

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

**DENTAL CLAIM OFFICE
1040 Ave of the Americas, Flr. 24 NEW YORK, N.Y. 10018-3726
(212) 505-5050**

**Comprehensive Benefits for eligible members, spouses and dependent children.
Pre-Authorization required for Osseous Surgery, Implants, Bridges, and Dentures.**

**The maximum the Plan will pay toward covered expenses is
\$4,000 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 \$6,000 lifetime maximum (includes codes 6010, 6040 & 6050 only)

All Crowns & Dentures are payable ONCE per five years.

EFFECTIVE: May 1, 2018

BENEFIT YEAR: Jan. 1 - Dec. 31

0120	Periodic Oral Evaluation	52.00	2721	Crown - Resin with predominantly base metal	226.00
0140	Limited Oral Evaluation – problem focused	35.00	2722	Crown - Resin with noble metal	250.00
0150	Comprehensive Oral Evaluation	65.00	2740	Crown - Porcelain/ceramic substrate	400.00
0210	Intraoral - complete series - including bitewings	50.00	2750	Crown - Porcelain fused to high noble metal	625.00
0220	Intraoral, Periapical, first film	4.25	2751	Crown - Porcelain fused to predominantly base metal	575.00
0230	Intraoral, Periapical, each additional film	1.00	2752	Crown - Porcelain fused to noble metal	600.00
0240	Intraoral, Occlusal film	9.50	2790	Crown - Full Cast high noble metal	375.00
0250	Extraoral, first 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	Recent inlay	16.75
0274	Bitewings, four films	13.00	2920	Recent crown	75.00
0330	Panoramic film	50.00	2930	Prefabricated stainless steel crown - primary	180.00
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	70.00
0470	Diagnostic casts	23.00	2950	Core buildup, including any pins	130.00
1110	Prophylaxis - Adult	50.00	2951	Pin retention, per tooth, addition w/restoration	37.00
1120	Prophylaxis - child to age 12	30.75	2952	Cast post and core in addition to crown	200.00
1206	Topical application of fluoride varnish	25.00	2954	Prefabricated post and core in add. to crown	225.00
1208	topical application of fluoride – excluding varnish	25.00	2980	Crown repair by report	26.00
1351	Sealant - per tooth	50.00	3110	Pulp cap - direct (excluding final restoration)	40.00
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	100.00
1520	Space Maintainer - removable - unilateral	114.00	3310	Anterior Root Canal (exclud. final restoration)	400.00
1525	Space Maintainer - removable - bilateral	159.00	3320	Bicuspid Root Canal (exclud. final restoration)	500.00
1550	Recementation of space maintainer	12.00	3330	Molar Root Canal (exclud. final restoration)	600.00
2140	Amalgam - 1 surface, primary or permanent	70.00	3346	Retreatment of previous root canal therapy – anterior	400.00
2150	Amalgam - 2 surfaces, primary or permanent	95.00	3347	Retreatment of previous root canal therapy – pre molar	500.00
2160	Amalgam - 3 surfaces, primary or permanent	123.00	3348	Retreatment of previous root canal therapy – molar	600.00
2161	Amalgam - 4 or more surfaces, primary or permanent	150.00	3410	Apicoectomy/Periradicular surgery - anterior	500.00
2330	Resin, 1 surface, anterior	80.00	3421	Apicoectomy/Periradicular surgery - bicuspid (first root)	550.00
2331	Resin, 2 surfaces, anterior	114.00	3425	Apicoectomy/Periradicular surgery - molar (first root)	600.00
2332	Resin, 3 surfaces, anterior	128.00	3426	Apicoectomy/Periradicular surgery - add root	200.00
2335	Resin, 4 or more surf. or - involv. incisal angle (anterior)	156.00	3430	Retrograde Filling - per root	200.00
2391	Resin-based composite – 1 surface, posterior	80.00	3450	Root Amputation - per root	100.00
2392	Resin-based composite - 2 surfaces, posterior	114.00	3910	Endo-Surg. procedure to isolate tooth w/rubber dam	52.00
2393	Resin-based composite - 3 surfaces, posterior	128.00	3920	Hemisection including root removal	150.00
2394	Resin-based composite – 4+ surfaces, posterior	156.00	4210	Gingivectomy or Gingivoplasty – 4+ teeth per quadrant	322.00
2410	Gold foil, 1 surface	79.00	4211	Gingivectomy or Gingivoplasty – 1-3 teeth per quadrant	273.00
2420	Gold foil, 2 surfaces	142.00	4240	Gingival flap procedure – 4+ teeth per quadrant	400.00
2430	Gold foil, 3 surfaces	157.00	4241	Gingival flap procedure – 1-3 teeth per quadrant	300.00
2510	Inlay - metallic - 1 surface	155.00	4249	Crown Lengthening	300.0
2520	Inlay - metallic - 2 surfaces	182.00	4260	Osseous Surgery – 4+ teeth per quadrant	700.00
2530	Inlay - metallic - 3 surfaces	229.00	4261	Osseous Surgery – 1-3 teeth per quadrant	350.00
2610	Inlay - porcelain/ceramic - 1 surface	246.00	4263	Bone replacement graft – first site in quadrant	440.00
2630	Inlay - porcelain/ceramic - 3 surfaces	375.00	4264	Bone replacement graft – each add'l site in quadrant	227.00
2710	Crown - Resin (laboratory)	141.00	4270	Pedicle soft tissue graft procedure	90.00
2720	Crown - Resin with high noble metal	268.00	4341	Periodontal scaling & root planing – 4+ teeth per quadrant	24.00

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4342	Periodontal scaling & root planing – 4+ teeth per quadrant.....	14.40	6790	Crown - full cast high noble metal	249.00
4381	Localized delivery of microbial agents- (limit - 3 per year).....	100.00	6791	Crown - full cast predominantly base metal.....	195.00
4910	Perio maintenance procedures (following active therapy)	100.00	6792	Crown - full cast noble metal	238.00
4920	Unscheduled dressing change - other than dentist.....	17.00	6930	Recement fixed partial denture.....	82.00
5110	Complete upper dentures	1000.00	6940	Stress breaker.....	60.00
5120	Complete lower dentures	1000.00	6950	Precision attachments.....	172.00
5130	Immediate upper dentures.....	1000.00	7111	Extraction, coronal remnants – deciduous tooth	50.00
5140	Immediate lower dentures.....	1000.00	7140	Extraction , erupted tooth or exposed root	175.00
5211	Partial upper denture resin base (incl. clasps, rests & teeth) ..	1000.00	7210	Surgical removal of erupted tooth	250.00
5212	Partial lower denture resin base (incl. clasps, rests & teeth) ..	1000.00	7220	Removal of impacted tooth - soft tissue.....	325.00
5213	Partial upper denture - cast metal base		7230	Removal of impacted tooth - partially bony.....	375.00
	w/resin saddles (incl. clasps, rests & teeth).....	1000.00	7240	Removal of impacted tooth - completely bony.....	425.00
5214	Partial lower denture - cast metal base		7241	Extraction - impacted tooth w/ unusual difficulty.....	500.00
	w/ resin saddles (incl. clasps, rests & teeth).....	1000.00	7250	Surgical removal of residual tooth roots (cutting procedure).....	236.00
5281	Removable unilateral partial denture - one piece		7260	Oroantral fistula closure.....	400.00
	cast metal (including clasps & pontics).....	167.00	7270	Tooth Reimplantation	105.00
5410	Adjust complete denture - upper.....	38.00	7272	Tooth Transplantation	116.00
5411	Adjust complete denture - lower.....	38.00	7280	Surgical access of an unerupted tooth	500.00
5421	Adjust partial denture - upper.....	38.00	7290	Surgical repositioning of teeth.....	112.00
5422	Adjust partial denture - lower.....	38.00	7291	Transseptal fiberotomy.....	30.00
5511	Repair broken complete denture base, mandibular.....	100.00	7310	Alveoloplasty in conjunction with extractions per quad.....	250.00
5512	Repair broken complete denture base, maxillary.....	100.00	7320	Alveoloplasty without extractions - per quad.....	350.00
5611	Repair resin partial denture base, mandibular.....	90.00	7340	Vestibuloplasty - ridge extension.....	83.00
5612	Repair resin partial denture base, maxillary.....	90.00	7350	Vestibuloplasty - ridge extension w/soft tissue	171.00
5621	Repair cast partial framework, mandibular.....	90.00	7450	Removal of odontogenic cyst/tumor up to 1.25 cm.....	300.00
5622	Repair cast partial framework, maxillary.....	90.00	7451	Removal of odontogenic cyst/tumor over 1.25 cm.....	206.00
5630	Repair or replace broken clasp	45.00	7460	Removal of nonodontogenic cyst/tumor up to 1.25 cm.....	110.00
5640	Replace broken teeth - per tooth.....	70.00	7461	Removal of nonodontogenic cyst/tumor over 1.25 cm.....	218.00
5650	Add tooth to existing partial denture	100.00	7471	Removal of lateral exostosis - maxilla or mandible.....	151.00
5660	Add clasp to existing partial denture.....	105.00	7510	Incision & drainage of abscess - intraoral soft tissue	180.00
5730	Reline complete upper denture (chairside).....	200.00	7520	Incision & drainage of abscess - extraoral	45.00
5731	Reline complete lower denture (chairside)	200.00	7620	Maxilla - closed reduction.....	326.00
5740	Reline upper partial denture (chairside)	200.00	7630	Mandible - open reduction	284.00
5741	Reline lower partial denture (chairside)	200.00	7640	Mandible - closed reduction.....	572.00
5750	Reline complete upper denture (laboratory)	200.00	7650	Fracture - simple, malar tor zyg arch open reduction	505.00
5751	Reline complete lower denture (laboratory)	200.00	7710	Fracture - compound, maxilla - open reduction	357.00
5760	Reline upper partial denture (laboratory).....	200.00	7730	Fracture - compound, mandible - open reduction	647.00
5761	Reline lower partial denture (laboratory).....	200.00	7740	Fracture - compound, mandible - closed reduction	567.00
5850	Tissue conditioning, upper - per denture unit.....	36.00	7960	Frenulectomy - Frenectomy.....	400.00
5851	Tissue conditioning, lower - per denture unit.....	36.00	7970	Excision of hyperplastic tissue - per arch	81.00
5863	Overdenture – complete maxillary	500.00	7971	Excision of periocoronal gingiva.....	15.00
5864	Overdenture –partial maxillary	397.00	8080	Comp. ortho treatment of the adolescent dentition.....	1000.00
5865	Overdenture – complete mandibular	500.00	8090	Comp. ortho treatment of the adult dentition	1000.00
5866	Overdenture – partial mandibular	397.00	8660	Pre-orthodontic Treatment visit.....	300.00
6010	Surgical Placement of Implant Body: endosteal implant.....*	*	8670	Periodic orthodontic treatment - per month (20 month max.)	175.00
6040	Surgical Placement: eposteal implant	*	9110	Palliative (emergency) treatment of dental pain	100.00
6050	Surgical Placement: transosteal implant.....*	*	9211	Regional Block Anesthesia	7.00
6104	Bone Graft at the time of placement of implant	*	9215	Local Anesthesia.....	7.00
IMPLANT SUPPORTED PROSTHETICS**					
6056, 6057.....	400.00	9222	Deep sedation	200.00
6058, 6059, 6060, 6061, 6062, 6063, 6064, 6065, 6066, 6067,	9223	Deep Sedation/general anesthesia- each 15 minute increment ..	200.00
6068, 6069, 6070 ,6071, 6072, 6073, 6074, 6075, 6076, 6077,	9230	Analgesia.....	50.00
6094, 6194.....	800.00	9243	Intravenous moderate sedation/analgesia- 15 min increment	200.00
6210	Pontic - cast high noble metal.....	224.00	9310	Professional consultation by specialist.....	100.00
6211	Pontic - cast predominantly base metal	195.00	9410	Professional visit - house call.....	25.00
6212	Pontic - cast noble metal.....	238.00	9420	Professional visit - hospital call.....	19.00
6240	Pontic - porcelain fused to high noble metal	625.00	9430	Office visit for observation	10.00
6241	Pontic - porcelain fused to predominantly base metal	575.00	9440	Office visit - after regularly scheduled hours.....	12.00
6242	Pontic - porcelain fused to noble metal	600.00	9610	Therapeutic drug injection	15.00
6250	Pontic - resin with high noble metal.....	297.00	9910	Application of desensitizing medicaments.....	12.00
6251	Pontic - resin with predominantly base metal.....	226.00	9930	Treatment of complication - post surgical.....	15.00
6252	Pontic - resin with noble metal	250.00	9940	Occlusal guards.....	250.00
6545	Retainer - cast metal for resin bonded fixed prosthesis	80.00	9950	Occlusal analysis - mounted case	100.00
6720	Crown - resin with high noble metal.....	296.00	9951	Occlusal adjustment – limited	90.00
6721	Crown - resin with predominantly base metal.....	226.00	9952	Occlusal adjustment - complete.....	90.00
6722	Crown - resin with noble metal.....	250.00			
6750	Crown - porcelain fused to high noble metal.....	625.00			
6751	Crown - porcelain fused to predominantly base metal.....	575.00			
6752	Crown - porcelain fused to noble metal	600.00			
6780	Crown - 3/4 cast high noble metal	212.00			

***Payable up to \$1,500 with a \$6,000 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.**