

Schedule of Dental Allowances
WAPPINGERS CONGRESS
OF TEACHERS WELFARE TRUST FUND

Dental Claim Office
253 West 35th Street, 12th Floor
New York, New York 10001-1907
(212) 505-5050

Comprehensive Benefits for eligible
MEMBERS AND DEPENDENTS



General Information

Pre-Authorization is not required

Panel Dentists will accept the member fee paid by the Fund as payment in full. There is no co-payment.

Procedures 6056 – 6094 are not paid in full – see boxed area in fee schedule

The maximum the Plan will pay toward covered expenses is \$2000 per person, per calendar year

A Separate Orthodontic Discount Program is available to members.

All prosthetic services are payable ONCE per five years

BENEFIT YEAR: January 1 – December 31

SEPTEMBER 2009



Schedule of Dental Allowances

Wappingers Congress of Teachers

Welfare Trust Fund –MEMBERS, SPOUSES, AND DEPENDENTS

ADA Code	Description	Fee Schedule
0120	Periodic Oral Evaluation (once/6 months).....	35.00
0140	Limited Oral Evaluation – problem focused.....	45.00
0150	Comprehensive Oral Evaluation.....	55.00
0210	Intraoral - complete series incl. bitewings (once every 3 years).....	60.00
0220	Intraoral, Periapical, first film.....	9.00
0230	Intraoral, Periapical, each additional film.....	7.00
0270	Bitewings, single film.....	7.00
0272	Bitewings, two films.....	14.00
0274	Bitewings, four films (once/6 months).....	25.00
0320	Temporomandibular joint arthrogram, inc. injection.....	103.00
0330	Panoramic film (once/3 years).....	50.00
0460	Pulp vitality tests.....	13.00
1110	Prophylaxis – Adult (twice/calendar year).....	50.00
1120	Prophylaxis – Child.....	30.00
1203	Topical app. of fluoride excl. prophy - child (once/cal. yr.)	25.00
1351	sealant – per tooth.....	30.00
1510	Space Maintainer - Fixed - Unilateral.....	67.00
1520	Space Maintainer - Removable - Unilateral.....	67.00
1525	Space Maintainer - Removable - bilateral.....	67.00
2140	Amalgam – 1 surface, permanent.....	43.00
2150	Amalgam - 2 Surfaces, Permanent.....	55.00
2160	Amalgam - 3 Surfaces, Permanent.....	72.00
2161	Amalgam - 4 or More Surfaces, Permanent.....	90.00
2330	Resin-based composite, 1 Surface, Anterior.....	57.00
2331	Resin-based composite, 2 Surfaces, Anterior.....	69.00
2332	Resin-based composite, 3 Surfaces, Anterior.....	103.00
2335	Resin-based composite, 4or more Surfaces, Anterior.....	103.00
2391	Resin-based composite 1 surface posterior permanent.....	57.00
2392	Resin-based composite 2 surfaces posterior permanent.....	69.00
2393	Resin-based composite 3 surfaces posterior permanent.....	103.00
2394	Resin -based composite 4+ surfaces posterior permanent.....	103.00
2510	Inlay - Metallic - 1 surface*.....	240.00
2520	Inlay - Metallic - 2 surfaces*.....	303.00
2530	Inlay - Metallic - 3 or more surfaces*.....	338.00
2542	Onlay – Metallic – 2 surfaces*.....	260.00
2543	Onlay – Metallic – 3 surfaces*.....	315.00
2544	Onlay – Metallic – 4 or more surfaces*.....	350.00
2610	Inlay – Porcelain/Ceramic – 1 surface*.....	240.00
2620	Inlay – Porcelain/Ceramic – 2 surfaces*.....	303.00

2630	Inlay – Porcelain/Ceramic – 3 or more surfaces*	338.00
2642	Onlay – Porcelain/Ceramic – 2 surfaces*	260.00
2643	Onlay – Porcelain/Ceramic – 3 surfaces*	315.00
2644	Onlay – Porcelain/Ceramic – 4 or more surfaces*	350.00
2650	Inlay – resin-based composite – 1 surface*	240.00
2651	Inlay – resin-based composite – 2 surfaces*	303.00
2652	Inlay – resin-based composite – 3 or more surfaces*	338.00
2662	Onlay – Resin-based composite – 2 surfaces*	260.00
2663	Onlay – Resin-based composite – 3 surfaces*	315.00
2664	Onlay – Resin-based composite – 4 or more surfaces*	350.00
2740	Crown - Porcelain/Ceramic Substrate*	500.00
2750	Crown - Porcelain fused to high noble metal*	500.00
2751	Crown - Porcelain fused to predominantly base metal*	500.00
2752	Crown - Porcelain fused to noble metal*	500.00
2790	Crown - Full Cast high noble metal*	500.00
2910	Recement inlay.....	28.00
2920	Recement crown.....	32.00
2931	Prefabricated stainless steel crown – permanent	103.00
2940	Sedative filling	23.00
2950	Core build-up , including any pins.....	69.00
2951	Pin retention – per tooth, in addition to restoration	20.00
2952	Cast post and core in addition to crown.....	125.00
2954	Prefabricated post and core in addition to crown.....	125.00
2960	Labial veneer (resin laminate) – chairside	345.00
2962	Labial veneer (porcelain laminate) – laboratory	285.00
2980	Crown repair, by report.....	57.00
3110	Pulp cap - direct (excluding final restoration).....	25.00
3220	Therapeutic pulpotomy (exclud. final restoration).....	55.00
3310	Anterior Root Canal (exclud. final restoration)	475.00
3320	Bicuspid Root Canal (exclud. final restoration).....	525.00
3330	Molar Root Canal (exclud. final restoration)	625.00
3346	Retreatment of previous RCT - anterior	460.00
3347	Retreatment of previous RCT - bicuspid	580.00
3348	Retreatment of previous RCT - molar	694.00
3410	Apicoectomy/Periradicular surgery - anterior	300.00
3421	Apicoectomy/Periradicular surgery - bicuspid (first root)	350.00
3425	Apicoectomy/Periradicular surgery - molar (first root)	450.00
3426	Apicoectomy/Periradicular surgery (each add'l root).....	140.00
3430	Retrograde filling	110.00
3450	Root amputation – per root	128.00
4210	Gingivectomy or Gingivoplasty – 4+ teeth per quad.....	253.00
4211	Gingivectomy or Gingivoplasty – 1-3 teeth per quad.....	152.00
4240	Gingival flap procedure – 4+ teeth per quad.....	330.00
4241	Gingival flap procedure – 1-3 teeth per quad.....	198.00
4249	Clinical crown lengthening	308.00
4260	Osseous Surgery - 4+ teeth per quadrant	518.00
4261	Osseous Surgery - 1-3 teeth per quad	300.00

4263	Bone replacement graft - 1st site in quad.....	300.00
4266	Guided tissue regeneration –resorbable barrier	300.00
4267	Guided tissue regeneration –nonresorbable barrier	376.00
4270	Pedicle soft tissue graft procedure	230.00
4271	Free soft tissue graft procedure (inc. donor site surgery)	237.00
4341	Perio scaling & root planing – 4+ teeth per quadrant.....	106.00
4342	Perio scaling & root planing – 1-3 teeth per quad	63.60
4910	Perio maintenance procedures (following active therapy).....	65.00
5110	Complete upper dentures*	600.00
5120	Complete lower dentures*	600.00
5211	Maxillary partial denture - resin base*	720.00
5212	Mandibular partial denture - resin base*	720.00
5213	Maxillary partial denture cast metal frame/resin base*	900.00
5214	Mandibular partial denture cast metal frame/resin base*	900.00
5281	Removable unilateral partial denture - one piece cast metal (including clasps & pontics)*	350.00
5510	Repair broken complete denture base	40.00
5520	Replace missing or broken tooth – complete denture.....	64.00
5610	Repair resin denture base	64.00
5650	Add tooth to existing partial denture	64.00
5660	Add clasp to existing partial denture	77.00
5710	Rebase complete maxillary denture.....	140.00
5711	Rebase complete mandibular denture	140.00
5720	Rebase maxillary partial denture	140.00
5721	Rebase mandibular partial denture.....	140.00
5730	Reline complete upper denture (chairside)	140.00
5731	Reline complete lower denture (chairside)	140.00
5740	Reline upper partial denture (chairside).....	140.00
5741	Reline lower partial denture (chairside).....	140.00
5750	Reline complete upper denture (laboratory)	138.00
5751	Reline complete lower denture (laboratory)	138.00
5760	Reline upper partial denture (laboratory).....	138.00
5761	Reline lower partial denture (laboratory).....	138.00

6056	Prefabricated abutment – includes placement*.....	119.00
6057	Custom abutment – includes placement*	119.00
6058, 6059, 6060, 6061, 6062, 6063, 6064, 6094	- Abutment supported crowns*	750.00
6065, 6066, 6067	- Implant supported crowns*	750.00

These fees are allocated by the Fund as partial payment for the implant related services noted above. Participating providers are not expected to accept these fees as payment in full. Members are expected to pay the difference between these fees and the dentist’s customary fee.

6240	Pontic - porcelain fused to high noble metal*	500.00
6242	Pontic - porcelain fused to noble metal*	500.00
6250	Pontic - resin with high noble metal*	500.00
6545	Retainer - cast metal *	125.00
6750	Crown - porcelain fused to high noble metal*	500.00
6751	Crown - porcelain fused to predominantly base metal*	500.00
6752	Crown - porcelain fused to noble metal*	500.00
6790	Crown - full cast high noble metal*	500.00
6930	Recement fixed partial denture	35.00
6973	Core build up for retainer; including any pins	70.00
6980	Fixed partial denture repair, by report	46.00
7111	Extraction coronal remnants – deciduous tooth	56.00
7140	Extraction , erupted tooth or exposed root	100.00
7210	Surgical removal of erupted tooth requiring elevation mucoperiosteal flap and removal of bone and/or section of tooth	200.00
7220	Removal of impacted tooth - soft tissue	250.00
7230	Removal of impacted tooth - partially bony	325.00
7240	Removal of impacted tooth - completely bony	375.00
7241	Removal of impacted tooth - completely bony w/complications	375.00
7250	Surgical removal of residual roots (cutting procedure)	132.00
7280	Surgical access of an unerupted tooth	235.00
7285	Biopsy of oral tissue – hard (bone, tooth)	200.00
7286	Biopsy of oral tissue – soft (all others)	145.00
7291	Transseptal fiberotomy	52.00
7310	Alveoplasty w/extractions – per quadrant	65.00
7450	Vestibuloplasty	125.00
7510	Incision & drainage of abscess - intraoral soft tissue	102.00
7810	Open reduction of dislocation	330.00
7820	Closed reduction of dislocation	330.00
7830	Manipulation under anesthesia	57.00
7880	Occlusal orthotic device, by report	173.00
8080	Comprehensive orthodontic treatment of the adolescent dentition (1/L)	750.00 *
8660	Pre-orthodontic treatment visit (1/L)	100.00*
8670	Periodic orthodontic treatment visit (24/L)	75.00*

*The orthodontic benefit is for dependents up to 19