

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

**PLAN 12 DENTAL SCHEDULE  
ANNUAL FAMILY MAXIMUM - \$3,000  
Effective January 1, 2024**

**PLAN 12 SERIES II DENTAL SCHEDULE  
ANNUAL FAMILY MAXIMUM - \$3,000  
Effective January 1, 2024**

**PLAN 11 DENTAL SCHEDULE  
ANNUAL FAMILY MAXIMUM - \$3,000  
Effective January 1, 2024**

**PLAN 11NG DENTAL SCHEDULE  
ANNUAL FAMILY MAXIMUM - \$3,000  
Effective January 1, 2024**

**PLAN 11 SERIES II DENTAL SCHEDULE  
ANNUAL FAMILY MAXIMUM - \$3,000  
Effective January 1, 2024**

**PLAN 11 SERIES II NG DENTAL SCHEDULE  
ANNUAL FAMILY MAXIMUM - \$3,000  
Effective January 1, 2024**

**PLAN 9 DENTAL SCHEDULE  
ANNUAL FAMILY MAXIMUM - \$750  
Effective January 1, 2024**

**PLAN 9 SERIES II DENTAL SCHEDULE  
ANNUAL FAMILY MAXIMUM - \$750  
Effective January 1, 2024**

**PLAN 9 ACME DENTAL SCHEDULE  
ANNUAL FAMILY MAXIMUM - \$1,500  
Effective January 1, 2024**

**PLAN ZR DENTAL SCHEDULE  
ANNUAL FAMILY MAXIMUM - \$1,000  
Effective January 1, 2024**

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Unpublished procedure codes are available upon request.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 |
|--------------------|--|-----------|
| <b>Diagnostic</b>  |  |           |
| D0120              | PERIODIC ORAL EVALUATION ESTABLISHED PATIENT ( 2 per calendar year)                        | \$61      |
| D0150              | COMPREHENSIVE ORAL EVALUATION - NEW/ESTABLISHED PATIENT                                    | \$108     |
| D0210              | INTRAORAL - COMPLETE SERIES (once in a 3 year period)                                      | \$176     |
| D0220              | INTRAORAL PERIAPICAL FIRST FILM  | \$35      |
| D0230              | INTRAORAL PERIAPICAL EACH ADDITIONAL FILM  | \$32      |
| D0272              | BITEWINGS - TWO FILMS (2 sets in a calendar year)  | \$56      |
| D0330              | PANORAMIC FILM (once in a 3 year period)   | \$136     |
| <b>Preventive</b>  |  |           |
| D1110              | PROPHYLAXIS - ADULT (2 per calendar year)  | \$112     |
| D1120              | PROPHYLAXIS - CHILD (2 per calendar year)  | \$77      |
| D1208              | TOPICAL APPLICATION OF FLUORIDE  | \$33      |
| D1351              | SEALANT - PER TOOTH  | \$65      |
| <b>Restorative</b> |  |           |
| D2140              | AMALGAM-ONE SURFACE PRIMARY/PERMANENT  | \$144     |
| D2150              | AMALGAM-TWO SURFACES PRIMARY/PERMANENT   | \$186     |
| D2160              | AMALGAM-3 SURFACES PRIMARY/PERMANENT   | \$225     |
| D2161              | AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT   | \$274     |
| D2330              | RESIN-BASED COMPOSITE - 1 SURFACE ANTERIOR   | \$179     |
| D2331              | RESIN-BASED COMPOSITE - 2 SURFACE ANTERIOR   | \$228     |
| D2332              | RESIN-BASED COMPOSITE - 3 SURFACE ANTERIOR   | \$279     |
| D2391              | RESIN-BASED COMPOSITE - 1 SURFACE POSTERIOR  | \$209     |
| D2392              | RESIN-BASED COMPOSITE - 2 SURFACES POSTERIOR   | \$274     |
| D2393              | RESIN-BASED COMPOSITE - 3 SURFACES POSTERIOR   | \$340     |
| D2410              | GOLD FOIL - 1 SURFACE  | \$376     |
| D2510              | INLAY - METALLIC - 1 SURFACE   | \$994     |
| D2951              | PIN RETENTION - PER TOOTH IN ADDITION TO RESTORATION                                       | \$75      |
| <b>Crowns</b>      |  |           |
| D2750              | CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL  | \$1,386   |
| D2752              | CROWN - PORCELAIN FUSED TO NOBLE METAL   | \$1,322   |
| D2792              | CROWN - FULL CAST NOBLE METAL  | \$1,291   |
| D2930              | PREFABRICATED STAINLESS STEEL CROWN-PRIMARY  | \$347     |
| D2931              | PREFABRICATED STAINLESS STEEL CROWN-PERMANENT  | \$392     |
| D2950              | CORE BUILDUP INCLUDING ANY PINS  | \$331     |
| D2952              | POST & CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED                                    | \$523     |
| <b>Endodontics</b> |  |           |
| D3110              | PULP CAP - DIRECT  | \$126     |
| D3120              | PULP CAP - INDIRECT  | \$101     |
| D3220              | THERAPEUTIC PULPOTOMY - REMOVAL OF CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION | \$258     |
| D3310              | ENDODONTIC THERAPY ANTERIOR TOOTH  | \$1,038   |
| D3320              | ENDODONTIC THERAPY BICUSPID TOOTH  | \$1,272   |
| D3330              | ENDODONTIC THERAPY MOLAR   | \$1,577   |

| DENTAL CODE           | PROCEDURE  | ALLOWANCE |
|-----------------------|--|-----------|
| D3410                 | APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR   | \$1,186   |
| D4322                 | PROVISIONAL SPLINTING-INTRACORONAL   | \$498     |
| D4323                 | PROVISIONAL SPLINTING EXTRACORONAL   | \$453     |
| D4341                 | PERIODONTAL SCALING & ROOT PLANNING - 4 OR MORE TEETH PER QUADRANT                           | \$287     |
| D4910                 | PERIODONTAL MAINTENANCE  | \$176     |
| <b>Prosthodontics</b> |  |           |
| D5110                 | COMPLETE DENTURE - MAXILLARY   | \$1,779   |
| D5120                 | COMPLETE DENTURE - MANDIBULAR  | \$1,779   |
| D5211                 | MAXILLARY PARTIAL DENTURE RESIN BASE   | \$1,502   |
| D5212                 | MANDIBULAR PARTIAL DENTURE RESIN BASE  | \$1,745   |
| D5213                 | MAXILLARY PARTIAL DENTURE - CAST METAL WITH RESIN DENTURE BASES                              | \$1,966   |
| D5282                 | REMOVABLE UNILATERAL PARTIAL DENTURE - 1 PIECE CAST METAL (INCLUDING CLASPS AND TEETH) - MAX | \$1,146   |
| D5283                 | REMOVABLE UNILATERAL PARTIAL DENTURE - 1 PIECE CAST METAL (INCLUDING CLASPS AND TEETH) - MAN | \$1,146   |
| D5410                 | ADJUST COMPLETE DENTURE - MAXILLARY  | \$97      |
| D5411                 | ADJUST COMPLETE DENTURE - MANDIBULAR   | \$97      |
| D5421                 | ADJUST PARTIAL DENTURE - MAXILLARY   | \$97      |
| D5422                 | ADJUST PARTIAL DENTURE - MANDIBULAR  | \$97      |
| D5630                 | REPAIR OR REPLACE BROKEN CLASP   | \$276     |
| D5640                 | REPLACE BROKEN TEETH - PER TOOTH   | \$179     |
| D5650                 | ADD TOOTH EXISTING PARTIAL DENTURE   | \$232     |
| D5660                 | ADD CLASP EXISTING PARTIAL DENTURE   | \$292     |
| D5740                 | RELINE MAXILLARY PARTIAL DENTURE CHAIRSIDE   | \$373     |
| D5741                 | RELINE MANDIBULAR PART DENTURE CHAIRSIDE   | \$373     |
| D5750                 | RELINE COMPLETE MAXILLARY DENTURE LABORATORY   | \$544     |
| D5751                 | RELINE COMPLETE MANDIBULAR DENTURE LABORATORY  | \$544     |
| D6210                 | PONTIC - CAST HIGH NOBLE METAL   | \$1,363   |
| D6240                 | PONTIC - PORCELAIN FUSED HIGH NOBLE METAL  | \$1,346   |
| D6250                 | PONTIC - RESIN WITH HIGH NOBLE METAL   | \$1,329   |
| D6750                 | CROWN PORCELAIN FUSED HIGH NOBLE METAL DENTURE   | \$1,371   |
| D6780                 | CROWN - 3/4 CAST HIGH NOBLE METAL  | \$1,293   |
| D6790                 | CROWN FULL CAST HIGH NOBLE METAL DENTURE   | \$1,324   |
| D6791                 | CROWN FULL CAST BASE METAL DENTURE   | \$1,255   |
| D6930                 | RECEMENT FIXED PARTIAL DENTURE   | \$193     |
| D6950                 | PRECISION ATTACHMENT   | \$847     |
| <b>Implants</b>       |  |           |
| D3460                 | ENDODONTIC ENDOSSEOUS IMPLANT  | \$2,888   |
| <b>Oral Surgery</b>   |  |           |
| D7111                 | EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH  | \$152     |
| D7140                 | EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL                  | \$201     |
| D7310                 | ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - 4 OR MORE TEETH OR SPACES, PER QUADRANT      | \$299     |
| D7320                 | ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - 4 OR MORE TEETH OR TOOTH SPACES PER QUAD | \$485     |
| <b>Miscellaneous</b>  |  |           |
| D9110                 | PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURES                           | \$150     |
| D9223                 | DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT                                  | \$218     |
| D9230                 | ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE   | \$81      |
| D9944                 | OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH   | \$637     |
| D9944                 | OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH   | \$637     |
| D9952                 | OCCLUSAL ADJUSTMENT - COMPLETE   | \$878     |