

# Carpenters Health and Security Plan of Western Washington For Employed Carpenters – **BENEFIT PACKAGE B07**

## Dental Fee Schedule

**Revised January 1, 2010** – This is a list of some of the more frequently covered procedures. Fees for other procedures are available from the Trust Office. Please see the reverse side of this schedule for dental benefit provisions.

### Diagnostic

D0120	Periodic oral evaluation.....	\$24.00
D0140	Problem focused evaluation.....	\$33.60
D0150	Comprehensive oral evaluation.....	\$26.40

### X-Rays

D0210	Intraoral – complete series (including bitewings)....	\$51.60
D0220	Intraoral – periapical first film.....	\$11.00
D0230	Intraoral – periapical each additional film.....	\$7.20
D0272	Bitewings – two films.....	\$15.60
D0274	Bitewings – four films.....	\$27.00
D0330	Panoramic film.....	\$48.00

### Preventative

D1110	Prophylaxis – ages 14 and over.....	\$51.00
D1120	Prophylaxis – children to age 14.....	\$30.00
D1203	Topical application of fluoride – children to age 14.....	\$18.00
D1204	Topical application of fluoride – children ages 14-18.....	\$18.00
D1351	Sealant (per tooth) – children to age 19.....	\$22.00

### Restorative

D2140	Amalgam – 1 surface, primary or permanent.....	\$49.00
D2150	Amalgam – 2 surfaces, primary or permanent.....	\$64.00
D2160	Amalgam – 3 surfaces, primary or permanent.....	\$78.00
D2161	Amalgam – 4 or more surfaces, primary or permanent.....	\$95.00
D2330	Composite – 1 surface, anterior.....	\$56.00
D2331	Composite – 2 surfaces, anterior.....	\$75.00
D2332	Composite – 3 surfaces, anterior.....	\$93.00
D2335	Composite – 4 surfaces, anterior.....	\$111.00
D2391	Composite – 1 surface, posterior, primary or permanent.....	\$56.00
D2392	Composite – 2 surfaces, posterior, primary or permanent.....	\$75.00
D2393	Composite – 3 surfaces, posterior, primary or permanent.....	\$93.00
D2394	Composite – 4 or more surfaces, posterior primary or permanent.....	\$93.00

### Crowns – Single Restoration

D2750	Porcelain to high noble.....	\$400.00
D2751	Porcelain to base.....	\$400.00
D2752	Porcelain to noble.....	\$400.00
D2790	Full cast high noble.....	\$400.00
D2930	Stainless steel, primary.....	\$90.00
D2950	Buildup, including pins.....	\$97.00
D2954	Prefabricated post and core.....	\$100.00

### Endodontics

D3220	Pulpotomy.....	\$55.00
D3310	Root canal therapy – anterior.....	\$263.00
D3320	Root canal therapy – bicuspid.....	\$314.00
D3330	Root canal therapy – molar.....	\$418.00

### Periodontic Surgery Including Post-Operative Care

D4211	Gingivectomy – per tooth.....	\$25.00
D4260	Osseous surgery – per quadrant.....	\$532.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant.....	\$87.00
D4342	Periodontal scaling and root planing – one to three teeth per quadrant.....	\$87.00
D4910	Periodontal maintenance.....	\$66.00

### Full Dentures and Partial Dentures

D5110	Complete upper.....	\$510.00
D5120	Complete lower.....	\$510.00
D5213	Upper partial – cast with palatal bar.....	\$654.00
D5214	Lower partial – cast with lingual bar.....	\$654.00
D5520	Replace missing or broken teeth (each tooth).....	\$35.00
D5750	Reline complete denture.....	\$150.00
D5760	Reline partial denture.....	\$150.00

### Bridge Pontics

D6240	Porcelain to high noble.....	\$400.00
D6241	Porcelain to base.....	\$400.00
D6242	Porcelain to noble.....	\$400.00

### Bridge Abutments – Crowns

D6750	Porcelain to high noble.....	\$400.00
D6751	Porcelain to base.....	\$400.00
D6752	Porcelain to noble.....	\$400.00

### Exodontics Including Anesthesia and Routine Post-Operative Care

D7140	Single tooth.....	\$49.00
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### Impacted Teeth Including Post-Operative Care

D7210	Surgical removal of erupted tooth.....	\$96.00
D7220	Removal of impacted tooth – soft tissue.....	\$111.00
D7230	Removal of impacted tooth – partially bony.....	\$137.00
D7240	Removal of impacted tooth – completely bony.....	\$177.00

### Other Services

D9110	Palliative (emergency) treatment.....	\$42.00
D9220	General anesthesia – first 30 minutes.....	\$135.00

# Dental Benefits – Employed Plan

## BENEFIT PACKAGE B07

### General Information – Dental Benefits

1. Please contact the Trust Office for patient eligibility.
2. Dental benefits are paid based on the *Dental Fee Schedule* with an annual maximum benefit of \$1,500.
3. Orthodontic benefits are also provided under separate benefit limitations. Please contact the Trust Office for more information.
4. If the dentist recommends hospitalization and general anesthesia for routine dental services, the dentist **must** contact the Trust Office for preauthorization. It is recommended that the dentist **preauthorize** dental benefits if expenses are expected to be \$500 or more. To preauthorize benefits, the dentist must submit to the Trust Office a written description of the proposed treatment, his or her usual fee for the treatment and x-rays showing the need for the treatment. The Trust Office will evaluate this material and provide you and your dentist with a written estimate of benefits payable under this plan.

### Limitations – Dental Benefits

The following are the most common benefit limitations. Please see the plan booklet for additional limitations:

1. The following benefits are available once in a **6-month period**: routine examinations; prophylaxis (periodontal prophylaxis following active periodontal treatment but not more than three times in a twelve-month period and in lieu of regular prophylaxis); and fluoride.
2. The following benefits are available once in a **12-month period**: a maximum of four supplementary bitewing x-rays; root planing or subgingival curettage (but not both); denture relines and rebases (but not both); and limited adjustments to occlusion (eight teeth or less).
3. The following benefits are available once in a **24-month period**: amalgam or composite restorations on the same surface of a tooth; stainless steel crowns; and root canal treatment.
4. The following benefits are available once in a **36-month period**: the application of fissure sealants to bicuspid and molars.
5. The following benefits are available once in a **60-month period**: complete full mouth (including bitewings) or panoramic x-rays; crowns, inlays (but only as a unit of a fixed bridge) and onlays; replacement of fixed bridgework (including Maryland bridges) unless replacement is required to replace one or more teeth extracted after the existing denture or bridgework was installed; and the replacement of an existing prosthetic but only if it is unserviceable and cannot be made serviceable.

### Exclusions – Dental Benefits

The following are the most common benefit exclusions. Please see the plan booklet for additional exclusions.

Benefits are **not** provided for:

1. Crowns or restorations for anything other than decay or fracture.
2. Patient management drugs such as premedication, analgesics such as nitrous oxide, conscious sedation, and other euphoric drugs.
3. Temporary fillings, crowns, bridgework, or full dentures; or sedative fillings or bases.
4. Services or supplies in connection with the correction of acquired developmental or congenital abnormalities of the jaw or malocclusion of the jaw including, but not limited to orthognathic surgery; bone grafting performed by a physician or dentist; treatment of TMJ or MPDS.
5. Full mouth reconstruction including study or diagnostic models, case presentations, survey and/or crown venting, wax-ups, occlusal analysis, pantographic tracings, centric relation, hinge axis procedures, diagnostic photographs, provisional or temporary restorations, and the like.
6. Incomplete treatment, patient management, missed appointments, phone consultations, or for completing or submitting any form including medical records or reports.
7. Additional charges for sterilization or procedures rendered as part of overall operating costs.
8. Charges for the replacement of a lost, missing or stolen prosthetic device, unless time limitations have been met.
9. Charges for intravenous sedation or general anesthesia when billed in conjunction with any services other than covered oral surgery procedures (excluding single simple extractions) unless preauthorization is obtained.
10. Any dental service or supply which is covered in whole or in part by any other provision of this plan, or not specified as a covered dental service or supply, or subject to the limitations and exclusions listed in the plan booklet.

### Coverage Following Termination of Eligibility

If, **prior** to loss of eligibility, an impression is taken for bridgework or dentures, a tooth is prepared for crowning, or a tooth is opened and broached for root canal therapy, benefits are available if the device is finally installed and the procedure completed within 30 days of loss of eligibility. Benefits are based on the benefits in effect on the date coverage terminated.