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**TEAMSTERS
BENEFIT
TRUST**

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PLAN CHANGE NOTICE

Summary of Material Modifications

Supplemental Dental Plan (D01, D03, D12)

Revised Allowances

**RETAIN WITH YOUR BENEFIT PACKAGE FOR
FUTURE REFERENCE**

January 16, 2012

To: **Supplemental Dental Plan (D01, D03 and D12) Participants**

Re: ***Revised Allowances Effective December 1, 2011***

Dear Participant:

The Board of Trustees has approved an increase in the Schedule of Dental Allowances for the Supplemental Dental Plans. The increase is 25% for eligible claims incurred on or after **December 1, 2011**. Please see the attached Schedule for the specific allowance for each procedure.

If you have any questions about this notice, please call the TBT Plan Administration office at one of the above referenced numbers and ask for the Claims Customer Service Unit.

Sincerely,

Nora Johnson
Fund Manager

NJ/mr

SCHEDULE OF DENTAL ALLOWANCES

Procedure No.	Treatment	Allowance Effective 12-1-11	Allowance Effective 6-1-98
VISITS AND EXAMS			
0110	Initial visit exam and record - Adult	\$ 55	\$ 44
0110	- Child (up to age 18)	\$ 52	\$ 41
0120	Periodic exams (twice per calendar year)	\$ 43	\$ 34
Office visit during regular office hours for treatment and examination of injuries to teeth and supporting structure (other than routine operative procedures)			
9430	- Adult	\$ 63	\$ 50
9430	- Child (up to age 18)	\$ 55	\$ 44
Professional visit after office hours Dentist may charge based on services provided or visits, whichever is greater			
9440		\$ 125	\$ 100
9310	Special consultation fee by specialist for case presentation when diagnostic procedures have been performed by general dentist	\$ 113	\$ 90
Prophylaxis, including scaling and polishing			
1110	- Adult	\$ 88	\$ 70
1120	- Child (up to age 14)	\$ 74	\$ 59
Fluoride care One treatment per year including prophylaxis			
1220	- Child (up to age 18)	\$ 78	\$ 62
Sealants One treatment every two years, up to four teeth per quadrant			
1351	- Child (up to age 14)	\$ 40	\$ 32
Emergency treatment - per visit			
9110	- Adult	\$ 90	\$ 72
9110	- Child (up to age 18)	\$ 84	\$ 67
FILM FEES - FOR EXAMS AND DIAGNOSIS			
0220	Single film - Adult or child	\$ 27	\$ 21
0230	Additional film (up to 12 films) - Adult or child	\$ 19	\$ 15
Entire dental series (at least 14 films, full mouth and bite-wing films if necessary) every two years			
0210	- Adult	\$ 117	\$ 93
0210	- Child (up to age 18)	\$ 120	\$ 96
0240	Intra-oral, occlusal view maxillary or mandibular (per film) - Adult or child	\$ 47	\$ 37
Superior or inferior maxillary, extra-oral			
0250	- One film	\$ 49	\$ 39
0260	- Two films	\$ 59	\$ 47
Bite wing films, including exam			
0270	- One film	\$ 23	\$ 18
0272	- Two films	\$ 38	\$ 30
0274	- Four films	\$ 53	\$ 42
0275	- Each additional film	\$ 15	\$ 12
Panographic film			
0330	- Adult	\$138	\$110
0330	- Child (up to age 18)	\$130	\$104

Procedure No.	Treatment	Allowance Effective 12-1-11	Allowance Effective 6-1-98
0435	Biopsy of oral tissue	\$ 200	\$ 160
0450	Microscopic exam	\$ 112	\$ 89
0471	Photos (orthodontic or TMJ survey, tracings)	\$ 253	\$ 202
0340	Cephalometric (lateral)	\$ 49	\$ 39
Oral Surgery <i>Note: All hospital costs are the patient's responsibility. Coverage allows dentist fees based on procedures listed in this Schedule. Additional fees charged by the dentist for performing procedures in the hospital are the responsibility of the patient. See page 6 for allowances for general anesthesia (Procedure 9220). Any further hospital charges for anesthetics, anesthetists or anesthesiologists are the responsibility of the patient.</i>			
<i>Fees for procedures not listed in this Schedule are paid at the rate listed in the Relative Value Study as recommended by the Plan's dental consultant.</i>			
9310	Consultation fee paid to specialist for case presentation when diagnostic procedures have been performed by a licensed dentist	\$ 113	\$ 90
EXTRACTIONS			
Uncomplicated, single extraction (fee includes routine postoperative visits)			
	- Adult		
7110	- Child (up to age 18)	\$ 139	\$ 111
7110		\$ 129	\$ 103
7120	Each additional tooth (fee includes routine postoperative visits)		
	- Adult	\$ 118	\$ 94
7120	- Child (up to age 18)	\$ 112	\$ 89
7210	Surgical removal of erupted teeth		
	- Adult	\$ 234	\$ 187
7210	- Child (up to age 18)	\$ 232	\$ 185
9930	Postoperative visit, sutures and complications	\$ 70	\$ 56
7541	Supernumerary tooth	\$ 325	\$ 260
7130	Removal of exposed roots	\$ 185	\$ 148
IMPACTED TEETH (ENCLOSE FILM)			
Removal of tooth (soft tissue)			
	- Adult	\$ 285	\$ 228
7220	- Child (up to age 18)	\$ 277	\$ 221
7230	Removal of tooth (partially bony)	\$ 368	\$ 294
7240	Removal of tooth (completely bony)	\$ 415	\$ 332
ALVEOLAR OR GINGIVAL RECONSTRUCTION			
7320	Alveolectomy (edentulous) per quadrant	\$ 267	\$ 213
7310	Alveolectomy (in addition to removal of teeth) per quadrant	\$ 294	\$ 235
7331	Alveoplasty with ridge extension, per arch	\$ 605	\$ 484
7470	Removal of palatal torus	\$ 463	\$ 370
7471	Removal of mandibular tori, per quadrant	\$ 333	\$ 266
7970	Excision of hyperplastic tissue per arch	\$ 224	\$ 179
7331	Vestibuloplasty	\$ 605	\$ 484

Procedure No.	Treatment	Allowance Effective 12-1-11	Allowance Effective 6-1-98
CYSTS AND NEOPLASMS			
7510	Intra-oral incision and drainage of abscess	\$ 125	\$ 100
7520	Extra-oral incision and drainage of abscess	\$ 142	\$ 113
7525	Excision pericoronaral gingiva	\$ 127	\$ 101
	Sialolithotomy (removal of salivary calculus)		
7980	- Intra-oral	\$ 274	\$ 219
7984	- Extra-oral	\$ 989	\$ 791
7983	Closure of salivary fistula	\$ 408	\$ 326
7982	Dilation of salivary duct	By Report	By Report
7431	Resection of benign tumor of soft tissue (2.5 cm or larger)	\$ 738	\$ 590
7440	Resection of malignant tumor	By Report	By Report
7272	Transplantation of tooth or tooth bud	\$ 545	\$ 436
7540	Removal of foreign body from bone (independent procedure)	\$ 369	\$ 295
7491	Radical resection of bone for tumor with bone graft	By Report	By Report
7261	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$ 545	\$ 436
7260	Closure of oral fistula of maxillary sinus	\$ 355	\$ 284
7450	Excision of cyst, small	\$ 369	\$ 295
7451	Excision of cyst, large (2.5 cm or larger)	\$ 885	\$ 708
7550	Sequestrectomy for osteomyelitis or bone abscess, superficial	\$ 274	\$ 219
MISCELLANEOUS			
7530	Incision and removal of foreign body from soft tissue	\$ 298	\$ 238
7960	Frenectomy (child only)	\$ 498	\$ 398
7910	Suture of soft tissue wound or injury	By Report	By Report
7280	Crown exposure for orthodontia to aid eruption	\$ 443	\$ 354
7280	Crown exposure for orthodontia with wire attachment	\$ 517	\$ 413
7880	Injection of sclerosing agent into temporomandibular joint	By Report	By Report
7930	Treatment trigeminal neuralgia by injection into second and third divisions	\$ 218	\$ 174
7281	Peripheral nerve block, branches of fifth cranial	\$ 295	\$ 236
0460	Pulp vitality test	\$ 47	\$ 37
DRUGS AND ANESTHESIA			
9620	Drugs - based on billed amount	\$ 38	\$ 30
9230	Analgesia - oral sedation (child only)	\$ 84	\$ 67
	Anesthesia - general		
9220	- First 30 minutes, adult	\$ 397	\$ 317
9220	- First 30 minutes, child (up to age 18)	\$ 379	\$ 303
9221	- Each additional 15 minutes	\$ 244	\$ 195
9630	- Pre-medication	By Report	By Report
9910	- Pre-medication analgesia, child (up to 18 years)	\$ 148	\$ 118

Procedure No.	Treatment	Allowance Effective 12-1-11	Allowance Effective 6-1-98
PERIODONTICS			
9310	Special consultation fee paid to specialists for case presentation when preliminary diagnostic procedures (such as films, models) have been performed by general dentist	\$ 113	\$ 90
4910	Periodontal recall	\$ 128	\$ 102
4930	Emergency treatment (such as periodontal abscess, acute periodontis)	\$ 110	\$ 88
4341	Subgingival curettage, root planning (not prophylaxis) - Per quadrant	\$ 232	\$ 185
4330	Occlusal adjustment - Per quadrant	\$ 155	\$ 124
4210	Gingivectomy (including post-surgical visits) - Per quadrant	\$ 607	\$ 485
4260	Gingivectomy, osseous or muco-gingival surgery (including post-surgical visits) - Per quadrant	\$ 1,068	\$ 854
4205	Gingivectomy (fewer than six teeth) - Per tooth	\$ 495	\$ 396
4200	Gingival curettage	\$ 250	\$ 200
4268	Guided tissue regeneration - Per quadrant	\$ 959	\$ 767
4271	Free gingival graft (soft tissue)	\$ 1,210	\$ 968
ENDODONTICS			
9310	Special consultation fee paid to specialists for case presentation when diagnostic procedures have been performed by general dentist	\$ 113	\$ 90
3110	Pulp capping (direct, excluding restoration) - Adult, per tooth	\$ 78	\$ 62
3110	- Child, per tooth (up to age 18)	\$ 74	\$ 59
3130	Pulp capping (indirect, excluding restoration) - Adult, per tooth	\$ 74	\$ 59
3130	- Child, per tooth (up to age 18)	\$ 55	\$ 44
3230	Therapeutic pulpotomy (in addition to restoration) - Per treatment	\$ 97	\$ 77
3220	Vital pulpotomy - Adult	\$ 152	\$ 121
3220	- Child (up to age 18)	\$ 174	\$ 139
0460	Pulp vitality test	\$ 72	\$ 57
ROOT CANAL THERAPY			
3310	Single canal	\$ 692	\$ 553
3320	Two canals	\$ 737	\$ 589
3330	Three canals	\$ 985	\$ 788
3340	Four canals	\$ 1,033	\$ 826
3420	Apioectomy (including filling root canal)	\$ 743	\$ 594
3410	Apioectomy (separate procedure) Note: Does not include final restoration and roentgeograms (additional allowance)	\$ 775	\$ 620

Procedure No.	Treatment	Allowance Effective 12-1-11	Allowance Effective 6-1-98
3920	Retrograde filling	\$ 295	\$ 236
3350	Apexification (use of calcium hydroxide)	By Report	By Report
RESTORATIVE DENTISTRY			
	<i>Amalgam Restorations - primary teeth</i>	\$ 93	\$ 74
2110	- Cavities—one tooth surface	\$ 118	\$ 94
2120	- Cavities—two tooth surfaces	\$ 137	\$ 109
2130	- Cavities—three or more tooth surfaces		
	<i>Amalgam Restorations - permanent teeth</i>		
	<i>Cavities—one tooth surface</i>		
2140	- Adult	\$ 100	\$ 80
2140	- Child (up to age 18)	\$ 103	\$ 82
	<i>Cavities—two tooth surfaces</i>		
2150	- Adult or child	\$ 129	\$ 103
	<i>Cavities—three tooth surfaces</i>		
2160	- Adult	\$ 158	\$ 126
2160	- Child (up to age 18)	\$ 152	\$ 121
	<i>Cavities—four or more tooth surfaces</i>		
2161	- Adult or child	\$ 175	\$ 140
2520	- Gold restorations - two tooth surfaces	\$ 857	\$ 685
2530	- Three or more tooth surfaces	\$ 967	\$ 773
2540	Onlays (extra) - per tooth	\$ 994	\$ 795
	<i>Silicate, acrylic, plastic or composite fillings</i>		
	<i>One surface</i>		
2330	- Adult	\$ 135	\$ 108
2330	- Child (up to age 18)	\$ 129	\$ 103
	<i>Two surfaces</i>		
2331	- Adult or child	\$ 163	\$ 130
	<i>Three surfaces</i>		
2332	- Adult	\$ 208	\$ 166
2332	- Child (up to age 18)	\$ 180	\$ 144
	<i>Silicate, acrylic, plastic or composite fillings involving incisal angle</i>		
2335	- Adult	\$ 249	\$ 199
2335	- Child (up to age 18)	\$ 244	\$ 195
2334	Pin retention	\$ 74	\$ 59
	<i>Restorative dentistry - under general anesthesia (special cases only - disabled patients)</i>		
	<i>Long-term operative cases</i>		
	- One hour duration, maximum		
	- Two and one-half hours, maximum	\$ 369	\$ 295
	- Three and one-half hours, maximum	\$ 517	\$ 413
	- Four or more hours	\$ 664	\$ 531
	Note: These allowances include all operative procedures, extractions, pulpotomies, necessary treatments, stannous fluoride and oral prophylaxis.	\$ 812	\$ 649
CROWNS			
2710	Acrylic (porcelain veneer)	\$ 392	\$ 313
2720	Acrylic (with metal)	\$ 865	\$ 692
2740	Porcelain	\$ 798	\$ 638
2750	Porcelain (with gold)	\$ 1,004	\$ 803
2751	Porcelain (with non-precious metal)	\$ 967	\$ 773
2752	Porcelain (with semi-precious metal crown)	\$ 967	\$ 773

Procedure No.	Treatment	Allowance Effective 12-1-11	Allowance Effective 6-1-98
2790	Gold (full)	\$ 1,030	\$ 824
2791	Non-precious metal (full cast crown)	\$ 920	\$ 736
2810	Gold (three quarters)	\$ 1,059	\$ 847
2840	Temporary crown	\$ 222	\$ 177
2950	Crown build-up	\$ 233	\$ 186
2830	Stainless steel (primary)	\$ 294	\$ 235
2954	Prefabricated post and core Note: Plan does not pay for facings on crowns posterior to second bicuspids.	\$ 217	\$ 173
2891	Cast dowel post in conjunction with cast metal crowns	\$ 368	\$ 294
6545	Retainer for Maryland bridge	\$ 333	\$ 266
2970	Temporary crown (allowance deducted from permanent crown)	\$ 222	\$ 177
PROSTHETICS - PONTICS			
6210	Cast metal (sanitary)	\$ 752	\$ 601
6240	Porcelain fused to gold	\$ 899	\$ 719
6235	Removable (unilateral bridge) - One piece casting, chrome cobalt alloy clasp attachment (all types, including pontics) per unit	\$ 605	\$ 484
RECEMENTATION			
2910	Inlay	\$ 84	\$ 67
2920	Crown	\$ 84	\$ 67
6930	Bridge	\$ 118	\$ 94
6610	Repairs (based on time and lab charges)	By Report	By Report
DENTURES			
Note: Dentures, partial dentures and reline fees include adjustment for six months after installation at a separate rate. Fees for specialized techniques involving precision dentures, personalizing or characterization are not covered. Full fee for entire treatment plan should be stated on the dentist's pre-treatment estimate form.			
5110	Complete maxillary denture	\$ 1,163	\$ 930
5120	Complete mandibular denture	\$ 1,163	\$ 930
Partial acrylic upper or lower with gold or chrome cobalt alloy clasps			
5251	- Base fee (upper)	\$ 1,194	\$ 955
5252	- Base fee (lower)	\$ 1,194	\$ 955
5320	- Teeth and clasps - extra per unit	\$ 82	\$ 65
Partial lower or upper with chrome cobalt alloy lingual or palatal bar and acrylic saddles			
5213	- Base fee (upper)	\$ 1,360	\$ 1,088
5230	- Base fee (lower)	\$ 1,360	\$ 1,088
6940	Simple stress breakers, extra per unit	\$ 278	\$ 222
Stayplate			
5820	- Base fee (upper)	\$ 443	\$ 354
5821	- Base fee (lower)	\$ 443	\$ 354
5130	Immediate splint denture	\$ 1,194	\$ 955
5320	Teeth and clasp, extra per unit	\$ 82	\$ 65
5410	Denture adjustments	\$ 68	\$ 54
Office reline-cold, cure-acrylic			
5730	- Upper	\$ 310	\$ 248
5731	- Lower	\$ 310	\$ 248

Procedure No.	Treatment	Allowance Effective 12-1-11	Allowance Effective 6-1-98
5750	Lab complete reline - Upper	\$ 408	\$ 326
5751	- Lower	\$ 408	\$ 326
5850	Special tissue conditioning, in addition to reline - Per denture	\$ 125	\$ 100
5710	Rebase, complete upper or lower denture	\$ 653	\$ 522
REPAIRS - DENTURES, ACRYLIC			
5610	Broken denture repair (no teeth involved)	\$ 142	\$ 113
5620	Replace missing or broken teeth, each additional tooth	\$ 127	\$ 101
	Adding teeth to partial denture to replace extracted natural teeth		
5650	- First tooth	\$ 174	\$ 139
5660	- First tooth, with clasp	\$ 208	\$ 166
5690	- Each additional tooth and clasp	\$ 119	\$ 95
5691	- Partial denture repairs, based on time and lab charges	By Report	By Report
SPACE MAINTAINERS			
	<i>Note: Fees include all adjustments within six months of installation.</i>		
1510	Fixed space maintainers (band type)	\$ 488	\$ 390
	Removable acrylic space maintainer		
1516	- Nightguard	\$ 480	\$ 384
1520	- Stainless steel round wire rest only	\$ 323	\$ 258
1540	- Additional stainless steel clasps and/or activating wires, per wire or clasp	\$ 55	\$ 44
0121	- Office visit for observation, adjustment and activation, per visit	\$ 48	\$ 38
0470	- Study models	\$ 94	\$ 75
8010	- Removable inhibiting appliance to correct thumb sucking	\$ 590	\$ 472
1530	- Fixed or cemented inhibiting appliance to correct thumb sucking	\$ 333	\$ 266