

# Office and Professional Employees Locals 30 & 537

## Health & Welfare and Retirement Trust Funds

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### O.P.E.I.U. LOCALS 30 & 537 BASIC DENTAL PLAN "A"

#### \* TABLE OF ALLOWANCES

#### Effective January 1, 2008

ADA CODES DESCRIPTION	MAXIMUM FEE ALLOWANCE	PERCENT BENEFIT PAYMENT	ADA CODES DESCRIPTION	MAXIMUM FEE ALLOWANCE	PERCENT BENEFIT PAYMENT
<b>DIAGNOSTIC — (0110-0340)</b>			<b>PROSTHETICS (5110-6960)</b>		
0110 Exam (once every 6 months, 180 days)	55.00	100%	<b>PROSTHODONTICS — Removable Complete Dentures — including adjustments within 6 months</b>		
0120 Periodic Exam	43.00	100%	5110 Complete upper	943.00	90%
0130 Emergency Exam	71.00	100%	5120 Complete lower	943.00	90%
0210 Full Mouth X-Ray w/bitewings (once every 2 years)	93.00	100%	<b>PARTIAL DENTURES (Including adjustments, clasps and teeth)</b>		
0220 Single film	25.00	100%	5213 Partial Lower	943.00	90%
0230 Additional films up to 10	13.00	100%	5214 Partial Upper	943.00	90%
0240 Occlusion View	32.00	100%	<b>ADJUSTMENTS TO DENTURES (after 6 months)</b>		
0250 Max. / Extra Oral, One Film	55.00	100%	5410 Adjustment to denture	71.00	90%
0272 Bitewing — Two Films	47.00	100%	<b>REPAIRS TO DENTURES</b>		
0274 Bitewing — Four Films	55.00	100%	5520 Replace broken teeth — each tooth	78.00	90%
0330 Panoramic Survey	78.00	100%	5610 Broken Denture — No teeth involved	99.00	90%
0340 Cephalometric Film	78.00	100%	5640 Replace each additional	78.00	90%
<b>PREVENTATIVE — (1110-1520)</b>			5650 Adding tooth to denture to replace natural extraction	120.00	90%
1110 Prophy 14 & Older (once every 6 months, 180 days)	91.00	100%	5660 Adding tooth to partial denture to replace extracted tooth with clasp	147.00	90%
1120 Prophy to age 14 (once every 6 months, 180 days)	71.00	100%	5690 Each additional tooth with clasp	64.00	90%
1210 Prophy / Fluoride Treatment	91.00	100%	<b>OTHER PROSTHETIC SERVICES</b>		
1351 Sealant per tooth (to age 14)	25.00	100%	5710 Denture Duplication	315.00	90%
1510 Space Maintainer	232.00	100%	5750 Denture Reline	273.00	90%
<b>RESTORATIVE — (2110-2952) Allowance includes all necessary bases, pulp caps, buildups, etc.</b>			5850 Tissue Conditioning, per denture	99.00	90%
2110 Amalgam — One Surface — Primary	71.00	90%	<b>FIXED BRIDGES BRIDGE PONTICS</b>		
2120 Amalgam — Two Surface — Primary	91.00	90%	6210 Cast Gold Pontic	580.00	90%
2130 Amalgam — Three or more — Primary	99.00	90%	6240 Porcelain Fused to Semi-Precious Metal	699.00	90%
2140 Amalgam — One Surface — Permanent	91.00	90%	6241 Porcelain Fused to Non-Precious Metal	663.00	90%
2150 Amalgam — Two Surface — Permanent	106.00	90%	6250 Place Resin with High Noble	699.00	90%
2160 Amalgam — Three or More — Permanent	120.00	90%	6750 Abutment Crown Porcelain to Metal	769.00	90%
2310 Acrylic, Plastic, Composite (Per Restoration)	120.00	90%	6920 Dowel Pin Gold	126.00	90%
2330 Composite Resin One Surface	120.00	90%	6930 Bridge Recement	78.00	90%
2331 Composite Resin Two Surfaces	133.00	90%	6960 Dowel Pin Metal-Case	126.00	90%
2332 Composite Resin Three Surfaces	176.00	90%	<b>ORAL SURGERY (7110-7983)</b>		
2335 Composite Resin Incisal Angle	182.00	90%	7110 Uncomplicated single extraction	99.00	90%
2510 One Surface Inlay	385.00	90%	7120 Each additional tooth (local anesthesia only)	78.00	90%
2520 Two Surface Inlay	504.00	90%	7210 Surgical removal of erupted tooth	126.00	90%
2530 Three or More Surface Inlay	539.00	90%	7220 Extract tooth Soft Tissue impact	232.00	90%
2540 Onlay in Addition per tooth	615.00	90%	7230 Extract tooth partial bony impact	273.00	90%
2710 Crown — Resin-Plastic/Acrylic	385.00	90%	7240 Extract tooth complete bony impact	350.00	90%
2720 Crown — Resin-with high noble metal	539.00	90%	7250 Residual root recovery surgery	350.00	90%
2740 Crown — Porcelain/Ceramic	615.00	90%	7260 Closure of oral fistula/root recovery	210.00	90%
2750 Crown — Porcelain fused to semi-precious metal	769.00	90%	7310 Alveolectomy in addition to removal	182.00	90%
2751 Crown — Porcelain fused to non-precious metal	699.00	90%	7320 Alveolectomy per quad	141.00	90%
2790 Crown — Gold full cast	692.00	90%	7350 Alveolectomy with ridge extension	210.00	90%
2810 Crown 3/4 gold	615.00	90%	7450 Removal of cast or tumor to 1/2	253.00	90%
2830 Stainless Steel Primary	126.00	90%	7451 Removal of cast or tumor over 1/2	469.00	90%
2892 Crown — Post & Core in addition	168.00	90%	7470 Removal of Palatal Torus	168.00	90%
2910 Recement Inlays	55.00	90%	7471 Removal of man tori per quad	197.00	90%
2920 Recement Crown	71.00	90%	7510 Incision/drainage of abscess	99.00	90%
2952 Crown Pin	147.00	90%	7530 Removal of foreign body (soft tissue)	78.00	90%
<b>ENDODONTICS — (3210-3420)</b>			7540 Removal of foreign body from bone	120.00	90%
3220 Therapeutic/Vital Pulpotomy	99.00	90%	7550 Bone abscess superficial	147.00	90%
3310 Single Root Canal	462.00	90%	7910 Suture of soft tissue injury	106.00	90%
3320 Bi-Root Canal	539.00	90%	7960 Frenectomy	231.00	90%
3330 Tri-Root Canal	692.00	90%	7970 Excision of hyperplastic tissue	231.00	90%
3340 Four Canals	692.00	90%	7980 Removal of salivary calculus	168.00	90%
3410 Apicoectomy / Separate Procedure	385.00	90%	7982 Dilation of salivary duct	99.00	90%
3420 Apicoectomy with Root Canal	462.00	90%	7983 Closure of salivary fistula	336.00	90%
<b>PERIODONTICS — (4110-4910)</b>			<b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>		
4210 Gingivectomy/Gingivoplasty — per quad	385.00	90%	8210 Appliances habit control removable	231.00	90%
4211 Gingivectomy/Gingivoplasty — single site	71.00	90%	8220 Appliances habit control fixed	231.00	90%
4220 Gingival Curettage — per quad	78.00	90%	<b>GENERAL SERVICES</b>		
4260 Osseous / Gingival Surgery — per quad	559.00	90%	9110 Palliative Treatment of Dental pain, minor procedures	78.00	90%
4261 Osseous Graft — single site	99.00	90%	9220 General anesthesia/surgical procedure only	203.00	90%
4330 Correction of Occlusion — Complete	99.00	90%	9310 Special consultation by specialist	93.00	90%
4341 Root Planning per quad	112.00	90%	9630 Other drugs and/or medicaments	36.00	90%
4910 Periodontal Prophylaxis (once every 3 months, 90 days)	112.00	90%	<b>ORTHODONTIC TREATMENT</b>		
			ORTHODONTIC LIFETIME \$2,000.00 MAXIMUM BENEFIT (90% of initial banding, quarterly thereafter)		

ABOVE BENEFITS PAYABLE AFTER SATISFYING AN ANNUAL DEDUCTIBLE OF \$50.00 PER PERSON. ANNUAL MAXIMUM BENEFIT \$2,000.00 (DOES NOT APPLY TO CHILDREN UNDER 19). PRE-AUTHORIZATION IS REQUIRED WHEN SERVICES EXCEED \$500.00. SEE REVERSE SIDE FOR DENTAL LIMITATIONS AND EXCLUSIONS.

\* IF YOUR EMPLOYER IS CONTRIBUTING LESS THAN THE PREVAILING RATE TO COVER THE COSTS OF THE BENEFITS ABOVE, COVERAGE WILL BE PRORATED ACCORDINGLY BASED ON THE AMOUNT OF THE CONTRIBUTION DIVIDED BY THE PREVAILING RATE.

## DENTAL LIMITATIONS AND EXCLUSIONS

This Plan does not pay expenses for:

1. Any course of treatment which will cost over \$500.00 which is not pre-authorized.
2. Any orthodontia which is not pre-authorized.
3. Any procedures which began before the date the covered person became eligible under this Plan, or began after the individual ceased eligibility. Any supplies furnished in connection with such procedure, except that X-rays and prophylaxis treatment will not be considered as the beginning of a dental procedure.
4. Separate charges for Analgesia and/or Nitrous Oxide (except for general anesthesia given by a dentist for covered oral surgery procedure).
5. More than one oral examination or prophylaxis during any period of six consecutive months (180 days).
6. Temporary full prosthesis. The term "prosthesis" means any crown or any fixed or removable denture.
7. Replacement of an existing prosthesis which, in the opinion of the attending doctor, is or can be made satisfactory.
8. Replacement of a prosthesis, except a crown necessary for restorative purposes only, for which benefits were paid under this Plan if the replacement occurs within five years from the date the expense was incurred, unless (a) the replacement is made necessary by the initial placement of an opposing full prosthesis or the extraction of natural teeth, or (b) the prosthesis is a stayplate or similar temporary partial prosthesis, and is being replaced by a permanent prosthesis, or (c) the prosthesis, while in the oral cavity, has been damaged beyond repair as a result of injury while covered.
9. The replacement of a crown which was covered under this Plan, if such replacement occurs within five years from the date expense was incurred.
10. Replacement of a lost or stolen appliance.
11. Adjustments or relining of a prosthesis within six months after the prosthesis is initially furnished.
12. Any treatment by any method for temporomandibular joint dysfunction (TMJ).
13. Procedures which are necessary solely to increase vertical dimension, or restore the occlusion.
14. Implantology.
15. Dental procedures for cosmetic reasons, unless performed within two years after an accident to repair or alleviate damage from that accident which occurred while covered.
16. Hospital expenses incurred for any dental procedure performed (covered or not covered).
17. Dietary planning, oral hygiene instruction or training in preventative dental care.
18. Any services rendered by a member of the immediate family of the person or of the person's spouse.
19. Any charge above allowable charges or for a procedure determined not to be necessary dental treatment as determined by the Board of Trustees.
20. Charges for completion of claim forms.
21. Charges for missed or broken appointments.
22. Claims not submitted within 12 months after expenses were incurred, except in absence of legal capacity. Additional information requested by the Claims Office on behalf of the Board of Trustees that is not submitted in a timely manner may delay or deny payment.
23. Charges for expenses incurred outside the United States unless when traveling and in need of urgent or emergency care.
24. Effective with services incurred as of 1/1/04 the amount of benefits payable by this Plan and any other Plans will be coordinated so that the aggregate amount paid will not exceed the amount that would be paid if this Plan were the primary payer. The O.P.E.I.U. Locals 30 & 537 Health and Welfare Fund payment will not exceed the amount which would have been paid if there were no other Plan involved.