



Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for the Harvard Dental Center
Beginning January 1, 2023 - December 31, 2023

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)
 Orthodontia Benefit Lifetime Maximum**
 Annual Maximum for Implants*

\$2,400
\$3,000
\$1,500

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D0120	1	Periodic oral exam (once per 6 month period)	Twice per calendar year	\$ 38.57	\$ -	\$ 38.57
D0140	1	Limited evaluation, problem focused	Two in a 12-month period	\$ 51.43	\$ -	\$ 51.43
D0145	1	Evaluation, child under 3 years	Twice per calendar year	\$ 38.57	\$ -	\$ 38.57
D0150	1	Comprehensive oral exam	One every 60 months	\$ 60.01	\$ -	\$ 60.01
D0160	1	Detailed oral exam	One in 60 months	\$ 51.43	\$ -	\$ 51.43
D0170	1	Emergency re-evaluation	Two in a 12-month period	\$ 51.43	\$ -	\$ 51.43
D0180	1	Comprehensive periodontal evaluation	One in 60 months	\$ 87.82	\$ -	\$ 87.82
D0210	1	Intraoral complete series x-ray	One in 60 months	\$ 114.30	\$ -	\$ 114.30
D0220	1	Intraoral, periapical, first image	As Needed	\$ 21.45	\$ -	\$ 21.45
D0230	1	Intraoral, periapical, each additional image	As Needed	\$ 15.73	\$ -	\$ 15.73
D0240	1	Intraoral - occlusal image	Two in a 12-month period	\$ 32.85	\$ -	\$ 32.85
D0250	1	Extra-oral- first 2D projection radiographic image	Two in a 6-month period	\$ 52.86	\$ -	\$ 52.86
D0251	1	Extra-oral - each additional radiographic image	Two in a 6-month period	\$ 52.86	\$ -	\$ 52.86
D0270	1	Bitewing, single image	Twice per calendar year	\$ 20.02	\$ -	\$ 20.02
D0272	1	Bitewings, 2 images	Twice per calendar year	\$ 34.28	\$ -	\$ 34.28
D0273	1	Bitewings, 3 images	Twice per calendar year	\$ 45.58	\$ -	\$ 45.58
D0274	1	Bitewings, 4 images	Twice per calendar year	\$ 52.86	\$ -	\$ 52.86
D0277	1	Vertical bitewing series	Twice per calendar year	\$ 114.30	\$ -	\$ 114.30
D0310	1	Sialography	Once per lifetime	\$ 162.87	\$ -	\$ 162.87
D0321	1	Other TMJ images, by report	once every 60 months	\$ 85.73	\$ -	\$ 85.73
D0330	1	Panoramic image	Once every 60 months	\$ 81.44	\$ -	\$ 81.44
D0414	1	Lab processing for microbial specimen (separating collecting and analysis like saliva and genetic codes)	Once per lifetime	\$ 81.44	\$ -	\$ 81.44
D0415	1	Bacteriologic studies	Once per lifetime	\$ 81.44	\$ -	\$ 81.44
D0460	1	Pulp vitality test	Once per visit per tooth	\$ 48.57	\$ -	\$ 48.57
D0470	1	Diagnostic casts	Once every 60 months	\$ 82.87	\$ -	\$ 82.87
D1110	1	Prophylaxis, adult (once per 6 month period)	Twice per calendar year	\$ 72.85	\$ -	\$ 72.85
D1120	1	Prophylaxis, child (once per 6 month period)	Twice per calendar year	\$ 61.44	\$ -	\$ 61.44
D1206	1	Fluoride varnish	Twice per calendar year	\$ 32.85	\$ -	\$ 32.85
D1208	1	Topical application of Fluoride	Twice per calendar year	\$ 32.85	\$ -	\$ 32.85
D1351	1	Sealant per tooth	Unrestored permanent molar only, every 48 months per tooth for members through age 15	\$ 32.85	\$ -	\$ 32.85

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for the Harvard Dental Center
Beginning January 1, 2023 - December 31, 2023

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)

\$2,400

Orthodontia Benefit Lifetime Maximum**

\$3,000

Annual Maximum for Implants*

\$1,500

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D1352*	1	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth	Unrestored permanent molar only, every 48 months per tooth for members through age 15	\$ 32.85	\$ -	\$ 32.85
D1510	1	Space maintainer - fixed - unilateral	Once per lifetime for members through age 13, due to the loss of premature teeth	\$ 258.59	\$ -	\$ 258.59
D1516	1	Space maintainer - fixed - bilateral, maxillary	Once per lifetime for members through age 13, due to the loss of premature teeth	\$ 322.87	\$ -	\$ 322.87
D1517	1	Space maintainer - fixed - bilateral, mandibular	Once per lifetime for members through age 13, due to the loss of premature teeth	\$ 322.87	\$ -	\$ 322.87
D1520	1	Space maintainer - removable - unilateral	Once per lifetime for members through age 13, due to the loss of premature teeth	\$ 290.04	\$ -	\$ 290.04
D1526	1	Space maintainer - removable - maxillary	Once per lifetime for members through age 13, due to the loss of premature teeth	\$ 322.87	\$ -	\$ 322.87
D1527	1	Space maintainer - removable - mandibular	Once per lifetime for members through age 13, due to the loss of premature teeth	\$ 322.87	\$ -	\$ 322.87
D1551	1	Re-cement or re-bond space maintainer-maxillary	Once per lifetime after 6 months of space maintainer insertion	\$ 72.85	\$ -	\$ 72.85
D1552	1	Re-cement or re-bond space maintainer-mandibular	Once per lifetime after 6 months of space maintainer insertion	\$ 72.85	\$ -	\$ 72.85
D1553	1	Re-cement or re-bond space maintainer-per quadrant	Once per lifetime after 6 months of space maintainer insertion	\$ 72.85	\$ -	\$ 72.85
D1556	1	Removal of unilateral fixed bilateral space maintainer-per quadrant	Covered once when done by a dentist who did not place the original appliance	\$ 62.51	\$ -	\$ 62.51
D1557	1	Removal of fixed bilateral space maintainer-maxillary	Covered once when done by a dentist who did not place the original appliance	\$ 62.51	\$ -	\$ 62.51
D1558	1	Removal of fixed bilateral space maintainer-mandibular	Covered once when done by a dentist who did not place the original appliance	\$ 62.51	\$ -	\$ 62.51
D1575	1	Distal Shoe Space Maintainer - fixed unilateral (for first molars only for premature loss of second primary molars -- A J K T)	Once per lifetime, per quadrant through age 7	\$ 258.59	\$ -	\$ 258.59
D4346	1	Scaling in the presence of generalized moderate or severe gingival inflammation-full mouth after overall evaluation	Once every 6 months	\$ 72.85	\$ -	\$ 72.85
D4355	1	Full mouth debridement	Once per lifetime	\$ 72.85	\$ -	\$ 72.85
D4910	1	Periodontal maintenance services	Four per calendar year, following active periodontal treatment not to be combined with preventive cleanings	\$ 101.44	\$ -	\$ 101.44
D2140	2	Amalgam 1 surface, primary or permanent	One every 24 months, per surface, per tooth	\$ 100.02	\$ 14.36	\$ 85.66
D2150	2	Amalgam 2 surfaces, primary or permanent	One every 24 months, per surface, per tooth	\$ 125.71	\$ 18.46	\$ 107.25
D2160	2	Amalgam 3 surfaces, primary or permanent	One every 24 months, per surface, per tooth	\$ 149.26	\$ 20.52	\$ 128.74



Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for the Harvard Dental Center
Beginning January 1, 2023 - December 31, 2023

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)
 Orthodontia Benefit Lifetime Maximum**
 Annual Maximum for Implants*

\$2,400
\$3,000
\$1,500

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D2161	2	Amalgam 4 or more surfaces, primary or permanent	One every 24 months, per surface, per tooth	\$ 152.87	\$ 22.56	\$ 130.31
D2330	2	Resin 1 surface anterior	One every 24 months, per surface, per tooth	\$ 107.17	\$ 15.85	\$ 91.32
D2331	2	Resin 2 surface anterior	One every 24 months, per surface, per tooth	\$ 118.60	\$ 17.53	\$ 101.07
D2332	2	Resin 3 surface anterior	One every 24 months, per surface, per tooth	\$ 145.72	\$ 21.54	\$ 124.18
D2335	2	Resin 4 or more surf or incisal edge anterior	One every 24 months, per surface, per tooth	\$ 171.44	\$ 24.62	\$ 146.82
D2390	2	Resin-based composite crown, anterior	One every 24 months, per surface, per tooth	\$ 128.57	\$ 19.00	\$ 109.57
D2391	2	Resin-based composite crown, one surface, posterior	One every 24 months, per surface, per tooth	\$ 117.78	\$ 14.34	\$ 103.44
D2410	2	Gold Foil 1 surface	One every 24 months, per surface, per tooth	\$ 355.72	\$ 52.59	\$ 303.13
D2420	2	Gold Foil 2 surfaces	One every 24 months, per surface, per tooth	\$ 500.02	\$ 73.93	\$ 426.09
D2430	2	Gold Foil 3 surfaces	One every 24 months, per surface, per tooth	\$ 565.72	\$ 83.64	\$ 482.08
D2910	2	Recement Inlay, onlay, or partial coverage restoration	Once per 12 months	\$ 64.29	\$ 9.51	\$ 54.78
D2915	2	Recement cast or prefab post & core	Once per 12 months	\$ 64.29	\$ 9.51	\$ 54.78
D2920	2	Recement Crown	Once per 12 months	\$ 67.14	\$ 9.92	\$ 57.22
D2930	2	Prefab stainless steel crown, primary	Once in 24 months	\$ 164.32	\$ 24.29	\$ 140.03
D2931	2	Prefab stainless steel crown, permanent	Once in 24 months	\$ 232.88	\$ 34.45	\$ 198.43
D2932	2	Prefab resin crown	Once in 24 months	\$ 250.02	\$ 36.97	\$ 213.05
D2933	2	Prefab stainless steel crown w/ resin window	Once in 24 months	\$ 298.59	\$ 44.14	\$ 254.45
D2940	2	Sedative Filling Restoration	Once per tooth every 60 months	\$ 67.15	\$ 9.92	\$ 57.23
D2941	2	Interim therapeutic restoration - primary dentition	Once per tooth	\$ 67.15	\$ 9.92	\$ 57.23
D2950	2	Core buildup, including pin	Once every 60 months	\$ 234.30	\$ 81.88	\$ 152.42
D2951	2	Pin retention per tooth in addition to restoration	Once per tooth	\$ 78.59	\$ 11.62	\$ 66.97
D2952	2	Cast post and core in addition to crown	Once per 60 months	\$ 347.16	\$ 121.30	\$ 225.86
D2954	2	Prefab post and core in addition to crown	Once per 60 months	\$ 282.88	\$ 98.85	\$ 184.03
D2980	2	Crown repair necessitated by restorative material failure	Once per 12 months	\$ 161.44	\$ 23.86	\$ 137.58
D2981	2	Inlay repair necessitated by restorative material failure	Once every 60 months	\$ 161.44	\$ 23.86	\$ 137.58
D2982	2	Onlay repair necessitated by restorative material failure	Once every 60 months	\$ 161.47	\$ 23.89	\$ 137.58
D3110	2	Pulp cap direct excluding final restoration	Once per lifetime per tooth	\$ 30.03	\$ 4.13	\$ 25.90
D3120	2	Pulp cap indirect excluding final restoration	One per lifetime, per tooth	\$ 41.44	\$ 6.12	\$ 35.32
D3220	2	Therapeutic pulpotomy excluding final restoration	One per lifetime, per tooth	\$ 88.57	\$ 12.30	\$ 76.27
D3221	2	Pulpal debridement	Once per lifetime	\$ 77.13	\$ 11.40	\$ 65.73
D3222	2	Partial pulpotomy for apexogenesis (Effective January 1, 2009)	One per tooth per lifetime	\$ 88.57	\$ 12.30	\$ 76.27
D3310	2	Anterior excluding final restoration	One per tooth per lifetime	\$ 634.31	\$ 93.78	\$ 540.53
D3320	2	Bicuspid excluding final restoration	One per tooth per lifetime	\$ 734.30	\$ 108.57	\$ 625.73

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for the Harvard Dental Center
Beginning January 1, 2023 - December 31, 2023

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)
 Orthodontia Benefit Lifetime Maximum**
 Annual Maximum for Implants*

\$2,400
\$3,000
\$1,500

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D3330	2	Root canal therapy, molar excluding final restoration	One per tooth per lifetime	\$ 977.16	\$ 144.46	\$ 832.70
D3333	2	Root repair	One per tooth per lifetime	\$ 121.44	\$ 17.94	\$ 103.50
D3346	2	Retreatment, anterior by report	Once per tooth after 24 months of original root canal treatment	\$ 634.31	\$ 93.78	\$ 540.53
D3347	2	Retreatment, bicuspid by report	Once per tooth after 24 months of original root canal treatment	\$ 734.30	\$ 108.57	\$ 625.73
D3348	2	Retreatment, molar by report	One per lifetime per tooth	\$ 977.16	\$ 144.46	\$ 832.70
D3351	2	Apexification per visit	One per lifetime per tooth	\$ 121.44	\$ 17.94	\$ 103.50
D3410	2	Apicoectomy, anterior	One per lifetime per tooth	\$ 548.60	\$ 81.11	\$ 467.49
D3421	2	Apicoectomy, bicuspid, first root	One per lifetime per tooth	\$ 517.15	\$ 76.45	\$ 440.70
D3425	2	Apicoectomy, molar, first root	One per lifetime per tooth	\$1,001.46	\$ 143.57	\$ 857.89
D3426	2	Apicoectomy, additional root	Once for a premolar tooth and two for a permanent molar	\$ 331.45	\$ 49.02	\$ 282.43
D3430	2	Retrograde filling per root	One per lifetime per tooth	\$ 102.88	\$ 15.21	\$ 87.67
D3450	2	Root amputation	One per lifetime per	\$ 404.29	\$ 59.46	\$ 344.83
D3910	2	Surgical procedure for isolation of tooth, rubber dam	One per lifetime, per tooth	\$ 128.56	\$ 18.43	\$ 110.13
D3920	2	Hemisection	One per lifetime, on posterior teeth only	\$1,001.46	\$ 148.05	\$ 853.41
D4210	2	Gingivectomy or gingivoplasty per quadrant	One per quadrant per 36 months	\$ 840.03	\$ 124.20	\$ 715.83
D4211	2	Gingivectomy or gingivoplasty per tooth	One per quadrant per 36 months	\$ 104.33	\$ 15.43	\$ 88.90
D4240	2	Gingival flap procedure including root planing	Once per quadrant per 36 months	\$ 548.60	\$ 81.11	\$ 467.49
D4241	2	Gingival flap procedure, incl root planing,1-3 teeth/quad	Once per quadrant per 36 months	\$ 411.43	\$ 60.82	\$ 350.61
D4249	2	Crown lengthening, hard and soft tissue	Once per tooth per 36 months, not to exceed two teeth per quadrant on the same date of service	\$ 758.59	\$ 112.16	\$ 646.43
D4260	2	Osseous surgery	Once per quadrant per 36 months	\$ 871.46	\$ 128.85	\$ 742.61
D4261	2	Osseous surgery(incl flap entry&closure)1-3 teeth/quad	Once per quadrant per 36 months	\$ 654.65	\$ 96.39	\$ 558.26
D4263	2	Bone replacement graft, first site	Once per tooth per 36 months, not to exceed two teeth per quadrant on the same date of service	\$ 605.74	\$ 89.57	\$ 516.17
D4264	2	Bone replacement graft, each additional site	Once per tooth per 36 months, not to exceed two teeth per quadrant on the same date of service	\$ 565.73	\$ 83.66	\$ 482.07
D4265	2	Biologic materials aid soft & osseous tissue regenerat'n	Once per tooth per 36 months, not to exceed two teeth per quadrant on the same date of service	\$ 605.74	\$ 89.57	\$ 516.17
D4266	2	Guided tissue regeneration, per site	Once per tooth, per 36 months on natural teeth only; not to exceed two teeth per quadrant on the same date of service	\$ 645.72	\$ 95.45	\$ 550.27
D4267	2	Guided tissue regeneration includes reentry	Once per tooth, per 36 months on natural teeth only; not to exceed two teeth per quadrant on the same date of service	\$ 685.74	\$ 101.39	\$ 584.35
D4268	2	Guided tissue regeneration includes surgery & reentry	Once per quadrant per 36 months	\$ 685.74	\$ 101.39	\$ 584.35

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for the Harvard Dental Center
Beginning January 1, 2023 - December 31, 2023

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)

\$2,400

Orthodontia Benefit Lifetime Maximum**

\$3,000

Annual Maximum for Implants*

\$1,500

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D4270	2	Pedicle soft tissue graft procedure	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$ 685.74	\$ 101.39	\$ 584.35
D4273	2	Sub tissue graft	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$ 734.28	\$ 108.55	\$ 625.73
D4274	2	Distal/proximal wedge	One per tooth per 36 months	\$ 436.09	\$ 64.49	\$ 371.60
D4275	2	Soft tissue allograft	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$ 734.28	\$ 108.55	\$ 625.73
D4276	2	Combined connective tissue and double pedicle graft	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$ 734.28	\$ 108.55	\$ 625.73
D4277	2	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$ 734.28	\$ 108.55	\$ 625.73
D4278	2	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$ 367.15	\$ 54.29	\$ 312.86
D4283	2	Autogenous connective tissue graft procedure each additional contiguous tooth, two soft tissue grafts are allowed per 36 months per quadrant	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$ 440.57	\$ 154.21	\$ 286.36
D4285	2	Non-autogenous connective tissue graft each additional contiguous tooth, position in same graft site, two soft tissue grafts are allowed per 36 months per quadrant	Two teeth per quadrant per 36 months; not to exceed two teeth per quadrant on the same date of service	\$ 440.57	\$ 154.21	\$ 286.36
D4341	2	Periodontal scaling and root planing	One every 24 months per quadrant, only two quadrants are allowed per date of service	\$ 210.01	\$ 30.76	\$ 179.25
D4342	2	Periodontal scaling & root planing, 1-3 teeth/quadrant	One every 24 months per quadrant, only two quadrants are allowed per date of service	\$ 157.52	\$ 22.56	\$ 134.96
D5410	2	Adjust complete upper denture	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$ 64.29	\$ 9.51	\$ 54.78
D5411	2	Adjust complete lower denture	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$ 64.29	\$ 9.51	\$ 54.78
D5421	2	Adjust partial denture upper	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$ 70.01	\$ 10.35	\$ 59.66
D5422	2	Adjust partial denture lower	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$ 67.15	\$ 9.92	\$ 57.23

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for the Harvard Dental Center
Beginning January 1, 2023 - December 31, 2023

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)
 Orthodontia Benefit Lifetime Maximum**
 Annual Maximum for Implants*

\$2,400
\$3,000
\$1,500

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D5511	2	Repair broken complete denture base, mandibular (lower arch). Once per 12 months (after 6 months from insertion)	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$ 112.90	\$ 16.70	\$ 96.20
D5512	2	Repair broken complete denture base, maxillary (upper arch). Once per 12 months (after 6 months from insertion)	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$ 112.90	\$ 16.70	\$ 96.20
D5520	2	Replace missing/broken teeth compl dent each tooth	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$ 110.02	\$ 16.26	\$ 93.76
D5611	2	Repair resin partial denture base, mandibular (lower arch). Once per 12 months (after 6 months from insertion)	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$ 125.69	\$ 18.56	\$ 107.13
D5612	2	Repair resin partial denture base, maxillary (upper arch). Once per 12 months (after 6 months from insertion)	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$ 125.69	\$ 18.56	\$ 107.13
D5621	2	Repair cast partial framework, mandibular (lower arch)	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$ 128.56	\$ 19.00	\$ 109.56
D5622	2	Repair cast partial framework, maxillary (upper arch)	One adjustment per denture per 12 months (after 6-months have elapsed since initial placement)	\$ 128.56	\$ 19.00	\$ 109.56
D5630	2	Repair or replace broken clasp	One per tooth per 12 months	\$ 128.56	\$ 19.00	\$ 109.56
D5640	2	Replace broken teeth per tooth	One per tooth per 12 months	\$ 102.88	\$ 15.21	\$ 87.67
D5650	2	Add tooth to existing partial denture	One per tooth per 12 months	\$ 110.01	\$ 16.27	\$ 93.74
D5660	2	Add clasp	One per tooth per 12 months	\$ 147.16	\$ 21.75	\$ 125.41
D5670	2	Replace all teeth & acrylic: cast metal frame (maxillary)	Once in 60 months	\$ 800.20	\$ 118.30	\$ 681.90
D5671	2	Replace all teeth & acrylic: cast metal frame(mandibular)	One per 60 months	\$ 811.69	\$ 120.00	\$ 691.69
D5710	2	Rebase complete upper denture	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$ 355.75	\$ 52.61	\$ 303.14
D5711	2	Rebase complete lower denture	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$ 322.87	\$ 47.72	\$ 275.15
D5720	2	Rebase partial upper denture	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$ 355.75	\$ 52.61	\$ 303.14
D5721	2	Rebase partial lower denture	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$ 322.87	\$ 47.72	\$ 275.15
D5725	2	Rebase hybrid prosthesis	Once per arch per 36 months (after 6 months have elapsed since initial placement).	\$ 355.75	\$ 52.61	\$ 303.14
D5730	2	Reline complete upper denture chairside	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$ 218.58	\$ 32.31	\$ 186.27

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for the Harvard Dental Center
Beginning January 1, 2023 - December 31, 2023

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants) **\$2,400**

Orthodontia Benefit Lifetime Maximum** **\$3,000**

Annual Maximum for Implants* **\$1,500**

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D5731	2	Reline complete lower denture chairside	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$ 218.58	\$ 32.31	\$ 186.27
D5740	2	Reline partial upper denture chairside	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$ 242.86	\$ 35.91	\$ 206.95
D5741	2	Reline partial lower denture chairside	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$ 242.86	\$ 35.91	\$ 206.95
D5750	2	Reline complete upper denture laboratory	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$ 424.33	\$ 62.74	\$ 361.59
D5751	2	Reline complete lower denture laboratory	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$ 424.33	\$ 62.74	\$ 361.59
D5760	2	Reline partial upper denture laboratory	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$ 424.33	\$ 62.74	\$ 361.59
D5761	2	Reline partial lower denture laboratory	Once per arch per 36 months (after 6-months have elapsed since initial placement)	\$ 424.33	\$ 62.74	\$ 361.59
D5765	2	Soft liner for complete or partial removable denture – indirect	Once per arch per 36 months (after 6 months have elapsed since initial placement).	\$ 424.33	\$ 62.74	\$ 361.59
D5850	2	Tissue conditioning upper denture	Twice per 36 months (after 6-months have elapsed since initial placement)	\$ 152.87	\$ 22.60	\$ 130.27
D5851	2	Tissue conditioning lower denture	Twice per 36 months (after 6-months have elapsed since initial placement)	\$ 152.87	\$ 22.60	\$ 130.27
D6092	2	Recement implant/abutment supported crown	One per 60 months	\$ 67.14	\$ 9.92	\$ 57.22
D6093	2	Recement implant/abutment supported fixed partial denture	One per 60 months	\$ 100.01	\$ 14.79	\$ 85.22
D6930	2	Recement bridge	Once per lifetime (after 6-months have elapsed since initial placement)	\$ 100.02	\$ 14.79	\$ 85.23
D6980	2	Fixed partial denture repair necessitated by restorative material failure	Twice per 36 months (after 6-months have elapsed since initial placement)	\$ 164.28	\$ 24.28	\$ 140.00
D7111	2	Extraction coronal remnants, deciduous tooth	Once per tooth	\$ 38.59	\$ 5.72	\$ 32.87
D7140	2	Extraction-erupted tooth or exposed roots (elevation and/or forceps removal)	Once per tooth	\$ 105.28	\$ 14.36	\$ 90.92
D7210	2	Surgical removal of erupted tooth	Once per tooth	\$ 128.56	\$ 18.43	\$ 110.13
D7220	2	Removal of impacted tooth, soft tissue	Once per tooth	\$ 248.56	\$ 36.74	\$ 211.82
D7230	2	Removal of impacted tooth, partially bony	Once per tooth	\$ 351.43	\$ 51.96	\$ 299.47
D7240	2	Removal of impacted tooth, complete bony	Once per tooth	\$ 420.03	\$ 62.11	\$ 357.92
D7241	2	Removal of impacted tooth, complete bony, with unusual complications	Once per tooth	\$ 420.03	\$ 62.11	\$ 357.92

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for the Harvard Dental Center
Beginning January 1, 2023 - December 31, 2023

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)
 Orthodontia Benefit Lifetime Maximum**
 Annual Maximum for Implants*

\$2,400
\$3,000
\$1,500

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D7250	2	Surgical removal of residual roots	Once per tooth	\$ 168.59	\$ 24.63	\$ 143.96
D7251	2	Coronectomy - intentional partial tooth removal	Once per lifetime, per tooth	\$ 420.03	\$ 62.12	\$ 357.91
D7260	2	Oral antral fistula closure	Once per lifetime	\$ 565.73	\$ 83.66	\$ 482.07
D7261	2	Primary closure of a sinus perforation	Once per tooth	\$ 565.73	\$ 83.66	\$ 482.07
D7270	2	Tooth reimplantation/stabilization	One per Lifetime	\$ 181.42	\$ 26.65	\$ 154.77
D7272	2	Tooth transplantation	One per Lifetime	\$ 454.28	\$ 67.16	\$ 387.12
D7280	2	Surgical access of an unerupted tooth	One per Lifetime	\$ 404.29	\$ 59.46	\$ 344.83
D7282	2	Mobilization of erupted/malposed tooth to aid eruption	Once per lifetime, per tooth	\$ 524.29	\$ 77.52	\$ 446.77
D7283*	2	Placement of device to facilitate eruption of impacted tooth	One per Lifetime	\$ 182.75	\$ 27.04	\$ 155.71
D7285	2	Biopsy of oral tissue, hard	As needed	\$ 290.02	\$ 42.87	\$ 247.15
D7286	2	Biopsy of oral tissue, soft	As needed	\$ 248.56	\$ 36.74	\$ 211.82
D7288	2	Brush Biopsy	As needed	\$ 166.53	\$ 24.61	\$ 141.92
D7291	2	Transseptal fibrotomy by report	Once per permanent tooth per lifetime	\$ 81.44	\$ 12.04	\$ 69.40
D7296	2	Corticomy-one to three teeth spaces per quadrant. Once per lifetime per quadrant if member has ortho coverage. (Note: any benefits paid will draw from ortho maximum)	Once per permanent tooth per lifetime	\$ 411.43	\$ 60.82	\$ 350.61
D7297	2	Corticomy-four or more to three teeth spaces per quadrant. Once per lifetime per quadrant if member has ortho coverage. (Note: any benefits paid will draw from ortho maximum)	Once per lifetime, per quadrant	\$ 548.60	\$ 81.11	\$ 467.49
D7310	2	Alveoplasty with extractions, per quadrant	One per quadrant per lifetime	\$ 194.31	\$ 28.71	\$ 165.60
D7311	2	Alveoloplasty in conjunction w/ ext 1to 3 teeth or tooth spacs per quad	One per quadrant per lifetime	\$ 165.14	\$ 24.42	\$ 140.72
D7320	2	Alveoplasty without extractions, per quadrant	One per quadrant per lifetime	\$ 225.71	\$ 32.81	\$ 192.90
D7321	2	Alveoplasty not in conjunction w/ext 1 to 3 teeth or tooth spacs per quad	One per quadrant per lifetime	\$ 191.86	\$ 28.38	\$ 163.48
D7340	2	Vestibuloplasty, ridge extension	One per quadrant per lifetime	\$ 727.17	\$ 45.12	\$ 682.05
D7350	2	Vestibuloplasty, ridge extension w/soft tissue procedure	One per arch per lifetime	\$ 775.72	\$ 71.77	\$ 703.95
D7410	2	Excision of benign lesion up to 1.25 cm	As needed	\$ 387.15	\$ 57.22	\$ 329.93
D7411	2	Excision of benign lesion greater than 1.25 cm	As needed	\$ 420.03	\$ 62.11	\$ 357.92
D7412	2	Excision of benign lesion, complicated	As needed	\$ 525.03	\$ 77.63	\$ 447.40
D7440	2	Excision of malignant tumor lesion diam up to 1.25 cm	As needed	\$ 387.15	\$ 57.22	\$ 329.93
D7441	2	Excision of malignant tumor lesion diam > 1.25 cm	As needed	\$ 420.03	\$ 62.11	\$ 357.92

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for the Harvard Dental Center
Beginning January 1, 2023 - December 31, 2023

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)
 Orthodontia Benefit Lifetime Maximum**
 Annual Maximum for Implants*

\$2,400
\$3,000
\$1,500

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D7450	2	Removal of odontogenic cyst/tumor up to 1.25 cm	As needed	\$ 221.45	\$ 32.74	\$ 188.71
D7451	2	Removal of odontogenic cyst/tumor > 1.25 cm	As needed	\$ 248.56	\$ 36.74	\$ 211.82
D7460	2	Removal of nonodontogenic cyst/tumor up to 1.25 cm	As needed	\$ 234.29	\$ 34.64	\$ 199.65
D7461	2	Removal of nonodontogenic cyst/tumor > 1.25 cm	As needed	\$ 231.43	\$ 34.21	\$ 197.22
D7465	2	Destruction of lesions by chemical or physical method	As needed	\$ 234.29	\$ 34.64	\$ 199.65
D7471	2	Excision bone tissue	One per arch per lifetime	\$ 318.60	\$ 47.11	\$ 271.49
D7472	2	Removal of torus palatinus	One per maxillary per lifetime	\$ 318.60	\$ 47.11	\$ 271.49
D7473	2	Removal of torus mandibularis	One per arch per lifetime	\$ 318.60	\$ 47.11	\$ 271.49
D7485	2	Surgical reduction of osseous tuberosity	One per quadrant per lifetime	\$ 318.60	\$ 47.11	\$ 271.49
D7509	2	Marsupialization of odontogenic cyst	As needed	\$ 248.56	\$ 36.74	\$ 211.82
D7510	2	Incision and drainage of abscess	Once per lifetime	\$ 141.44	\$ 20.51	\$ 120.93
D7511	2	Incision and drainage of abscess intra soft tissue complic	Once per lifetime	\$ 212.16	\$ 30.76	\$ 181.40
D7520	2	Incision and drainage of abscess, extraoral soft tissue	Once per lifetime	\$ 161.45	\$ 23.88	\$ 137.57
D7521	2	Incision and drainage of abscess, extra soft tissue complic	Once per lifetime	\$ 201.82	\$ 29.85	\$ 171.97
D7530	2	Removal of foreign body, superficial	Once per lifetime	\$ 322.87	\$ 34.86	\$ 288.01
D7540	2	Removal of foreign body producing reaction, deep	Once per lifetime	\$ 322.87	\$ 47.17	\$ 275.70
D7550	2	Sequestrectomy	Once per lifetime	\$ 484.31	\$ 71.60	\$ 412.71
D7560	2	Removal of tooth fragment from maxillary sinus	Once per lifetime, per tooth	\$ 347.16	\$ 51.27	\$ 295.89
D7670	2	Alveolus stabilization	Once per lifetime	\$ 484.31	\$ 71.60	\$ 412.71
D7740	2	Closed reduction of mandible fracture	Once per lifetime, per tooth	\$1,130.03	\$ 167.06	\$ 962.97
D7770	2	Alveolus stabilization (compound fracture)	Once per lifetime	\$ 484.31	\$ 71.60	\$ 412.71
D7771	2	Alveolus, closed reduction stabilization of teeth	Once per lifetime	\$ 484.31	\$ 71.60	\$ 412.71
D7820	2	Closed reduction of mandible dislocation	Once per lifetime	\$ 322.87	\$ 47.17	\$ 275.70
D7830	2	Manipulation under anesthesia	Once per lifetime	\$ 322.87	\$ 47.17	\$ 275.70
D7870	2	Arthrocentesis	Once per lifetime	\$ 988.04	\$ 146.08	\$ 841.96
D7910	2	Suture of small wounds	Once per lifetime	\$ 112.88	\$ 16.42	\$ 96.46
D7911	2	Suture of complex wounds	Once per lifetime	\$ 194.30	\$ 28.71	\$ 165.59
D7953	2	Bone replacement graft for ridge preservation - per site	Once per lifetime	\$ 605.74	\$ 89.57	\$ 516.17
D7961	2	Buccal / labial frenectomy (frenulectomy)	Two per lifetime for patients over age 6	\$ 444.33	\$ 65.64	\$ 378.69
D7962	2	Lingual frenectomy (frenulectomy)	Once per lifetime per arch for patients over age 6	\$ 444.33	\$ 65.64	\$ 378.69
D7963	2	Frenuoplasty	Once per arch per lifetime (for patients 6 year and older)	\$ 555.39	\$ 82.03	\$ 473.36
D7970	2	Excision of hyperplastic tissue per arch	Once per lifetime, per arch	\$ 322.87	\$ 47.17	\$ 275.70
D7971	2	Excision of pericoronal gingiva	Once per lifetime	\$ 290.02	\$ 42.87	\$ 247.15

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for the Harvard Dental Center
Beginning January 1, 2023 - December 31, 2023

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)
 Orthodontia Benefit Lifetime Maximum**
 Annual Maximum for Implants*

\$2,400
\$3,000
\$1,500

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D7972	2	Surgical reduction of fibrous tuberosity	Once per lifetime	\$ 484.31	\$ 71.60	\$ 412.71
D7999	2	TMJ/facial pain consultation	Once every 60 months	\$ 282.88	\$ 282.88	\$ -
D9110	2	Palliative treatment	Three times in 12 months	\$ 77.13	\$ 11.40	\$ 65.73
D9120	2	Fixed partial denture sectioning	Once per bridge per lifetime	\$ 136.74	\$ 20.23	\$ 116.51
D9210	2	Local anesthesia not with procedure	Once per year	\$ 24.32	\$ -	\$ 24.32
D9222	2	Deep sedation/general anesthesia – first 15 minutes (prep/set-up time), allowed with covered surgical impacted teeth only (up to one hour)	First 15 minutes	\$ 130.26	\$ 35.17	\$ 95.09
D9223	2	Deep sedation/general anesthesia – each subsequent 15 minutes increment, allowed with covered surgical impacted teeth only (up to one hour)	Each subsequent 15 minute increment (up to one hour)	\$ 127.17	\$ 42.57	\$ 84.60
D9239	2	Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes (prep/set-up time), allowed with covered surgical impacted teeth only (up to one hour)	First 15 minutes	\$ 115.63	\$ 31.98	\$ 83.65
D9243	2	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment, allowed with covered surgical impacted teeth only (up to one hour)	Each subsequent 15 minute increment (up to one hour)	\$ 112.88	\$ 39.50	\$ 73.38
D9910	2	Application of desensitizing medicaments	Once per tooth per lifetime	\$ 38.59	\$ 5.72	\$ 32.87
D9941	2	Fabrication of Athletic Mouth Guard	Once per 24 months, members under age 18	\$ 141.43	\$ 20.91	\$ 120.52
D9942	2	Repair and/or relines of occlusal guard	Once every 60 months	\$ 72.85	\$ 10.24	\$ 62.61
D9944	2	Occlusal guards - hard appliance, full arch	One per 60 months	\$ 565.73	\$ 83.66	\$ 482.07
D9945	2	Occlusal guards - soft appliance, full arch	One per 60 months	\$ 141.43	\$ 20.91	\$ 120.52
D9946	2	Occlusal guards - hard appliance, partial arch	One per 60 months	\$ 226.29	\$ 33.46	\$ 192.83
D9951	2	Occlusal adjustment complete	Once every 60 months	\$ 72.85	\$ 10.24	\$ 62.61
D2510	3	Inlay metallic 1 surface	Once every 60 months	\$ 645.73	\$ 225.64	\$ 420.09
D2520	3	Inlay metallic 2 surfaces	Once every 60 months	\$ 775.76	\$ 271.07	\$ 504.69
D2530	3	Inlay metallic 3+ surfaces	Once every 60 months	\$1,001.44	\$ 349.93	\$ 651.51
D2542	3	Onlay metallic 2 surfaces	Once every 60 months	\$1,041.44	\$ 363.90	\$ 677.54
D2543	3	Onlay metallic 3 surfaces	Once every 60 months	\$1,041.44	\$ 363.90	\$ 677.54
D2544	3	Onlay metallic 4+ surfaces	Once every 60 months	\$1,041.44	\$ 363.90	\$ 677.54
D2610	3	Inlay porcelain/ceramic 1 surface	Once every 60 months	\$ 614.32	\$ 214.67	\$ 399.65
D2620	3	Inlay porcelain/ceramic 2 surfaces	Once every 60 months	\$ 888.58	\$ 310.49	\$ 578.09
D2630	3	Inlay porcelain/ceramic 3+ surfaces	Once every 60 months	\$ 968.61	\$ 338.47	\$ 630.14

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for the Harvard Dental Center
Beginning January 1, 2023 - December 31, 2023

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)
 Orthodontia Benefit Lifetime Maximum**
 Annual Maximum for Implants*

\$2,400
\$3,000
\$1,500

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D2642	3	Onlay porcelain/ceramic 2 surfaces	Once every 60 months	\$1,032.89	\$ 360.92	\$ 671.97
D2643	3	Onlay porcelain/ceramic 3 surfaces	Once every 60 months	\$1,032.89	\$ 360.92	\$ 671.97
D2644	3	Onlay porcelain/ceramic 4+ surfaces	Once every 60 months	\$1,032.89	\$ 360.92	\$ 671.97
D2650	3	Inlay composite resin 1 surface (laboratory)	Once every 60 months	\$ 590.04	\$ 206.17	\$ 383.87
D2651	3	Inlay composite resin 2 surfaces(laboratory)	Once every 60 months	\$ 751.46	\$ 262.59	\$ 488.87
D2652	3	Inlay composite resin 3+ surfaces (laboratory)	Once every 60 months	\$ 645.73	\$ 225.64	\$ 420.09
D2662	3	Onlay composite resin 2 surfaces	Once every 60 months	\$ 952.87	\$ 332.95	\$ 619.92
D2663	3	Onlay composite resin 3 surfaces	Once every 60 months	\$ 952.87	\$ 332.95	\$ 619.92
D2664	3	Onlay composite resin 4+ surfaces	Once every 60 months	\$ 952.87	\$ 332.95	\$ 619.92
D2710	3	Crown resin (laboratory)	Once every 60 months	\$ 221.43	\$ 64.30	\$ 157.13
D2712	3	Crown 3/4 resin base composite(indirect) not include facial veneers	Once every 60 months	\$ 221.43	\$ 64.30	\$ 157.13
D2720	3	Crown, resin w/ high noble metal	Once every 60 months	\$1,008.60	\$ 283.37	\$ 725.23
D2721	3	Crown, resin w/ base metal	Once every 60 months	\$1,008.60	\$ 283.37	\$ 725.23
D2722	3	Crown, resin w/ noble metal	Once every 60 months	\$1,008.60	\$ 283.37	\$ 725.23
D2740	3	Crown, porcelain/ceramic substrate	Once every 60 months	\$1,182.89	\$ 276.81	\$ 906.08
D2750	3	Crown, porcelain fused to metal	Once every 60 months	\$1,182.88	\$ 413.32	\$ 769.56
D2751	3	Crown, porcelain fused to base metal	Once every 60 months	\$1,182.88	\$ 413.32	\$ 769.56
D2752	3	Crown, porcelain fused to noble metal	Once every 60 months	\$1,182.88	\$ 413.32	\$ 769.56
D2753	3	Crown - porcelain fused to titanium alloys	Once every 60 months	\$1,182.88	\$ 413.32	\$ 769.56
D2780	3	Crown, 3/4 high noble metal	Once every 60 months	\$1,202.88	\$ 420.32	\$ 782.56
D2781	3	Crown, 3/4 base metal	Once every 60 months	\$1,160.04	\$ 405.35	\$ 754.69
D2782	3	Crown, 3/4 noble metal	Once every 60 months	\$1,160.04	\$ 405.35	\$ 754.69
D2783	3	Crown, 3/4 porcelain/ceramic	Once every 60 months	\$1,034.30	\$ 361.41	\$ 672.89
D2790	3	Crown, full cast high noble metal	Once every 60 months	\$1,092.91	\$ 381.90	\$ 711.01
D2791	3	Crown, full cast base metal	Once every 60 months	\$1,092.91	\$ 381.90	\$ 711.01
D2792	3	Crown, full cast noble metal	Once every 60 months	\$1,092.91	\$ 381.90	\$ 711.01
D2794*	3	Crown Titanium	Once every 60 months	\$1,092.91	\$ 381.42	\$ 711.49
D2799	3	Provisional crown	Once every 60 months	\$ 124.30	\$ -	\$ 124.30
D5110	3	Complete upper denture	Once per 60 months	\$1,154.29	\$ 403.34	\$ 750.95
D5120	3	Complete lower denture	Once per 60 months	\$1,154.29	\$ 403.34	\$ 750.95
D5130	3	Immediate upper denture	Once per 60 months	\$1,178.60	\$ 411.83	\$ 766.77
D5140	3	Immediate lower denture	Once per 60 months	\$1,178.60	\$ 411.83	\$ 766.77

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for the Harvard Dental Center
Beginning January 1, 2023 - December 31, 2023

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)
 Orthodontia Benefit Lifetime Maximum**
 Annual Maximum for Implants*

\$2,400
\$3,000
\$1,500

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D5211	3	Upper partial denture resin base	Once per 60 months	\$1,130.04	\$ 394.86	\$ 735.18
D5212	3	Lower partial denture resin base	Once per 60 months	\$1,130.04	\$ 394.86	\$ 735.18
D5213	3	Upper partial denture cast metal frame	Once per 60 months	\$1,194.30	\$ 417.32	\$ 776.98
D5214	3	Lower partial denture cast metal frame	Once per 60 months	\$1,211.44	\$ 423.31	\$ 788.13
D5221	3	Immediate maxillary partial denture – resin base	Once per 60 months	\$1,152.65	\$ 403.44	\$ 749.21
D5222	3	Immediate mandibular partial denture – resin base	Once per 60 months	\$1,152.65	\$ 403.44	\$ 749.21
D5223	3	Immediate maxillary partial denture – cast metal framework with resin denture bases	Once per 60 months	\$1,218.19	\$ 426.37	\$ 791.82
D5224	3	Immediate mandibular partial denture – cast metal framework with resin denture bases	Once per 60 months	\$1,235.68	\$ 432.49	\$ 803.19
D5225	3	Maxillary partial denture - flexible base	Once per 60 months	\$1,194.30	\$ 417.32	\$ 776.98
D5226	3	Mandibular partial denture - flexible base	Once per 60 months	\$1,211.44	\$ 423.31	\$ 788.13
D5227	3	Immediate maxillary partial denture - flexible base	One maxillary denture whether immediate, complete, partial or implant supported in 60 months	\$1,194.30	\$ 417.32	\$ 776.98
D5228	3	Immediate mandibular partial denture - flexible base	One maxillary denture whether immediate, complete, partial or implant supported in 60 months	\$1,211.44	\$ 423.31	\$ 788.13
D5282	3	Removable unilateral partial denture 1 piece cast metal (including clasps and teeth), maxillary	Once per 60 months, not to be combined with any other denture in the same arch	\$ 694.31	\$ 242.62	\$ 451.69
D5283	3	Removable unilateral partial denture 1 piece cast metal (including clasps and teeth), mandibular	Once per 60 months, not to be combined with any other denture in the same arch	\$ 694.31	\$ 242.62	\$ 451.69
D5284	3	Partial Denture - removable unilateral – one piece flexible base (including clasps and teeth) – per quadrant	Once per arch 60 months.	\$ 694.31	\$ 242.62	\$ 451.69
D5286	3	Partial Denture - removable unilateral – one piece resin (including clasps and teeth) – per quadrant	Once per arch 60 months.	\$ 694.31	\$ 242.62	\$ 451.69
D5820	3	Interim upper partial denture	One per 60 months	\$ 767.18	\$ 146.84	\$ 620.34
D5821	3	Interim lower partial denture	One per 60 months	\$ 767.18	\$ 146.84	\$ 620.34
D6010**	3	Endosteal implant	One per 60 months	\$2,564.44	\$1,064.44	\$1,500.00
D6013**	3	Surgical placement of mini implant	One per 60 months	\$1,538.67	\$ 537.66	\$1,001.01
D6056	3	Prefabricated abutment - includes placement	One per 60 months	\$ 569.62	\$ 199.03	\$ 370.59
D6057*	3	Custom Abutment	One per 60 months	\$ 645.00	\$ 225.10	\$ 419.90
D6058*	3	Implant Abut Crown	One per 60 months	\$1,407.45	\$ 491.20	\$ 916.25
D6059	3	Abutment supported porcelain fused to metal crown(high noble metal)	One per 60 months	\$1,407.45	\$ 491.82	\$ 915.63

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for the Harvard Dental Center
Beginning January 1, 2023 - December 31, 2023

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)
 Orthodontia Benefit Lifetime Maximum**
 Annual Maximum for Implants*

\$2,400
\$3,000
\$1,500

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D6060*	3	Implant Abut Crown	One per 60 months	\$1,353.43	\$ 472.35	\$ 881.08
D6061	3	Abutment supported porcelain fused to metal crown (noble metal)	One per 60 months	\$1,287.09	\$ 449.75	\$ 837.34
D6062*	3	Implant Abut Crown	One per 60 months	\$1,397.50	\$ 487.72	\$ 909.78
D6063*	3	Implant Abut Crown	One per 60 months	\$1,182.50	\$ 412.69	\$ 769.81
D6064*	3	Implant Abut Crown	One per 60 months	\$1,397.50	\$ 487.72	\$ 909.78
D6065*	3	Implant Abut Crown	One per 60 months	\$1,505.00	\$ 525.24	\$ 979.76
D6066*	3	Implant Abut Crown	One per 60 months	\$1,505.00	\$ 525.24	\$ 979.76
D6067*	3	Implant Abut Crown	One per 60 months	\$1,451.25	\$ 506.48	\$ 944.77
D6068*	3	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	One per 60 months	\$1,505.00	\$ 525.24	\$ 979.76
D6070*	3	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)	One per 60 months	\$1,353.43	\$ 472.35	\$ 881.08
D6071*	3	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	One per 60 months	\$1,397.50	\$ 487.72	\$ 909.78
D6072*	3	Abutment supported retainer for cast metal FPD (high noble metal)	One per 60 months	\$1,286.78	\$ 449.09	\$ 837.69
D6073*	3	Abutment supported retainer for cast metal FPD (predominately base metal)	Once per tooth per 60 months	\$1,182.50	\$ 412.69	\$ 769.81
D6074*	3	Abutment supported retainer for cast metal FPD (noble metal)	Once per tooth per 60 month	\$1,397.50	\$ 487.72	\$ 909.78
D6076*	3	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	Once per tooth per 60 month	\$1,451.25	\$ 506.48	\$ 944.77
D6077*	3	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	One per 60 months	\$1,451.25	\$ 506.48	\$ 944.77
D6082	3	Implant supported crown – porcelain fused to predominantly base alloys	Once per tooth per 60 months.	\$1,353.43	\$ 472.35	\$ 881.08
D6083	3	Implant supported crown – porcelain fused to noble alloys	Once per tooth per 60 months.	\$1,287.09	\$ 449.75	\$ 837.34
D6084	3	Implant supported crown – porcelain fused to titanium and titanium alloys	Once per tooth per 60 months.	\$1,353.43	\$ 472.35	\$ 881.08
D6085	3	Provisional implant crown	Once per tooth per 60 months	\$ 124.30	\$ -	\$ 124.30
D6086	3	Implant supported crown – predominantly base alloys	Once per tooth per 60 months.	\$1,182.50	\$ 412.69	\$ 769.81
D6087	3	Implant supported crown – noble alloys	Once per tooth per 60 months.	\$1,397.50	\$ 487.72	\$ 909.78
D6088	3	Implant supported crown – titanium and titanium alloys	Once per tooth per 60 months.	\$1,451.25	\$ 214.78	\$1,236.47

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for the Harvard Dental Center
Beginning January 1, 2023 - December 31, 2023

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)
 Orthodontia Benefit Lifetime Maximum**
 Annual Maximum for Implants*

\$2,400
\$3,000
\$1,500

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D6094*	3	Abutment supported crown - titanium	One per 60 months	\$1,451.25	\$ 214.78	\$1,236.47
D6097	3	Abutment supported crown – porcelain fused to titanium and titanium alloys	Once per tooth per 60 months.	\$1,353.43	\$ 472.35	\$ 881.08
D6098	3	Implant supported retainer – porcelain fused to predominantly base alloys	Once per 60 months.	\$1,353.43	\$ 472.35	\$ 881.08
D6099	3	Implant supported retainer for FPD – porcelain fused to noble alloys	Once per 60 months.	\$1,451.25	\$ 506.48	\$ 944.77
D6100	3	Surgical removal of implant body	Once per lifetime (per implant) after 6-months of implant placement	\$ 128.56	\$ 18.43	\$ 110.13
D6105	3	removal of implant body not requiring bone removal or flap elevation	Once per lifetime (per implant) after 6-months of implant placement	\$ 105.28	\$ 14.36	\$ 90.92
D6106	3	Guided tissue regeneration – resorbable barrier, per implant	Once per tooth per 36 months at an implant site	\$ 645.72	\$ 95.45	\$ 550.27
D6107	3	Guided tissue regeneration – non-resorbable barrier, per implant	Once per tooth per 36 months at an implant site	\$ 685.74	\$ 101.39	\$ 584.35
D6114*	3	Implant /abutment complete denture-fixed upper arch	One per 60 months	\$1,773.75	\$ 619.04	\$1,154.71
D6115*	3	Implant /abutment complete denture-fixed lower arch	One per 60 months	\$1,773.75	\$ 619.04	\$1,154.71
D6116*	3	Implant /abutment partial denture-fixed upper arch	One per 60 months	\$1,773.75	\$ 619.04	\$1,154.71
D6117	3	Implant /abutment partial denture-fixed lower arch	One per 60 months	\$1,773.75	\$ 619.04	\$1,154.71
D6120	3	Implant supported retainer – porcelain fused to titanium and titanium alloys	Once per 60 months.	\$1,451.25	\$ 506.48	\$ 944.77
D6121	3	Implant supported retainer for metal FPD – predominantly base alloys	Once per 60 months.	\$1,451.25	\$ 506.48	\$ 944.77
D6122	3	Implant supported retainer for metal FPD – noble alloys	Once per 60 months.	\$1,451.25	\$ 506.48	\$ 944.77
D6123	3	Implant supported retainer for metal FPD – titanium and titanium alloys	Once per 60 months.	\$1,451.25	\$ 506.48	\$ 944.77
D6194	3	Abutment supported retainer crown for FPD - titanium	One per 60 months	\$1,451.25	\$ 214.78	\$1,236.47
D6195	3	Abutment supported retainer – porcelain fused to titanium and titanium alloys	Once per 60 months.	\$1,353.43	\$ 472.35	\$ 881.08
D6197	3	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Once every 24-months (per crown) after 6-months of crown insertion.	\$ 117.78	\$ 14.34	\$ 103.44
D6205	3	Pontic -indirect resin based composite	One per 60 months	\$ 221.43	\$ 64.30	\$ 157.13
D6210	3	Bridge pontic cast high noble metal	One per 60 months	\$1,104.32	\$ 385.88	\$ 718.44



**Boston Teachers Union Health and Welfare Fund - Group No: 006318
 Schedule of Covered Dental Procedures for the Harvard Dental Center
 Beginning January 1, 2023 - December 31, 2023**

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)
 Orthodontia Benefit Lifetime Maximum**
 Annual Maximum for Implants*

**\$2,400
 \$3,000
 \$1,500**

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D6211	3	Pontic, cast base metal	One per 60 months	\$1,104.32	\$ 385.88	\$ 718.44
D6212	3	Pontic, cast noble metal	One per 60 months	\$1,104.32	\$ 385.88	\$ 718.44
D6214	3	Pontic - titanium	One per 60 months	\$1,451.25	\$ 506.48	\$ 944.77
D6240	3	Bridge pontic porcelain fused to high noble metal	One per 60 months	\$1,130.04	\$ 361.27	\$ 768.77
D6241	3	Bridge pontic porcelain fused to base metal	One per 60 months	\$1,130.04	\$ 361.27	\$ 768.77
D6242	3	Bridge pontic porcelain fused to noble metal	One per 60 months	\$1,130.04	\$ 361.27	\$ 768.77
D6243	3	Pontic – porcelain fused to titanium and titanium alloys	Once per tooth per 60 months.	\$1,130.04	\$ 361.27	\$ 768.77
D6250	3	Bridge pontic resin w/ high noble metal	One per 60 months	\$1,130.06	\$ 369.90	\$ 760.16
D6251	3	Bridge pontic resin w/ base metal	One per 60 months	\$1,130.06	\$ 369.90	\$ 760.16
D6252	3	Bridge pontic resin w/ noble metal	One per 60 months	\$1,130.06	\$ 369.90	\$ 760.16
D6545	3	Retainer/cast metal acid etched prosthesis	One per 60 months	\$ 557.14	\$ 157.33	\$ 399.81
D6549	3	Rein retainer fir resin binded fixed prosthesis	One per 60 months	\$ 557.14	\$ 157.33	\$ 399.81
D6600	3	Inlay, porcelain/ceramic, 2 surfaces	Once per 5 years per tooth	\$ 888.57	\$ 310.49	\$ 578.08
D6601	3	Inlay, porcelain/ceramic, 3 or more surfaces	Once per 5 years per tooth	\$ 968.61	\$ 338.47	\$ 630.14
D6602	3	Inlay, cast high noble metal, 2 surfaces	One per 60 months	\$ 775.74	\$ 271.05	\$ 504.69
D6603	3	Inlay, cast high noble metal, 3 or more surfaces	One per 60 months	\$1,001.44	\$ 349.93	\$ 651.51
D6604*	3	Inlay - cast predominantly base metal, two surfaces	One per 60 months	\$ 791.20	\$ 276.12	\$ 515.08
D6605*	3	Inlay - cast predominantly base metal, three or more surfaces	One per 60 months	\$ 851.40	\$ 297.13	\$ 554.27
D6606*	3	Inlay - cast noble metal, two surfaces	One per 60 months	\$ 821.30	\$ 286.63	\$ 534.67
D6607*	3	Inlay - cast noble metal, three or more surfaces	One per 60 months	\$ 919.13	\$ 320.77	\$ 598.36
D6608	3	Onlay, porcelain/ceramic, 2 surfaces	Once per 5 years per tooth	\$1,032.89	\$ 360.92	\$ 671.97
D6609	3	Onlay, porcelain/ceramic, 3 or more surfaces	Once per 5 years per tooth	\$1,032.89	\$ 360.92	\$ 671.97
D6610	3	Onlay, cast high noble metal, 2 surfaces	One per 60 months	\$1,041.44	\$ 363.90	\$ 677.54
D6611	3	Onlay, cast high noble metal, 3 or more surfaces	One per 60 months	\$1,041.44	\$ 363.90	\$ 677.54
D6612	3	Onlay - cast predominantly base metal, two surfaces	One per 60 months	\$ 887.95	\$ 309.89	\$ 578.06
D6613	3	Onlay - cast predominantly base metal, three or more surfaces	One per 60 months	\$ 972.88	\$ 339.53	\$ 633.35
D6614	3	Onlay - cast noble metal, two surfaces	One per 60 months	\$ 940.63	\$ 328.28	\$ 612.35
D6615	3	Onlay - cast noble metal, three or more surfaces	One per 60 months	\$1,021.25	\$ 356.41	\$ 664.84
D6624	3	Inlay - titanium	One per 60 months	\$ 860.00	\$ 300.14	\$ 559.86
D6634	3	Onlay - titanium	One per 60 months	\$1,182.50	\$ 412.69	\$ 769.81
D6710	3	Crown - indirect resin based composite	One per 60 months	\$ 221.43	\$ 64.30	\$ 157.13
D6720	3	Crown resin with high noble metal	One per 60 months	\$1,130.04	\$ 394.86	\$ 735.18
D6721	3	Crown resin with base metal	One per 60 months	\$1,130.04	\$ 394.86	\$ 735.18

Boston Teachers Union Health and Welfare Fund - Group No: 006318
Schedule of Covered Dental Procedures for the Harvard Dental Center
Beginning January 1, 2023 - December 31, 2023

Plan Maximums:

Annual Plan Maximum (Excluding Orthodontia and Implants)
 Orthodontia Benefit Lifetime Maximum**
 Annual Maximum for Implants*

\$2,400
\$3,000
\$1,500

Procedure Code	Procedure Type	Procedure Description	Frequency	Fee	Copay	New Fund Payment ***
D6722	3	Crown resin with noble metal	One per 60 months	\$1,130.04	\$ 394.86	\$ 735.18
D6740	3	Retainer Crown-porcelain/ceramic	One per 60 months	\$1,202.88	\$ 420.32	\$ 782.56
D6750	3	Bridge crown porcelain fused to high noble metal	One per 60 months	\$1,202.88	\$ 420.32	\$ 782.56
D6751	3	Bridge crown porcelain fused to base metal	One per 60 months	\$1,025.74	\$ 358.43	\$ 667.31
D6752	3	Bridge crown porcelain fused to noble metal	One per 60 months	\$1,025.74	\$ 358.43	\$ 667.31
D6753	3	Retainer crown – porcelain fused to titanium and titanium alloys	Once per tooth per 60 months.	\$1,025.74	\$ 358.43	\$ 667.31
D6780	3	Bridge crown 3/4 cast high noble metal	One per 60 months	\$1,202.88	\$ 420.32	\$ 782.56
D6781	3	Abutment, 3/4 cast	One per 60 months	\$1,160.04	\$ 405.35	\$ 754.69
D6782	3	Abutment, 3/4 noble	One per 60 months	\$1,160.04	\$ 405.35	\$ 754.69
D6784	3	Retainer crown ¾ – titanium and titanium alloys	Once per tooth per 60 months.	\$1,160.04	\$ 405.35	\$ 754.69
D6790	3	Bridge crown full cast high noble metal	One per 60 months	\$1,202.88	\$ 420.32	\$ 782.56
D6791	3	Bridge crown full cast base metal	One per 60 months	\$1,202.88	\$ 420.32	\$ 782.56
D6792	3	Bridge crown full cast noble metal	One per 60 months	\$1,202.88	\$ 420.32	\$ 782.56
D6794	3	Crown - titanium	One per 60 months	\$1,397.50	\$ 487.72	\$ 909.78
D7956	3	Guided tissue regeneration, edentulous area – resorbable barrier, per site	Once per tooth per 36 months at an extraction site	\$ 645.72	\$ 95.45	\$ 550.27
D7957	3	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	Once per tooth per 36 months at an extraction site	\$ 685.74	\$ 101.39	\$ 584.35
D8695	4	Removal of fixed orthodontic appliances for reasons other than completion of treatment. Once per lifetime per quadrant if member has ortho coverage. (Note: any benefits paid will draw from ortho maximum)	Once per lifetime per quadrant if member has ortho coverage. (Note: any benefits paid will draw from ortho maximum)	\$ 62.51	\$ -	\$ 62.51
D9310		Professional consultation	Once, per provider	\$ -	\$ -	\$ -
D9972		Cosmetic bleaching per arch - in office	One per arch per 24 months	\$ 387.15	\$ 387.15	\$ -
D9999		Missed appointment charge (w/o 24 hour notice)	Twice a year	\$ 25.00	\$ 25.00	\$ -

* Covered procedures are subject to a combined annual maximum for implants of \$1,500 per person. Implant-related procedures (abutments and crowns) will be applied toward the overall annual maximum of \$2,400 per person.

**Orthodontic treatment must be administered/supervised by a licensed dentist. Mail order orthodontic kits are not covered under this plan.

Current Dental Terminology © 2023 American Dental Association