

**California Field Ironworkers  
Fee for Service Dental Plan - Benefit Schedule**

<b>NEW ADA</b>	<b>DESCRIPTION</b>	<b>January 2000</b>	<b>January 2003</b>
<b><i>DIAGNOSTIC</i></b>			
0120	Periodic Oral Examination	26.00	23.00
0140	Limited oral evaluation - problem focused	35.00	32.00
0150	Comprehensive oral evaluation	44.00	40.00
0160	Detailed & extensive oral evaluation - problem focused, by report	BR	BR
0210	X-rays - Entire Series	67.00	60.00
0220	Single First X-ray Film	13.00	12.00
0230	Each Additional Film	11.00	10.00
0240	Intraoral, Occlusal, Single Film	22.00	20.00
0250	Extraoral, single, first film	35.00	32.00
0260	Each Additional Film	29.00	26.00
0270	Bitewing - Single Film	13.00	12.00
0272	Bitewings (2)	22.00	20.00
0273	Bitewings (3)	27.00	24.00
0274	Bitewings (4)	32.00	29.00
0275	Each Additional Bitewing	5.00	5.00
0290	Lateral Jaw, or P/A Head	71.00	64.00
0310	Sialography	123.00	111.00
0320	Temporomandibular joint arthrogram, including injection	N/C	N/C
0321	Temporomandibular Joint, Single Film	N/C	N/C
0322	Tomographic survey	132.00	119.00
0330	Panoramic film	56.00	50.00
0340	Cephalometric Film	72.00	65.00
0415	Bacteriological culture, including canal culture	76.00	68.00
0425	Caries susceptibility tests	52.00	47.00
0440	Biopsy - Soft Tissue, excl microscopic exam	108.00	97.00
0460	Pulp Vitality Tests	30.00	27.00
0470	Diagnostic Study Models	52.00	47.00
0471	Diagnostic Photographs	36.00	32.00
0501	Histopathologic examinations	112.00	101.00
0502	Other oral pathology procedures, by report	86.00	77.00
0999	Unspecified diagnostic procedure, by report	BR	BR
<b><i>PREVENTIVE CARE</i></b>			
1110	Adult Prophylaxis	48.00	43.00
1120	Child Prophylaxis	35.00	32.00
1201	Child Prophylaxis with fluoride	48.00	43.00
1203	Topical Application of Fluoride (Excluding Prophy) Child	19.00	17.00
1204	Topical Application of Fluoride (Excluding Prophy) Adult	21.00	19.00
1205	Adult Prophylaxis with fluoride	60.00	54.00
1310	Nutritional counseling for the control of dental disease	N/C	N/C
1320	Tobacco counseling for the control and prevention of oral disease	N/C	N/C
1330	Oral Hygiene	N/C	N/C
1330	Oral Hygiene, second visit	N/C	N/C
1351	Sealant - per tooth	28.00	25.00

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<b><i>SPACE MAINTAINERS</i></b>			
1510	Fixed Unilateral type Space Maintainer	168.00	151.00
1515	Fixed Lingual or Palatal Bar Type Space Maintainer	238.00	214.00
1520	Space maintainer, removable, acrylic with steel, unilateral	227.00	204.00
1525	Removable (plastic) Space Maintainer	276.00	248.00
1550	Recementation of Space maintainer	41.00	37.00
<b><i>BASIC RESTORATIONS</i></b>			
2110	One Surface - Amalgam - Primary Tooth	52.00	47.00
2120	Two Surface - Amalgam - Primary	63.00	57.00
2130	Three Surface or more - Amalgam - Primary	73.00	66.00
2131	Amalgam - 4 Surfaces Deciduous	87.00	78.00
2140	One Surface - Amalgam - Permanent Tooth	58.00	52.00
2150	Two Surface - Amalgam - Permanent Tooth	71.00	64.00
2160	Three Surface or more- Amalgam - Permanent	85.00	77.00
2161	Four or more surfaces - Amalgam - Permanent	100.00	90.00
2210	Silicate Cement Restoration	67.00	60.00
2330	One Surface - Resin - Anterior	72.00	65.00
2331	Two Surfaces - Resin - Anterior	95.00	86.00
2332	Three Surface or more - Resin - Anterior	117.00	105.00
2335	Composite w/incisal angle	129.00	116.00
2336	Composite resin crown, anterior -primary	146.00	131.00
2380	One Surface - Resin - Posterior - Primary	71.00	64.00
2381	Two Surface - Resin - Posterior - Primary	98.00	88.00
2382	Three Surface or more - Resin - Posterior - Primary	119.00	107.00
2385	One Surface - Resin - Posterior - Permanent	80.00	72.00
2386	Two Surface - Resin - Posterior - Permanent	117.00	105.00
2387	Three Surface or more- Resin - Posterior - Permanent	147.00	132.00
2410	Gold foil - one surface	326.00	293.00
2420	Gold foil - two surfaces	400.00	360.00
2430	Gold foil - three surfaces	417.00	375.00
<b><i>INLAYS</i></b>			
2510	One Surface Inlay - Gold Restoration	389.00	350.00
2520	Two Surface Inlay - Gold Restoration	432.00	389.00
2530	Three Surfaces or more (Inlay) - Gold Restoration	483.00	435.00
2543	Onlay- metallic - three surfaces	491.00	442.00
2544	Onlay- metallic - four or more surfaces	513.00	462.00
2610	Inlay, porcelain/ceramic - 1 surface	405.00	365.00
2620	Inlay - Porcelain/Ceramic - Two Surface	422.00	380.00
2630	Inlay - Porcelain/Ceramic - Three or more surfaces	459.00	413.00
2642	Onlay-porcelain/ceramic-two surfaces	524.00	472.00
2643	Onlay-porcelain/ceramic-three surfaces	486.00	437.00
2644	Onlay-porcelain/ceramic-four or more surfaces	529.00	476.00
2650	Inlay-composite/resin-one surface (laboratory processed)	362.00	326.00

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2651	Inlay-composite/resin-two surfaces (laboratory processed)	383.00	345.00
2652	Inlay-composite/resin-three or more surfaces (laboratory processed)	405.00	365.00
2662	Onlay-composite/resin-two surfaces (laboratory processed)	470.00	423.00
2663	Onlay-composite/resin-three surfaces (laboratory processed)	459.00	413.00
2664	Onlay-composite/resin-four or more surfaces (laboratory processed)	486.00	437.00
<b><i>CROWNS</i></b>			
2710	Resin Crown (laboratory)	324.00	292.00
2720	Plastic/Gold Crown	508.00	457.00
2721	Crown-resin with predominantly base metal	497.00	447.00
2722	Crown-resin with noble metal	513.00	462.00
2740	Porcelain Crown	486.00	437.00
2750	Porcelain fused to Gold Crown	524.00	472.00
2751	Porcelain fused to Metal Crown	475.00	428.00
2752	Porcelain fused to Semi-precious Metal Crown	513.00	462.00
2790	Cast Gold Crown	513.00	462.00
2791	Metal-Full Cast	470.00	423.00
2792	Cast Semi-precious	486.00	437.00
2810	3/4 Cast Metal Crown	502.00	452.00
2830	Crown - Single - Stainless Steel - Primary Tooth	103.00	93.00
2890	Crown with pin (additional allowance)	86.00	77.00
2891	Crown with Post (additional allowance)	86.00	77.00
2910	Recement Inlay	45.00	41.00
2920	Recement Crown	46.00	41.00
2930	Prefabricated Stainless Steel, Primary Tooth	130.00	117.00
2931	Prefabricated Stainless Steel, Permanent Tooth	157.00	141.00
2932	Prefabricated resin crown	157.00	141.00
2933	Prefabricated stainless steel crown with resin window	184.00	166.00
2940	Sedative Fillings	49.00	44.00
2950	Crown Build-Up, including any pins	124.00	112.00
2951	Pin retention-per tooth, in addition to restoration	54.00	49.00
2952	Cast post and core in addition to crown	205.00	185.00
2954	Prefabricated Post and Core	157.00	141.00
2955	Cast Post and Core	130.00	117.00
2960	Labial veneer (lamine)-chairside	N/C	N/C
2961	Labial veneer (resin laminate) - laboratory	N/C	N/C
2962	Labial veneer (porcelain laminate) - laboratory	N/C	N/C
2970	Temporary Crown (fractured tooth)	N/C	N/C
2980	Crown repair, by report	B/R	B/R
2999	Unspecified restorative procedure, by report	B/R	B/R
<b><i>ENDODONTICS</i></b>			
3110	Pulp Capping - direct	42.00	38.00
3120	Pulp Capping - indirect	42.00	38.00
3210	Therapeutic Apical Closure	65.00	59.00
3220	Therapeutic Pulpotomy (Excluding Final Restoration)	81.00	73.00
3230	Pulpotomy - Therapeutic - in addition to restoration	124.00	112.00

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3240	Pulpal therapy (resorbable filling)Posterior, primary tooth	151.00	136.00
3310	Single Root Canal	319.00	287.00
3320	Two Root Canals	372.00	335.00
3330	Three Root Canals	482.00	434.00
3346	Retreatment of previous root canal - anterior	340.00	306.00
3347	Retreatment of previous root canal - bicuspid	389.00	350.00
3348	Retreatment of previous root canal - molar	514.00	463.00
3351	Apexification/recalcification	162.00	146.00
3352	Open and Drain for rct	130.00	117.00
3353	Apexification/recalcification-final visit	211.00	190.00
3410	Apicoectomy	301.00	271.00
3421	Apicoectomy/Periradicular surgery-bicuspid (first root)	340.00	306.00
3425	Apicoectomy/Periradicular surgery-molar (first root)	367.00	330.00
3426	Apicoectomy/Periradicular surgery-molar (each additional root)	173.00	156.00
3430	Retrofilling, Per Root	151.00	136.00
3450	Root amputation - per root	238.00	214.00
3460	Endosseous & Subperiosteal Inplants	892.00	803.00
3470	intentional reimplantation (including necessary splinting)	392.00	353.00
3920	Hemisection	216.00	194.00
3940	Recalcification or Repair (Perforations, Root Resorption, etc)	50.00	45.00
3950	Canal Preparation and Fitting of Performed Dowel or Post	132.00	119.00
3960	Bleaching of Non-Vital Discolored Tooth	N/C	N/C
3999	Unspecified endodontic procedure, by report	B/R	B/R
<b><i>PERIODONTICS</i></b>			
3910	Gingival Curettement, for isolating tooth with rubber dam	109.00	98.00
4210	Gingivectomy or Gingivoplasty per quadrant	361.00	325.00
4211	Gingivectomy or Gingivoplasty, per tooth (fewer than six)	112.00	101.00
4220	Gingival Curretage, per quadrant	171.00	154.00
4240	Gingival Flap Procedure, incl root planing, per quadrant	411.00	370.00
4249	Clinical crown lengthening - hard tissue	373.00	336.00
4250	Mucogingival Surgery, per quadrant	510.00	459.00
4260	Osseous Surgery, per quadrant	551.00	496.00
4263	Bone replacement graft -first site in quadrant	630.00	567.00
4264	Bone replacement graft -each additional site in quadrant	367.00	330.00
4266	Guided tissue regeneration - resorbable barrier, per site, per tooth	642.00	578.00
4267	Guided tissue regeneration -nonresorbable barrier, per site, per tooth	724.00	652.00
4270	Pedicle, soft tissue grafts	434.00	391.00
4271	Free, soft tissue grafts	451.00	406.00
4320	Provisional Splinting - Intracoronal	259.00	233.00
4321	Provisional Splinting - Extracoronal	293.00	264.00
4341	Periodontal Root Planing, per quadrant	127.00	114.00
4381	localized delivery of chemotherapeutic agents per tooth	138.00	124.00
4910	Periodontic Maintenance (Recall)	72.00	65.00
4920	Unscheduled dressing change by someone other than treating Dentist	54.00	49.00
4999	Unspecified periodontal procedure by report	B/R	B/R

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<i><b>PROSTHODONTICS (removable)</b></i>			
5110	Upper Complete Denture	697.00	627.00
5120	Lower Complete Denture	697.00	627.00
5130	Immediate Upper Denture - Including Routine Postdelivery Care	756.00	680.00
5140	Immediate denture - mandibular	756.00	680.00
5211	Maxillary partial denture - resin base	578.00	520.00
5212	Mandibular partial denture -resin base	578.00	520.00
5213	Partial Upper or Lower - Full cast with two Chrome Clasps	751.00	676.00
5214	Mandibular partial denture-cast metal framework with resin	751.00	676.00
5281	Removable unilateral partial denture -one piece cast metal	518.00	466.00
5410	Adjust Complete Denture - upper or lower	39.00	35.00
5411	Adjust complete denture -mandibular	39.00	35.00
5421	Adjust Partial Denture - maxillary	39.00	35.00
5422	Adjust partial denture - mandibular	39.00	35.00
5510	Repair broken complete denture base	90.00	81.00
5520	Replace Missing or Broken Teeth, each	76.00	68.00
5610	Repair Resin Denture Base	93.00	84.00
5620	Repair Cast Framework	135.00	122.00
5630	Repair Partial Denture - First Clasp	121.00	109.00
5630	Repair Partial Denture - Each additional clasp	119.00	107.00
5640	Repair Partial Denture - First Tooth	76.00	68.00
5640	Repair Partial Denture - Each additional tooth	76.00	68.00
5650	Additional Teeth - per unit	103.00	93.00
5660	Add Clasps - per unit	138.00	124.00
5710	Denture duplicate (rebase) complete denture	301.00	271.00
5711	Denture duplicate (rebase) complete denture	301.00	271.00
5720	Rebase Upper Partial Denture	292.00	263.00
5721	Rebase mandibular partial denture	289.00	260.00
5730	Reline Complete Upper or Lower (Chairside)	190.00	171.00
5731	Reline complete mandibular denture (chairside)	190.00	171.00
5740	Reline Partial Upper or Lower (Chairside)	173.00	156.00
5741	Reline mandibular partial denture (chairside)	177.00	159.00
5750	Reline Complete Upper or Lower (Laboratory)	251.00	226.00
5751	Reline lower complete denture (lab)	248.00	223.00
5760	Reline Partial Upper or Lower (Laboratory)	246.00	221.00
5761	Reline mandibular partial denture (laboratory)	245.00	221.00
5810	Interim complete denture (maxillary)	432.00	389.00
5811	Interim complete denture (mandibular)	432.00	389.00
5820	Anterior Stayplate/Interim	346.00	311.00
5821	Temporary artial stayplate denture (lower)	N/C	N/C
5850	Tissue Conditioning	96.00	86.00
5851	Tissue connditioning, mandibular	108.00	97.00
5860	Overdenture-complete by report	B/R	B/R
5861	Overdenture-partial, by report	B/R	B/R
5862	Precision attachment, by report	B/R	B/R
5899	Unspecified removable parosthodontic procedure, by report	B/R	B/R

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<b><i>PROSTHODONTICS (fixed)</i></b>			
6210	Cast Gold/Pontic	502.00	452.00
6211	Cast Non/Precious Pontic	464.00	418.00
6212	Cast Semi-Precious Pontic	486.00	437.00
6240	Porcelain/Gold Pontic	518.00	466.00
6241	Porcelain/Non-precious Metal Pontic	470.00	423.00
6242	Porcelain/Semi-precious Metal Pontic	486.00	437.00
6245	Acid etch abutment crown	267.00	240.00
6250	Resin/Gold Pontic	508.00	457.00
6251	Resin/Non-Precious Metal Pontic	470.00	423.00
6252	Resin/Semi-Precious Metal Pontic	497.00	447.00
6520	Inlay-metallic - two surfaces	389.00	350.00
6530	Inlay-metallic - three or more surfaces	432.00	389.00
6543	Onlay-metallic-three surfaces	529.00	476.00
6544	Onlay-metallic-four or more surfaces	540.00	486.00
6545	Retainer-cast metal for resin bonded fixed parosthesis	308.00	277.00
6720	Crown-resin with high noble metal	513.00	462.00
6721	Crown-resin with predominanely base metal	513.00	462.00
6722	Crown-resin with noble metal	502.00	452.00
6750	Porcelain/Gold Abutments	524.00	472.00
6751	Porcelain/Non-precious Metal Abutments	481.00	433.00
6752	Porcelain/Semi-precious Metal Abutments	486.00	437.00
6780	Crown/abutment - Gold (3/4 cast)	497.00	447.00
6790	Crown/Abutment - Gold (Full Cast)	513.00	462.00
6791	Crown, Nonprecious Metal (Full Cast) (Base Metal)	464.00	418.00
6792	Crown-full cast noble metal	491.00	442.00
6920	Connector Bar	B/R	B/R
6930	Recement Bridge	70.00	63.00
6940	Simple Stress Breakers- extra	194.00	175.00
6950	Presision Attachment	324.00	292.00
6970	Cast post and core in addition to fixed partial denture retainer	205.00	185.00
6971	Crown-full cast predominantly base metal	205.00	185.00
6972	Prefabricated Post & Core in addition to Bridge Retainer	151.00	136.00
6973	Core build up for retainer, including any pins	130.00	117.00
6975	Coping-metal	351.00	316.00
6980	Fixed partial denture repair, by report	189.00	170.00
6999	Unspecified fixed prosthodontic procedure, by report	B/R	B/R
<b><i>ORAL SURGERY</i></b>			
7110	Uncomplicated Simple Extraction - Single	66.00	59.00
7120	Each Additional Extraction	63.00	57.00
7130	Root Removal - exposed roots	90.00	81.00
7210	Surgical Removal Erupted Tooth	126.00	113.00
7220	Remove Impacted Tooth - soft tissue impaction	141.00	127.00
7230	Remove Impacted Tooth - partial bony	194.00	175.00
7240	Remove Impacted Tooth - complete bony	232.00	209.00
7241	Removal of impacted tooth, completely bony, w/complications	286.00	257.00

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7250	Surgical Removal of Residual Tooth Roots	140.00	126.00
7260	Oroantral fistula closure	513.00	462.00
7270	Tooth Reimplantation& Stabilization	254.00	229.00
7272	Tooth transplantation (includes reimplantation)	389.00	350.00
7280	Surgical exposure of impacted or unerupted tooth for ortho	216.00	194.00
7281	Surgical exposure of impacted or unerupted tooth	157.00	141.00
7285	Biopsy of Oral Tissue - hard	173.00	156.00
7286	Biopsy of Oral Tissue - soft	140.00	126.00
7290	Surgical repositioning of teeth	254.00	229.00
7291	Transseptal fiberotomy	188.00	169.00
7310	Alveoplasty - per quadrant (in conjunction with extraction)	140.00	126.00
7320	Alveoplasty - per quadrant (not in conjunction with extraction)	211.00	190.00
7340	Vestibuloplasty - ridge extension (secondary epithelialization)	B/R	B/R
7350	Vestibuloplasty - ridge extension including grafts,	B/R	B/R
7410	Radical excision - lesion diameter up to 1.25 cm	205.00	185.00
7420	Radical excision - lesion diameter greater than 1.25 cm	383.00	345.00
7430	Excision of Benign Tumor - to 1.25 cm	227.00	204.00
7431	Excision of Benign Tumor - over 1.25 cm	297.00	267.00
7440	Excision of Malignant Tumor - to 1.25 cm	B/R	B/R
7441	Excision of Malignant Tumor - over 1.25 cm	B/R	B/R
7450	Excision of Odontogenic Cyst/Tumor - to 1.25 cm	302.00	272.00
7451	Excision of Odontogenic Cyst/Tumor - over 1.25 cm	454.00	409.00
7460	Cyst or Tumor, Nonodontogenic (1" or less)	340.00	306.00
7461	Cyst or Tumor, Nonodontogenic (1" or more)	529.00	476.00
7465	Distruction of Lesion(s) by Physical Methods: Electrosurgery	173.00	156.00
7470	Removal of Palatal Torii	308.00	277.00
7470	Removal of Mandibular Torii	308.00	277.00
7480	Partial ostectomy (guttering or saucerization)	443.00	399.00
7490	Radical resection of mandible with bone graft	B/R	B/R
7510	Incision & Drainage of Abscess, intraoral	95.00	86.00
7520	I & D Abcess, Extraoral	184.00	166.00
7530	Removal of foreign body, skin or subcutaneous areolar tissue	140.00	126.00
7540	Removal of reaction-producing foreign bodies - musculoskeletal system	356.00	320.00
7550	Sequestrectomy for Osteomyelitis	281.00	253.00
7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	B/R	B/R
7610	Maxilla - open reduction - teeth immobilized	B/R	B/R
7620	Maxilla - closed reduction - teeth immobilized	B/R	B/R
7630	Mandible - open reduction - teeth immobilized	B/R	B/R
7640	Closed reduct-mandible, teeth immobilized	B/R	B/R
7650	Malar and/or zygomatic arch - open reduction	B/R	B/R
7660	Malar and/or zygomatic arch - closed reduction	B/R	B/R
7670	Alveolus - Stailization of Teeth, Open Reduction Splinting	B/R	B/R
7680	Facial bones - complicated reduction with fixation	B/R	B/R
7770	Alveolus - Teeth Stabilization - Open Reduction - Splinting	B/R	B/R
7830	Manipulation under anesth-temporomandibular disloc.	B/R	B/R
7960	Frenectomy	194.00	175.00
7970	Excision of Hyperplastic Tissue, per arch	259.00	233.00

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8210	Appliance, to control harmful habits (removable)	432.00	389.00
8660	Pre-orthodontic treatment visit	206.00	185.00
8670	Periodic orthodontic treatment visit - part of contract	97.00	87.00
8680	Orthodontic retention		
8690	Orthodontic treatment (alternative to billing a contract fee)		
<b><i>ADJUNCTIVE GENERAL SERVICES</i></b>			
9110	Emergency Treatment, palliative	59.00	53.00
9212	Trigeminal division block anesthesia	N/C	N/C
9215	Local anesthesia	32.00	29.00
9220	General anesthesia, one half hour	211.00	190.00
9221	Each additional 15 minutes of general anesthesia	76.00	68.00
9310	Consultation	58.00	52.00
9420	Hospital Call	N/C	N/C
9430	Office Visit (During Regular Office Hours) Independent	36.00	32.00
9440	Visit after hours	66.00	59.00
9910	Application of Desensitizing Medications	N/C	N/C
9920	Special Consultation Appointment	70.00	63.00
9930	post op office visit	78.00	70.00
9940	Nightguard	313.00	282.00
9941	Fabrication of athletic mouthguard	132.00	119.00
9950	Occlusion analysis (mounted case)	162.00	146.00
9951	Occlusal Adjustment, per quadrant	81.00	73.00
9952	Occlusal adjustment - complete	340.00	306.00
9970	Enamel microabrasion	99.00	89.00
9999	Unspecified Adjunctive Procedure, by report	B/R	B/R