



**MANAGED BY  
WESTERN ORTHODONTICS**

A Division of WDPM, Inc.  
P.O. Box 3470, Camarillo, CA 93011-3470  
1-877-937-6462 FAX: 1-805-388-1555

**APPENDIX "A"**

Teamsters and Food Employers  
Security Trust Fund  
**Effective Date: APRIL 1, 2019**

COMPANY|UNION: **TEAMSTERS AND FOOD EMPLOYERS SECURITY TRUST FUND  
NORTHERN CALIFORNIA REGION ONLY**

Administered by: Benesys, Inc.  
1050 Lakes Drive, Suite #120  
West Covina, CA 91790  
1-626-646-1077

ALL CLAIMS **MUST** BE SUBMITTED DIRECTLY TO WDPM, INC. ON A SOUTHWEST ADMINISTRATORS CLAIM FORM. THESE CLAIM FORMS CAN BE OBTAINED BY CALLING OUR OFFICE AT 1-800-874-1986. SUBMIT FOR PRE-AUTHORIZATION FOR ALL TREATMENT PLANS AND PHASES WITH REQUIRED DOCUMENTATION, (i.e., FMX & TRACING OR PHOTO COPIES, OR DIGIGRAPH PHOTO COPY). **PARTICIPANT AND DOCTOR SIGNATURES ARE REQUIRED** ON ALL FORMS (SIGNATURE ON FILE IS NOT ACCEPTED).

**FULL TREATMENT:** \$3,200.00

**POT TREATMENT:** \$850.00

TRUST PAYMENT: \$2,240.00 PER ADULT: **NOT COVERED**

INITIAL BANDING FEE: \$880.00 PER DEP. CHILD: **YES**

MONTHLY: \$85.00 X 16 MONTHS FULL TIME STUDENT: **N/A**

PARTICIPANT PAYMENT: \$960.00

DOWN PAYMENT: \$320.00

MONTHLY: \$40.00 X 16 MONTHS

**PARTIAL APPLIANCE TREATMENT** INCLUDING COMPLETE BAND/BOND OF THE UPPER OR LOWER ARCH ONLY 12 – 15 MONTHS OF TREATMENT THE TOTAL FEE IS \$2,000.00.

TRUST PAYMENT: \$1,370.00 INITIAL \$520.00, \$85.00 X 10 MONTHS

PARTICIPANT PAYMENT: \$630.00 INITIAL \$180.00, \$45.00 X 10 MONTHS

**PRE ORTHODONTIC TREATMENT - POT FEE SCHEDULE (SEE ATTACHED)**

MAXIMUM PAYABLE FOR ALL PHASES OF ORTHODONTIC TREATMENT AND COMBINATIONS THEREOF FOR THIS TRUST WILL BE:

	<b><u>FULL TREATMENT</u></b>	<b><u>POT TREATMENT</u></b>
TRUST PAYMENT:	\$2,240.00	\$245.00
PATIENT PAYMENT:	\$960.00	\$605.00
MAXIMUM TOTAL:	\$3,200.00	\$850.00

- NOTES: 1. EXCLUSIONS AND LIMITATIONS PER ATTACHED  
2. EXTENDED TREATMENT FEES AFTER 24 MONTHS

ALL CLAIM FORMS ARE TO BE MAILED TO:

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PRE-ORTHODONTIC TREATMENT FEE SCHEDULE – POT**

1. Fixed Expansion of Maxilla – Rapid Palatal Expansion – (sutural split palate including all visits, appliances and retainer as needed). Treatment Time – 6 months – 1 year
 

Member Payment	(Initial \$225.00 + \$80.00 x 5 months)	\$625.00
Trust Payment		<u>\$225.00</u>
Total Payment		\$850.00
  
2. Myofunctional Appliance (i.e., Bionator, Frankel, etc. including retainer as needed).  
Treatment Time – 6 months – 1 year
 

Member Payment	(Initial \$225.00 + \$80.00 x 5 months)	\$625.00
Trust Payment		<u>\$225.00</u>
Total Payment		\$850.00
  
3. Early Treatment with Headgear and Limited Banding (known as 2 x 4 or 2 x 6 treatment). Treatment Time 6 months – 1 year
 

Member Payment	(Initial \$125.00 + \$50.00 x 6 months)	\$425.00
Trust Payment		<u>\$225.00</u>
Total Payment		\$650.00
  
4. Lingual Arch used separately.
 

Member Payment	(Paid at \$50.00 per month)	\$150.00
Trust Payment		<u>\$225.00</u>
Total Payment		\$375.00
  
5. Lingual Arch used in conjunction with another appliance.
 

Member Payment	(Paid at \$55.00 per month)	\$110.00
Trust Payment		<u>\$225.00</u>
Total Payment		\$335.00
  
6. Treatment using removable appliance. (Thumb appliance, Cribs, etc. when not provided by the General Dental Fee Schedule).
 

Member Payment	(Initial \$95.00 + \$60.00 x 4 months)	\$335.00
Trust Payment		<u>\$225.00</u>
Total Payment		\$560.00
  
7. Observation in conjunction with Serial Extraction per year not including any appliances.
 

Member Payment		\$0.00
Trust Payment		<u>\$95.00</u>
Total Payment		\$95.00

TOTAL FEE CHARGED FOR ANY PRE-ORTHODONTIC TREATMENT (POT) MUST BE SUBMITTED FOR PRIOR APPROVAL. **SPECIAL REQUEST FOR TWO POT TREATMENTS WILL HAVE A MAXIMUM FEE OF \$1,350.00.** TRUST LIABILITY = \$225.00. MEMBER/PATIENT LIABILITY WILL BE \$1,125.00 PAYABLE AT \$200.00 INITIALLY AND \$92.50 FOR 10 MONTHS. THE OVERALL MAXIMUM PAYABLE BY THE TRUST FUND IS \$175.00.



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LIMITATIONS AND EXCLUSIONS**

1. Cephalometric x-rays, dental x-rays
2. Tracings and Photographs
3. Study Models
4. Replacement of lost or broken appliances
5. Re-treatment of Orthodontic cases
6. Treatment of a case in progress at the inception of eligibility
7. Changes in treatment necessitated by an accident of any kind
8. Cases being treated for Cosmetic Reasons only. These are defined as cases with minimal crowding in either or both arches in the order of 3 millimeters or less
9. Cases where the treatment of the patient will create additional dental treatment, which is not normally done by the general dentist. Example: Orthodontic Treatment which would create a need for crowns and/or bridges where they may not have been necessary prior to the Orthodontic Treatment
10. Surgical procedures (including extraction of teeth incidental to Orthodontic treatment)
11. Myofunctional Therapy
12. Surgical procedures related to cleft palate, micrognathia or macrognathia. Orthodontic treatment of cleft palate patients
13. Surgical Jaw Manipulation (Orthognathic Surgery)
14. Mutilated Dentitions, such as cases involving Opening the Bite, Closing Diastemas, Positioning teeth so implants may be done, Lack of Good bone Support as evidenced by X-ray review and including cases where needed periodontal treatment has not been accomplished or identified
15. Treatment related to Temporomandibular Joint disturbances and/or hormonal imbalances
16. Dispensing drugs in the office, except as written by a prescription
17. General Anesthetics including intravenous and inhalation sedation
18. Dental services of any kind performed in a hospital
19. Any dental procedure considered within the field of general dentistry, e.g. fillings, extractions, etc.
20. Services which are compensable under Workers' Compensation or Employer Liability Laws
21. Orthodontic treatment in which the desired results are unlikely to be obtained, e.g. those with severe periodontal problems, poor bone structure or extremely short roots
22. Patients with severe medical disability(ies) which may prevent satisfactory orthodontic results
23. Treatment plans which in the opinion of the Orthodontic Consultant are unlikely to produce a satisfactory correction of the existing malocclusion
24. Special types of appliances and Braces such as: Mini braces, Sapphire or Clear Braces, Ceramic Braces, Lingual or "Invisible" Braces
25. Extra treatment, Orthodontic, surgical and dental, beyond the usual and customary Orthodontic treatment as is sometimes necessary with surgical Orthodontic cases, i.e. splints, setups, workups, etc.
26. Full Banded Orthodontic treatment that extends beyond twenty-four (24) months will be subject to additional costs
27. Failed or Missed appointments without 24-hours notice to the Treating Doctor, may be subject to a charge payable by the patient based on the usual and customary fee charged by the Treating Orthodontist
28. Observation fee paid by the Trust is a one-time only payment