

**TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA
HEALTH & WELFARE FUND**

**PLAN 12 DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - \$5,600
Effective April 1, 2025**

**PLAN 12 SERIES II DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - \$5,600
Effective April 1, 2025**

**PLAN 11 DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - \$5,600
Effective April 1, 2025**

**PLAN 11NG DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - \$5,600
Effective April 1, 2025**

**PLAN 11 SERIES II DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - \$5,600
Effective April 1, 2025**

**PLAN 11 SERIES II NG DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - \$5,600
Effective April 1, 2025**

**PLAN 9 DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - \$1,400
Effective April 1, 2025**

**PLAN 9 SERIES II DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - \$1,400
Effective April 1, 2025**

**PLAN 9 ACME DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - \$2,800
Effective April 1, 2025**

**PLAN ZR DENTAL SCHEDULE
ANNUAL FAMILY MAXIMUM - \$1,900
Effective April 1, 2025**

All benefits are subject to Plan limitations. A family maximum applies to the total amount of benefits payable within a calendar year.

Below is a sample listing of dental codes and allowances that only apply to out-of-network claims.
Unpublished procedure codes are available upon request.

DENTAL CODE	PROCEDURE	ALLOWANCE
Diagnostic		
D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT (2 per calendar year)	\$63
D0150	COMPREHENSIVE ORAL EVALUATION - NEW/ESTABLISHED PATIENT	\$112
D0210	INTRAORAL - COMPLETE SERIES (once in a 3-year period)	\$181
D0220	INTRAORAL PERIAPICAL FIRST FILM	\$36
D0230	INTRAORAL PERIAPICAL EACH ADDITIONAL FILM	\$33
D0272	BITEWINGS - TWO FILMS (2 sets in a calendar year)	\$58
D0330	PANORAMIC FILM (once in a 3-year period)	\$140
Preventive		
D1110	PROPHYLAXIS - ADULT (2 per calendar year)	\$118
D1120	PROPHYLAXIS - CHILD (2 per calendar year)	\$81
D1208	TOPICAL APPLICATION OF FLUORIDE	\$34
D1351	SEALANT - PER TOOTH	\$68
Restorative		
D2140	AMALGAM-ONE SURFACE PRIMARY/PERMANENT	\$155
D2150	AMALGAM-TWO SURFACES PRIMARY/PERMANENT	\$200
D2160	AMALGAM-3 SURFACES PRIMARY/PERMANENT	\$242
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	\$295
D2330	RESIN-BASED COMPOSITE - 1 SURFACE ANTERIOR	\$187
D2331	RESIN-BASED COMPOSITE - 2 SURFACE ANTERIOR	\$238
D2332	RESIN-BASED COMPOSITE - 3 SURFACE ANTERIOR	\$292
D2391	RESIN-BASED COMPOSITE - 1 SURFACE POSTERIOR	\$219
D2392	RESIN-BASED COMPOSITE - 2 SURFACES POSTERIOR	\$286
D2393	RESIN-BASED COMPOSITE - 3 SURFACES POSTERIOR	\$356
D2410	GOLD FOIL - 1 SURFACE	\$364
D2510	INLAY - METALLIC - 1 SURFACE	\$964
D2951	PIN RETENTION - PER TOOTH IN ADDITION TO RESTORATION	\$78
Crowns		
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,430
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$1,363
D2792	CROWN - FULL CAST NOBLE METAL	\$1,331
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY	\$360
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT	\$407
D2950	CORE BUILDUP INCLUDING ANY PINS	\$344
D2952	POST & CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	\$542
Endodontics		
D3110	PULP CAP - DIRECT	\$127
D3120	PULP CAP - INDIRECT	\$102
D3220	THERAPEUTIC PULPOTOMY - REMOVAL OF CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION	\$261
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	\$1,019
D3320	ENDODONTIC THERAPY BICUSPID TOOTH	\$1,249
D3330	ENDODONTIC THERAPY MOLAR	\$1,549

DENTAL CODE	PROCEDURE	ALLOWANCE
D3410	APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR	\$1,172
D4322	PROVISIONAL SPLINTING-INTRACORONAL	\$517
D4323	PROVISIONAL SPLINTING EXTRACORONAL	\$470
D4341	PERIODONTAL SCALING & ROOT PLANNING - 4 OR MORE TEETH PER QUADRANT	\$298
D4910	PERIODONTAL MAINTENANCE	\$183
Prosthodontics		
D5110	COMPLETE DENTURE - MAXILLARY	\$1,852
D5120	COMPLETE DENTURE - MANDIBULAR	\$1,852
D5211	MAXILLARY PARTIAL DENTURE RESIN BASE	\$1,563
D5212	MANDIBULAR PARTIAL DENTURE RESIN BASE	\$1,816
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL WITH RESIN DENTURE BASES	\$2,046
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE - 1 PIECE CAST METAL (INCLUDING CLASPS AND TEETH) -MAX	\$1,193
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE - 1 PIECE CAST METAL (INCLUDING CLASPS AND TEETH) - MAN	\$1,193
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$101
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$101
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$101
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$101
D5630	REPAIR OR REPLACE BROKEN CLASP	\$287
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$186
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$253
D5660	ADD CLASP EXISTING PARTIAL DENTURE	\$304
D5740	RELINE MAXILLARY PARTIAL DENTURE CHAIRSIDE	\$389
D5741	RELINE MANDIBULAR PART DENTURE CHAIRSIDE	\$389
D5750	RELINE COMPLETE MAXILLARY DENTURE LABORATORY	\$566
D5751	RELINE COMPLETE MANDIBULAR DENTURE LABORATORY	\$566
D6210	PONTIC - CAST HIGH NOBLE METAL	\$1,385
D6240	PONTIC - PORCELAIN FUSED HIGH NOBLE METAL	\$1,338
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	\$1,351
D6750	CROWN PORCELAIN FUSED HIGH NOBLE METAL DENTURE	\$1,404
D6780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$1,324
D6790	CROWN FULL CAST HIGH NOBLE METAL DENTURE	\$1,324
D6791	CROWN FULL CAST BASE METAL DENTURE	\$1,285
D6930	RECEMENT FIXED PARTIAL DENTURE	\$202
D6950	PRECISION ATTACHMENT	\$885
Implants		
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$2,852
Oral Surgery		
D7111	EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH	\$155
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL	\$206
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - 4 OR MORE TEETH OR SPACES, PER QUADRANT	\$330
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - 4 OR MORE TEETH OR TOOTH SPACES PER QUAD	\$536
Miscellaneous		
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURES	\$156
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT	\$254
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$94
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	\$673
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$673
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$928