



TEAMSTERS AND FOOD EMPLOYERS SECURITY TRUST FUND PREFERRED PROVIDER GENERAL DENTAL SCHEDULE OF BENEFITS

**ANY CURRENT DENTAL TERMINOLOGY CODE'S NOT LISTED ON THIS SCHEDULE OF BENEFITS IS NOT A COVERED BENEFIT.
PRE-AUTHORIZATION IS REQUIRED FOR ALL CROWNS, BRIDGES, PERIODONTAL, ORAL SURGERY, ENDODONTIC TREATMENT AND
ANY TREATMENT PLAN EXCEEDING \$750.00. - ANNUAL MAXIMUM - \$2,000.00**

**SOUTHERN CALIFORNIA REGION ONLY
EFFECTIVE DATE APRIL 1, 2019**

Code	Description	Preferred Provider			Non-Preferred Provider	
		Schedule	Plan Pays	You Pay	Plan Pays	You Pay
D0120	periodic oral evaluation - established patient	\$39.00	\$39.00	\$0.00	\$19.00	Balance
D0140	limited oral evaluation - problem focused	\$39.00	\$39.00	\$0.00	\$19.00	Balance
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	\$39.00	\$39.00	\$0.00	\$19.00	Balance
D0150	comprehensive oral evaluation - new or established patient	\$55.00	\$55.00	\$0.00	\$25.00	Balance
D0160	detailed and extensive oral evaluation - problem focused, by report	\$39.00	\$39.00	\$0.00	\$19.00	Balance
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$39.00	\$39.00	\$0.00	\$19.00	Balance
D0180	comprehensive periodontal evaluation - new or established patient	\$39.00	\$39.00	\$0.00	\$19.00	Balance
D0210	intraoral - complete series of radiographic images	\$77.00	\$77.00	\$0.00	\$30.00	Balance
D0220	intraoral - periapical first radiographic image	\$20.00	\$20.00	\$0.00	\$7.00	Balance
D0230	intraoral - periapical each additional radiographic image	\$13.00	\$13.00	\$0.00	\$5.00	Balance
D0240	intraoral - occlusal radiographic image	\$31.00	\$31.00	\$0.00	\$12.00	Balance
D0250	extraoral - 2D projection radiographic image	\$45.00	\$45.00	\$0.00	\$19.00	Balance
D0270	bitewing - single radiographic image	\$20.00	\$20.00	\$0.00	\$7.00	Balance
D0272	bitewings - two radiographic images	\$28.00	\$28.00	\$0.00	\$11.00	Balance
D0273	bitewings - three radiographic images	\$31.00	\$31.00	\$0.00	\$12.00	Balance
D0274	bitewings - four radiographic images	\$35.00	\$35.00	\$0.00	\$14.00	Balance
D0277	vertical bitewings - 7 to 8 radiographic images	\$35.00	\$35.00	\$0.00	\$14.00	Balance
D0330	panoramic radiographic images	\$77.00	\$77.00	\$0.00	\$30.00	Balance
D0470	diagnostic casts	\$57.00	\$57.00	\$0.00	\$25.00	Balance
D1110	prophylaxis - adult	\$61.00	\$61.00	\$0.00	\$27.00	Balance
D1120	prophylaxis - child	\$46.00	\$46.00	\$0.00	\$21.00	Balance
D1206	topical application of fluoride varnish	\$18.00	\$18.00	\$0.00	\$8.00	Balance
D1208	topical application of fluoride	\$18.00	\$18.00	\$0.00	\$8.00	Balance
D1351	sealant - per tooth	\$20.00	\$20.00	\$0.00	\$7.00	Balance
D1510	space maintainer - fixed - unilateral - excluding a distal shoe space maintainer	\$198.00	\$198.00	\$0.00	\$74.00	Balance
D1516	space maintainer - fixed - bilateral, maxillary	\$242.00	\$242.00	\$0.00	\$95.00	Balance
D1517	space maintainer - fixed - bilateral, mandibular	\$242.00	\$242.00	\$0.00	\$95.00	Balance
D1520	space maintainer - removable - unilateral	\$198.00	\$198.00	\$0.00	\$74.00	Balance
D1526	space maintainer - removable - bilateral, maxillary	\$242.00	\$242.00	\$0.00	\$95.00	Balance
D1527	space maintainer - removable - bilateral, mandibular	\$242.00	\$242.00	\$0.00	\$95.00	Balance
D1575	distal shoe space maintainer - fixed - unilateral	\$198.00	\$198.00	\$0.00	\$74.00	Balance
D2140	amalgam - one surface, primary or permanent	\$65.00	\$58.50	\$6.50	\$25.00	Balance
D2150	amalgam - two surfaces, primary or permanent	\$80.00	\$72.00	\$8.00	\$30.00	Balance
D2160	amalgam - three surfaces, primary or permanent	\$85.00	\$76.50	\$8.50	\$36.00	Balance
D2161	amalgam - four or more surfaces, primary or permanent	\$85.00	\$76.50	\$8.50	\$40.00	Balance
D2330	resin-based composite - one surface, anterior	\$75.00	\$67.50	\$7.50	\$32.00	Balance
D2331	resin-based composite - two surfaces, anterior	\$115.00	\$103.50	\$11.50	\$49.00	Balance
D2332	resin-based composite - three surfaces, anterior	\$125.00	\$112.50	\$12.50	\$54.00	Balance

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Code	Description	Preferred Provider			Non-Preferred Provider	
		Schedule	Plan Pays	You Pay	Plan Pays	You Pay
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$125.00	\$112.50	\$12.50	\$54.00	Balance
D2391	resin-based composite - one surface, posterior	\$100.00	\$51.00	\$49.00	\$25.00	Balance
D2392	resin-based composite - two surfaces, posterior	\$130.00	\$66.30	\$63.70	\$30.00	Balance
D2393	resin-based composite - three surfaces, posterior	\$150.00	\$76.50	\$73.50	\$36.00	Balance
D2394	resin-based composite - four or more surfaces, posterior	\$150.00	\$76.50	\$73.50	\$40.00	Balance
D2520	inlay - metallic - two surfaces	\$400.00	\$360.00	\$40.00	\$168.00	Balance
D2530	inlay - metallic - three or more surfaces	\$500.00	\$450.00	\$50.00	\$216.00	Balance
D2542	onlay - metallic-two surfaces	\$450.00	\$405.00	\$45.00	\$168.00	Balance
D2543	onlay - metallic-three surfaces	\$585.00	\$526.50	\$58.50	\$216.00	Balance
D2544	onlay - metallic-four or more surfaces	\$585.00	\$526.50	\$58.50	\$216.00	Balance
D2620	inlay - porcelain/ceramic - two surfaces	\$455.00	\$409.50	\$45.50	\$168.00	Balance
D2630	inlay - porcelain/ceramic - three or more surfaces	\$585.00	\$526.50	\$58.50	\$216.00	Balance
D2642	onlay - porcelain/ceramic - two surfaces	\$455.00	\$409.50	\$45.50	\$168.00	Balance
D2643	onlay - porcelain/ceramic - three surfaces	\$585.00	\$526.50	\$58.50	\$216.00	Balance
D2644	onlay - porcelain/ceramic - four or more surfaces	\$585.00	\$526.50	\$58.50	\$216.00	Balance
D2651	inlay - resin-based composite - two surfaces	\$455.00	\$409.50	\$45.50	\$168.00	Balance
D2652	inlay - resin-based composite - three or more surfaces	\$585.00	\$526.50	\$58.50	\$216.00	Balance
D2662	onlay - resin-based composite - two surfaces	\$455.00	\$409.50	\$45.50	\$168.00	Balance
D2663	onlay - resin-based composite - three surfaces	\$585.00	\$526.50	\$58.50	\$216.00	Balance
D2664	onlay - resin-based composite - four or more surfaces	\$585.00	\$526.50	\$58.50	\$216.00	Balance
D2710	crown - resin-based composite (indirect)	\$275.00	\$247.50	\$27.50	\$112.00	Balance
D2720	crown - resin with high noble metal	\$540.00	\$486.00	\$54.00	\$216.00	Balance
D2721	crown - resin with predominantly base metal	\$330.00	\$297.00	\$33.00	\$132.00	Balance
D2722	crown - resin with noble metal	\$380.00	\$342.00	\$38.00	\$154.00	Balance
D2740	crown - porcelain/ceramic	\$620.00	\$558.00	\$62.00	\$216.00	Balance
D2750	crown - porcelain fused to high noble metal	\$800.00	\$720.00	\$80.00	\$235.00	Balance
D2751	crown - porcelain fused to predominantly base metal	\$620.00	\$558.00	\$62.00	\$204.00	Balance
D2752	crown - porcelain fused to noble metal	\$620.00	\$558.00	\$62.00	\$211.00	Balance
D2780	crown - 3/4 cast high noble metal	\$630.00	\$567.00	\$63.00	\$212.00	Balance
D2781	crown - 3/4 cast predominantly base metal	\$585.00	\$526.50	\$58.50	\$212.00	Balance
D2782	crown - 3/4 cast noble metal	\$585.00	\$526.50	\$58.50	\$212.00	Balance
D2783	crown - 3/4 porcelain/ceramic	\$585.00	\$526.50	\$58.50	\$212.00	Balance
D2790	crown - full cast high noble metal	\$800.00	\$720.00	\$80.00	\$235.00	Balance
D2791	crown - full cast predominantly base metal	\$585.00	\$526.50	\$58.50	\$212.00	Balance
D2792	crown - full cast noble metal	\$585.00	\$526.50	\$58.50	\$193.00	Balance
D2910	recement inlay, onlay, or partial coverage restoration	\$55.00	\$49.50	\$5.50	\$20.00	Balance
D2920	recement crown	\$55.00	\$49.50	\$5.50	\$20.00	Balance
D2930	prefabricated stainless steel crown - primary tooth	\$130.00	\$117.00	\$13.00	\$50.00	Balance
D2931	prefabricated stainless steel crown - permanent tooth	\$130.00	\$117.00	\$13.00	\$50.00	Balance
D2932	prefabricated resin crown	\$250.00	\$225.00	\$25.00	\$50.00	Balance
D2933	prefabricated stainless steel crown with resin	\$130.00	\$117.00	\$13.00	\$50.00	Balance

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	window					
D2934	prefabricated esthetic coated stainless steel crown – primary tooth	\$130.00	\$117.00	\$13.00	\$50.00	Balance
D2950	core buildup, including any pins when required	\$80.00	\$72.00	\$8.00	\$29.00	Balance
D2952	post and core in addition to crown, fabricated	\$135.00	\$121.50	\$13.50	\$58.00	Balance
D2954	prefabricated post and core in addition to crown	\$135.00	\$121.50	\$13.50	\$58.00	Balance
D2980	crown repair, by report	\$130.00	\$117.00	\$13.00	\$55.00	Balance
D3110	pulp cap - direct (excluding final restoration)	\$55.00	\$49.50	\$5.50	\$21.00	Balance
D3120	pulp cap - indirect (excluding final restoration)	\$55.00	\$49.50	\$5.50	\$21.00	Balance
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$75.00	\$67.50	\$7.50	\$32.00	Balance
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$75.00	\$67.50	\$7.50	\$32.00	Balance
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$75.00	\$67.50	\$7.50	\$32.00	Balance
D3310	anterior (excluding final restoration)	\$430.00	\$387.00	\$43.00	\$157.00	Balance
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$500.00	\$450.00	\$50.00	\$184.00	Balance
D3330	endodontic therapy molar (excluding final restoration)	\$600.00	\$540.00	\$60.00	\$220.00	Balance
D3346	retreatment of previous root canal therapy - anterior	\$440.00	\$396.00	\$44.00	\$157.00	Balance
D3347	retreatment of previous root canal therapy - premolar	\$520.00	\$468.00	\$52.00	\$184.00	Balance
D3348	retreatment of previous root canal therapy - molar	\$615.00	\$553.50	\$61.50	\$220.00	Balance
D3410	apicoectomy - anterior	\$350.00	\$315.00	\$35.00	\$149.00	Balance
D3421	apicoectomy - premolar (first root)	\$430.00	\$387.00	\$43.00	\$149.00	Balance
D3425	apicoectomy - molar (first root)	\$450.00	\$405.00	\$45.00	\$149.00	Balance
D3430	retrograde filling - per root	\$65.00	\$58.50	\$6.50	\$26.00	Balance
D3450	root amputation - per root	\$130.00	\$117.00	\$13.00	\$49.00	Balance
D3920	hemisection (including any root removal), not including root canal therapy	\$115.00	\$103.50	\$11.50	\$49.00	Balance
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$240.00	\$216.00	\$24.00	\$21.00	Balance
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$150.00	\$135.00	\$15.00	\$22.00	Balance
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$485.00	\$436.50	\$48.50	\$46.00	Balance
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$365.00	\$328.50	\$36.50	\$46.00	Balance
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$120.00	\$108.00	\$12.00	\$47.00	Balance
D4342	periodontal scaling and root planing - one to three teeth or bounded tooth spaces per quadrant	\$60.00	\$54.00	\$6.00	\$24.00	Balance

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D5110	complete denture - maxillary	\$780.00	\$702.00	\$78.00	\$300.00	Balance
D5120	complete denture - mandibular	\$780.00	\$702.00	\$78.00	\$300.00	Balance
D5130	immediate denture - maxillary	\$780.00	\$702.00	\$78.00	\$300.00	Balance
D5140	immediate denture - mandibular	\$780.00	\$702.00	\$78.00	\$300.00	Balance
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$470.00	\$423.00	\$47.00	\$150.00	Balance
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$470.00	\$423.00	\$47.00	\$150.00	Balance
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$880.00	\$792.00	\$88.00	\$324.00	Balance
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$880.00	\$792.00	\$88.00	\$324.00	Balance
D5282	removable unilateral partial denture - one-piece cast metal, including clasps and teeth, maxillary	\$440.00	\$396.00	\$44.00	\$186.00	Balance
D5283	removable unilateral partial denture - one-piece cast metal, including clasps and teeth, mandibular	\$440.00	\$396.00	\$44.00	\$186.00	Balance
D5511	repair broken complete denture base, mandibular	\$80.00	\$72.00	\$8.00	\$32.00	Balance
D5512	repair broken complete denture base, maxillary	\$80.00	\$72.00	\$8.00	\$32.00	Balance
D5520	replace missing or broken teeth - complete denture (each tooth)	\$55.00	\$49.50	\$5.50	\$11.00	Balance
D5611	repair resin denture base, mandibular	\$100.00	\$90.00	\$10.00	\$32.00	Balance
D5612	repair resin denture base, maxillary	\$100.00	\$90.00	\$10.00	\$32.00	Balance
D5621	repair cast framework, mandibular	\$105.00	\$94.50	\$10.50	\$45.00	Balance
D5622	repair cast framework, maxillary	\$105.00	\$94.50	\$10.50	\$45.00	Balance
D5630	repair or replace broken retentive/clasping materials – per tooth	\$105.00	\$94.50	\$10.50	\$45.00	Balance
D5640	replace broken teeth - per tooth	\$55.00	\$49.50	\$5.50	\$12.00	Balance
D5650	add tooth to existing partial denture	\$55.00	\$49.50	\$5.50	\$12.00	Balance
D5660	add clasp to existing partial denture	\$115.00	\$103.50	\$11.50	\$45.00	Balance
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	\$220.00	\$198.00	\$22.00	\$48.00	Balance
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$220.00	\$198.00	\$22.00	\$48.00	Balance
D5710	rebase complete maxillary denture	\$255.00	\$229.50	\$25.50	\$108.00	Balance
D5711	rebase complete mandibular denture	\$255.00	\$229.50	\$25.50	\$108.00	Balance
D5720	rebase maxillary partial denture	\$255.00	\$229.50	\$25.50	\$108.00	Balance
D5721	rebase mandibular partial denture	\$255.00	\$229.50	\$25.50	\$108.00	Balance
D5730	reline complete maxillary denture (chairside)	\$120.00	\$108.00	\$12.00	\$51.00	Balance
D5731	reline complete mandibular denture (chairside)	\$120.00	\$108.00	\$12.00	\$51.00	Balance
D5740	reline maxillary partial denture (chairside)	\$125.00	\$112.50	\$12.50	\$53.00	Balance
D5741	reline mandibular partial denture (chairside)	\$125.00	\$112.50	\$12.50	\$53.00	Balance
D5750	reline complete maxillary denture (laboratory)	\$220.00	\$198.00	\$22.00	\$90.00	Balance
D5751	reline complete mandibular denture (laboratory)	\$220.00	\$198.00	\$22.00	\$90.00	Balance
D5760	reline maxillary partial denture (laboratory)	\$220.00	\$198.00	\$22.00	\$90.00	Balance
D5761	reline mandibular partial denture (laboratory)	\$220.00	\$198.00	\$22.00	\$90.00	Balance

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D5820	interim partial denture (maxillary)	\$285.00	\$256.50	\$28.50	\$122.00	Balance
D5821	interim partial denture (mandibular)	\$285.00	\$256.50	\$28.50	\$122.00	Balance
D5850	tissue conditioning, maxillary	\$80.00	\$72.00	\$8.00	\$34.00	Balance
D5851	tissue conditioning, mandibular	\$80.00	\$72.00	\$8.00	\$34.00	Balance
D5863	overdenture – complete maxillary	\$705.00	\$634.50	\$70.50	\$300.00	Balance
D5864	overdenture – partial maxillary	\$815.00	\$733.50	\$81.50	\$300.00	Balance
D5865	overdenture – complete mandibular	\$705.00	\$634.50	\$70.50	\$300.00	Balance
D5866	overdenture – partial mandibular	\$815.00	\$733.50	\$81.50	\$300.00	Balance
D6010	surgical placement of implant body: endosteal implant	\$1,385.00	\$853.00	\$532.00	\$415.00	Balance
D6058	abutment supported porcelain/ceramic crown	\$595.00	\$535.50	\$59.50	\$235.00	Balance
D6059	abutment supported porcelain fused to metal crown (high noble metal)	\$595.00	\$535.50	\$59.50	\$235.00	Balance
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	\$595.00	\$535.50	\$59.50	\$235.00	Balance
D6061	abutment supported porcelain fused to metal crown (noble metal)	\$595.00	\$535.50	\$59.50	\$235.00	Balance
D6062	abutment supported cast metal crown (high noble metal)	\$595.00	\$535.50	\$59.50	\$235.00	Balance
D6063	abutment supported cast metal crown (predominantly base metal)	\$595.00	\$535.50	\$59.50	\$235.00	Balance
D6064	abutment supported cast metal crown (noble metal)	\$595.00	\$535.50	\$59.50	\$235.00	Balance
D6065	implant supported porcelain/ceramic crown	\$595.00	\$535.50	\$59.50	\$235.00	Balance
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$595.00	\$535.50	\$59.50	\$235.00	Balance
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	\$595.00	\$535.50	\$59.50	\$235.00	Balance
D6210	pontic - cast high noble metal	\$650.00	\$585.00	\$65.00	\$214.00	Balance
D6211	pontic - cast predominantly base metal	\$450.00	\$405.00	\$45.00	\$161.00	Balance
D6212	pontic - cast noble metal	\$615.00	\$553.50	\$61.50	\$190.00	Balance
D6240	pontic - porcelain fused to high noble metal	\$650.00	\$585.00	\$65.00	\$220.00	Balance
D6241	pontic - porcelain fused to predominantly base metal	\$500.00	\$450.00	\$50.00	\$204.00	Balance
D6242	pontic - porcelain fused to noble metal	\$615.00	\$553.50	\$61.50	\$220.00	Balance
D6250	pontic - resin with high noble metal	\$630.00	\$567.00	\$63.00	\$220.00	Balance
D6251	pontic - resin with predominantly base metal	\$500.00	\$450.00	\$50.00	\$204.00	Balance
D6252	pontic - resin with noble metal	\$585.00	\$526.50	\$58.50	\$220.00	Balance
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$395.00	\$355.50	\$39.50	\$168.00	Balance
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$395.00	\$355.50	\$39.50	\$168.00	Balance
D6600	inlay - porcelain/ceramic, two surfaces	\$395.00	\$355.50	\$39.50	\$168.00	Balance
D6601	inlay - porcelain/ceramic, three or more surfaces	\$505.00	\$454.50	\$50.50	\$216.00	Balance
D6602	inlay - cast high noble metal, two surfaces	\$395.00	\$355.50	\$39.50	\$168.00	Balance
D6603	inlay - cast high noble metal, (3) or more surfaces	\$505.00	\$454.50	\$50.50	\$216.00	Balance
D6604	inlay - cast predominantly base metal, two surfaces	\$395.00	\$355.50	\$39.50	\$168.00	Balance

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TEAMSTERS AND FOOD EMPLOYERS SECURITY TRUST FUND PREFERRED PROVIDER GENERAL DENTAL SCHEDULE OF BENEFITS

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PRE-AUTHORIZATION IS REQUIRED FOR ALL CROWNS, BRIDGES, PERIODONTAL, ORAL SURGERY, ENDODONTIC TREATMENT AND
ANY TREATMENT PLAN EXCEEDING \$750.00. - ANNUAL MAXIMUM - \$2,000.00**

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Code	Description	Preferred Provider			Non-Preferred Provider	
		Schedule	Plan Pays	You Pay	Plan Pays	You Pay
D6605	inlay - cast predominantly base metal, three or more surfaces	\$505.00	\$454.50	\$50.50	\$216.00	Balance
D6606	inlay - cast noble metal, two surfaces	\$395.00	\$355.50	\$39.50	\$168.00	Balance
D6607	inlay - cast noble metal, three or more surfaces	\$505.00	\$454.50	\$50.50	\$216.00	Balance
D6608	onlay - porcelain/ceramic, two surfaces	\$395.00	\$355.50	\$39.50	\$168.00	Balance
D6609	onlay - porcelain/ceramic, three or more surfaces	\$505.00	\$454.50	\$50.50	\$216.00	Balance
D6610	onlay - cast high noble metal, two surfaces	\$450.00	\$405.00	\$45.00	\$168.00	Balance
D6611	onlay - cast high noble metal, three or more surfaces	\$545.00	\$490.50	\$54.50	\$216.00	Balance
D6612	onlay - cast predominantly base metal, two surfaces	\$395.00	\$355.50	\$39.50	\$168.00	Balance
D6613	onlay - cast predominantly base metal, three or more surfaces	\$510.00	\$459.00	\$51.00	\$216.00	Balance
D6614	onlay - cast noble metal, two surfaces	\$395.00	\$355.50	\$39.50	\$168.00	Balance
D6615	onlay - cast noble metal, three or more surfaces	\$510.00	\$459.00	\$51.00	\$216.00	Balance
D6720	crown - resin with high noble metal	\$545.00	\$490.50	\$54.50	\$210.00	Balance
D6721	crown - resin with predominantly base metal	\$250.00	\$225.00	\$25.00	\$107.00	Balance
D6722	crown - resin with noble metal	\$305.00	\$274.50	\$30.50	\$129.00	Balance
D6740	crown - porcelain/ceramic	\$585.00	\$526.50	\$58.50	\$210.00	Balance
D6750	crown - porcelain fused to high noble metal	\$800.00	\$720.00	\$80.00	\$210.00	Balance
D6751	crown - porcelain fused to predominantly base metal	\$585.00	\$526.50	\$58.50	\$210.00	Balance
D6752	crown - porcelain fused to noble metal	\$560.00	\$504.00	\$56.00	\$211.00	Balance
D6780	crown - 3/4 cast high noble metal	\$650.00	\$585.00	\$65.00	\$211.00	Balance
D6781	crown - 3/4 cast predominantly base metal	\$560.00	\$504.00	\$56.00	\$211.00	Balance
D6782	crown - 3/4 cast noble metal	\$560.00	\$504.00	\$56.00	\$211.00	Balance
D6783	crown - 3/4 porcelain/ceramic	\$560.00	\$504.00	\$56.00	\$211.00	Balance
D6790	crown - full cast high noble metal	\$800.00	\$720.00	\$80.00	\$215.00	Balance
D6791	crown - full cast predominantly base metal	\$560.00	\$504.00	\$56.00	\$211.00	Balance
D6792	crown - full cast noble metal	\$560.00	\$504.00	\$56.00	\$211.00	Balance
D6930	remanent fixed partial denture	\$65.00	\$58.50	\$6.50	\$28.00	Balance
D6940	stress breaker	\$130.00	\$117.00	\$13.00	\$56.00	Balance
D6950	precision attachment	\$80.00	\$72.00	\$8.00	\$33.00	Balance
D6975	coping - metal	\$40.00	\$36.00	\$4.00	\$16.00	Balance
D6980	fixed partial denture repair necessitated by restorative material failure	\$130.00	\$117.00	\$13.00	\$55.00	Balance
D7111	extraction, coronal remnants - primary tooth	\$75.00	\$67.50	\$7.50	\$31.00	Balance
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$80.00	\$72.00	\$8.00	\$34.00	Balance
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$130.00	\$117.00	\$13.00	\$55.00	Balance
D7220	removal of impacted tooth - soft tissue	\$145.00	\$130.50	\$14.50	\$62.00	Balance
D7230	removal of impacted tooth - partially bony	\$185.00	\$166.50	\$18.50	\$74.00	Balance
D7240	removal of impacted tooth - completely bony	\$200.00	\$180.00	\$20.00	\$80.00	Balance
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	B/R	B/R	B/R	B/R	Balance

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**TEAMSTERS AND FOOD EMPLOYERS SECURITY TRUST FUND
PREFERRED PROVIDER GENERAL DENTAL SCHEDULE OF BENEFITS**

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Code	Description	Preferred Provider			Non-Preferred Provider	
		Schedule	Plan Pays	You Pay	Plan Pays	You Pay
D7250	surgical removal of residual tooth roots (cutting procedure)	\$215.00	\$193.50	\$21.50	\$86.00	Balance
D7280	surgical access of an unerupted tooth	\$170.00	\$153.00	\$17.00	\$104.00	Balance
D7285	biopsy of oral tissue - hard (bone, tooth)	\$190.00	\$171.00	\$19.00	\$83.00	Balance
D7286	biopsy of oral tissue - soft	\$170.00	\$153.00	\$17.00	\$73.00	Balance
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$160.00	\$144.00	\$16.00	\$69.00	Balance
D7321	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$80.00	\$72.00	\$8.00	\$34.00	Balance
D7410	excision of benign lesion up to 1.25 cm	B/R	B/R	B/R	B/R	Balance
D7411	excision of benign lesion greater than 1.25 cm	B/R	B/R	B/R	B/R	Balance
D7412	excision of benign lesion, complicated	B/R	B/R	B/R	B/R	Balance
D7413	excision of malignant lesion up to 1.25 cm	B/R	B/R	B/R	B/R	Balance
D7414	excision of malignant lesion greater than 1.25 cm	B/R	B/R	B/R	B/R	Balance
D7415	excision of malignant lesion, complicated	B/R	B/R	B/R	B/R	Balance
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	B/R	B/R	B/R	B/R	Balance
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	B/R	B/R	B/R	B/R	Balance
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	B/R	B/R	B/R	B/R	Balance
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	B/R	B/R	B/R	B/R	Balance
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	B/R	B/R	B/R	B/R	Balance
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	B/R	B/R	B/R	B/R	Balance
D7471	removal of lateral exostosis (maxilla or mandible)	\$305.00	\$274.50	\$30.50	\$130.00	Balance
D7472	removal of torus palatinus	\$305.00	\$274.50	\$30.50	\$130.00	Balance
D7473	removal of torus mandibularis	\$305.00	\$274.50	\$30.50	\$130.00	Balance
D7510	incision and drainage of abscess - intraoral soft tissue	\$155.00	\$139.50	\$15.50	\$65.00	Balance
D7520	incision and drainage of abscess - extraoral soft tissue	\$345.00	\$310.50	\$34.50	\$147.00	Balance
D7960	frenulectomy also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$170.00	\$153.00	\$17.00	\$73.00	Balance
D7970	excision of hyperplastic tissue - per arch	\$245.00	\$220.50	\$24.50	\$104.00	Balance
D7971	excision of pericoronal gingiva	\$155.00	\$139.50	\$15.50	\$65.00	Balance
D8210	removable appliance therapy	\$255.00	\$229.50	\$25.50	\$87.00	Balance
D8220	fixed appliance therapy	\$255.00	\$229.50	\$25.50	\$87.00	Balance
D9110	palliative (emergency) treatment of dental pain - minor procedure	\$50.00	\$45.00	\$5.00	\$23.00	Balance
D9222	deep sedation/general anesthesia - first 15-minutes	\$70.00	\$63.00	\$7.00	\$31.50	Balance
D9223	deep sedation/general anesthesia - each subsequent 15-minute increment	\$70.00	\$63.00	\$7.00	\$31.50	Balance

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TEAMSTERS AND FOOD EMPLOYERS SECURITY TRUST FUND PREFERRED PROVIDER GENERAL DENTAL SCHEDULE OF BENEFITS

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Code	Description	Preferred Provider			Non-Preferred Provider	
		Schedule	Plan Pays	You Pay	Plan Pays	You Pay
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$60.00	\$54.00	\$6.00	\$31.00	Balance
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$40.00	\$36.00	\$4.00	\$17.00	Balance
D9440	office visit - after regularly scheduled hours	\$70.00	\$63.00	\$7.00	\$20.00	Balance
D9944	occlusal guard – hard appliance, full arch	\$400.00	\$360.00	\$40.00	\$129.00	Balance
D9945	occlusal guard – soft appliance, full arch	\$400.00	\$360.00	\$40.00	\$129.00	Balance
D9946	occlusal guard – hard appliance, partial arch	\$400.00	\$360.00	\$40.00	\$129.00	Balance
D9952	occlusal adjustment - complete	\$115.00	\$103.50	\$11.50	\$50.00	Balance
D9974	internal bleaching - per tooth	\$60.00	\$54.00	\$6.00	\$25.00	Balance

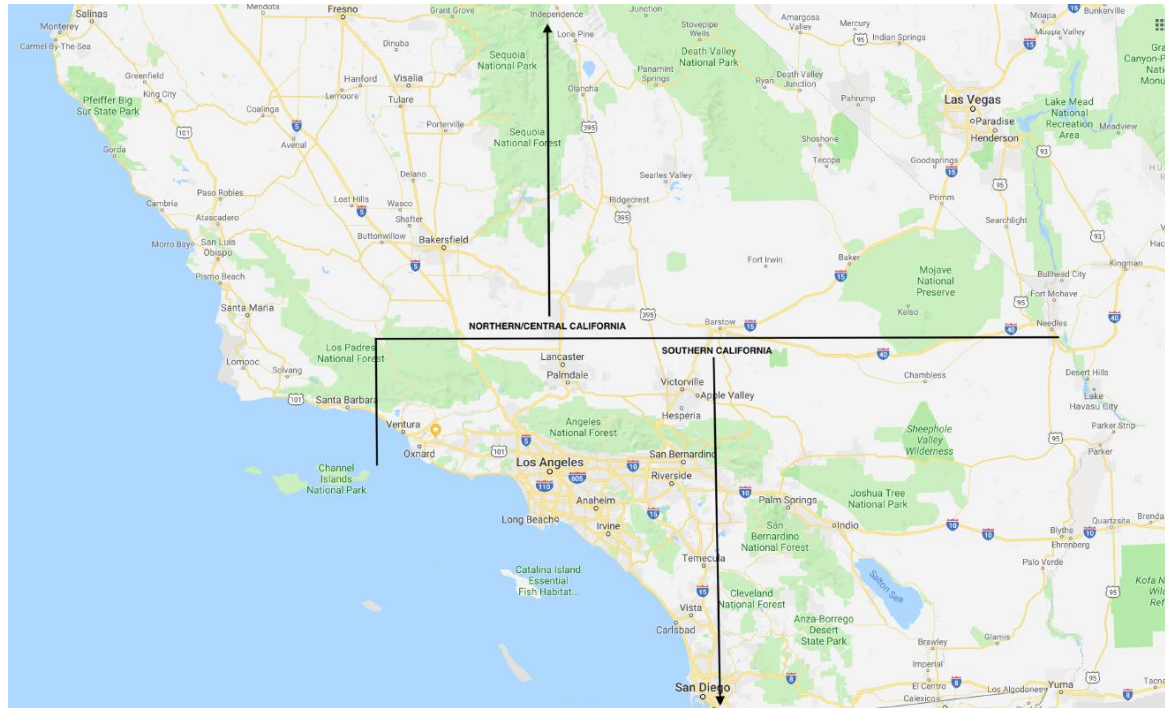
CLAIMS FOR BENEFITS

The Dental Plan is subject to limitations and exclusions. All dental claims and dental pre-authorization requests for benefits are subject to review by the Plan. The Plan will authorize payment of benefits only for treatment or services that are covered by the Plan and are dentally necessary. Diagnostic quality radiographs (x-ray) that demonstrate dental necessity should be submitted to the Plan with claims for benefits and pre-authorization requests. Study models, oral/facial images or a narrative from the dentist should be submitted upon request by the Plan.

PRE-AUTHORIZATION OF BENEFITS

If the total charges for treatment are expected to be more than \$750.00, your dentist's proposed treatment plan should be submitted to and reviewed by the Plan before dental benefits can be pre-authorized. A treatment plan is the dentist's report that itemizes recommended services, shows the charge for each service and is accompanied by supporting radiographs and other diagnostic information provided by the dentist or requested by the Plan.

SOUTHERN & NORTHERN/CENTRAL CALIFORNIA REGIONAL MAP



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DENTAL LIMITATIONS

1. Diagnostic/Evaluations
 - a. Oral evaluation benefits are limited to no more than one evaluation every six months. Additionally, the initial Oral Evaluation allowance is only payable for an initial (first time) evaluation with a provider; all eligible subsequent evaluations with the same provider are given the Periodic Oral Evaluation allowance (CDT Code #D0120).
 - b. Specialist Consultation (CDT Code #D9310) allowances is only payable to specialists for case presentation evaluation and only if no other treatment is performed on the same day.
 - c. An emergency Oral evaluation allowance is only payable when an emergency evaluation is done and no treatment is performed on the same day. If emergency palliative treatment is performed, a Palliative Emergency Treatment (CDT Code #D9110) allowance can be given if no other treatment is performed on the same day.
2. Diagnostic/X-Rays
 - a. Full mouth series of x-rays or its equivalent (e.g., panoramic film plus bitewings) are payable no more than once every thirty-six (36) months. Total allowance for individual x-rays cannot exceed the full-mouth allowance.
 - b. Bitewing and additional recall x-rays are covered no more than once every twelve (12) months, at a maximum benefit of one half- the full mouth series allowance.
 - c. For evaluation of specific sites, such as extractions of third molars, three (3) additional x-rays may be covered per patient per year if they are required for a specific diagnostic purpose. The benefit for these x-rays will not exceed the allowance for two (2) bitewing x-rays (CDT Code D0272) A specific site (tooth number) for the x-ray should be noted on the claim form.
3. Preventative
 - a. Prophylaxis and evaluations are covered once every six (6) months.
 - b. Only the allowance for a prophylaxis is payable when prophylaxis and periodontal treatment are performed on the same day.
 - c. Sealants are covered for permanent molar teeth only on patients under age 17. Re-treatment is covered after two years. Restorations on the same surface as a sealant are not covered within two years of sealant.
 - d. Fluoride treatment is covered once per twelve (12) month period for patients under age 17.
 - e. Fissure sealants – treatment is available only to dependent children and is applicable only to permanent molars – one application per tooth, once every twenty-four (24) months.
4. Restorative
 - a. Post and Core is covered only for a tooth that has had root canal therapy.
 - b. Benefits for crowns, bridges, inlays and onlays and veneers are payable only if x-rays and/or study models demonstrate that the tooth cannot be restored with amalgam or composite.
 - c. Cast restorations, crowns, full partial denture and bridges are covered once in a twenty-four (24) month period.
 - d. Composite resin fillings are covered on anterior teeth only. Surfaces are as follows: One surface filling-Mesial, Distal or Facial only. Two surface filling- Mesial-Distal, Distal-Incisor or Mesial-Incisor only. Three surfaces filling -Mesial, Distal, Incisor only. The benefits for an amalgam will be paid in lieu of benefits for a composite restoration to a posterior tooth. Note: Incisal edge must be included in restoration.
 - e. Post are covered when insufficient coronal structure for crown retention is demonstrated by x-ray
 - f. The benefits for a post and core include the core or build up.
 - g. Replacement of filling in less than twenty-four (24) months is not covered.
5. Endodontics
 - a. Pulpotomy is covered only on deciduous teeth.
 - b. Benefits are not payable when x-rays demonstrate apparent incomplete endodontic therapy.
 - c. The allowance for endodontic therapy includes initial treatment, temporary fillings, interim x-rays and follow-up care.
 - d. Bleaching is limited to endodontically treated teeth.
6. Periodontics
 - a. All Claims for periodontal treatment must be submitted to the Fund office for approval prior to any services being performed. Diagnostic quality x-rays and periodontal charting must be submitted.
 - b. Benefits for root planning are payable once per quadrant in a twenty-four (24) monthly period.
 - c. Benefits are not payable for both a prophylaxis and a root planning when performed on the same day.
 - d. Periodontal treatment (periodontal scaling and root planning) will be paid at a maximum of two (2) quadrants allowable during any one visit, not to exceed four (4) quadrants during any 24-month period. With prior approval from the Dental Consultant, the Fund may allow up to four (4) quadrants per visit. Benefits will be based on the actual number of teeth that require treatment. If full quadrants do not require treatment, benefits will be determined based on the actual number of teeth treated. Five teeth, regardless of where they are located, will be considered a full quadrant.
 - e. Periodontal maintenance procedures are only payable following periodontal surgery.
 - f. Periodontal surgical procedures are covered only following initial non-surgical treatment involving periodontal scaling and root planning. Claims must be submitted with pre- and post-root planning periodontal charting and x-rays. Surgery will not be covered if pocket measurements are less than five (5) millimeters. If full quadrants do not require treatment, benefits will be based on the actual number of teeth treated or that require treatment. Special situations must be submitted and receive prior approval.
 - g. Gingivectomy in conjunction with crown or other restoration placement is not covered.

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7. Prosthodontics
- a. Denture relines and adjustments are covered once at least six (6) months following denture placement and once every two (2) years thereafter.
 - b. Benefits are not payable for both a fixed bridge and a partial denture placed in the same arch within a twenty-four (24) month period.
 - c. Crown or bridge repair performed less than twenty-four (24) months after placement is not covered.
 - d. Interim partial dentures are covered to replace upper anterior and/or bicuspid teeth or lower anterior and/or first bicuspid teeth. Interim partial dentures are covered only prior to placement of a fixed bridge.
 - e. A fixed bridge is not covered when there is a large number of missing teeth in the same arch and/or moderate to advanced bone loss is evident.
 - f. Except as listed under CDT D6010 a single implant will be allowed following adherence to the following limitations and exclusions:
 - i. The Implant replaces a single missing tooth only.
 - ii. Neither adjacent abutment requires a cast restoration.
 - iii. In consideration to other plan administrative guidelines including but not limited to the periodontal condition, number of missing teeth in the arch and the medical condition of the patient, a three-unit bridge would be the benefit.
 - iv. Total charges to member to include implant placement and all cost of implant materials CDT 6010, abutment supported crown CDT D6059, D6060, D6061, D6062, D6063, D6064, D6065, custom abutment CDT D6057, prefabricated abutment CDT 6056 and placement.
 - v. Removal of implant CDT D6100, repair implant abutment CDT D6095, and any/all bone grafts dentally necessary prior to implant placement or after implant removal.
 - vi. Implant and/or abutment replacement same as other crown and bridge limitation.
 - vii. Prior approval is necessary with supportive documentation. The fees listed are all inclusive of all CDT codes as above.
8. General Services
- a. Dental services or treatment plan which will total \$750.00 or more require pre-authorization. In addition, pre-authorization is required for Periodontal Scaling and Root Planning, Inlay or Onlay Restorations, Crowns and Fixed Prosthodontics.
 - b. All periodontal treatment must be pre-authorized. Pocket markings and/or radiographs, and a definitive periodontal case type diagnosis and treatment plan must be submitted.
 - c. Benefits paid for surgical procedures include post operative care.
 - d. Education and/or instruction (including but not limited to Soft Tissue Management) in conjunction
- with any treatment listed is considered part of that treatment, and no additional benefit allowance shall be made.
- e. Deep Sedation/General Anesthesia benefits (D9222/D9223) are payable to a maximum of two 15-minute increments per visit.

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DENTAL EXCLUSIONS - No payment will be made under this Plan for expenses incurred for any of the following

1. Dental services furnished by a hospital or facility by the U.S. Government, or any authorized agency thereof, or furnished at the expense of such government or agency, except for services furnished by the Veterans' Administration for non-service connected conditions under 38 U.C.S. 629.
2. Any disability covered by Workers' Compensation or occupational disease law.
3. Dental expenses resulting from war (including any armed aggression resisted by the armed forces of any country or any combination of countries) whether such war is declared or undeclared, or any act incidental to such war.
4. Any procedure which is not listed on the Dental Schedule of Benefits.
5. Dental expenses which you are not legally obligated to pay or which are furnished without charge. Examples: Laboratory charges incurred in the construction of a denture; fluoride solution used to treat teeth; metal charges for metal used on the construction of a crown or bridge.
6. Dental expenses which are paid for or reimbursable by or through a local, state or federal agency.
7. Any treatment or service not provided by a Dentist, except x-rays ordered by a Dentist and services of a license Dental Hygienist, or Registered Dental Assistant (with proper credentials of expanded functions).
8. Any treatment or service not necessary or customarily provided for dental care.
9. Dental expenses incurred in connection with any dental procedure started before coverage becomes effective. This included any appliances, or modification of one, where an impression was made before the patient was covered; a crown, bridge or gold restoration for which the tooth was prepared before the patient was covered.
10. Claims submitted by dentists who are not licensed in the United States of America or services rendered outside of the United States.
11. Any Current Dental Terminology (CDT) Code's not listed on this schedule of benefits is **NOT A COVERED BENEFIT**.
12. Initial diagnosis, study models and radiographs for orthodontist only.
13. Photographs and cephalometric x-rays.
14. Oral hygiene instructions.
15. Restoration of tooth structure loss due to abrasion, erosion or attrition.
16. Benefits are not payable for procedures performed for cosmetic purposes or aesthetic reason.
17. A pulp cap performed on the same day as a restoration.
18. Appliances or restorations to alter vertical dimension or stabilize periodontal involved teeth.
19. A crown or bridge is not covered when x-rays demonstrate moderate to advanced periodontal bone loss.
20. Tissue graft surgery for periodontal disease.
21. Replacement of lost, stolen, or destroyed appliances.
22. Appliances or restorations for splinting are not covered.
23. Distal extension posterior cantilevered pontics.
24. Cast or laboratory processed restorations including crowns, inlays, onlays, fixed bridge and partial dentures for a patient under 16 years of age are not covered.
25. Porcelain or Porcelain fused to metal crowns are not covered on teeth posterior up upper 2nd bicuspid and lower 1st bicuspid. An alternate benefit allowance will be provided for a cast metal crown.
26. Benefits are not payable for both a fixed bridge and a removable partial denture placed in the same arch (two year limitation applies).
27. A bridge is not covered if the space of the missing tooth is more than one-half closed.
28. Replacement of a second molar is covered only as part of a fixed bridge with mesial and distal abutments and where there is occlusion with opposing teeth. A removable partial denture replacing second molars only is not covered.
29. Extractions of asymptomatic third molars without adequate evidence of pathosis in patients less than fifteen (15) years of age.
30. General anesthesia elected by the patient(s) for other than extractions or oral surgery.
31. Procedures demonstrating periapical pathosis in x-rays.
32. Procedures, appliances or restorations to correct congenital conditions.
33. Dental expenses incurred in connection with any dental procedure started after termination of eligibility for coverage.
34. No payment for veneer crowns, including porcelain fused to metal in posterior quadrants of the mouth from:
 - a. Upper Arch-Second Bicuspid
 - b. Lower Arch-First Bicuspid*Cast Gold Crown allowance will be made.*
35. Treatment for Temporomandibular Joint Syndrome (TMJ).
36. Any charges incurred for missing or failing to cancel an appointment.
37. Charges which are not Usual, Customary, and Reasonable as determined by the Board of Trustees in its sole discretion.
38. Appliances and restoration to restore occlusion.
39. Root canal fillings involving the use of Sargenti Paste (N2) or similar formulation. Claim forms shall specifically specify the filling material, including sealers, for all root canal procedures.
40. Plaque Control.
41. Stayplates- Does not include replacement of teeth posterior to:
Upper Arch- Second Bicuspid
Lower Arch- First Bicuspid

Out-of-Pocket costs are guaranteed at a Preferred Provider Dental Office. The cost to the Participant at Non-Preferred Provider Dental Offices are the differences between the Plan's Non-Preferred Provider Dentist's allowance and the Dentist's charge. Claims returned to the dentist marked with 8888 is for the procedures that do not receive an allowance (N/A), and 7777 is for by report (B/R) procedures.