

**SECTION 8  
DENTAL BENEFITS**

The Fund pays up to a maximum of \$2,000 per year for Dental expenses incurred by Participants and/or Dependents age 19 or over in accordance with the Schedule of Dental benefits; however, there is no annual limit on dental benefits for Dependent children age 18 and under if required by law. Dental claims and questions should be directed to the Fund Office.

Procedures: When a Participant goes to a Dentist, the Participant can elect to either have (1) the Fund pay the Fund allowance for the service and have the Dentist balance-bill the Participant for the rest **or** (2) the Participant can pay the full Dentist charge, file a claim for reimbursement with the Fund Office, which will in turn pay the Participant directly the Fund Allowance for the service.

**SCHEDULE OF DENTAL BENEFITS**

**DESCRIPTION OF PROCEDURE**

**FUND ALLOWANCE**

**DIAGNOSTIC**

**Oral Examination**

Consists of charting, completion of forms and oral examination (twice per year)...\$ 30.00

**Radiographs**

Complete intra-oral series (consists of 14 periapical and four bite-wing films once every three years)

Intra-oral single first film (periapical) .....\$ 5.00

Intra-oral each additional periapical film.....\$ 2.00

Four regular bite-wing films .....\$ 15.00

Two regular bite-wing films .....\$ 10.00

Single regular bite-wing film.....\$ 5.00

Panorex (once every 3 years).....\$ 50.00

Occlusal films (usually used in edentulous cases) each.....\$ 15.00

Lateral jaw x-ray to be used as aid to complex surgical procedures .....\$ 50.00

Anterior-posterior x-ray of head and jaw (justification required) **for specialists only**\$ 50.00

\* Note: Total of individual films may not exceed allowable number for complete series.

**PREVENTIVE**

Oral Prophylaxis (twice per year)

Adults (age 12 and over).....\$ 25.00

Children (under age 12) .....\$ 15.00

Scaling, curettage, and root planning..... \$20.00 per quadrant / \$320.00 maximum per year

Fluoride treatments - ages 4 to 14 years: Topical application of stannous fluoride -  
two treatments annually .....\$ 20.00

Sealants - ages 4 to 14 on posterior permanent teeth.....\$ 15.00

**Space Maintainers**

Fixed, Band type .....	\$ 50.00
Fixed Stainless Steel Crown Type .....	\$ 50.00
Removable Cast-chrome Cobalt types (with clasps) .....	\$ 70.00
Removable Acrylic Type (with clasps).....	\$ 60.00

**RESTORATIVE**

**Amalgam Restorations**

Amalgam - one surface .....	\$ 25.00
Amalgam - two surfaces .....	\$ 35.00
Amalgam - three surfaces or more.....	\$50.00 maximum

**Composite Restorations** or similar accepted materials (per restoration)

One surface .....	\$ 35.00
Two surfaces .....	\$ 45.00
Three surfaces .....	\$ 55.00
Four surfaces or more .....	\$ 75.00

Double occlusal fillings are considered one restoration. Slight buccal and lingual extensions of occlusal surface are considered one restoration. Cement bases, pulp capping, acid etch, and all protective agents are included in fee for restoration. Posterior teeth filled with composite or similarly accepted filling materials will be paid as amalgam fillings.

**Inlays**

One surface .....	\$ 50.00
Two surfaces .....	\$ 60.00
Three surfaces .....	\$ 75.00
Recementing inlay (must be serviceable) .....	\$ 15.00

**Reinforcement pins (Two Pins Maximum Per Tooth)**

First pin .....	\$ 20.00
Second pin in the same tooth .....	\$ 10.00

**Crowns (single restoration only)**

Stainless steel crown .....	\$ 50.00
(To be used on deciduous teeth or where permanent restoration on permanent tooth is not feasible due to age of patient or enlarged pulp. Three surfaces of tooth must be involved.)	
Porcelain fused to metal crown.....	\$350.00
Laminate .....	\$250.00
Full Cast gold crown.....	\$250.00
Acrylic veneer crown .....	\$250.00
Porcelain jacket crown.....	\$250.00
Acrylic jacket (lab processed) .....	\$ 50.00
Three quarter crown.....	\$ 75.00
Recement Crowns (must be serviceable).....	\$ 20.00

**Palliative Treatment** (emergency treatment of dental pain with no other treatment in same visit)  
.....\$ 20.00

**PERIODONTAL SURGICAL PROCEDURES**

Osseous surgery – Requires Prior Approval..... \$150.00 per quadrant  
Gingivectomy..... \$100.00 per quadrant

MAXIMUM ALLOWANCE FOR PERIODONTAL SURGERY .....\$600.00  
Periodontal maintenance.....\$ 50.00

Note: When multiple surgical procedures are performed in the same quadrant, only the most comprehensive will be covered.

**ENDODONTICS**

**Pulpotomy**

Limited to deciduous teeth only - If tooth is not ready to be exfoliated.....\$ 50.00

**Root Canal Therapy** Pre- and post-operative x-rays are required.

Tooth with one canal.....\$175.00  
Tooth with two canals.....\$225.00  
Tooth with three or more canals .....\$300.00

Apicoectomy.....\$175.00  
If more than one root requires apicoectomy, allowance for one root is \$175.00;  
allowance for second and third root is \$100.00 each root.

Retrograde Filling – per root.....\$ 25.00  
Root Resection.....\$100.00  
Hemisection .....\$100.00

**PROSTHODONTICS: REMOVABLE** The Fund does not cover temporary or transitional dentures.

Full upper denture .....\$350.00  
Full lower denture .....\$350.00

**Immediate full upper or full lower denture shall be considered a final denture.**

Bilateral upper or lower partial cast chrome acrylic attachments, cast clasps with rest \$375.00  
Unilateral partial upper or lower cast chrome acrylic attachments, cast clasps with rest \$200.00

Chair side relines rendered in the first three months at no additional fee. **All these procedures require prior approval, except chair side relines.**

**Relines or Rebases – Limited to one procedure per year**

Upper or full lower dentures, lab processed .....\$125.00  
Partial denture relines, lab processed.....\$100.00

**Denture Repairs**

Denture repair.....	\$ 45.00
Adding tooth or teeth to partial denture replacing extracted tooth or teeth:	
First tooth.....	\$ 40.00
Each additional tooth .....	\$ 15.00
Repair Cast Framework.....	\$ 50.00
Adding clasp to existing partial .....	\$ 50.00
Partial denture repair involving replacement of broken clasp with a new clasp and rest	\$ 50.00
Replacing buccal or lingual arm .....	\$ 35.00

**Fixed Bridgework**

Porcelain pontic .....	\$250.00
Acrylic pontic .....	\$200.00
Cast pontic .....	\$200.00
Recent bridge (must be serviceable) .....	\$ 40.00
Replace facing-lab processed.....	\$ 75.00
Acrylic veneer crown.....	\$250.00
Porcelain crowns.....	\$350.00
Cast post and core .....	\$150.00
Prefabricated post and core (metal) .....	\$100.00
Crown build-up .....	\$100.00
Maryland abutment .....	\$100.00

**ORAL SURGERY**

Routine Extractions per tooth .....	\$ 50.00
Root removal (exposed root) .....	\$ 50.00
Palliative (Emergency) Treatment of Dental.....	\$ 25.00
General Anesthesia .....	\$100.00
Incision and drainage .....	\$ 50.00
Frenectomy .....	\$ 50.00
Removal of cyst, lab report required (included in fee) .....	\$150.00

**MULTIPLE EXTRACTIONS**

Surgical Extraction.....	\$ 75.00
Soft tissue impaction.....	\$ 75.00
Partial bony impaction .....	\$100.00
Completely bony impaction.....	\$150.00

**Alveolectomy**

Per tooth .....	\$ 10.00
Per quadrant .....	\$ 60.00
Maximum per jaw.....	\$120.00
Alveoplasty .....	\$ 10.00

**PROCEDURES, LIMITATIONS AND EXCLUSIONS**

**If prior approval is required for the procedure, and is not obtained, benefits will not be paid.**

Covered Persons are required to submit full series of mounted X-rays and invoices, properly charted with treatment plan, to obtain prior approval where required. In edentulous cases, occlusal films must be submitted in order to obtain prior approval.

The Fund will pay \$50 annually towards the cost of a consultation with a qualified specialist if requested by the Dentist for each Covered Person before and/or after treatment as the case warrants.

Maximum fee for repairs of prosthetic appliances (bridges, dentures, partials, crowns, etc.) is \$100 per calendar year for any Covered Person, except to the extent prohibited by law.

**The Trustees have the right, in their discretion, to refer all dental claimants for examination by an independent Dentist before and after treatment.**

In addition to the exclusions applicable to all forms of benefits under the Plan (Section 4), dental benefits do not cover:

1. Temporary or transitional dentures;
2. Full mouth, crown and bridge restoration;
3. The replacement of fixed bridges, full or partial dentures, crowns, or any prosthetic appliance if payment toward the cost of original appliance was made by the Fund unless 3 years have elapsed from date of original insertion;
4. Crowns constructed for the purpose of receiving a precision or semi-precision attachment for any prosthetic appliance or for clip on bars;
5. Splinting of periodontally involved teeth with questionable prognosis by means of crowns, inlays or any other appliance, be it during or after treatment;
6. Dental work performed only for cosmetic purposes except to correct a condition resulting from accidental Injury to natural teeth; and
7. Orthodontia.