	Retrograde Filling - per root	110.00
2331	Resin, 2 surfaces, anterior.....	84.00	3450	Root Amputation - per root	100.00
2332	Resin, 3 surfaces, anterior.....	88.00	3910	Endo-Surg. procedure to isolate tooth w/rubber dam	52.00
2335	Resin, 4 or more surf. or - involv. incisal angle (anterior)	106.00	3920	Hemisection including root removal.....	150.00
2391	Resin-based composite – 1 surface, posterior	60.00	4210	Gingivectomy or Gingivoplasty – 4+ teeth per quadrant.....	122.00
2392	Resin-based composite - 2 surfaces, posterior	84.00	4211	Gingivectomy or Gingivoplasty – 1-3 teeth per quadrant	73.20
2393	Resin-based composite - 3 surfaces, posterior	88.00	4240	Gingival flap procedure – 4+ teeth per quadrant	82.00
2394	Resin-based composite – 4+ surfaces, posterior	106.00	4241	Gingival flap procedure – 1-3 teeth per quadrant	49.20
2410	Gold foil, 1 surface	79.00	4249	Crown Lengthening	150.00
2420	Gold foil, 2 surfaces.....	142.00	4260	Osseous Surgery – 4+ teeth per quadrant	394.00
2430	Gold foil, 3 surfaces.....	157.00	4261	Osseous Surgery – 1-3 teeth per quadrant	200.00
2510	Inlay - metallic - 1 surface.....	155.00	4263	Bone replacement graft – first site in quadrant.....	240.00
2520	Inlay - metallic - 2 surfaces	182.00	4264	Bone replacement graft – each add'l site in quadrant.....	127.00
2530	Inlay - metallic - 3 surfaces	229.00	4270	Pedicle soft tissue graft procedure	90.00
2610	Inlay - porcelain/ceramic - 1 surface	246.00	4271	Free soft tissue graft procedure (including donor site surgery) ..	156.00
2630	Inlay - porcelain/ceramic - 3 surfaces.....	375.00	4341	Periodontal scaling & root planing – 4+ teeth per quadrant	24.00
2710	Crown - Resin (bitewing)	141.00	4342	Periodontal scaling & root planing – 1-3 teeth per quadrant	14.00

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4381	Localized delivery of microbial agents- (limit - 3 per year)...	100.00
4910	Perio maintenance procedures (following active therapy)	35.00
4920	Unscheduled dressing change - other than dentist.....	17.00
5110	Complete upper dentures.....	600.00
5120	Complete lower dentures.....	600.00
5130	Immediate upper dentures.....	600.00
5140	Immediate lower dentures.....	600.00
5211	Partial upper denture resin base (incl. clasps, rests & teeth) ..	600.00
5212	Partial lower denture resin base (incl. clasps, rests & teeth) ..	600.00
5213	Partial upper denture - cast metal base w/resin saddles (incl. clasps, rests & teeth).....	600.00
5214	Partial lower denture - cast metal base w/ resin saddles (incl. clasps, rests & teeth).....	600.00
5281	Removable unilateral partial denture - one piece cast metal (including clasps & pontics).....	167.00
5410	Adjust complete denture - upper.....	38.00
5411	Adjust complete denture - lower.....	38.00
5421	Adjust partial denture - upper.....	38.00
5422	Adjust partial denture - lower.....	38.00
5510	Repair broken complete denture.....	75.00
5610	Repair resin denture base.....	63.00
5620	Repair cast framework.....	42.00
5630	Repair or replace broken clasp.....	45.00
5640	Replace broken teeth - per tooth.....	57.00
5650	Add tooth to existing partial denture.....	59.00
5660	Add clasp to existing partial denture.....	95.00
5730	Reline complete upper denture (chairside).....	125.00
5731	Reline complete lower denture (chairside).....	125.00
5740	Reline upper partial denture (chairside).....	125.00
5741	Reline lower partial denture (chairside).....	125.00
5750	Reline complete upper denture (laboratory).....	125.00
5751	Reline complete lower denture (laboratory).....	125.00
5760	Reline upper partial denture (laboratory).....	125.00
5761	Reline lower partial denture (laboratory).....	125.00
5850	Tissue conditioning, upper - per denture unit.....	36.00
5851	Tissue conditioning, lower - per denture unit.....	36.00
5860	Overdenture - complete.....	397.00
5861	Overdenture - partial.....	397.00
6010	Surgical Placement of Implant Body: endosteal implant.....*	*
6040	Surgical Placement: eposteal implant.....*	*
6050	Surgical Placement: transosteal implant.....*	*

IMPLANT SUPPORTED PROSTHETICS**	
6053,6054, 6056, 6057.....	125.00
6058, 6059, 6060, 6061, 6062, 6063, 6064, 6065, 6066, 6067, 6068, 6069, 6070 ,6071, 6072, 6073, 6074, 6075, 6076, 6077, 6094, 6194.....	600.00

6210	Pontic - cast high noble metal.....	224.00
6211	Pontic - cast predominantly base metal.....	195.00
6212	Pontic - cast noble metal.....	238.00
6240	Pontic - porcelain fused to high noble metal.....	425.00
6241	Pontic - porcelain fused to predominantly base metal.....	375.00
6242	Pontic - porcelain fused to noble metal.....	400.00
6250	Pontic - resin with high noble metal.....	297.00
6251	Pontic - resin with predominantly base metal.....	226.00
6252	Pontic - resin with noble metal.....	250.00
6545	Retainer - cast metal for resin bonded fixed prosthesis.....	80.00
6720	Crown - resin with high noble metal.....	296.00
6721	Crown - resin with predominantly base metal.....	226.00
6722	Crown - resin with noble metal.....	250.00
6750	Crown - porcelain fused to high noble metal.....	425.00
6751	Crown - porcelain fused to predominantly base metal.....	375.00
6752	Crown - porcelain fused to noble metal.....	400.00
6780	Crown - 3/4 cast high noble metal.....	212.00
6790	Crown - full cast high noble metal.....	249.00
6791	Crown - full cast predominantly base metal.....	195.00
6792	Crown - full cast noble metal.....	238.00
6930	Recement fixed partial denture.....	82.00
6940	Stress breaker.....	60.00
6950	Precision attachments.....	172.00

6975	Coping - metal.....	123.00
7111	Extraction, coronal remnants – deciduous tooth.....	50.00
7140	Extraction , erupted tooth or exposed root.....	72.00
7210	Surgical removal of erupted tooth.....	130.00
7220	Removal of impacted tooth - soft tissue.....	175.00
7230	Removal of impacted tooth - partially bony.....	225.00
7240	Removal of impacted tooth - completely bony.....	275.00
7241	Extraction - impacted tooth w/ unusual difficulty.....	300.00
7260	Oroantral fistula closure.....	177.00
7270	Tooth Reimplantation.....	105.00
7272	Tooth Transplantation.....	116.00
7280	Surgical access of an unerupted tooth.....	112.00
7290	Surgical repositioning of teeth.....	112.00
7291	Transseptal fiberotomy.....	30.00
7310	Alveoloplasty in conjunction with extractions per quad.....	200.00
7320	Alveoloplasty without extractions - per quad.....	300.00
7340	Vestibuloplasty - ridge extension.....	83.00
7350	Vestibuloplasty - ridge extension w/soft tissue.....	171.00
7450	Removal of odontogenic cyst/tumor up to 1.25 cm.....	207.00
7451	Removal of odontogenic cyst/tumor over 1.25 cm.....	206.00
7460	Removal of nonodontogenic cyst/tumor up to 1.25 cm.....	110.00
7461	Removal of nonodontogenic cyst/tumor over 1.25 cm.....	218.00
7471	Removal of lateral exostosis - maxilla or mandible.....	151.00
7510	Incision & drainage of abscess - intraoral soft tissue.....	147.00
7520	Incision & drainage of abscess - extraoral.....	45.00
7620	Maxilla - closed reduction.....	326.00
7630	Mandible - open reduction.....	284.00
7640	Mandible - closed reduction.....	572.00
7650	Fracture - simple, malar tor zyg arch open reduction.....	505.00
7710	Fracture - compound, maxilla - open reduction.....	357.00
7730	Fracture - compound, mandible - open reduction.....	647.00
7740	Fracture - compound, mandible - closed reduction.....	567.00
7960	Frenulectomy - Frenectomy.....	158.00
7970	Excision of hyperplastic tissue - per arch.....	81.00
7971	Excision of periocoronal gingiva.....	15.00
8080	Comp. ortho treatment of the adolescent dentition.....	800.00
8090	Comp. ortho treatment of the adult dentition.....	800.00
8660	Pre-orthodontic Treatment visit.....	200.00
8670	Periodic orthodontic treatment - per month (20 month max.) ..	123.00
9110	Palliative (emergency) treatment of dental pain.....	15.25
9211	Regional Block Anesthesia.....	7.00
9215	Local Anesthesia.....	7.00
9220	General anesthesia - first 30 minutes.....	144.00
9221	General anesthesia - each add. 15 minutes.....	72.00
9230	Analgesia.....	15.00
9241	Intravenous conscious sedation (1 st 30 minutes).....	144.00
9242	Intravenous conscious sedation (each additional 15 minutes)....	72.00
9310	Professional consultation by specialist.....	25.00
9410	Professional visit - house call.....	25.00
9420	Professional visit - hospital call.....	19.00
9430	Office visit for observation.....	10.00
9440	Office visit - after regularly scheduled hours.....	12.00
9610	Therapeutic drug injection.....	15.00
9910	Application of desensitizing medicaments.....	12.00
9930	Treatment of complication - post surgical.....	15.00
9940	Occlusal guards.....	159.00
9950	Occlusal analysis - mounted case.....	100.00
9951	Occlusal adjustment - limited.....	37.00
9952	Occlusal adjustment - complete.....	90.00

***Payable up to \$1,500 with a \$2,000 Lifetime Implant Benefit Maximum**