

# TEAMSTERS BENEFIT TRUST (TBT)

## SCHEDULE OF DENTAL ALLOWANCES—SUPPLEMENTAL RETIREE PLAN (SRP)

### Schedule of Dental Allowances

The dental allowances payable to you and your covered spouse under the Supplemental Retiree Plan (SRP) are listed here. Keep this Schedule in the folder with the SRP *Summary of Coverage* and *Guide to Your Benefits* for future reference.

The Indemnity Dental Plan pays benefits up to the maximum amounts shown, subject to your Plan's

copayment percentages for the different types of care (preventive, restorative and major). See the SRP *Summary of Coverage* for copayment amounts and other details. You are responsible for all dental charges that are higher than the amounts printed in the most recent *Schedule*.

All fees apply to the *Schedule* in effect on the date when the procedure begins. The allowances are subject

to review by the Trustees. Amounts shown may be changed at any time, for any reason, including, but not limited to, changes in the cost of dental procedures.

Certain case-specific fees will be determined by Plan representatives based on information provided in the dentist's pre-treatment report. These amounts are listed as *By Report* in the *Schedule*.

Procedure No.	Treatment	Maximum Allowance
<b>VISITS AND EXAM</b>		
	<i>Initial visit exam and record</i>	
0110	– Adult	\$10.50
0120	– Periodic exams (twice per calendar year)	\$10.50
	<i>Office visit during regular office hours for treatment and examination of injuries to teeth and supporting structure (other than routine operative procedures)</i>	
9430	– Adult	\$12.00
	<i>Professional visit after office hours</i>	
9440	– Dentist may charge based on services provided or visits, whichever is greater	\$18.00
9310	– Special consultation fee by specialist for case presentation when diagnostic procedures have been performed by general dentist	\$37.50
	<i>Prophylaxis, including scaling and polishing</i>	
1110	– Adult	\$22.50
	<i>Emergency treatment—per visit</i>	
9110	– Adult	\$9.00
<b>FILM FEES—FOR EXAMS AND DIAGNOSIS</b>		
	<i>Single film</i>	
0220	– Adult	\$6.00
	<i>Additional film (up to 12 films)</i>	
0230	– Adult	\$1.50
	<i>Entire dental series (at least 14 films, full mouth and bite-wing films if necessary) every two years</i>	
0210	– Adult	\$30.00
	<i>Intra-oral, occlusal view maxillary or mandibular (per film)</i>	
0240	– Adult	\$6.00
	<i>Superior or inferior maxillary, extra-oral</i>	
0250	– One film	\$15.00
0260	– Two films	\$22.50

Procedure No.	Treatment	Maximum Allowance
	<i>Bite wing films, including exam</i>	
0270	– One film	\$6.00
0272	– Two films	\$7.50
0274	– Four films	\$10.50
0275	– Each additional film	\$1.50
	<i>Panographic film</i>	
0330	– Adult	\$20.00
0435	<i>Biopsy of oral tissue</i>	\$37.50
0450	<i>Microscopic exam</i>	By Report
<b>EXTRACTIONS</b>		
7110	<i>Uncomplicated, single extraction (fee includes routine postoperative visits)</i>	\$22.50
7120	<i>Each additional tooth (fee includes routine postoperative visits)</i>	\$15.00
7210	<i>Surgical removal of erupted teeth</i>	\$37.50
9930	<i>Postoperative visit, sutures and complications</i>	\$7.50
7130	<i>Removal of exposed roots</i>	\$25.00
<b>IMPACTED TEETH (ENCLOSE FILM)</b>		
	<i>Removal of tooth (soft tissue)</i>	
7220	– Adult	\$37.50
7230	<i>Removal of tooth (partially bony)</i>	\$67.50
7240	<i>Removal of tooth (completely bony)</i>	\$97.50
7250	<i>Root tip removal—surgical</i>	\$350.00
9220	<i>Anesthesia: General</i>	\$37.50

Procedure No.	Treatment	Maximum Allowance
<b>RESTORATIVE DENTISTRY</b>		
<i>Amalgam Restorations</i>		
2140	– One tooth surface	\$18.00
2150	– Two tooth surfaces	\$26.25
2160	– Three or more tooth surfaces	\$33.75
<i>Gold Restorations</i>		
2510	– One tooth surface	\$90.00
2520	– Two tooth surfaces	\$112.50
2530	– Three or more tooth surfaces	\$135.00
2540	Onlays (extra)—per tooth	\$15.00
<i>Silicate, acrylic, plastic or composite fillings</i>		
<i>One surface</i>		
2210	– Silicate cement filling	\$24.00
2330	– Acrylic or plastic filling	\$27.00
2334	Pin retention	\$22.50
<b>CROWNS</b>		
2710	Acrylic (porcelain veneer)	\$142.50
2720	Acrylic (with metal)	\$217.50
2740	Porcelain	\$225.00
2750	Porcelain (with gold)	\$247.50
2790	Gold (full)	\$172.50
2810	Gold (three quarters)	\$172.50
2840	Temporary crown	\$177.00
2954	Crown build-up	\$186.00
2830	Stainless steel (permanent)	\$52.50
2891	Cast dowel post in conjunction with cast metal crowns	\$22.50
<b>PROSTHETICS—PONTICS</b>		
6210	Cast metal (sanitary)	\$165.00
6240	Porcelain fused to gold	\$217.50
6235	Removable (unilateral bridge) – One piece casting, chrome cobalt alloy clasp attachment (all types, including pontics) per unit	\$412.50
<b>RECEMENTATION</b>		
2910	Inlay	\$15.00
2920	Crown	\$15.00
6930	Bridge	\$30.00
6610	Repairs (based on time and lab charges)	By Report

Procedure No.	Treatment	Maximum Allowance
<b>DENTURES</b>		
<i>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.</i>		
5110	Complete maxillary denture	\$450.00
5120	Complete mandibular denture	\$450.00
<i>Partial acrylic upper or lower with gold or chrome cobalt alloy clasps</i>		
5251	– Base fee (upper)	\$412.50
5252	– Base fee (lower)	\$412.50
5320	– Teeth and clasps—extra per unit	\$7.50
<i>Partial lower or upper with chrome cobalt alloy lingual or palatal bar and acrylic saddles</i>		
5213	– Base fee (upper)	\$450.00
5230	– Base fee (lower)	\$450.00
<i>Stayplate</i>		
5820	– Base fee (upper)	\$112.50
5821	– Base fee (lower)	\$112.50
5320	Teeth and clasp, extra per unit	\$7.50
5421	Denture adjustments	\$54.00
<i>Office reline-cold, cure-acrylic</i>		
5730	– Upper	\$150.00
5731	– Lower	\$150.00
<i>Lab complete reline</i>		
5750	– Upper	\$150.00
5751	– Lower	\$150.00
<i>Special tissue conditioning, in addition to reline</i>		
5850	– Per denture	\$100.00
5710	Rebase, complete upper or lower denture	\$150.00
<b>REPAIRS—DENTURES, ACRYLIC</b>		
5610	Broken denture repair (no teeth involved)	\$45.00
5620	Replace missing or broken teeth, each additional tooth	\$12.00
<i>Adding teeth to partial denture to replace extracted natural teeth</i>		
5650	– First tooth	\$45.00
5660	– First tooth, with clasp	\$45.00
5690	– Each additional tooth and clasp	\$12.00
5691	– Partial denture repairs, based on time and lab charges	By Report

# OF DENTAL ALLOWANCES—SUPPLEMENTAL RETIREE PLAN (SRP)

Procedure No.	Treatment	Maximum Allowance
<b>ENDODONTICS</b>		
	<i>Pulp capping (direct, excluding restoration)</i>	
3110	– Adult, per tooth	\$12.00
3110	– Child, per tooth (up to age 18)	\$59.00
	<i>Pulp capping (indirect, excluding restoration)</i>	
3130	– Adult, per tooth	\$59.00
	<i>Therapeutic pulpotomy (in addition to restoration)</i>	
3230	– Per treatment	\$24.00
	<i>Vital pulpotomy</i>	
3220	– Adult	\$22.50
3120	Remineralization (each, temporary restoration) each tooth	\$15.00
<b>ROOT CANAL THERAPY</b>		
0410	Culturing canal	\$10.50
3310	Single canal	\$157.50
3320	Two canals	\$210.00
3330	Three canals	\$255.00
3420	Apicoectomy (including filling root canal)	\$112.50
3410	Apicoectomy (separate procedure) Note: Does not include final restoration and roentgeograms (additional allowance)	\$60.00
<b>PERIODONTICS</b>		
4910	Periodontal recall	\$37.50
4930	Emergency treatment (such as periodontal abscess, acute periodontics)	\$37.50
	<i>Subgingival curettage, root planning (not prophylaxis)</i>	
4341	– Per quadrant	\$37.50
	<i>Occlusal adjustment</i>	
4330	– Per quadrant	\$22.50
	<i>Gingivectomy (including post-surgical visits)</i>	
4210	– Per quadrant	\$112.00
	<i>Gingivectomy, osseous or muco-gingival surgery (including post-surgical visits)</i>	
4260	– Per quadrant	\$150.00
	<i>Gingivectomy (fewer than six teeth)</i>	
4205	– Per tooth	\$22.50
4200	Gingival curettage	\$37.50
<b>ALVEOLAR OR GINGIVAL RECONSTRUCTION</b>		
7320	Alveolectomy (edentulous) per quadrant	\$37.50
7331	Alveoplasty with ridge extension, per arch	\$82.50
7470	Removal of palatal torus	By Report

Procedure No.	Treatment	Maximum Allowance
7471	Removal of mandibular tori, per quadrant	By Report
7970	Excision of hyperplastic tissue per arch	\$75.00
<b>CYSTS AND NEOPLASMS</b>		
7510	Intra-oral incision and drainage of abscess	\$18.00
7520	Extra-oral incision and drainage of abscess	\$37.50
7525	Excision pericoronar gingiva	\$24.00
	<i>Sialolithotomy (removal of salivary calculus)</i>	
7980	– Intra-oral	\$219.00
7984	– Extra-oral	\$791.00
7983	Closure of salivary fistula	\$326.00
7982	Dilation of salivary duct	By Report
7431	Resection of benign tumor of soft tissue (2.5 cm or larger)	\$590.00
7440	Resection of malignant tumor	By Report
7272	Transplantation of tooth or tooth bud	\$105.00
7540	Removal of foreign body from bone (independent procedure)	\$295.00
7491	Radical resection of bone for tumor with bone graft	By Report
7261	Maxillary sinusotomy for removal of tooth fragment or foreign body	By Report
7260	Closure of oral fistula of maxillary sinus	By Report
7450	Excision of cyst, small	\$37.50
7451	Excision of cyst, large (2.5 cm or larger)	\$97.50
7550	Sequestrectomy for osteomyelitis or bone abscess, superficial	\$67.50
<b>MISCELLANEOUS</b>		
7530	Incision and removal of foreign body from soft tissue	\$37.50
7910	Suture of soft tissue wound or injury	\$37.50
7880	Injection of sclerosing agent into temporomandibular joint	\$45.00
7930	Treatment trigeminal neuralgia by injection into second and third divisions	\$75.00
7281	Peripheral nerve block, branches of fifth cranial	\$12.00
7471	Removal of torus	\$40.00
<b>DRUGS AND ANESTHESIA</b>		
9620	Drugs—based on billed amount	\$30.00
9220	Anesthesia—general	\$37.50

# **TEAMSTERS BENEFIT TRUST (TBT)**

## **SCHEDULE OF DENTAL ALLOWANCES—SUPPLEMENTAL RETIREE PLAN (SRP)**

### **Limitations and Exclusions**

The Plan's dental benefits have unique limitations, exclusions and claim payment and denial procedures that are described in detail in the enclosed SRP *Guide to Your Benefits*. Copies are available through the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119. See the *Claiming Benefits* section of the SRP *Guide to Your Benefits* for the Plan's claim review and denial procedures.

### **Plan Change or Termination**

TBT reserves the right to change or terminate the Plan at any time. If benefit changes are made, you will be notified at the home mailing address you have listed with the TBT Plan Administration Office.

If your covered spouse does not live with you, let him or her know that all TBT mail will be sent to your address.

### **Eligibility and Benefit Questions**

Contact the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119.

You can also check the SRP *Summary of Coverage* and the *Guide to Your Benefits* for details about Plan eligibility and benefits.

### **If You Need Help**

If you need help understanding your Plan benefits, the Board of Trustees encourages you to call or write the TBT Plan Administration Office.

### **TBT Plan Administration Office**

Teamsters Benefit Trust  
39420 Liberty Street, Suite 260  
Fremont, CA 94538-2200

Local telephone: (510) 796-4676  
Toll free: (800) 533-0119

Internet web site: [www.tbtfund.org](http://www.tbtfund.org)