

TEAMSTERSCARE DENTAL FEE SCHEDULE

Effective: 01/01/2016 - Delta Dental PPO Plus Premier National

Calendar Year Maximum: \$2,000 per person

Calendar Year Deductible: \$50 Per individual/maximum \$100 Per family applies to all basic and major procedures

Lifetime Maximum Orthodontics: Plan pays 50% up to a \$2,000 per person to any age.

Procedure Code	Description	2016 TeamstersCare Fee
D0120	PERIODIC ORAL EXAMINATION	\$21.00
D0140	LIMITED EVAL PROBLEM FOCUS	\$38.00
D0145	ORAL EVALUATION FOR PATIENTS UNDER THREE YEARS OF AGE	\$21.00
D0150	COMPREHENSIVE EVALUATION	\$38.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION	\$38.00
D0170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED	\$38.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION	\$38.00
D0210	FULL MOUTH XRAYS	\$71.00
D0220	PERIAPICAL-FIRST FILM	\$16.00
D0230	PERIAPICAL-EACH ADD. FILM	\$13.00
D0240	INTRAORAL OCCLUSAL FILM	\$22.00
D0250	EXTRAORAL - FIRST FILM	\$46.00
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPH IMAGE	\$46.00
D0270	BITEWING - SINGLE FILM	\$16.00
D0272	BITEWINGS-TWO FILMS	\$23.00
D0273	BITEWINGS - THREE FILMS	\$26.00
D0274	BITEWINGS-FOUR FILMS	\$30.00
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	\$61.00
D0290	POSTERIOR - ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY FILM	\$50.00
D0330	PANORAMIC FILM	\$61.00
D0460	PULP VITALITY TESTS	\$29.00
D0470	DIAGNOSTIC CASTS	\$61.00
D1110	PROPHYLAXIS- ADULT	\$52.00
D1120	PROPHYLAXIS -CHILD	\$41.00
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	\$18.00
D1208	TOPICAL APPLICATION OF FLUORIDE	\$18.00
D1351	SEALANT-PER TOOTH	\$27.00
D1352	PREVENTIVE RESINRESTORATION-PER TOOTH	\$27.00
D1550	RECEMENTATION OF SPACE MAINTAINER	\$42.00
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$38.00
D2140	AMALGAM ONE SURFACE PERMANENT OR PRIMARY	\$64.00
D2150	AMALGAM TWO SURFACE PERMANENT OR PRIMARY	\$76.00
D2160	AMALGAM THREE SURFACE PERMANENT OR PRIMARY	\$95.00
D2161	AMALGAM FOUR OR MORE SURFACE PERM OR PRIMARY	\$113.00
D2330	RESIN- ONE SURFACE ANTERIOR	\$74.00
D2331	RESIN TWO SURFACE ANTERIOR	\$95.00
D2332	RESIN THREE SURFACE ANTERIOR	\$112.00
D2335	RESIN FOUR OR MORE SURFACES OR INVOLVING INCISAL ANG	\$135.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$135.00
D2391	RESIN-BASED COMPOSITE, ONE SURF, POSTERIOR	\$79.00
D2510	INLAY - METALLIC - ONE SURFACE	\$405.00
D2520	INLAY METALLIC TWO SURFACES	\$478.00
D2530	INLAY-METALLIC-THREE SURFACES OR MORE	\$514.00
D2542	ONLAY-METAL TWO SURFACES.	\$586.00
D2543	ONLAY METAL THREE SURFACES	\$593.00
D2544	ONLAY METAL FOUR + SURFACES	\$600.00
D2610	INLAY PORCELAIN/CERAMIC - ONE SURFACE	\$434.00
D2620	INLAY PORCELAIN/CERAMIC - TWO SURFACES	\$482.00
D2630	INLAY-PORCELAIN/CERAMIC-THREE SURFACES	\$548.00
D2642	ONLAY PORCELAIN/CERAMIC - TWO SURFACES	\$565.00
D2643	ONLAY PORCELAIN/CERAMIC - THREE SURFACES	\$600.00
D2644	ONLAY PORCELAIN/CERAMIC FOUR + SURFACES	\$625.00
D2650	INLAY RESIN BASED COMPOSITE, ONE SURFACE	\$360.00
D2651	INLAY RESIN BASED COMPOSITE, TWO SURFACES	\$398.00
D2652	INLAY-RESIN BASED COMPOSITE,THREE SURFACES OR MORE	\$444.00

TEAMSTERSCARE DENTAL FEE SCHEDULE

Effective: 01/01/2016 - Delta Dental PPO Plus Premier National

Calendar Year Maximum: \$2,000 per person

Calendar Year Deductible: \$50 Per individual/maximum \$100 Per family applies to all basic and major procedures

Lifetime Maximum Orthodontics: Plan pays 50% up to a \$2,000 per person to any age.

Procedure Code	Description	2016 TeamstersCare Fee
D2662	ONLAY RESIN BASED COMPOSITE, TWO SURFACES	\$459.00
D2663	ONLAY RESIN BASED COMPOSITE, THREE SURFACES	\$532.00
D2664	ONLAY RESIN BASED COMPOSITE - FOUR+ SURFACES	\$554.00
D2710	CROWN - RESIN BASED COMPOSITE (INDIRECT)	\$223.00
D2712	CROWN - 3/4 RESIN BASED COMPOSITE (INDIRECT)	\$223.00
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	\$583.00
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$500.00
D2722	CROWN - RESIN WITH NOBLE METAL	\$528.00
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$644.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$644.00
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$601.00
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$625.00
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$644.00
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$601.00
D2782	CROWN - 3/4 CAST NOBLE METAL	\$625.00
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$625.00
D2790	CROWN - FULL CAST HIGH NOBLE	\$644.00
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$601.00
D2792	CROWN - FULL CAST NOBLE METAL	\$625.00
D2794	CROWN - TITANIUM	\$625.00
D2799	PROVISIONAL CROWN	\$139.00
D2910	RECEMENT INLAY, ONLAY, OR PARTIAL COVERAGE RESTORATION	\$52.00
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	\$40.00
D2920	RECEMENT CROWN	\$46.00
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	\$156.00
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$145.00
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	\$150.00
D2932	PREFABRICATED RESIN CROWN	\$188.00
D2933	PREFABRICATED STAINLESS STEEL CROWN W/RESIN WINDOW	\$156.00
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$156.00
D2940	SEDATIVE FILLING	\$46.00
D2941	INTERIM THERAPEUTIC RESTORATION (PRIMARY TOOTH)	\$46.00
D2950	CORE BUILDUP, INCLUDING ANY PINS	\$122.00
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$31.00
D2952	POST AND CORE IN ADDITION, INDIRECTLY FABRICATED	\$198.00
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$150.00
D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK	\$126.00
D2980	CROWN REPAIR, BY REPORT	\$143.00
D2982	ONLAY REPAIR NECCESITATED BY RESTORATIVE MATERIAL FAILURE	\$156.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	\$88.00
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$62.00
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS- PERMANENT TOOTH WITH INCOMPLETE ROOT-DEVELOPMENT	\$88.00
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH	\$207.00
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIIOR, PRIMARY TOOTH	\$179.00
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH	\$469.00
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH	\$554.00
D3330	ENDODONTIC THERAPY, MOLAR	\$717.00
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	\$174.00
D3333	INTERNAL ROOT REPAIR OR PERFORATION DEFECTS	\$174.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	\$539.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - BICUSPID	\$623.00
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	\$764.00
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT	\$89.00
D3352	APEXIFICATIONRECALCIFICATION - INTERIM MEDICATION REPLACEMENT	\$76.00

TEAMSTERSCARE DENTAL FEE SCHEDULE

Effective: 01/01/2016 - Delta Dental PPO Plus Premier National

Calendar Year Maximum: \$2,000 per person

Calendar Year Deductible: \$50 Per individual/maximum \$100 Per family applies to all basic and major procedures

Lifetime Maximum Orthodontics: Plan pays 50% up to a \$2,000 per person to any age.

Procedure Code	Description	2016 TeamstersCare Fee
D3410	APICOECTOMY/PERIRADICULAR SURGERY- ANTERIOR	\$394.00
D3421	APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID (FIRST ROOT)	\$483.00
D3425	APICOECTOMY/PERIRADICULAR SURGERY - MOLAR (FIRST ROOT)	\$500.00
D3426	APICOECTOMY/PERIRADICULAR SURGERY - (EACH ADDITIONAL ROOT)	\$177.00
D3430	RETROGRADE FILLING-PER ROOT	\$87.00
D3450	ROOT AMPUTATION - PER ROOT	\$255.00
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL)	\$227.00
D4210	GINGIVECTOMYOR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$335.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$148.00
D4240	GINGIVAL FLAP PROCEDURE,INCLUDING ROOT, FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$420.00
D4241	GINGIVAL FLAP PROCEDURE,INCLUDING ROOT, ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$268.00
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	\$481.00
D4260	OSSEOUS SURGERY- FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$687.00
D4261	OSSEOUS SURGERY- ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$477.00
D4263	BONE REPLACE GRAFT, FIRST SITE IN A QUADRANT 1	\$180.00
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$152.00
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$146.00
D4266	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER SITE	\$313.00
D4267	GUIDED TISSUE REGENERATION, NONRESORBABLE BARRIER, PER SITE	\$313.00
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	\$259.00
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$481.00
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFTPROCEDURES, PER TOOTH	\$610.00
D4274	DISTALOR PROXIMAL WEDGE PROCEDURES	\$297.00
D4275	SOFT TISSUE ALLOGRAFT	\$605.00
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	\$610.00
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS POSITION IN GRAFT	\$376.00
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY, EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$127.00
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE EACH ADDITIONAL CONTIGUOUS TOOTH	\$366.00
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT EACH ADDITIONAL CONTIGUOUS TOOTH, POSITION IN THE SAME GRAFT SITE	\$363.00
D4341	PERIODONTAL SCALING & ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT. ONLY TWO QUADRANTS ARE ALLOWED PER DATE OF SERVICE. ADDITIONAL QUADRANTS WILL DENY.	\$138.00
D4342	PERIODONTAL SCALING & ROOT PLANING, ONE TO THREE TEETH PER QUADRANT	\$84.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	\$61.00
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS	\$42.00
D4910	PERIODONTAL MAINTENANCE	\$74.00
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN THE TREATING DENTIST)	\$43.00
D5110	COMPLETE DENTURE- MAXILLARY	\$764.00
D5120	COMPLETE DENTURE- MANDIBULAR	\$764.00
D5130	IMMEDIATE DENTURE- MAXILLARY	\$779.00
D5140	IMMEDIATE DENTURE- MANDIBULAR	\$779.00
D5211	MAXILLARY PARTIAL DENTURE-RESIN BASE	\$618.00
D5212	MANDIBULAR PARTIAL DENTURE-RESIN BASE	\$618.00
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASE	\$858.00
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASE	\$858.00
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE	\$630.00



TEAMSTERSCARE DENTAL FEE SCHEDULE

Effective: 01/01/2016 - Delta Dental PPO Plus Premier National

Calendar Year Maximum: \$2,000 per person

Calendar Year Deductible: \$50 Per individual/maximum \$100 Per family applies to all basic and major procedures

Lifetime Maximum Orthodontics: Plan pays 50% up to a \$2,000 per person to any age.

Procedure Code	Description	2016 TeamstersCare Fee
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$630.00
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - CASE METAL FRAMEWORK WITH RESIN DENTURE BASES	\$875.00
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$875.00
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE	\$844.00
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE	\$844.00
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE	\$383.00
D5410	ADJUST COMPLETE DENTURE-MAXILLARY	\$41.00
D5411	ADJUST COMPLETE DENTURE -MANDIBULAR	\$41.00
D5421	ADJUST PARTIAL DENTURE- MAXILLARY	\$41.00
D5422	ADJUST PARTIAL DENTURE- MANDIBULAR	\$41.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$95.00
D5520	REPLACE MISSING OR BROKEN TEETH - PER TOOTH	\$76.00
D5610	REPAIR RESIN DENTURE BASE	\$80.00
D5620	REPAIR CAST FRAMEWORK	\$107.00
D5630	REPAIR OR REPLACE BROKEN CLASP	\$112.00
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$76.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$93.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$118.00
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	\$392.00
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	\$392.00
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$258.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$258.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$236.00
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$236.00
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$147.00
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$147.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$128.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$128.00
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$236.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$236.00
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$208.00
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$208.00
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$232.00
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$232.00
D5850	TISSUE CONDITIONING, UPPER-DENTURE	\$75.00
D5851	TISSUE CONDITIONING, LOWER-DENTURE	\$80.00
D6010	SURGICAL PLACEMENT, ENDOSTEAL IMPLANT	\$1,341.00
D6013	SURGICAL PLACEMENT, MINI-IMPLANT	\$671.00
D6056	PREFABRICATED ABUTMENT	\$407.00
D6057	CUSTOM ABUTMENT	\$507.00
D6058	IMPLANT ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$919.00
D6059	IMPLANT ABUTMENT SUPPORTED FUSED TO HIGH NOBLE METAL CROWN	\$919.00
D6060	IMPLANT ABUTMENT SUPPORTED PORCELAIN FUSED TO PREDOMINANTLY BASE METAL CROWN	\$844.00
D6061	IMPLANT ABUTMENT SUPPORTED PORCELAIN FUSED TO NOBLE METAL CROWN	\$841.00
D6062	IMPLANT ABUTMENT SUPPORTED HIGH NOBLE CAST METAL CROWN	\$919.00
D6063	IMPLANT ABUTMENT SUPPORTED PREDOMINANTLY BASE METAL CROWN	\$844.00
D6064	IMPLANT ABUTMENT SUPPORTED CAST NOBLE METAL CROWN	\$841.00
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$919.00
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO HIGH NOBLE METAL CROWN	\$919.00
D6067	IMPLANT SUPPORTED HIGH NOBLE METAL CROWN	\$919.00
D6069	IMPLANT ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD	\$919.00
D6070	IMPLANT ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO PREDOMINANTLY BASE METAL FPD	\$791.00

TEAMSTERSCARE DENTAL FEE SCHEDULE

Effective: 01/01/2016 - Delta Dental PPO Plus Premier National

Calendar Year Maximum: \$2,000 per person

Calendar Year Deductible: \$50 Per individual/maximum \$100 Per family applies to all basic and major procedures

Lifetime Maximum Orthodontics: Plan pays 50% up to a \$2,000 per person to any age.

Procedure Code	Description	2016 TeamstersCare Fee
D6071	IMPLANT ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO NOBLE METAL FPD	\$841.00
D6072	IMPLANT ABUTMENT SUPPORTED RETAINER FOR CAST HIGH NOBLE METAL FPD	\$919.00
D6073	IMPLANT ABUTMENT SUPPORTED RETAINER FOR PREDOMINANTLY BASE CAST METAL FPD	\$791.00
D6074	IMPLANT ABUTMENT SUPPORTED RETAINER FOR CAST NOBLE METAL FOR FPD	\$841.00
D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO HIGH NOBLE METAL FPD	\$919.00
D6077	IMPLANT SUPPORTED RETAINER FOR CAST HIGH NOBLE METAL FOR FPD	\$919.00
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS	\$100.00
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	\$46.00
D6093	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$68.00
D6094	ABUTMENT SUPPORTED CROWN - TITANIUM	\$919.00
D6095	REPAIR IMPLANT ABUTMENT	\$84.00
D6100	IMPLANT REMOVAL	\$188.00
D6110	IMPLANT/ABUTMENT COMPLETE DENTURE-REMOVABLE UPPER ARCH	\$1,091.00
D6111	IMPLANT/ABUTMENT COMPLETE DENTURE-REMOVABLE LOWER ARCH	\$1,091.00
D6112	IMPLANT/ABUTMENT PARTIAL DENTURE-REMOVABLE UPPER ARCH	\$1,091.00
D6113	IMPLANT/ABUTMENT PARTIAL DENTURE-REMOVABLE LOWER ARCH	\$1,091.00
D6114	IMPLANT/ABUTMENT COMPLETE DENTURE-FIXED UPPER ARCH	\$1,217.00
D6115	IMPLANT/ABUTMENT COMPLETE DENTURE-FIXED LOWER ARCH	\$1,217.00
D6116	IMPLANT/ABUTMENT PARTIAL DENTURE-FIXED UPPER ARCH	\$1,217.00
D6117	IMPLANT/ABUTMENT PARTIAL DENTURE-FIXED LOWER ARCH	\$1,217.00
D6194	ABUTMENT SUPPORTED RETAINER TITANIUM CROWN FOR FPD	\$919.00
D6205	PONTIC - INDIRECT RESIN-BASED	\$225.00
D6210	PONTIC- CAST HIGH NOBLE METAL	\$644.00
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	\$600.00
D6212	PONTIC-CAST NOBLE METAL	\$625.00
D6214	PONTIC-TITANIUM	\$625.00
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$644.00
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$600.00
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	\$625.00
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$644.00
D6251	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	\$600.00
D6252	PONTIC-RESIN WITH NOBLE METAL	\$625.00
D6253	PROVISIONAL PONTIC	\$156.00
D6545	RETAINER -CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	\$247.00
D6549	RESIN RETAINER - FOR RESIN BONDED FIXED PROSTHESIS	\$225.00
D6602	INLAY-CAST HIGH NOBLE METAL,TWO SURFACES	\$500.00
D6603	INLAY-CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$504.00
D6604	INLAY-CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$465.00
D6605	INLAY-CAST PREDOMINANTLY BASE METAL, THREE SURFACES	\$500.00
D6606	INLAY-CAST NOBLE METAL, TWO SURFACES	\$497.00
D6607	INLAY-CAST NOBLE METAL, THREE OR MORE SURFACES	\$500.00
D6610	ONLAY-CAST HIGH NOBLE METAL,TWO SURFACES	\$562.00
D6611	ONLAY-CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$600.00
D6612	ONLAY-CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$481.00
D6613	ONLAY-CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$563.00
D6614	ONLAY-CAST NOBLE METAL,TWO SURFACES	\$481.00
D6615	ONLAY-CAST NOBLE METAL, THREE OR MORE SURFACES	\$574.00
D6624	INLAY-TITANIUM	\$521.00
D6634	ONLAY-TITANIUM	\$563.00
D6710	CROWN - INDIRECT RESIN-BASED COMPOSITE	\$210.00
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	\$644.00
D6721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$600.00
D6722	CROWN-RESIN WITH NOBLE METAL	\$625.00
D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$644.00
D6751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$600.00
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$625.00

TEAMSTERSCARE DENTAL FEE SCHEDULE

Effective: 01/01/2016 - Delta Dental PPO Plus Premier National

Calendar Year Maximum: \$2,000 per person

Calendar Year Deductible: \$50 Per individual/maximum \$100 Per family applies to all basic and major procedures

Lifetime Maximum Orthodontics: Plan pays 50% up to a \$2,000 per person to any age.

Procedure Code	Description	2016 TeamstersCare Fee
D6780	CROWN-3/4 CAST HIGH NOBLE METAL	\$644.00
D6781	CROWN-3/4 CAST PREDOMINANTLY BASE METAL	\$600.00
D6782	CROWN-3/4 CAST NOBLE METAL	\$625.00
D6790	CROWN-FULL CAST HIGH NOBLE METAL	\$644.00
D6791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$558.00
D6792	CROWN-FULL CAST NOBLE METAL	\$625.00
D6793	PROVISIONAL RETAINER CROWN	\$140.00
D6794	CROWN - TITANIUM	\$644.00
D6930	RECEMENT FIXED PARTIAL DENTURE	\$73.00
D6980	FIXED PARTIAL DENTURE REPAIR	\$135.00
D7111	EXTRACTION, CORONAL REMNANTS-DECIDUOUS TOOTH	\$40.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	\$75.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	\$154.00
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$227.00
D7230	REMOVAL OF IMPACTED TOOTH- PARTIALLY BONY	\$269.00
D7240	REMOVAL OF IMPACTED TOOTH- COMPLETELY BONY	\$332.00
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$347.00
D7250	SURGICAL REMOVAL OF RESIDUAL ROOTS	\$150.00
D7260	OROANTRAL FISTULA CLOSURE	\$313.00
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$313.00
D7270	TOOTH REIMPLANTATION	\$216.00
D7280	SURGICAL ACCESS OF UNERUPTED TOOTH	\$350.00
D7283	PLACEMENT OF DEVISE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$76.00
D7285	BIOPSY OF ORAL TISSUE- HARD	\$235.00
D7286	BIOPSY OF ORAL TISSUE- SOFT	\$235.00
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	\$69.00
D7288	BRUSH BIOPSY- TRANSEPIHELIAL SAMPLE COLLECTION	\$69.00
D7290	SURGICAL REPOSITIONAING OF TEETH	\$219.00
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY	\$64.00
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS, FOUR OR MORE TEETH PER QUADRANT	\$138.00
D7311	ALVEOLOPLASTYIN CONJUNCTION WITH EXTRACTIONS, ONE TO THREE TEETH, PER QUADRANT	\$120.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS, FOUR OR MORE TEETH PER QUADRANT	\$228.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS, ONE TO THREE TEETH PER QUADRANT	\$189.00
D7340	VESTIBULOPLASTY- RIDGE EXTENSION (SECOND EPITHELIALIZATION)	\$354.00
D7350	VESTIBULOPLASTY- RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS ...)	\$213.00
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$138.00
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$225.00
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$138.00
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	\$236.00
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$223.00
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	\$225.00
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25CM	\$158.00
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25CM	\$253.00
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT	\$72.00
D7471	REMOVAL OF LATERAL EXOSTOSIS	\$346.00
D7472	REMOVAL OF TORUS PALATINUS	\$346.00
D7473	REMOVAL OF TORUS MANDIBULARIS	\$346.00
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$96.00



TEAMSTERSCARE DENTAL FEE SCHEDULE

Effective: 01/01/2016 - Delta Dental PPO Plus Premier National

Calendar Year Maximum: \$2,000 per person

Calendar Year Deductible: \$50 Per individual/maximum \$100 Per family applies to all basic and major procedures

Lifetime Maximum Orthodontics: Plan pays 50% up to a \$2,000 per person to any age.

Procedure Code	Description	2016 TeamstersCare Fee
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE, COMPLICATED	\$96.00
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	\$160.00
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE, COMPLICATED	\$160.00
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN OR SUBCUTANEOUS ALVEOLAR TISSUE	\$64.00
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODY	\$84.00
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON VITAL BONE	\$80.00
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$373.00
D7670	ALVEOLUS - CLOSED REDUCTION	\$287.00
D7830	MANIPULATION UNDER ANESTHESIA	\$82.00
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$42.00
D7911	COMPLICATED SUTURE - UP TO 5 CM	\$74.00
D7912	COMPLICATED SUTURE - GREATER THAN 5 CM	\$66.00
D7960	FRENULECTOMY	\$287.00
D7963	FRENULOPLASTY	\$287.00
D7970	EXCISION OF HYPERPLASTIC TISSUE	\$131.00
D7971	EXCISION OF PERICORONAL GINGIVA	\$84.00
D7980	SIALOLITHOTOMY	\$99.00
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	\$69.00
D7982	SIALODOCHOPLASTY	\$392.00
D7983	CLOSURE OF SALIVARY FISTULA	\$236.00
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN	\$57.00
D9120	FIXED PARTIAL DENTURE SECTIONING	\$80.00
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$18.00
D9215	LOCAL ANESTHESIA	\$18.00
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT	\$81.00
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH 15 MINUTE INCREMENT	\$81.00
D9310	CONSULTATION	\$64.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENTS	\$29.00
D9930	TREATMENT OF COMPLICATIONS	\$53.00
D9940	OCCLUSAL GUARD, BY REPORT	\$219.00
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$123.00
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$45.00