



DENTAL BENEFIT SUMMARY

I.A.T.S.E. NATIONAL HEALTH & WELFARE FUND

DELTA DENTAL GROUP NUMBER 2430

Dental Benefits Administered by:

Delta Dental of New York

The benefit explanations contained herein are subject to all provisions of the Group Dental Contract, and do not modify such contract in any way, nor shall a participant or beneficiary (“Subscriber”) accrue any rights because of any statement in or omission from this booklet. If there is any inconsistency between the Group Dental Service Contract (“Contract”), this booklet shall be interpreted in such a way so that the Contract provisions govern.

DENTAL BENEFIT SUMMARY
I.A.T.S.E. NATIONAL HEALTH & WELFARE FUND
DELTA DENTAL GROUP NUMBER 2430

1. NAME OF PLAN:

I.A.T.S.E. National Health & Welfare Fund

2. NAME AND ADDRESS OF EMPLOYER, TRUST OR PLAN SPONSOR:

I.A.T.S.E. National Health & Welfare Fund
417 Fifth Avenue, 3rd Floor
New York, NY 10016

3. TAX IDENTIFICATION NUMBER AND PLAN NUMBER:

Tax Identification Number: 23-7333434
Plan Number: 501

4. TYPE OF WELFARE PLAN:

Group Dental.

5. TYPE OF ADMINISTRATION:

Delta Dental providing claims administration

6. NAME, BUSINESS ADDRESS AND TELEPHONE NUMBER OF ADMINISTRATORS:

The Plan Administrator is:

I.A.T.S.E. National Health & Welfare Fund
417 Fifth Avenue, 3rd Floor
New York, NY 10016
Tel. 212-897-3222

The Claims Administrator is:

Delta Dental of New York (“Delta Dental”)
One Delta Drive
Mechanicsburg, PA 17055
Tel. 800-932-0783 or 717-766-8500
Web: www.wekeepyouSmiling.com/iaste

7. NAME AND ADDRESS OF PERSON DESIGNATED FOR SERVICE OF PROCESS:

Anne J. Zeisler
Executive Director
I.A.T.S.E. National Health & Welfare Fund
417 Fifth Avenue, 3rd Floor
New York, NY 10016

8. NAME, TITLE AND BUSINESS ADDRESS OF EACH TRUSTEE:

BOARD OF TRUSTEES

UNION TRUSTEES

EMPLOYER TRUSTEES

Thomas C. Short
James B. Wood
Matthew D. Loeb
Brian J. Lawlor
Deborah A. Reid
Daniel E. DiTolla
Peter J. Fitzpatrick
John V. McNamee, Jr.

Irving W. Cheskin
Howard S. Welinsky
Jeffrey Ruthizer, Esq.
Harriet Slaughter
Carol A. Lombardini, Esq.
Dean Ferris
Seth Popper

9. COLLECTIVE BARGAINING AGREEMENTS APPLICABLE TO PLAN:

The Plan is maintained pursuant to various collective bargaining agreements between contributing employers and the union. A copy of any such agreement or agreements may be obtained by participants and beneficiaries upon written request to the Plan Administrator and is available for examination by participants and beneficiaries.

10. ELIGIBILITY TO PARTICIPATE IN THE PLAN:

You are eligible for dental benefits if you are enrolled in the I.A.T.S.E. National Health & Welfare Fund in accordance with the eligibility rules set forth in the Plan A or Plan C Summary Plan Description.

11. BENEFITS:

The Plan provides benefits for dental procedures which are summarized below in this Section. The Contract, containing detailed schedules of benefits, is available without cost to Subscribers who request a copy from the Plan Administrator. Notification is given of changes which may occur in the coverage from time to time. Replacements for lost or misplaced copies of the Dental Benefit Summary or changes in coverage will be furnished by the Plan Administrator.

Diagnostic – Procedures to assist dentists to evaluate existing conditions and dental care required – to include visits, exams, diagnoses and x-rays.

Preventive – Prophylaxis (cleaning); fluoride treatments, limited to age nineteen (19); space maintainers, limited to age sixteen (16), once per lifetime; and sealants, limited to age nineteen (19).

Basic Restorative – Amalgam (“silver”) and composite (“white”) fillings.

Major Restorative – Crowns, inlays, and onlays are benefited where above materials are not adequate.

Oral Surgery – Extraction and oral surgery procedures, including pre- and post-operative care.

Endodontics – Procedures for pulpal therapy and root canal filling.

Periodontics – Surgical and non-surgical procedures for treatment of gums and supporting structures of teeth.

Prosthodontics – Procedures for construction or repair of fixed bridges, partial or complete dentures.

Copayment Schedule

	Paid by Delta Dental	Paid by Subscriber
Diagnostic	*	*
Preventive	*	*
Basic Restorative	*	*
Major Restorative	*	*
Oral Surgery	*	*
Endodontics	*	*
Periodontics	*	*
Prosthodontics	*	*

*A complete list of covered procedures follows. Delta Dental will pay the procedural maximum or the dentist’s charged fee for covered services, whichever is less.

Note: Maximum benefit is \$2,000 per person per calendar year.

Procedures and Services Not Covered

- Prescription drugs, premedications, relative analgesia.
- General anesthesia, except with covered oral surgery procedures of one or more simple extractions and/or with surgical extractions for patients under age 19; and except with three or more simple extractions and/or surgical extractions for patients age 19 and over.
- Charges for hospitalization, including hospital visits.
- Plaque control programs, including oral hygiene and dietary instruction.
- Procedures to correct congenital or developmental malformations except for covered dependent children or newborn children eligible at birth.
- Procedures, appliances or restorations primarily for cosmetic purposes.
- Increasing vertical dimension.

- Replacing tooth structure lost by attrition.
- Periodontal splinting.
- Gnathological recordings.
- Equilibration.
- Treatment of dysfunctions of the temporomandibular joint.
- Implants.
- Orthodontic services, including tooth guide appliances.
- Experimental procedures.

Benefit Limitations

- Prophylaxis and exams are a benefit twice in any calendar year.
- Bitewing x-rays are a benefit once in any twelve (12) month period.
- Full mouth x-rays are a benefit once in any five (5) year period.
- Sealants are a benefit, limited to age nineteen (19), one treatment per tooth, once in any thirty-six (36) month period on unfilled permanent first and second molars.
- Replacement of restorative crowns, inlays and onlays is a benefit once only in any five (5) year period irrespective of who provided previous restoration or paid benefits therefore.
- Replacement of prosthodontic devices is a benefit once only in any five (5) year period irrespective of who provided previous devices or paid benefits therefore.
- Episodes of surgical periodontal treatment must be separated by a period of no less than five (5) years to qualify the patient for additional periodontal benefits.
- Substandard work until corrected.

Important: The covered procedures, copayments, exclusions and limitations previously described and in the Dental Benefit Summary are subject to all provisions of the Contract.

Participating Dentists Networks: New York

Participating Dentists are licensed dentists who have entered into an agreement with Delta Dental to abide by Delta Dental's policies regarding services, your portion of the charged fees, and other matters pertinent to Delta Dental's obligations to Enrollees. For your program, Delta Dental has two networks: Participating Dentists who are PPO Flex Dentists, the smaller of the two networks, and Participating Dentists who are *not* PPO Flex Dentists (Delta Dental Premier Dentists only.)

Listings are made available to Enrollees separately and the Listings and Updates are furnished automatically by the Plan Administrator without charge. Names of Participating Dentists can be obtained, upon request, by calling Delta Dental or from directory listings furnished to the Plan Administrator or from the Delta Dental Internet web site at www.wekeepyoumiling.com/iatse. Please note that the names of PPO Flex Dentists are listed separately from Delta Dental PPO Dentists on Delta Dental's dentist directory on the Delta Dental Internet web site.

If you call Delta Dental, please remember to identify yourself as an enrollee of the I.A.T.S.E. National Health and Welfare Fund.

Participating Dentists Networks: All other states excluding New York

Participating Dentists are licensed dentists who have entered into an agreement with Delta Dental to abide by Delta Dental's policies regarding services, your portion of the charged fees, and other matters pertinent to Delta Dental's obligations to Enrollees. For your program, Delta Dental has two networks: Participating Dentists who are Delta Dental PPO Dentists, the smaller of the two networks, and Participating Dentists who are *not* Delta Dental PPO Dentists (Delta Dental Premier Dentists only.)

Listings are made available to Enrollees separately and the Listings and Updates are furnished automatically by the Plan Administrator without charge. Names of Participating Dentists can be obtained, upon request, by calling Delta Dental or from directory listings furnished to the Plan Administrator or from the Delta Dental Internet web site at www.wekeepyouSmiling.com/iatse.

Payment for Services: New York

Payment for services under a PPO Flex fee schedule program (one with procedural maximums) for an Enrollee by a provider who is a Delta Dental Premier Dentist *and* a PPO Flex Dentist ("PPO Flex Dentist") is calculated by Delta Dental on the basis of a reduced Maximum Plan Allowance ("PPO Flex MPA") or fee charged, whichever is less ("PPO Flex Allowed Amount"). PPO Flex Dentists have agreed to accept the PPO Flex Allowed Amount as full payment for services covered by the Contract. Delta Dental calculates its share of the PPO Flex Allowed Amount, usually the scheduled procedural maximum ("Delta Dental Payment"), and sends its share to the PPO Flex Dentist. Delta Dental advises you of any charges not payable by Delta Dental for which you are responsible ("Patient Payment"). This is generally your share of the PPO Flex Allowed Amount – i.e., deductibles, charges where procedural, annual and lifetime maximums have been exceeded – and services not covered.

Payment for services under a PPO Flex fee schedule program for an Enrollee by a provider who is *only* a Delta Dental Premier Dentist or by a Non-Participating Dentist is calculated by Delta Dental on the basis of a Delta Dental Premier Maximum Plan Allowance ("Delta Dental Premier MPA") or the fee charged, whichever is less ("Delta Dental Premier Allowed Amount"). If services are performed by a Delta Dental Premier Dentist, Delta Dental will send its share of the Delta Dental Premier Allowed Amount, usually the scheduled procedural maximum ("Delta Dental Payment"), to the dentist. Delta Dental Premier Dentists have agreed to accept the Delta Dental Premier Allowed Amount as full payment for services covered by the Contract. Your share of the Delta Dental Premier Allowed Amount ("Patient Payment") owed to the Delta Dental Premier Dentist is the difference between the Delta Dental Payment and the Delta Dental Premier Allowed Amount – i.e., deductibles, charges where procedural, annual and lifetime maximums have been exceeded – and services not covered.

If services are performed by a Non-Participating Dentist, Delta Dental pays its Delta Dental Payment to you. You are responsible for payment of the Non-Participating Dentist's total fee, which may include amounts in addition to the Delta Dental Premier Allowed Amount and services not covered.

Your total out-of-pocket payment is least if you go to a PPO Flex Dentist, is more if you go to a Delta Dental Premier Dentist and likely will be highest if you go to a Non-Participating Dentist.

Payment for Services: All other states excluding New York

Payment for services under a Delta Dental PPO fee schedule program (one with procedural maximums) for an Enrollee by a provider who is a Delta Dental Premier Dentist *and* a Delta Dental PPO Dentist (“Delta Dental PPO Dentist”) is calculated by Delta Dental on the basis of a reduced Maximum Plan Allowance (“PPO MPA”) or fee charged, whichever is less (“PPO Allowed Amount”). Delta Dental PPO Dentists have agreed to accept the PPO Allowed Amount as full payment for services covered by the Contract. Delta Dental calculates its share of the PPO Allowed Amount, usually the scheduled procedural maximum (“Delta Dental Payment”), and sends its share to the Delta Dental PPO Dentist. Delta Dental advises you of any charges not payable by Delta Dental for which you are responsible (“Patient Payment”). This is generally your share of the PPO Allowed Amount – i.e., deductibles, charges where procedural, annual and lifetime maximums have been exceeded – and services not covered.

Payment for services under a Delta Dental PPO fee schedule program for an Enrollee by a provider who is *only* a Delta Dental Premier Dentist or by a Non-Participating Dentist is calculated by Delta Dental on the basis of a Delta Dental Premier Maximum Plan Allowance (“Delta Dental Premier MPA”) or the fee charged, whichever is less (“Delta Dental Premier Allowed Amount”). If services are performed by a Delta Dental Premier Dentist, Delta Dental will send its share of the Delta Dental Premier Allowed Amount, usually the scheduled procedural maximum (“Delta Dental Payment”), to the dentist. Delta Dental Premier Dentists have agreed to accept the Delta Dental Premier Allowed Amount as full payment for services covered by the Contract. Your share of the Delta Dental Premier Allowed Amount (“Patient Payment”) owed to the Delta Dental Premier Dentist is the difference between the Delta Dental Payment and the Delta Dental Premier Allowed Amount – i.e., deductibles, charges where procedural, annual and lifetime maximums have been exceeded – and services not covered.

If services are performed by a Non-Participating Dentist, Delta Dental pays its Delta Dental Payment to you. You are responsible for payment of the Non-Participating Dentist’s total fee, which may include amounts in addition to the Delta Dental Premier Allowed Amount and services not covered.

Your total out-of-pocket payment is least if you go to a Delta Dental PPO Dentist, is more if you go to a Delta Dental Premier Dentist and likely will be highest if you go to a Non-Participating Dentist.

Predetermination of Benefits

Neither preauthorization nor utilization review are conditions for obtaining benefits under the plan. There are no special conditions or limitations applicable to obtaining emergency care.

If total charges for a treatment plan for you, your spouse, or a dependent child exceed an amount which Delta Dental establishes (\$300), predetermination is recommended for approval of the charges for payment. The attending dentist is requested to submit the claim form in advance of performing services. Delta Dental will act promptly in returning a predetermination voucher to the attending dentist and the Subscriber to be treated with verification of eligibility, scope of benefits and definition of sixty (60) day period for completion of services.

The notification shall also state the amount which will be paid by you and Delta Dental provided the Subscriber to be treated is eligible on the date when each respective procedure is commenced, the

procedures are completed within a sixty (60) day period following the date of the predetermination notice, the claim is submitted not more than twelve (12) months after the date of service and the benefits continue to be within applicable benefit maximums and frequency of procedure limitations. Subject to the continuing eligibility of the Subscriber to be treated, applicable benefit maximums not being exhausted and the continuing inapplicability of frequency of procedure limitations, Delta Dental will grant extensions of a benefit predetermination period upon request from the attending dentist or Subscriber to be treated.

Coordination of Benefits

If separate dental benefits are available to you, your spouse, or a dependent child under other programs, there are specific conditions applicable to determination of payment. The ratio of each carrier's liability to total cost incurred is reviewed. Payment is made according to the "birthday" rule adopted by most insurance carriers, but in no case does Delta Dental pay in excess of its total contractual obligation, if it were the only carrier involved. If the other carrier determines its benefits first, Delta Dental will pay any difference between the amount paid by the other carrier and the charge for the covered service, to the extent of Delta Dental's benefit for a given procedure.

12. DISQUALIFICATION, LOSS OF ELIGIBILITY AND TERMINATION:

You are eligible for dental benefits if you are enrolled in I.A.T.S.E. National Health & Welfare Fund in accordance with the eligibility rules set forth in the Plan A or Plan C Summary Plan Description.

13. FUNDING MECHANISM:

Self-funded dental plan maintained by I.A.T.S.E. National Health & Welfare Fund. The funding is based on employer contributions, and for some Plan C enrollees who must self-pay to satisfy the CAPP charge, such self-pay includes the dental portion of the total benefit enrollment package.

14. HEALTH PLAN ISSUER INVOLVEMENT:

Delta Dental is the health plan issuer providing dental benefit administrative services to the I.A.T.S.E. National Health and Welfare Fund. Its address is stated in Section 6.

The benefits under the Plan are not guaranteed by Delta Dental under the Contract.

As Claims Administrator, Delta Dental pays or denies claims and reviews requests for review of claims as described in Section 17. The Delta Dental Affairs Committee hears appeals as described in Section 17.

15. END OF PLAN YEAR:

The end of the plan year for purposes of maintaining the Plan's fiscal records is December 31.

16. HOW TO FILE A CLAIM:

Obtain a claim form from your Fund Office, or from Delta Dental by calling (800) 456-3863 or by visiting Delta Dental's web site at www.wekeepyousmiling.com/iatse. Present it to a dentist when making a first visit. If predetermination is necessary, the attending dentist will submit the claim for planned treatment in advance directly to Delta Dental. Otherwise, he/she will perform the service and then submit the claim. If the predetermination process is favorably completed, the form will be returned to the dentist for execution by you and him/her. On completion of the covered predetermined course of treatment, the dentist will resubmit the claim. In both situations, Delta Dental will pay the attending dentist if he/she is a Delta Dental Participating Dentist, or will pay you if he/she is not, that amount of the payments for which it is obligated under the group contract. Delta Dental will notify you in writing of the amount of benefits which are paid on your behalf and the amount which you must pay.

17. HOW TO HAVE A CLAIM DENIAL REVIEWED:

The Claims Denial Review Procedure is furnished automatically without charge, as a separate document which accompanies this Dental Benefit Summary.

18. STATEMENT OF ERISA RIGHTS:

I.A.T.S.E. National Health & Welfare Fund

As a participant in I.A.T.S.E. National Health & Welfare Fund's Group Dental Program, you are entitled to certain rights and protections under ERISA. ERISA provides that all Plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated Dental Benefit Summary. The Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Continue Group Health Plan Coverage

Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this Dental Benefit Summary and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

Reduction or elimination of exclusionary periods of coverage for pre-existing conditions

Your Plan does not have exclusionary periods for pre-existing conditions and, because it is limited to dental coverage, your Plan is exempted from the certification of creditable coverage provisions of the Health Insurance Portability and Accountability Act (“HIPAA”), and Section 733 of ERISA.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called “fiduciaries” of the Plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within thirty (30) days, you may file suit in Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a State or Federal court. In addition, if you disagree with the Plan’s decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

I.A.T.S.E. National Health & Welfare Fund - Fee Schedule

DIAGNOSTIC

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
0120	Periodic oral evaluation – established patient	\$ 28.00
0140	Limited oral evaluation - problem focused	40.00
0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	28.00
0150	Comprehensive oral evaluation - new or established patient	28.00
0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	28.00
0180	Comprehensive periodontal evaluation - new or established patient	28.00
0210	Intraoral - complete series (including bitewings)	70.00
0220	Intraoral - periapical first film	8.00
0230	Intraoral - periapical each additional film	5.00
0240	Intraoral - occlusal film	15.00
0250	Extraoral - first film	25.00
0260	Extraoral - each additional film	25.00
0270	Bitewing - single film	8.00
0272	Bitewings - two films	13.00
0273	Bitewings – three films	18.00
0274	Bitewings - four films	23.00
0277	Vertical bitewings - 7 to 8 films	23.00
0290	Posterior-anterior or lateral skull and facial bone survey film	30.00
0310	Sialography	45.00
0320	Temporomandibular joint arthrogram, including injection	45.00
0321	Other temporomandibular joint films, by report	45.00
0322	Tomographic survey	45.00
0330	Panoramic film	55.00
0340	Cephalometric film	55.00
0350	Oral/facial photographic images	55.00
8210	Removable appliance therapy	150.00
8220	Fixed appliance therapy	150.00
9110	Palliative (emergency) treatment of dental pain - minor procedure	40.00
9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	50.00
9430	Office visit for observation (during regularly scheduled hours) – no other services performed	28.00

PREVENTIVE

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
1110	Prophylaxis - adult	\$ 50.00
1120	Prophylaxis - child	35.00
1203	Topical application of fluoride (prophylaxis not included) - child	17.00
1351	Sealant - per tooth	25.00
1510	Space maintainer - fixed - unilateral	150.00
1515	Space maintainer - fixed - bilateral	150.00
1520	Space maintainer - removable - unilateral	150.00
1525	Space maintainer - removable - bilateral	150.00
1550	Re-cementation of space maintainer	50.00
1555	Removal of fixed space maintainer	50.00

BASIC RESTORATIVE

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
2140	Amalgam - one surface, primary or permanent	\$ 60.00
2150	Amalgam - two surfaces, primary or permanent	75.00
2160	Amalgam - three surfaces, primary or permanent	85.00
2161	Amalgam - four or more surfaces, primary or permanent	95.00
2330	Resin-based composite - one surface, anterior	70.00
2331	Resin-based composite - two surfaces, anterior	90.00
2332	Resin-based composite - three surfaces, anterior	110.00
2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	110.00
2391	Resin-based composite - one surface, posterior	75.00
2392	Resin-based composite - two surfaces, posterior	100.00
2393	Resin-based composite - three surfaces, posterior	115.00
2940	Sedative filling	60.00
2951	Pin retention - per tooth, in addition to restoration	25.00

MAJOR RESTORATIVE

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
2510	Inlay - metallic - one surface	\$225.00
2520	Inlay - metallic - two surfaces	275.00
2530	Inlay - metallic - three or more surfaces	300.00
2542	Onlay - metallic - two surfaces	275.00
2543	Onlay - metallic - three surfaces	300.00
2544	Onlay - metallic - four or more surfaces	300.00
2610	Inlay - porcelain/ceramic - one surface	225.00
2620	Inlay - porcelain/ceramic - two surfaces	275.00
2630	Inlay - porcelain/ceramic - three or more surfaces	300.00
2642	Onlay - porcelain/ceramic - two surfaces	275.00
2643	Onlay - porcelain/ceramic - three surfaces	300.00
2644	Onlay - porcelain/ceramic - four or more surfaces	300.00
2650	Inlay - resin-based composite - one surface	225.00
2651	Inlay - resin-based composite - two surfaces	275.00
2652	Inlay - resin-based composite - three or more surfaces	300.00
2662	Onlay - resin-based composite - two surfaces	275.00
2663	Onlay - resin-based composite - three surfaces	300.00
2664	Onlay - resin-based composite - four or more surfaces	300.00
2710	Crown - resin-based composite (indirect)	250.00
2720	Crown - resin with high noble metal	350.00
2721	Crown - resin with predominantly base metal	350.00
2722	Crown - resin with noble metal	350.00
2740	Crown - porcelain/ceramic substrate	375.00
2750	Crown - porcelain fused to high noble metal	400.00
2751	Crown - porcelain fused to predominantly base metal	400.00
2752	Crown - porcelain fused to noble metal	400.00
2780	Crown - 3/4 cast high noble metal	350.00
2781	Crown - 3/4 cast predominantly base metal	350.00
2782	Crown - 3/4 cast noble metal	350.00
2783	Crown - 3/4 porcelain/ceramic	350.00

2790	Crown - full cast high noble metal	375.00
2791	Crown - full cast predominantly base metal	375.00
2792	Crown - full cast noble metal	375.00
2794	Crown – titanium	375.00
2910	Recement inlay, onlay, or partial coverage restoration	40.00
2915	Recement cast or prefabricated post and core	40.00
2920	Recement crown	50.00
2930	Prefabricated stainless steel crown - primary tooth	125.00
2931	Prefabricated stainless steel crown - permanent tooth	125.00
2932	Prefabricated resin crown	125.00
2933	Prefabricated stainless steel crown with resin window	125.00
2934	Prefabricated esthetic coated stainless steel crown – primary tooth	125.00
2950	Core buildup, including any pins	85.00
2952	Post and core in addition to crown, indirectly fabricated	130.00
2954	Prefabricated post and core in addition to crown	85.00
2960	Labial veneer (resin laminate) - chairside	325.00
2961	Labial veneer (resin laminate) - laboratory	325.00
2962	Labial veneer (porcelain laminate) - laboratory	325.00
2980	Crown repair, by report	90.00

ENDODONTIC

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
3110	Pulp cap - direct (excluding final restoration)	\$ 30.00
3120	Pulp cap - indirect (excluding final restoration)	30.00
3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	85.00
3221	Pulpal debridement, primary and permanent teeth	85.00
3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	85.00
3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	85.00
3310	Root canal therapy - anterior (excluding final restoration)	350.00
3320	Root canal therapy - bicuspid (excluding final restoration)	425.00
3330	Root canal therapy - molar (excluding final restoration)	475.00
3331	Treatment of root canal obstruction; non-surgical access	50.00
3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	350.00
3333	Internal root repair of perforation defects	350.00
3346	Retreatment of previous root canal therapy - anterior	350.00
3347	Retreatment of previous root canal therapy - bicuspid	425.00
3348	Retreatment of previous root canal therapy - molar	475.00
3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	275.00
3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	275.00
3353	Apexification/recalcification - final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	275.00
3410	Apicoectomy/periradicular surgery - anterior	275.00
3421	Apicoectomy/periradicular surgery - bicuspid (first root)	275.00
3425	Apicoectomy/periradicular surgery - molar (first root)	275.00
3426	Apicoectomy/periradicular surgery (each additional root)	275.00
3430	Retrograde filling - per root	100.00

3450	Root amputation - per root	150.00
3920	Hemisection (including any root removal), not including root canal therapy	175.00

SURGICAL PERIODONTIC

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces, per quadrant	\$250.00
4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces, per quadrant	250.00
4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces, per quadrant	250.00
4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces, per quadrant	250.00
4245	Apically positioned flap	250.00
4249	Clinical crown lengthening - hard tissue	250.00
4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces, per quadrant	375.00
4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces, per quadrant	375.00
4263	Bone replacement graft - first site in quadrant	350.00
4264	Bone replacement graft - each additional site in quadrant	350.00
4266	Guided tissue regeneration - resorbable barrier, per site	250.00
4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	250.00
4270	Pedicle soft tissue graft procedure	200.00
4271	Free soft tissue graft procedure (including donor site surgery)	300.00
4273	Subepithelial connective tissue graft procedures, per tooth	300.00
4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	200.00

NON-SURGICAL PERIODONTIC

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
4341	Periodontal scaling and root planing - four or more teeth, per quadrant	\$ 70.00
4342	Periodontal scaling and root planing - one to three teeth, per quadrant	70.00
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	70.00
4910	Periodontal maintenance	70.00
9940	Occlusal guard, by report	150.00
9942	Repair and/or relines of occlusal guard	75.00
9951	Occlusal adjustment - limited	70.00
9952	Occlusal adjustment - complete	70.00

PROSTHODONTIC

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
5110	Complete denture - maxillary	\$575.00
5120	Complete denture - mandibular	575.00
5130	Immediate denture - maxillary	575.00
5140	Immediate denture - mandibular	575.00
5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	325.00

5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	325.00
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	675.00
5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	675.00
5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	506.00
5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	506.00
5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	300.00
5410	Adjust complete denture - maxillary	50.00
5411	Adjust complete denture - mandibular	50.00
5421	Adjust partial denture - maxillary	50.00
5422	Adjust partial denture - mandibular	50.00
5510	Repair broken complete denture base	90.00
5520	Replace missing or broken teeth - complete denture (each tooth)	75.00
5610	Repair resin denture base	90.00
5620	Repair cast framework	125.00
5630	Repair or replace broken clasp	110.00
5640	Replace broken teeth - per tooth	75.00
5650	Add tooth to existing partial denture	75.00
5660	Add clasp to existing partial denture	110.00
5670	Replace all teeth and acrylic on cast metal framework (maxillary)	110.00
5671	Replace all teeth and acrylic on cast metal framework (mandibular)	110.00
5710	Rebase complete maxillary denture	250.00
5711	Rebase complete mandibular denture	250.00
5720	Rebase maxillary partial denture	250.00
5721	Rebase mandibular partial denture	250.00
5730	Reline complete maxillary denture (chairside)	130.00
5731	Reline complete mandibular denture (chairside)	130.00
5740	Reline maxillary partial denture (chairside)	125.00
5741	Reline mandibular partial denture (chairside)	125.00
5750	Reline complete maxillary denture (laboratory)	200.00
5751	Reline complete mandibular denture (laboratory)	200.00
5760	Reline maxillary partial denture (laboratory)	175.00
5761	Reline mandibular partial denture (laboratory)	175.00
5850	Tissue conditioning, maxillary	65.00
5851	Tissue conditioning, mandibular	65.00
6210	Pontic - cast high noble metal	350.00
6211	Pontic - cast predominantly base metal	350.00
6212	Pontic - cast noble metal	350.00
6214	Pontic – titanium	350.00
6240	Pontic - porcelain fused to high noble metal	375.00
6241	Pontic - porcelain fused to predominantly base metal	375.00
6242	Pontic - porcelain fused to noble metal	375.00
6245	Pontic - porcelain/ceramic	375.00
6250	Pontic - resin with high noble metal	350.00
6251	Pontic - resin with predominantly base metal	350.00
6252	Pontic - resin with noble metal	350.00
6545	Retainer - cast metal for resin bonded fixed prosthesis	300.00
6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	300.00
6600	Inlay - porcelain/ceramic, two surfaces	275.00
6601	Inlay - porcelain/ceramic, three or more surfaces	300.00

6602	Inlay - cast high noble metal, two surfaces	275.00
6603	Inlay - cast high noble metal, three or more surfaces	300.00
6604	Inlay - cast predominantly base metal, two surfaces	275.00
6605	Inlay - cast predominantly base metal, three or more surfaces	300.00
6606	Inlay - cast noble metal, two surfaces	275.00
6607	Inlay - cast noble metal, three or more surfaces	300.00
6608	Onlay - porcelain/ceramic, two surfaces	275.00
6609	Onlay - porcelain/ceramic, three or more surfaces	300.00
6610	Onlay - cast high noble metal, two surfaces	275.00
6611	Onlay - cast high noble metal, three or more surfaces	300.00
6612	Onlay - cast predominantly base metal, two surfaces	275.00
6613	Onlay - cast predominantly base metal, three or more surfaces	300.00
6614	Onlay - cast noble metal, two surfaces	275.00
6615	Onlay - cast noble metal, three or more surfaces	300.00
6720	Crown - resin with high noble metal	350.00
6721	Crown - resin with predominantly base metal	350.00
6722	Crown - resin with noble metal	350.00
6740	Crown - porcelain/ceramic	400.00
6750	Crown - porcelain fused to high noble metal	400.00
6751	Crown - porcelain fused to predominantly base metal	400.00
6752	Crown - porcelain fused to noble metal	400.00
6780	Crown - 3/4 cast high noble metal	350.00
6781	Crown - 3/4 cast predominantly base metal	350.00
6782	Crown - 3/4 cast noble metal	350.00
6783	Crown - 3/4 porcelain/ceramic	350.00
6790	Crown - full cast high noble metal	375.00
6791	Crown - full cast predominantly base metal	375.00
6792	Crown - full cast noble metal	375.00
6930	Recement fixed partial denture	75.00
6970	Post and core in addition to fixed partial denture retainer indirectly fabricated	130.00
6972	Prefabricated post and core in addition to fixed partial denture retainer	85.00
6973	Core build up for retainer, including any pins	85.00
6980	Fixed partial denture repair, by report	90.00
6985	Pediatric partial denture, fixed	150.00

ORAL SURGERY

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
7111	Extraction, coronal remnants - deciduous tooth	\$ 75.00
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	75.00
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	145.00
7220	Removal of impacted tooth - soft tissue	200.00
7230	Removal of impacted tooth - partially bony	225.00
7240	Removal of impacted tooth - completely bony	300.00
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	300.00
7250	Surgical removal of residual tooth roots (cutting procedure)	150.00
7260	Oroantral fistula closure	100.00
7280	Surgical access of an unerupted tooth	100.00
7285	Biopsy of oral tissue - hard (bone, tooth)	100.00

7286	Biopsy of oral tissue - soft	100.00
7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	125.00
7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	75.00
7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	125.00
7321	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	75.00
7340	Vestibuloplasty - ridge extension (secondary epithelialization)	125.00
7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	125.00
7410	Excision of benign lesion up to 1.25 cm	75.00
7411	Excision of benign lesion greater than 1.25 cm	75.00
7412	Excision of benign lesion, complicated	75.00
7413	Excision of malignant lesion up to 1.25 cm	75.00
7414	Excision of malignant lesion greater than 1.25 cm	75.00
7415	Excision of malignant lesion, complicated	75.00
7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	75.00
7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	75.00
7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	125.00
7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	150.00
7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	125.00
7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	150.00
7465	Destruction of lesion(s) by physical or chemical method, by report	75.00
7471	Removal of lateral exostosis (maxilla or mandible)	75.00
7472	Removal of torus palatinus	75.00
7473	Removal of torus mandibularis	75.00
7485	Surgical reduction of osseous tuberosity	75.00
7510	Incision and drainage of abscess - intraoral soft tissue	100.00
7511	Incision and drainage of abscess – interoral soft tissue – complicated (includes drainage fascial spaces)	100.00
7520	Incision and drainage of abscess - extraoral soft tissue	100.00
7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage fascial spaces)	75.00
7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	75.00
7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	150.00
7970	Excision of hyperplastic tissue - per arch	150.00
7971	Excision of pericoronal gingiva	150.00
7972	Surgical reduction of fibrous tuberosity	150.00
7980	Sialolithotomy	150.00
7981	Excision of salivary gland, by report	150.00
7982	Sialodochoplasty	150.00
7983	Closure of salivary fistula	150.00
9220	Deep sedation/general anesthesia – first 30 minutes	150.00
9221	Deep sedation/general anesthesia - each additional 15 minutes	150.00
9241	Intravenous conscious sedation/analgesia - first 30 minutes	150.00
9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	150.00
9248	Non-intravenous conscious sedation	150.00
9610	Therapeutic parenteral drug, single administration	30.00