

Annual Deductibles

- For all Plans: \$50 per person /\$150 per family each calendar year
- Not Eligible for HRA Reimbursement

Annual Maximums

- Active Plan A Platinum Plus, Platinum, Gold and Uniform Workers (formerly known as Plan G)..... \$ 1,800.00
- Active Plan A Silver and Uniform Workers (formerly known as Plan G) \$ 1,000.00
- Active Plan B Platinum Plus, Platinum and Gold..... \$ 1,400.00
- Active Plan B Silver..... \$ 1,150.00
- All Retiree Plans..... \$ 1,800.00

Diagnostic and Preventive

- Deductible waived
- Subject to annual maximum
- For all Plans: Plan pays 100% of Schedule Allowance
- Not Eligible for HRA Reimbursement

Procedure Code	Covered Procedures
0120-0180	Oral Evaluations codes
0210-0277, 0321, 0330, 0350-0351, 0701-0709	X-rays codes
0470-0474, 0480	Tests and Laboratory Examinations codes
1110, 1120, 1206-1208, 1351-1352, 4346	Prophylaxis codes
1510-1575	Space Maintenance codes
8999	Orthodontic x-rays/records code (Not covered for Retiree Plans)
9310	Specialist exam/consultation code

Basic Restorative

- Deductible applies
- Subject to annual maximum
- For all Plans: Plan pays 80% of Schedule Allowance
- Not Eligible for HRA Reimbursement

Procedure Code	Covered Procedures
2140-2161	Amalgam Fillings codes
2330-2394	Resin-Based Composite Restorations codes
2510, 2520-2794	Inlay/Onlay/Crown Restorations codes
2410-2430, 2910-2934, 2949-2950, 2952, 2954, 2960-2962, 2980-2983	Other Restorative Services codes
3220, 3230-3330, 3346-3348	Endodontics codes
4341-4342, 4910	Periodontics codes
6010, 6013, 6058-6067, 6082-6088, 6092-6097, 6110-6113	Implant Services codes
7111-7251	Oral Surgery codes
9110	Palliative (Emergency) treatment code
9230	Analgesia, anxiolysis, nitrous oxide code

Major Restorative

- Deductible applies
- Subject to annual maximum
- For all Plans: Plan pays 70% of Schedule Allowance
- Not Eligible for HRA Reimbursement

Procedure Code	Covered Procedures
3351-3425, 3427, 3430, 3450, 3471-3473, 3501-3503, 3920	Endodontics codes
4210-4211, 4249-4264, 4270-4278, 4283-4285	Periodontics codes
5110-5286, 5511-5520, 5611-5612 5621-5761, 5820-5851, 5863-5866	Prosthodontics, removable codes
6210-6252, 6545-6634, 6720-6792, 6794, 6930, 6980	Prosthodontics, fixed codes
7280, 7285-7286, 7288, 7320-7321, 7410-7461, 7471-7473, 7510-7540, 7880, 7899, 7960-7970	Oral Surgery Codes
9222-9223	General anesthesia codes
9944-9946	Occlusal guard code

Diagnostic and Preventive

- Deductible waived
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- Not Eligible for HRA Reimbursement

Procedure Code	Covered Procedures	Allowance
0120	Periodic oral evaluation—established patient	\$ 71.00
0140	Limited oral evaluation—problem focused	\$ 91.00
0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$ 80.00
0150	Comprehensive oral examination—new or established patient	\$ 105.00
0160	Detailed and extensive oral examination—problem focused, by report	\$ 131.00
0170	Re-evaluation—limited, problem focused (established patient; not post-operative visit)	\$ 95.00
0171	Re-Evaluation—post-operative office visit	\$ 91.00
0180	Comprehensive periodontal evaluation—new or established patient	\$ 103.00
0210	Intraoral—complete series of radiographic images	\$ 151.00
0220	Intraoral—periapical first radiographic image	\$ 39.00
0230	Intraoral—periapical each additional radiographic image	\$ 36.00
	to maximum of	\$ 94.00
0240	Intraoral—occlusal radiographic image	\$ 72.00
0250	Extraoral, first radiographic image	\$ 67.00
0270	Bitewing—single radiographic image	\$ 39.00
0272	Bitewings—two radiographic images	\$ 55.00
0273	Bitewings—three radiographic images	\$ 65.00
0274	Bitewings—four radiographic images	\$ 78.00
0277	Vertical bitewings—7 to 8 radiographic images	\$ 114.00
0321	Other temporomandibular joint radiographic images, by report	\$ 232.00
	to maximum of	\$ 1,074.00
0330	Panoramic radiographic image	\$ 134.00
0350	2D oral/facial photographic images obtained intraorally or extraorally	\$ 121.00
	to maximum of	\$ 121.00
0351	3D photographic Image	\$ 121.00
0470-A	Diagnostic Casts	\$ 143.00
0470-F	Diagnostic Casts	\$ 143.00
0470-Q	Diagnostic Casts	\$ 143.00
0472	Accession of tissue, gross examination, preparation and transmission of written report	\$ 134.00
0473	Accession of tissue, gross & microscopic examination, preparation and transmission of written report	\$ 293.00
0474	Accession of tissue, gross & microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$ 293.00
0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$ 293.00

Diagnostic and Preventive (continued)

- Deductible waived
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Procedure Code	Covered Procedures	Allowance
0701	Panoramic radiographic image - image capture only	\$ 134.00
0703	Oral/facial photographic image obtained intra-orally or extra-orally - image capture only.	\$ 121.00
0704	3-D photographic image - image capture only	\$ 121.00
0705	Extra-oral posterior dental radiographic image - image capture only	\$ 67.00
0706	Intraoral - occlusal radiographic image - image capture only	\$ 72.00
0707	Intraoral - periapical radiographic image - image capture only	\$ 39.00
0708	Intraoral - bitewing radiographic image - image capture only	\$ 39.00
0709	Intraoral - complete series of radiographic images - image capture only	\$ 151.00
1110	Prophylaxis—adult	\$ 113.00
1120	Prophylaxis—child	\$ 93.00
1206	Topical application of flouride varnish	\$ 55.00
1208	Topical application of fluoride—excluding varnish	\$ 55.00
1351	Sealant—per tooth	\$ 74.00
1352	Preventive resin restoration in a moderate to high caries risk patient—permanent tooth	\$ 134.00
1510	Space maintainer—fixed—unilateral	\$ 364.00
1516	Space maintainer—fixed—bilateral, maxillary	\$ 485.00
1517	Space maintainer—fixed—bilateral, mandibular	\$ 485.00
1520	Space maintainer—removable—unilateral	\$ 389.00
1526	Space maintainer—removable—bilateral, maxillary	\$ 485.00
1527	Space maintainer—removable—bilateral, mandibular	\$ 485.00
1551	Re-cement or re-bond bilateral space maintainer—maxillary	\$ 91.00
1552	Re-cement or re-bond bilateral space maintainer—mandibular	\$ 91.00
1553	Re-cement or re-bond unilateral space maintainer—per quadrant	\$ 91.00
1575	Distal shoe space maintainer—fixed—unilateral	\$ 364.00
4346-A	Scaling in presence of generalized moderate or severe gingival inflammation—adult	\$ 113.00
4346-C	Scaling in presence of generalized moderate or severe gingival inflammation—child	\$ 93.00
8999	Unspecified orthodontic procedure, by report	\$ 426.00
9310	Consultation—diagnostic service provided by dentist or physician other than requesting dentist or physician	\$ 168.00

Basic Restorative

- Deductible applies
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Procedure Code	Covered Procedures	Allowance
2140	Amalgam—one surface, primary or permanent	\$ 205.00
2150	Amalgam—two surfaces, primary or permanent	\$ 244.00
2160	Amalgam—three surfaces, primary or permanent	\$ 281.00
2161	Amalgam—four or more surfaces, primary or permanent	\$ 317.00
2330	Resin-based composite—one surface, anterior	\$ 205.00
2331	Resin-based composite—two surfaces, anterior	\$ 244.00
2332	Resin-based composite—three surfaces, anterior	\$ 281.00
2335	Resin-based composite—four or more surfaces or involving incisal angle (anterior)	\$ 317.00
2390	Resin-based composite crown, anterior	\$ 367.00
2391	Resin-based composite—one surface posterior	\$ 205.00
2392	Resin-based composite—two surfaces, posterior	\$ 244.00
2393	Resin-based composite—three surfaces, posterior	\$ 281.00
2394	Resin-based composite—four or more surfaces, posterior	\$ 317.00
2410	Gold Foil—one surface	\$ 205.00
2420	Gold Foil—two surfaces	\$ 244.00

Basic Restorative (continued)

- Deductible applies
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Procedure Code	Covered Procedures	Allowance
2430	Gold Foil—three surfaces	\$ 281.00
2510	Inlay—metallic—one surface	\$ 908.00
2520	Inlay—metallic—two surfaces	\$ 990.00
2530	Inlay—metallic— three or more surfaces	\$ 1,103.00
2542	Onlay—metallic—two surfaces	\$ 990.00
2543	Onlay—metallic—three surfaces	\$ 1,103.00
2544	Onlay—metallic—four or more surfaces	\$ 1,103.00
2610	Inlay—porcelain/ceramic—one surface	\$ 908.00
2620	Inlay—porcelain/ceramic—two surfaces	\$ 990.00
2630	Inlay—porcelain/ceramic—three or more surfaces	\$ 1,103.00
2642	Onlay—porcelain/ceramic—two surfaces	\$ 990.00
2643	Onlay—porcelain/ceramic—three surfaces	\$ 1,103.00
2644	Onlay—porcelain/ceramic—four or more surfaces	\$ 1,103.00
2650	Inlay—resin-based composite—one surface	\$ 908.00
2651	Inlay—resin-based composite—two surfaces	\$ 990.00
2652	Inlay—resin-based composite—three or more surfaces	\$ 1,103.00
2662	Onlay—resin-based composite—two surfaces	\$ 990.00
2663	Onlay—resin-based composite—three surfaces	\$ 1,103.00
2664	Onlay—resin-based composite—four or more surfaces	\$ 1,103.00
2710	Crown—resin-based composite (indirect)	\$ 1,031.00
2712	Crown—3/4 resin-based composite (indirect)	\$ 1,151.00
2720	Crown—resin with high noble metal	\$ 1,196.00
2721	Crown—resin with predominantly base metal	\$ 1,196.00
2722	Crown—resin with noble metal	\$ 1,196.00
2740	Crown—porcelain/ceramic substrate	\$ 1,196.00
2750	Crown—porcelain fused to high noble metal	\$ 1,196.00
2751	Crown—porcelain fused to predominantly base metal	\$ 1,196.00
2752	Crown—porcelain fused to noble metal	\$ 1,196.00
2753	Crown—porcelain fused to titanium and titanium alloys	\$ 1,196.00
2780	Crown—3/4 cast high noble metal	\$ 1,196.00
2781	Crown—3/4 cast predominantly base metal	\$ 1,196.00
2782	Crown—3/4 cast noble metal	\$ 1,196.00
2783	Crown—3/4 porcelain/ceramic	\$ 1,196.00
2790	Crown—full cast high noble metal	\$ 1,196.00
2791	Crown—full cast predominantly base metal	\$ 1,196.00
2792	Crown—full cast noble metal	\$ 1,196.00
2794	Crown—titanium	\$ 1,196.00
2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 118.00
2920	Re-cement or re-bond crown	\$ 128.00
2921	Reattachment of tooth fragment, incisal edge or cusp	\$ 275.00
2928	Prefabricated porcelain/ceramic crown - permanent tooth	\$ 408.00
2929	Prefabricated porcelain/ceramic crown—primary tooth	\$ 408.00
2930	Prefabricated stainless steel crown—primary tooth	\$ 295.00
2931	Prefabricated stainless steel crown—permanent tooth	\$ 351.00
2932	Prefabricated resin crown	\$ 343.00
2933	Prefabricated stainless steel crown with resin window	\$ 343.00

Basic Restorative (continued)

- Deductible applies
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Procedure Code	Covered Procedures	Allowance
2934	Prefabricated esthetic coated stainless steel crown—primary tooth	\$ 343.00
2949	Restorative foundation for an indirect restoration	\$ 208.00
2950	Core build-up, including any pins when required	\$ 282.00
2952	Post and core, in addition to crown, indirectly fabricated	\$ 378.00
2954	Prefabricated post and core in addition to crown	\$ 325.00
2960	Labial veneer (resin laminate)—chairside	\$ 540.00
2961	Labial veneer (resin laminate)—laboratory	\$ 1,211.00
2962	Labial veneer (porcelain laminate)—laboratory	\$ 1,211.00
2980	Crown repair necessitated by restorative material failure	\$ 318.00
2981	Inlay repair necessitated by restorative material failure	\$ 309.00
2982	Onlay repair necessitated by restorative material failure	\$ 318.00
2983	Veneer repair necessitated by restorative material failure	\$ 327.00
3220	Therapeutic pulpotomy (excluding final restoration)—removal of pulp coronal to the dentinocemental junction and application of medicament	\$ 223.00
3230	Pulpal therapy (resorable filling)—anterior, primary tooth (excluding final restoration)	\$ 260.00
3240	Pulpal therapy (resorable filling)—posterior, primary tooth (excluding final restoration)	\$ 260.00
3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$ 817.00
3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$ 932.00
3330	Endodontic therapy, molar (excluding final restoration)	\$ 1,158.00
3346	Retreatment of previous root canal therapy—anterior	\$ 1,065.00
3347	Retreatment of previous root canal therapy—bicuspid	\$ 1,216.00
3348	Retreatment of previous root canal therapy—molar	\$ 1,366.00
4341-1	Periodontal scaling and root planing, four or more teeth per quadrant	\$ 267.00
4341-2	Periodontal scaling and root planing, four or more teeth per quadrant	\$ 267.00
4341-3	Periodontal scaling and root planing, four or more teeth per quadrant	\$ 267.00
4341-4	Periodontal scaling and root planing, four or more teeth per quadrant	\$ 267.00
4342-1	Periodontal scaling and root planing, one to three teeth per quadrant	\$ 214.00
4342-2	Periodontal scaling and root planing, one to three teeth per quadrant	\$ 214.00
4342-3	Periodontal scaling and root planing, one to three teeth per quadrant	\$ 214.00
4342-4	Periodontal scaling and root planing, one to three teeth per quadrant	\$ 214.00
4910	Periodontal maintenance	\$ 160.00
6010	Surgical placement of implant body, endosteal implant	\$ 2,112.00
6013	Surgical placement of mini implants	\$ 1,095.00
6058	Abutment supported porcelain/ceramic crown	\$ 1,442.00
6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$ 1,442.00
6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$ 1,442.00
6061	Abutment supported porcelain fused to metal crown (noble metal)	\$ 1,442.00
6062	Abutment supported cast metal crown (high noble metal)	\$ 1,442.00
6063	Abutment supported cast metal crown (predominantly base metal)	\$ 1,442.00
6064	Abutment supported cast metal crown (noble metal)	\$ 1,442.00
6065	Implant supported porcelain/ceramic crown	\$ 1,442.00
6066	A single metal-ceramic crown restoration that is retained, supported, and stabilized by an implant	\$ 1,442.00
6067	A single cast metal or milled crown restoration that is retained, supported and stabilized by an implant	\$ 1,442.00
6082	Implant supported crown—porcelain fused to predominantly base alloys	\$ 1,442.00
6083	Implant supported crown—porcelain fused to noble alloys	\$ 1,442.00
6084	Implant supported crown—porcelain fused to titanium and titanium alloys	\$ 1,442.00
6086	Implant supported crown—predominantly base alloys	\$ 1,442.00
6087	Implant supported crown—noble alloys	\$ 1,442.00

Basic Restorative (continued)

- Deductible applies
- Subject to annual maximum
- For all Plans: Plan pays 80% of Schedule Allowance
- Not Eligible for HRA Reimbursement

6088	Implant supported crown—titanium and titanium alloys	\$ 1,442.00
6092	Re-cement or re-bond implant/abutment supported crown	\$ 128.00
6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$ 177.00
6094	Abutment supported crown—(titanium)	\$ 1,442.00
6097	Abutment supported crown—porcelain fused to titanium and titanium alloys	\$ 1,442.00
6110	Implant/abutment supported removable denture for edentulous arch—maxillary	\$ 2,063.00
6111	Implant/abutment supported removable denture for edentulous arch—mandibular	\$ 2,063.00
6112	Implant/abutment supported removable denture for partially edentulous arch—maxillary	\$ 2,063.00
6113	Implant/abutment supported removable denture for partially edentulous arch—mandibular	\$ 2,063.00
7111	Extraction, coronal remnants—deciduous tooth	\$ 132.00
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ 195.00
7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, including elevation of mucoperiosteal flap if indicated	\$ 316.00
7220	Removal of impacted tooth—soft tissue	\$ 363.00
7230	Removal of impacted tooth—partially bony	\$ 449.00
7240	Removal of impacted tooth—completely bony	\$ 519.00
7241	Removal of impacted tooth—completely bony, with unusual surgical complications	\$ 720.00
7250	Surgical removal of residual tooth roots (cutting procedure)	\$ 352.00
7251	Coronectomy—intentional partial tooth removal	\$ 554.00
9110	Palliative (emergency) treatment of dental pain—minor procedure	\$ 171.00
9230	Inhalation of nitrous oxide/analgesia, analgesia	\$ 97.00

Major Restorative

- Deductible applies
- Subject to annual maximum
- For all Plans: Plan pays 70% of Schedule Allowance
- Not Eligible for HRA Reimbursement

Procedure Code	Covered Procedures	Allowance
3351	Apexification/recalcification—initial visit (apical closure/calcific repair of perforations, root reorption, pulp space disinfection, etc.)	\$ 424.00
3352	Apexification/recalcification—interim medication replacement	\$ 304.00
3353	Apexification/recalcification—final visit (includes completed root canal therapy—apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$ 633.00
3410	Apicoectomy—anterior	\$ 853.00
3421	Apicoectomy—bicuspid (first root)	\$ 1,038.00
3425	Apicoectomy—molar (first root)	\$ 1,104.00
3427	Periradicular surgery without apicoectomy	\$ 600.00
3430	Retrograde filling, per root	\$ 300.00
3450	Root amputation, per root	\$ 504.00
3471	Surgical repair of root resorption - anterior	\$ 600.00
3472	Surgical repair of root resorption - premolar	\$ 600.00
3473	Surgical repair of root resorption - molar	\$ 600.00
3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$ 600.00
3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$ 600.00
3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$ 600.00
3920	Hemisection (including any root removal), not including root canal therapy	\$ 526.00
4210-1	Gingivectomy/gingivoplasty, four or more contiguous teeth or tooth bounded spaces, per quadrant	\$ 651.00
4210-2	Gingivectomy/gingivoplasty, four or more contiguous teeth or tooth bounded spaces, per quadrant	\$ 651.00
4210-3	Gingivectomy/gingivoplasty, four or more contiguous teeth or tooth bounded spaces, per quadrant	\$ 651.00
4210-4	Gingivectomy/gingivoplasty, four or more contiguous teeth or tooth bounded spaces, per quadrant	\$ 651.00

Major Restorative (continued)

- Deductible applies
- Subject to annual maximum
- For all Plans: Plan pays 70% of Schedule Allowance
- Not Eligible for HRA Reimbursement

Procedure Code	Covered Procedures	Allowance
4211-1	Gingivectomy/gingivoplasty, one to three contiguous teeth or tooth bounded spaces, per quadrant	\$ 352.00
4211-2	Gingivectomy/gingivoplasty, one to three contiguous teeth or tooth bounded spaces, per quadrant	\$ 352.00
4211-3	Gingivectomy/gingivoplasty, one to three contiguous teeth or tooth bounded spaces, per quadrant	\$ 352.00
4211-4	Gingivectomy/gingivoplasty, one to three contiguous teeth or tooth bounded spaces, per quadrant	\$ 352.00
4249	Clinical crown lengthening—hard tissue	\$ 793.00
4260-1	Osseous surgery (including elevation of a full thickness flap and closure)—four or more contiguous teeth or bounded teeth spaces, per quadrant	\$ 1,515.00
4260-2	Osseous surgery (including elevation of a full thickness flap and closure)—four or more contiguous teeth or bounded teeth spaces, per quadrant	\$ 1,515.00
4260-3	Osseous surgery (including elevation of a full thickness flap and closure)—four or more contiguous teeth or bounded teeth spaces, per quadrant	\$ 1,515.00
4260-4	Osseous surgery (including elevation of a full thickness flap and closure)—four or more contiguous teeth or bounded teeth spaces, per quadrant	\$ 1,515.00
4261-1	Osseous surgery (including elevation of a full thickness flap and closure)—one to three contiguous teeth or bounded teeth spaces, per quadrant	\$ 1,096.00
4261-2	Osseous surgery (including elevation of a full thickness flap and closure)—one to three contiguous teeth or bounded teeth spaces, per quadrant	\$ 1,096.00
4261-3	Osseous surgery (including elevation of a full thickness flap and closure)—one to three contiguous teeth or bounded teeth spaces, per quadrant	\$ 1,096.00
4261-4	Osseous surgery (including elevation of a full thickness flap and closure)—one to three contiguous teeth or bounded teeth spaces, per quadrant	\$ 1,096.00
4263	Bone replacement graft—first site in quadrant	\$ 607.00
4264	Bone replacement graft—each additional site in quadrant	\$ 567.00
4270	Pedicle soft tissue graft procedure	\$ 927.00
4273	Subepithelial connective tissue graft procedures, per tooth	\$ 1,208.00
4274	Distal or proximal Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$ 756.00
4275	Soft tissue allograft	\$ 1,118.00
4276	Combined connective tissue and double pedicle graft, per tooth	\$ 1,118.00
4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$ 950.00
4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graph site	\$ 898.00
4283	Autogenous connective tissue graft—each additional contiguous tooth, implant or edentulous tooth position in same graft	\$ 906.00
4285	Non-autogenous connective tissue graft—each additional contiguous tooth, implant or edentulous	\$ 839.00
5110	Complete denture—maxillary	\$ 1,757.00
5120	Complete denture—mandibular	\$ 1,757.00
5130	Immediate denture—maxillary	\$ 1,757.00
5140	Immediate denture—mandibular	\$ 1,757.00
5211	Maxillary partial denture—resin base (including any conventional clasps, rests and teeth)	\$ 1,219.00
5212	Mandibular partial denture—resin base (including any conventional clasps, rests and teeth)	\$ 1,219.00
5213	Maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 1,800.00
5214	Mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 1,800.00
5221	immediate maxillary partial denture - resin base	\$ 1,219.00
5222	immediate mandibular partial denture - resin base	\$ 1,219.00
5223	immediate maxillary partial denture - cast metal framework with resin denture bases	\$ 1,800.00
5224	immediate mandibular partial denture - cast metal framework with resin denture bases	\$ 1,800.00
5225	Maxillary partial denture—flexible base (includes any clasps, rests and teeth)	\$ 1,688.00
5226	Mandibular partial denture—flexible base (includes any clasps, rests and teeth)	\$ 1,688.00

Major Restorative (continued)

- Deductible applies
- Subject to annual maximum
- For all Plans: Plan pays 70% of Schedule Allowance
- Not Eligible for HRA Reimbursement

Procedure Code	Covered Procedures	Allowance
5282	Removable unilateral partial denture—one piece cast metal (includes clasps and teeth), maxillary	\$ 961.00
5283	Removable unilateral partial denture—one piece cast metal (includes clasps and teeth), mandibular	\$ 961.00
5284	Removable unilateral partial denture—one piece flexible base (including clasps and teeth)—per quadrant	\$ 900.00
5286	Removable unilateral partial denture—one piece resin (including clasps and teeth)—per quadrant	\$ 640.00
5511	Repair broken complete denture base—mandibular	\$ 240.00
5512	Repair broken complete denture base—maxillary	\$ 240.00
5520	Replace missing or broken teeth, complete denture (each tooth)	\$ 186.00
5611	Repair resin denture base—mandibular	\$ 219.00
5612	Repair resin partial denture base—maxillary	\$ 219.00
5621	Repair cast partial framework—mandibular	\$ 300.00
5622	Repair cast partial framework—maxillary	\$ 300.00
5630	Repair or replace broken clasp	\$ 226.00
5640	Replace broken teeth—per tooth	\$ 198.00
5650	Add tooth to existing partial denture	\$ 218.00
5660	Add clasp to existing partial denture	\$ 239.00
5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$ 763.00
5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$ 763.00
5710	Rebase complete maxillary denture	\$ 554.00
5711	Rebase complete mandibular denture	\$ 554.00
5720	Rebase maxillary partial denture	\$ 554.00
5721	Rebase mandibular partial denture	\$ 554.00
5730	Reline complete maxillary denture (chairside)	\$ 332.00
5731	Reline complete mandibular denture (chairside)	\$ 332.00
5740	Reline maxillary partial denture (chairside)	\$ 332.00
5741	Reline mandibular partial denture (chairside)	\$ 332.00
5750	Reline complete maxillary denture (laboratory)	\$ 478.00
5751	Reline complete mandibular denture (laboratory)	\$ 478.00
5760	Reline maxillary partial denture (laboratory)	\$ 478.00
5761	Reline mandibular partial denture (laboratory)	\$ 478.00
5820	Interim partial denture (maxillary)	\$ 613.00
5821	Interim partial denture (mandibular)	\$ 613.00
5850	Tissue conditioning, maxillary	\$ 202.00
5851	Tissue conditioning, mandibular	\$ 202.00
5863	Overdenture—complete maxillary	\$ 1,757.00
5864	Overdenture—partial maxillary	\$ 1,800.00
5865	Overdenture—complete mandibular	\$ 1,757.00
5866	Overdenture—partial mandibular	\$ 1,800.00
6210	Pontic—cast high noble metal	\$ 1,167.00
6211	Pontic—cast predominantly base metal	\$ 1,167.00
6212	Pontic—cast noble metal	\$ 1,167.00
6214	Pontic—titanium	\$ 1,167.00
6240	Pontic—porcelain fused to high noble metal	\$ 1,167.00
6241	Pontic—porcelain fused to predominantly base metal	\$ 1,167.00
6242	Pontic—porcelain fused to noble metal	\$ 1,167.00
6243	Pontic—porcelain fused to titanium and titanium alloys	\$ 1,167.00
6245	Pontic—porcelain/ceramic	\$ 1,167.00
6250	Pontic—resin with high noble metal	\$ 1,167.00
6251	Pontic—resin with predominantly base metal	\$ 1,167.00

Major Restorative (continued)

- Deductible applies
- Subject to annual maximum
- For all Plans: Plan pays 70% of Schedule Allowance
- Not Eligible for HRA Reimbursement

Procedure Code	Covered Procedures	Allowance
6252	Pontic—resin with noble metal	\$ 1,167.00
6545	Retainer—cast metal for resin bonded fixed prosthesis	\$ 916.00
6548	Retainer—porcelain/ceramic for resin bonded fixed prosthesis	\$ 916.00
6549	Resin retainer—for resin bonded fixed prosthesis	\$ 916.00
6600	Inlay—porcelain/ceramic, two surfaces	\$ 990.00
6601	Inlay—porcelain/ceramic, three or more surfaces	\$ 1,103.00
6602	Inlay—cast high noble metal, two surfaces	\$ 990.00
6603	Inlay—cast high noble metal, three or more surfaces	\$ 1,103.00
6604	Inlay—cast predominantly base metal, two surfaces	\$ 990.00
6605	Inlay—cast predominantly base metal, three or more surfaces	\$ 1,103.00
6606	Inlay—cast noble metal, two surfaces	\$ 990.00
6607	Inlay—cast noble metal, three or more surfaces	\$ 1,103.00
6608	Onlay—porcelain/ceramic, two surfaces	\$ 990.00
6609	Onlay—porcelain/ceramic, three or more surfaces	\$ 1,103.00
6610	Onlay—cast high noble metal, two surfaces	\$ 990.00
6611	Onlay—cast high noble metal, three or more surfaces	\$ 1,103.00
6612	Onlay—cast predominantly base metal, two surfaces	\$ 990.00
6613	Onlay—cast predominantly base metal, three or more surfaces	\$ 1,103.00
6614	Onlay—cast noble metal, two surfaces	\$ 990.00
6615	Onlay—cast noble metal, three or more surfaces	\$ 1,103.00
6624	Inlay—titanium	\$ 1,103.00
6634	Onlay—titanium	\$ 1,103.00
6720	Crown—resin with high noble metal	\$ 1,171.00
6721	Crown—resin with predominantly base metal	\$ 1,171.00
6722	Crown—resin with noble metal	\$ 1,171.00
6740	Crown—porcelain/ceramic	\$ 1,171.00
6750	Crown—porcelain fused to high noble metal	\$ 1,171.00
6751	Crown—porcelain fused to predominantly base metal	\$ 1,171.00
6752	Crown—porcelain fused to noble metal	\$ 1,171.00
6753	Retainer crown—porcelain fused to titanium and titanium alloys	\$ 1,171.00
6780	Crown—3/4 cast high noble metal	\$ 1,171.00
6781	Crown—3/4 cast predominantly base metal	\$ 1,171.00
6782	Crown—3/4 cast noble metal	\$ 1,171.00
6783	Crown—3/4 porcelain/ceramic	\$ 1,171.00
6784	Retainer crown 3/4—titanium and titanium	\$ 1,171.00
6790	Crown—full cast high noble metal	\$ 1,171.00
6791	Crown—full cast predominantly base metal	\$ 1,171.00
6792	Crown—full cast noble metal	\$ 1,171.00
6794	Crown—titanium	\$ 1,171.00
6930	Re-cement or re-bond fixed partial denture	\$ 177.00
6980	Fixed partial denture repair necessitated by restorative material failure	\$ 426.00
7280	Exposure of an unerupted tooth	\$ 536.00
7285	Incisional biopsy of oral tissue—hard (bone, tooth)	\$ 585.00
7286	Incisional biopsy of oral tissue—soft	\$ 381.00
7288	Brush biopsy—transepithelial sample collection	\$ 224.00
7320	Alveoloplasty not in conjunction with extractions—four or more teeth or tooth spaces, per quadrant	\$ 485.00
7321	Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 476.00

Major Restorative (continued)

- Deductible applies
- Subject to annual maximum
- For all Plans: Plan pays 70% of Schedule Allowance
- Not Eligible for HRA Reimbursement

7410	Excision of benign lesion up to 1.25 cm	\$ 496.00
7411	Excision of benign lesion greater than 1.25 cm	\$ 730.00
7412	Excision of benign lesion, complicated	\$ 995.00
7413	Excision of malignant lesion up to 1.25 cm	\$ 894.00
7414	Excision of malignant lesion greater than 1.25 cm	\$ 1,375.00
7415	Excision of malignant lesion, complicated	\$ 1,485.00
7440	Excision of malignant tumor—lesion diameter up to 1.25 cm	\$ 948.00
7441	Excision of malignant tumor—lesion diameter greater than 1.25 cm	\$ 1,589.00
7450	Removal of benign odontogenic cyst or tumor—lesion diameter up to 1.25 cm	\$ 639.00
7451	Removal of benign odontogenic cyst or tumor—lesion diameter greater than 1.25 cm	\$ 972.00
7460	Removal of benign nonodontogenic cyst or tumor—lesion diameter up to 1.25 cm	\$ 653.00
7461	Removal of benign nonodontogenic cyst or tumor—lesion diameter greater than 1.25 cm	\$ 1,070.00
7471	Removal of lateral exostosis (maxilla or mandible)	\$ 823.00
7472	Removal of torus palatinus	\$ 1,027.00
7473	Removal of torus mandibularis	\$ 965.00
7510	Incision and drainage of abscess—extraoral soft tissue	\$ 280.00
7511	Incision and drainage of abscess—extraoral soft tissue—complicated (includes drainage of multiple fascial spaces)	\$ 425.00
7520	Incision and drainage of abscess—extraoral soft tissue	\$ 549.00
7521	Incision and drainage of abscess—extraoral soft tissue—complicated (includes drainage of multiple fascial spaces)	\$ 751.00
7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$ 425.00
7540	Removal of reaction-producing foreign bodies, musculoskeletal system	\$ 793.00
7880	Occlusal orthotic device, by report	\$ 1,209.00
7899	TMJ office visits/unspecified therapy, by report	\$ 500.00
	to maximum of	\$ 500.00
7960	Frenulectomy—also known as frenectomy or frenotomy—separate procedure not incidental to another procedure	\$ 534.00
7961	Buccal/labial frenectomy	\$ 534.00
7962	Lingual frenectomy	\$ 534.00
7963	Frenuloplasty	\$ 584.00
7970	Excision of hyperplastic tissue—per arch	\$ 608.00
9222	Deep sedation/general anesthesia—first 15-minute increment	\$ 266.00
9223	Deep sedation/general anesthesia—each 15-minute increment	\$ 266.00
9944	Occlusal guard - hard appliance, full arch	\$ 625.00
9945	Occlusal guard - soft appliance, full arch	\$ 625.00
9946	Occlusal guard - hard appliance, partial arch	\$ 625.00

Supplemental Accident Benefit

- Deductible waived
- Subject to annual maximum
- For all Plans: Plan pays 100% of Schedule Allowance
- Not Eligible for HRA Reimbursement

Procedure Code	Covered Procedures	Allowance
No code	Supplemental accident benefit	\$ 750.00
7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth and/or alveolus	Covered under dental accident expense.

United Food & Commercial Workers Unions
and Food Employers Benefit Fund

Health and Human Services (HHS) Non-discrimination Notice

The UFCW Unions and Food Employers Benefit Fund (the "Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan provides free aids and services (such as qualified interpreters and information in alternative formats) when necessary to ensure equal opportunity for individuals with disabilities, and free language assistance services (such as translated documents and oral interpretation) when necessary to provide meaningful access to individuals with limited English proficiency. If you need these services, contact the Plan's Civil Rights Coordinator at:

Mail: United Food & Commercial Workers Unions and Food Employers Benefit Fund
6425 Katella Avenue
Cypress, CA 90630
Attention: Civil Rights Coordinator

Phone: 714-220-2297, 562- 408-2715, or 877-284-2320 (ask for the Civil Rights Coordinator)

Fax: 714-220-2002 (Attention: Civil Rights Coordinator)

If you believe that the Plan has failed to provide these services or has otherwise discriminated on the basis of race, color, national origin, sex, age, or disability, you may file a written grievance with the Fund's Civil Rights Coordinator as soon as possible at the address listed above. If you need help filing a grievance, the Civil Rights Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 2320-284-877

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 877-284-2320。

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 877-284-2320.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 877-284-2320.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 877-284-2320.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 877-284-2320.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。877-284-2320まで、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 877-284-2320 번으로 전화해 주십시오.

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 2320-284-877 تماس بگیرید.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 877-284-2320.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 877-284-2320.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 877-284-2320.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 877-284-2320.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 877-284-2320.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 877-284-2320.