

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

Local 891 IUOE WF Dental Fee Schedule – p. 2

4341	Periodontal scaling & root planing – 4+ teeth per quadrant	24.00
4342	Periodontal scaling & root planing – 4+ teeth per quadrant	14.40
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 fibrotomy	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 periocoronary 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**

**** These procedures are not covered by the Implant Benefit. They are included in the regular yearly maximum. Panel dentists have not agreed to accept this amount as payment in full. The Fund pays this amount and the member is responsible for the balance.**