

**UFCW Fund Dental Fee Schedule \*\*Only Pays Up to Overall Annual Dental Maximum of \$1,500**

**\*\*Refer to your Cigna Contract if you are In-Network\*\***

CDT CODE	DESCRIPTION	ALLOWED MAX
00100	Infection Control Material	\$0.00
00111	Oral Cancer Screening	\$0.00
00120	Periodic Oral Evaluation Established Patient	\$39.21
00140	Limited Oral Evaluation - Problem Focused	\$63.46
00150	Comp Oral Evaluation - New/Established Patient	\$68.53
00170	Re-Evaluation - Limited Problem Focused	\$34.75
00180	Comp Periodontal Evaluation - New/Est Patient	\$70.12
00191	Assessment Of A Patient	\$0.00
00210	Intraoral - Comp Series Of Radiographic Images	\$114.08
00230	Intraoral - Periapical Each Add Radiograph Image	\$18.28
00250	Extra-Oral - 2D Projection X-Ray	\$43.50
00260	Extraoral - Each Additional Film	\$41.00
00272	Bitewings - Two Radiographic Images	\$35.15
00274	Bitewings - Four Radiographic Images	\$49.73
00277	Vertical Bitewings - 7 To 8 Radiographic Images	\$73.50
00310	Sialography	\$350.00
00321	Other Tmj Radiographic Images By Report	\$12.50
00330	Panoramic Radiographic Image	\$93.61
00350	Oral/Facial Photo Image Obtain Intra/Extraorly	\$50.95
00360	Cone Beam Ct - Craniofacial Data Capture	\$633.00
00363	Cone Beam - Three-Dimensional Image Recon	\$529.00
00365	Cone Beam Ct Cap&Int Fd Vw 1 Full Dent Arch-	\$529.00
00367	Cone Beam Ct Capture & Interp Fd View Both	\$529.00
00369	Maxillofacial Mri Capture And Interpretation	\$0.00
00371	Sialoendoscopy Capture And Interpretation	\$0.00
00373	Intraoral Tomosynthesis-Bitewing Rad Image	\$0.00
00380	Cone Beam Ct Imag Cap W/Ltd Fd View-<1 Whole	\$0.00
00382	Cone Beam Ct Imag Cap Fd Vw 1 Full Dent Arch-	\$0.00
00384	Cone Beam Ct Imag Cap Tmj Series 2/>	\$0.00
00386	Maxillofacial Ultrasound Image Capture	\$0.00
00388	Intraoral Ts-Bitewing Rad Image-Image Cap Only	\$0.00
00391	Intepr Dx Imag Practitner Not Assoc Cap Imag Rpt	\$0.00
00394	Digitl Subtraction 2/> Images/Imag Vol Same Modal	\$0.00
00396	3D Printing Of A 3D Dental Surface Scan	\$0.00
00411	Hba1C In-Office Point Of Service Testing	\$0.00
00414	Lab Proc Microb Spec Inc Culture & Sens Studies	\$0.00
00416	Viral Culture	\$46.50
00418	Analysis Of Saliva Sample	\$0.00
00421	Genetic Test For Susceptibility To Oral Diseases	\$0.00
00423	Genetic Test Susceptibility Diseases-Spec Analy	\$0.00
00431	Adjunctive Predx Tst Not Incl Cytology/Bx Proc	\$67.00
00470	Diagnostic Casts	\$122.33
00472	Accession Of Tissue Gross Examination	\$67.00
00474	Access Tiss Gr&Mic Ex Assess Surg Marg	\$161.50
00476	Special Stains For Microorganisms	\$88.50
00478	Immunohistochemical Stains	\$98.00
00480	Acess Exfoliative Cytol Smear Mic Exam Prep/Rept	\$142.00
00482	Direct Immunofluorescence	\$126.50
00484	Consultation On Slides Prepared Elsewhere	\$207.50
00486	Lab Accss Tmsepi Cytl Smp Micro Ex Prep&Wrt	\$107.50
00502	Other Oral Pathology Procedures By Report	\$0.00
00601	Caries Risk Assessment & Doc Finding Low Risk	\$0.00
00603	Caries Risk Assessment & Doc Finding High Risk	\$0.00
00605	Antibody Tst For A Ph Rel Pathogen Incl Cov	\$0.00
00701	Panoramic Radiographic Image - Image Cap Only	\$0.00

CDT CODE	DESCRIPTION	ALLOWED MAX
00110	Initial Oral Examination	\$18.75
00115	Oral Hygiene Instructions	\$10.50
00130	Emergency Oral Examination	\$25.00
00145	Oral Eval Pt Und 3 Yr Age Cnsl W/Prim Caregiver	\$62.89
00160	Dtl&Ext Oral Evaluation - Problem Focused Report	\$162.37
00171	Re-Evaluation - Post-Operative Office Visit	\$0.00
00190	Screening Of A Patient	\$0.00
00201	Perio Rinse	\$0.00
00220	Intraoral - Periapical First Radiographic Image	\$22.91
00240	Intraoral - Occlusal Radiographic Image	\$32.85
00251	Extra-Oral Posterior Dental Radiographic Image	\$0.00
00270	Bitewing - Single Radiographic Image	\$21.99
00273	Bitewings - Three Radiographic Images	\$42.72
00275	Bitewing-Each Additional Film	\$6.25
00290	Posterior-Anterior Or Lateral Skull An	\$149.00
00320	Temporomandibular Joint Arthrogram Incl Inj	\$567.00
00322	Tomographic Survey	\$503.00
00340	2D Cephalometric X-Ray - Acquisition Msr & Analy	\$114.40
00351	3D Photographic Image	\$0.00
00362	Cone Beam - Two-Dimensional Image Recon	\$510.00
00364	Cone Beam Ct Cap&Intepr Ltd Fd View-<1 Whole	\$529.00
00366	Cone Bm Ct Cap&Int Fd View 1 Full Dent Arch-	\$529.00
00368	Cone Beam Ct Cap&Intepr Tmj Series 2/>	\$529.00
00370	Maxillofacial Ultrasound Capture&Interpretation	\$0.00
00372	Intraoral Tomosynthesis-Comp Series Rad Images	\$0.00
00374	Intraoral Tomosynthesis-Periapical Rad Image	\$0.00
00381	Cone Bm Ct Imag Cap Fd Vw 1 Full Dent Arch-	\$0.00
00383	Cone Beam Ct Image Capture Field View Both	\$0.00
00385	Maxillofacial Mri Image Capture	\$0.00
00387	Intraoral Ts-Comp Se Rad Images-Image Cap Only	\$0.00
00389	Intraoral Ts-Periapical Rad Image-Image Cap Only	\$0.00
00393	Virtual Treatment Sim 3D Image Volume/Surf Scan	\$0.00
00395	Fusion 2/More 3D Images Volume 1/More	\$0.00
00410	Initial Periodontic Examination	\$18.75
00412	Blood Glucose Level Test In-Office Glucose Meter	\$0.00
00415	Collection Microorganisms Culture & Sensitivity	\$29.00
00417	Clct & Prep Saliva Sample For Lab Dx Testing	\$0.00
00419	Assessment Of Salivary Flow By Measurement	\$0.00
00422	Collection & Preparation Of Genetic Sample Matl	\$0.00
00425	Caries Susceptibility Tests	\$26.50
00460	Pulp Vitality Tests	\$49.15
00471	This Includes Both Traditional Photogr	\$0.00
00473	Access Tissue Gr&Mic Examination Prep/Reprt	\$193.00
00475	Decalcification Procedure	\$88.50
00477	Special Stains Not For Microorganisms	\$107.50
00479	Tissue Insitu Hybridization Incl Interpretation	\$150.00
00481	Electron Microscopy Diagnostic	\$576.50
00483	Indirect Immunofluorescence	\$115.50
00485	Consult Incl Prep Slides Bx Matl Spl Ref Src	\$239.00
00501	Refers To Gross And Microscopic Evalua	\$0.00
00600	Non-Ionizing Dx Proc Cpbl Quantifying Mon & Rec	\$0.00
00602	Caries Risk Assessment & Doc Finding Mod Risk	\$0.00
00604	Antigen Testing For Ph Related Pathogen Incl Cov	\$0.00
00606	Molecular Testg Ph Rel Pathogen Incl Coronavirus	\$0.00
00702	2-D Cephalometric Rad Image - Image Cap Only	\$0.00

**UFCW Fund Dental Fee Schedule \*\*Only Pays Up to Overall Annual Dental Maximum of \$1,500**

**\*\*Refer to your Cigna Contract if you are In-Network\*\***

CDT CODE	DESCRIPTION	ALLOWED MAX
00703	2-D O/F Photo Img Obtd Intraori/Eo-Img Cap Only	\$0.00
00705	Extra-Oral Post Dental Rad Img - Img Cap Only	\$0.00
00707	Intraoral - Periapical Rad Img - Image Cap Only	\$0.00
00709	Intraoral-Comp Series Rad Img-Img Capture Only	\$0.00
00802	3D Dental Surface Scan-Indirect	\$0.00
00804	3D Facial Surface Scan-Indirect	\$0.00
01110	Prophylaxis - Adult	\$70.93
01130	Difficult Prophy-By Report	\$31.25
01203	This Code Is Used When Reporting Proph	\$30.35
01205	This Code Is Used To Report Combined P	\$80.18
01208	Topical Application Of Fluoride	\$31.00
01220	Office Fluoride Treatment	\$15.00
01301	Immunization Counseling	\$0.00
01320	Tobacco Cnsl Control&Prevention Oral Disease	\$39.33
01330	Oral Hygiene Instructions	\$59.60
01340	Desensitizing Medication	\$7.50
01352	Prev Rsn Rest Mod High Caries Risk Pt-Perm	\$0.00
01354	Application Caries Arrest Medicament-Per Tooth	\$0.00
01510	Space Maintainer - Fixed Unilateral - Per Quad	\$281.51
01516	Space Maintainer - Fixed - Bilateral, Maxillary	\$0.00
01520	Space Maintainer - Removable Uni - Per Quadrant	\$332.00
01526	Space Maintain- Removable- Bilateral, Maxillary	\$0.00
01550	Recementation Of Space Maintainer	\$60.67
01552	Re-Cement/Re-Bond Bil Space Maintainer - Mand	\$0.00
01555	Removal Of Fixed Space Maintainer	\$56.25
01557	Removal Of Fixed Bilateral Space Mntnr - Max	\$0.00
01575	Distal Shoe Space Mntnr - Fixed Uni - Per Quad	\$0.00
01702	Pfizer-Biontech Covid-19 Vaccine Adm - 2Nd Dose	\$0.00
01704	Moderna Covid-19 Vaccine Admin - 2Nd Dose	\$0.00
01706	Astrazeneca Covid-19 Vaccine Admin - 2Nd Dose	\$0.00
01708	Pfizer-Biontech Covid-19 Vac Adm-Third Dose	\$0.00
01710	Moderna Covid-19 Vaccine Adm-Third Dose	\$0.00
01712	Janssen Covid-19 Vaccine Adm-Booster Dose	\$0.00
01714	Pfizer-Biontech Covid-19 Vac Adm Ts Ped-2Nd	\$0.00
01782	Vaccine Administration-Hmn Papillomavirus-Dose 2	\$0.00
01999	Unspecified Preventive Procedure By Report	\$0.00
02120	Amalgam - Two Surfaces, Primary	\$20.00
02131	Amalgam - Four Or More Surfaces, Prima	\$31.25
02150	Amalgam-Two Surfaces Primary Or Permanent	\$146.89
02161	Amalgam-Four/More Surfaces Primary/Permanent	\$216.72
02210	Silicate Cement - Per Restoration	\$37.50
02331	Resin-Based Composite Two Surfaces Anterior	\$152.64
02334	Iv Pro Bond Filling	\$0.00
02336	Full Composite Resin Coverage Of Tooth	\$37.50
02339	Marathon Restoration (Post) 3 Surfaces	\$0.00
02381	Resin - Two Surfaces, Posterior-Primar	\$26.25
02385	Includes Preventive Resin Restoration	\$22.50
02387	Resin - Three Or More Surfaces, Poster	\$37.50
02390	Resin-Based Composite Crown Anterior	\$244.00
02392	Resin-Based Composite - Two Surfaces Posterior	\$183.45
02394	Resin Compos - Four Or More Surfaces Posterior	\$275.01
02420	Gold Foil - Two Surfaces	\$383.50
02510	Inlay - Metallic - One Surface	\$608.50
02530	Inlay - Metallic - Three Or More Surfaces	\$831.33
02543	Onlay Metallic Three Surfaces	\$816.50

CDT CODE	DESCRIPTION	ALLOWED MAX
00704	3-D Photographic Image - Image Capture Only	\$0.00
00706	Intraoral - Occlusal Rad Image - Image Cap Only	\$0.00
00708	Intraoral - Bitewing Rad Img - Img Capture Only	\$0.00
00801	3D Dental Surface Scan-Direct	\$0.00
00803	3D Facial Surface Scan-Direct	\$0.00
00999	Unspecified Diagnostic Procedure By Report	\$0.00
01120	Prophylaxis - Child	\$49.00
01201	Used To Report Combined Procedures Of	\$70.06
01204	This Code Is Used When Reporting Proph	\$28.19
01206	Topical Application Of Fluoride Varnish	\$45.64
01210	Topical Fluoride (Excluding Prophy)	\$0.00
01230	Topical Application Of Fluoride	\$22.50
01310	Nutritional Counseling Control Of Dental Disease	\$45.00
01321	Cnsl Oral Behav & Sys Hlth Eff Hi-Risk Subst Use	\$0.00
01334	Oral Hygiene Aid (Peroxy)	\$0.00
01351	Sealant - Per Tooth	\$51.00
01353	Sealant Repair - Per Tooth	\$0.00
01355	Caries Preventive Medicament Applic - Per Tooth	\$0.00
01515	Space Maintainer - Fixed-Bilateral	\$378.00
01517	Space Maintainer - Fixed - Bilateral, Mandibular	\$0.00
01525	Space Maintainer - Removable-Bilateral	\$502.00
01527	Space Maintainer - Removable - Bilateral, Mandib	\$0.00
01551	Re-Cement Or Re-Bond Bil Space Maintainer -	\$0.00
01553	Re-Cement/Re-Bond Uni Space Maintainer - Per	\$0.00
01556	Removal Of Fixed Uni Space Maintainer - Per	\$0.00
01558	Removal Fixed Bilateral Space Maintainer - Mand	\$0.00
01701	Pfizer-Biontech Covid-19 Vaccine Adm - 1St Dose	\$0.00
01703	Moderna Covid-19 Vaccine Admin - 1St Dose	\$0.00
01705	Astrazeneca Covid-19 Vaccine Admin - 1St Dose	\$0.00
01707	Janssen Covid-19 Vaccine Administration	\$0.00
01709	Pfizer-Biontech Covid-19 Vac Adm-Booster Dose	\$0.00
01711	Moderna Covid-19 Vaccine Adm-Booster Dose	\$0.00
01713	Pfizer-Biontech Covid-19 Vac Adm Ts Ped-1St	\$0.00
01781	Vaccine Administration-Hmn Papillomavirus-Dose 1	\$0.00
01783	Vaccine Administration-Hmn Papillomavirus-Dose 3	\$0.00
02110	Amalgam - One Surface, Primary	\$15.00
02130	Amalgam - Three Surfaces, Primary	\$25.00
02140	Amalgam-One Surface Primary Or Permanent	\$114.22
02160	Amalgam-Three Surfaces Primary Or Permanent	\$177.00
02190	Pin Retention, Per Pin	\$0.00
02330	Resin-Based Composite One Surface Anterior	\$119.08
02332	Resin-Based Composite Three Surfaces Anterior	\$185.31
02335	Resin-Based Composite-4/> Surfaces Anterior	\$220.34
02338	Marathon Restoration (Post) 2 Surfaces	\$0.00
02380	Includes Preventive Resin Restoration	\$22.50
02382	Resin - Three Or More Surfaces, Poster	\$37.50
02386	Resin - Two Surfaces, Posterior-Perman	\$26.25
02388	Resin- Four Or More Surfaces	\$37.50
02391	Resin-Based Composite - One Surface Posterior	\$140.75
02393	Resin-Based Composite - Three Surfaces Posterior	\$226.46
02410	Gold Foil - One Surface	\$230.00
02430	Gold Foil - Three Surfaces	\$665.00
02520	Inlay - Metallic - Two Surfaces	\$680.80
02542	Onlay - Metallic - Two Surfaces	\$832.00
02544	Onlay Metallic Four Or More Surfaces	\$831.46

**UFCW Fund Dental Fee Schedule \*\*Only Pays Up to Overall Annual Dental Maximum of \$1,500**

**\*\*Refer to your Cigna Contract if you are In-Network\*\***

CDT CODE	DESCRIPTION	ALLOWED MAX
02610	Inlay - Porcelain/Ceramic - One Surface	\$716.00
02630	Inlay - Porcelain/Ceramic - Three/More Surfaces	\$859.00
02643	Onlay - Porcelain/Ceramic - Three Surfaces	\$892.77
02650	Inlay Resin Based Composite One Surface	\$439.00
02652	Inlay Resin Based Composite 3 Or More Surfaces	\$589.00
02663	Onlay Resin Based Composite Three Surfaces	\$601.50
02710	Crown - Resin-Based Composite	\$387.00
02720	Crown - Resin With High Noble Metal	\$935.00
02722	Crown - Resin With Noble Metal	\$914.00
02750	Crown - Porcelain Fused To High Noble Metal	\$935.53
02752	Crown - Porcelain Fused To Noble Metal	\$878.53
02780	Crown - 3/4 Cast High Noble Metal	\$894.78
02782	Crown - 3/4 Cast Noble Metal	\$863.67
02790	Crown - Full Cast High Noble Metal	\$909.65
02792	Crown - Full Cast Noble Metal	\$868.95
02799	Interim Cr-Fur Tx/Compl Dx Nes Pri Final Imp	\$383.00
02830	Chrome Crown-Primary-Child	\$75.00
02910	Recement Inlay Onlay/Part Coverage Restoration	\$82.63
02920	Recement Crown	\$82.92
02925	Seat Cr/Br Advance	\$0.00
02929	Prefab Porcelain/Ceramic Crown - Primary Tooth	\$0.00
02931	Prefabr Stainless Steel Crown - Permanent Tooth	\$251.63
02933	Prefabr Stainless Steel Crown W/Resin Window	\$321.00
02940	Protective Restoration	\$86.15
02949	Restorative Foundation An Indirect Restoration	\$0.00
02951	Pin Retention - Per Tooth Addition Restoration	\$46.41
02953	Each Additional Indirectly Fab Post Same Tooth	\$166.50
02955	Post Removal	\$216.00
02960	Labial Veneer - Direct	\$0.00
02962	Labial Veneer Porcelain Laminate - Indirect	\$0.00
02971	Add Proc Customize Cr Und Exst Part Dentur Frwk	\$134.00
02976	Band Stabilization-Per Tooth	\$0.00
02981	Inlay Repair Necessitated Restorative Matl Fail	\$0.00
02983	Veneer Repair Necessitated Restorative Matl Fail	\$0.00
02990	Resin Infiltration Incipient Smooth Surface Les	\$0.00
02999	Unspecified Restorative Procedure By Report	\$0.00
03120	Pulp Cap - Indirect	\$49.56
03221	Pulpal Debridement Primary And Permanent Teeth	\$161.76
03230	Pulpal Therapy - Anterior Primary Tooth	\$150.50
03300	Complete Endo. Treatment	\$0.00
03310	Endodontic Therapy Anterior Tooth	\$617.09
03321	Premolar Root Canal	\$137.50
03331	Treatment Rc Obstruction; Non-Surgical Access	\$210.50
03333	Internal Root Repair Of Perforation Defects	\$197.00
03347	Retreatment Of Previous Root Canal Tx - Premolar	\$996.05
03351	Apexification/Recalcification Initial Visit	\$363.00
03353	Apexification/Recalcification - Final Visit	\$503.50
03355	Pulpal Regeneration - Initial Visit	\$0.00
03357	Pulpal Regeneration - Completion Of Treatment	\$0.00
03421	Apicoectomy - Premolar	\$789.25
03426	Apicoectomy	\$297.38
03428	Bone Graft W/Periradicular Surg Per Tooth 1 Site	\$0.00
03430	Retrograde Filling - Per Root	\$215.53
03432	Guided Tiss Regen Resorb Barr Periradicular Surg	\$0.00
03460	Endodontic Endosseous Implant	\$2,027.50

CDT CODE	DESCRIPTION	ALLOWED MAX
02620	Inlay - Porcelain/Ceramic - Two Surfaces	\$806.00
02642	Onlay - Porcelain/Ceramic - Two Surfaces	\$828.00
02644	Onlay - Porcelain/Ceramic - 4 Or More Surfaces	\$948.14
02651	Inlay Resin Based Composite Two Surfaces	\$523.00
02662	Onlay Resin Based Composite Two Surfaces	\$511.50
02664	Onlay Resin Based Composite Four Or More	\$644.00
02712	Crown - 3/4 Resin-Based Composite	\$363.00
02721	Crown - Resin With Predominantly Base Metal	\$839.00
02740	Crown - Porcelain/Ceramic	\$937.23
02751	Crown - Porcelain Fused Predominantly Base	\$853.22
02753	Crown - Porcelain Fused To Tit & Tit Alloys	\$0.00
02781	Crown - 3/4 Cast Predominately Base Metal	\$800.33
02783	Crown - 3/4 Porcelain/Ceramic	\$850.84
02791	Crown - Full Cast Predominantly Base Metal	\$838.93
02794	Crown - Titanium And Titanium Alloys	\$895.00
02810	Crown - 3/4 Cast Metallic	\$218.75
02892	Prefab Post & Comp/Amal In Add. Crown	\$0.00
02915	Recement Cast Or Prefabricated Post And Core	\$81.54
02921	Reattachment Tooth Fragment Incisal Edge/Cusp	\$0.00
02928	Prefabricated Porcelain/Cer Crown - Perm Tooth	\$0.00
02930	Prefabr Stainless Steel Crown - Primary Tooth	\$218.54
02932	Prefabricated Resin Crown	\$257.22
02934	Prefab Esthetic Coat Stnless Steel Crown Prim	\$289.00
02941	Interim Therapeutic Restoration-Primary Dentitn	\$0.00
02950	Core Buildup Including Any Pins When Required	\$217.70
02952	Post And Core Addition To Crown Indirectly Fab	\$335.58
02954	Prefabricated Post And Core In Addition To Crown	\$272.63
02957	Each Additional Prefabricated Post - Same Tooth	\$135.33
02961	Labial Veneer Resin Laminate - Indirect	\$0.00
02970	Temporary Crown (Fractured Tooth)	\$231.25
02975	Coping	\$388.00
02980	Crown Repair Necessitated Restorative Matl Fail	\$142.00
02982	Onlay Repair Necessitated Restorative Matl Fail	\$0.00
02989	Excavation Tooth Rslt In Determ Non-Rstrbility	\$0.00
02991	Application Of Hap Regen Medicament Per Tooth	\$0.00
03110	Pulp Cap - Direct	\$62.66
03220	Tx Pulp-Remv Pulp Coronal Dentinocementl Junc	\$142.35
03222	Part Pulpotomy For Apexogeneis Perm Tooth	\$58.00
03240	Pulpal Therapy - Posterior Primary Tooth	\$169.65
03302	Sterile Pack Operative	\$0.00
03320	Endodontic Therapy Premolar Tooth	\$756.38
03330	Endodontic Therapy Molar Tooth	\$983.98
03332	Incomplete Endo Tx; Inop Unrestorable/Fx Tooth	\$487.17
03346	Retreatment Previous Rc Therapy - Anterior	\$840.60
03348	Retreatment Previous Root Canal Therapy - Molar	\$1,193.30
03352	Apexification/Recalcificatn Interim Med Replace	\$159.00
03354	Pupal Regeneration	\$0.00
03356	Pulpal Regeneration - Interim Medication Replace	\$0.00
03410	Apicoectomy - Anterior	\$703.89
03425	Apicoectomy - Molar First Root	\$902.45
03427	Periradicular Surgery Without Apicoectomy	\$0.00
03429	Bone Graft Periradicular Surg Ea Add Contig Tooth	\$0.00
03431	Biol Matl Soft Oss Tiss Regen Periradicular Surg	\$0.00
03450	Root Amputation - Per Root	\$444.92
03470	Intentional Reimplantation W/Necessary Splinting	\$842.50

**UFCW Fund Dental Fee Schedule \*\*Only Pays Up to Overall Annual Dental Maximum of \$1,500**

**\*\*Refer to your Cigna Contract if you are In-Network\*\***

CDT CODE	DESCRIPTION	ALLOWED MAX
03471	Surgical Repair Of Root Resorption - Anterior	\$0.00
03473	Surgical Repair Of Root Resorption - Molar	\$0.00
03502	Surg Exp Rs W/O Apicoectomy/Repr Of Rr - Pm	\$0.00
03910	Surgical Procedure Isolation Tooth W/Rubber Dam	\$117.00
03920	Hemisection Not Including Root Canal Therapy	\$330.00
03950	Canal Preparation&Fitting Preformed Dowel/Post	\$160.00
03999	Unspecified Endodontic Procedure By Report	\$0.00
04110	Periodontal Maintenance	\$31.25
04211	Gingivect/Plsty 1-3 Cntig/Tooth Bound Space-Quad	\$257.47
04220	Gingival Curettage,Report (Per Quad)	\$118.75
04231	Anat Crown Exp 1-3 Teeth/Bnd Tooth Sp Per Quad	\$434.00
04241	Gingival Flap Proc-1-3 Contig Th/Tt Bnd Sps/Quad	\$436.22
04249	Clinical Crown Lengthening - Hard Tissue	\$828.60
04260	Osseous Surg 4/> Contig/Tooth Bound Spaces-	\$1,245.81
04263	Bone Repl Graft - Ret Nat Tooth - 1St Site Quad	\$428.70
04265	Biol Matl Aid Soft & Osseous Tiss Regen Per Site	\$250.00
04267	Guided Tiss Regen Nat Teeth-Non-Resorb Br/Site	\$625.00
04270	Pedicle Soft Tissue Graft Procedure	\$862.36
04272	Apically Repositioning Flap Procedure	\$0.00
04274	Mesial/Distal Wedge Procedure Single Tooth	\$608.25
04276	Comb Cnctive Tissue & Pedicle Graft Per Tooth	\$1,266.00
04278	Free Sft Tss Gft Ea Add Cntig T/Ednt T Same Site	\$0.00
04285	Non-Autogenous Connective Tissue Graft	\$744.00
04320	Provisional Splinting - Intracoronal	\$397.00
04322	Splint - Intra-Cor; Natural Teeth/Prosth Crowns	\$0.00
04330	Occlusal Adjustment]	\$75.00
04341	Prdontal Scaling&Root Planing 4/More Teeth-Quad	\$209.50
04345	Gingivitis Therapy-Per Quad	\$118.75
04355	Full Mouth Deb Enable Comp Pdl Eval & Dx Subs	\$141.63
04380	Perio Evaluation	\$0.00
04910	Periodontal Maintenance	\$127.23
04921	Gingival Irrigation Medicinal Agent - /Quadrant	\$0.00
05001	Breakage Plan-Partial	\$0.00
05120	Complete Denture - Mandibular	\$1,275.92
05140	Immediate Denture - Mandibular	\$1,392.59
05212	Mandibular Partial Denture - Resin Base	\$1,250.76
05214	Mandibular Prtl Denture - Cast Metal Framework	\$1,410.77
05221	Immediate Maxillary Partial Denture - Resin Base	\$1,393.00
05223	Immediate Max Prtl Denture - Cast Metal Framwrk	\$1,393.00
05225	Maxillary Partial Denture - Flexible Base	\$1,080.50
05227	Immediate Maxillary Partial Denture - Flex Base	\$0.00
05231	Lower Cast Partial Denture	\$518.75
05281	Remv Unilat Part Dentur - 1 Piece Cast Metal	\$820.53
05283	Remov Uni Part Dentur - 1 Pece Cast Metl Mand	\$0.00
05286	Remv Uni Part Dentur - One Pece Rsn - Per Quad	\$0.00
05410	Adjust Complete Denture - Maxillary	\$70.00
05421	Adjust Partial Denture - Maxillary	\$70.00
05510	Repair Broken Complete Denture Base	\$139.64
05512	Repair Broken Complete Denture Base Maxillary	\$0.00
05610	Repair Resin Denture Base	\$151.52
05612	Repair Resin Partial Denture Base Maxillary	\$73.00
05621	Repair Cast Partial Framework Mandibular	\$0.00
05630	Repair Or Replace Broken Clasp - Per Tooth	\$198.34
05650	Add Tooth To Existing Partial Denture	\$174.39
05670	Replace All Teeth&Acrylic Cast Metal Frmwrk Max	\$513.50

CDT CODE	DESCRIPTION	ALLOWED MAX
03472	Surgical Repair Of Root Resorption - Premolar	\$0.00
03501	Surg Exp Of Rs W/O Apicoectomy/Repr Rr - Ant	\$0.00
03503	Surg Exp Rs No Apicoect/Repr Rt Resorptn - Molar	\$0.00
03911	Intraorifice Barrier	\$0.00
03921	Decoronation/Submrg Erupted Tooth	\$0.00
03960	Specify Whether Tooth Is Vital Or Nonv	\$0.00
04100	Periodontal Charting	\$0.00
04210	Gingivect/Plsty 4/>Cntig/Tooth Bound Spaces-	\$596.33
04212	Ging/Gingivoplasty Allw Acss Restorativ Pro-Tooth	\$98.00
04230	Anat Crown Exp-4/>Cont Teeth/Bnd Tt Spaces	\$854.50
04240	Ging Flap Proc-4/>Contig Th/Tooth Bnd Sps/Quad	\$731.29
04245	Apically Positioned Flap	\$521.00
04250	Mucogingival Surgical Procedures Are D	\$250.00
04261	Osseous Surg 1-3 Contig/Tooth Bound Spaces-	\$666.32
04264	Bone Repl Gr - Ret Nat Tooth - Ea Add Site Quad	\$395.95
04266	Guided Tissue Reg Nat Teeth-Resorb Barrier/Site	\$472.63
04268	Surgical Revision Procedure Per Tooth	\$0.00
04271	Gingival Or Masticatory Mucosa Is Graf	\$907.38
04273	Autogenous Connective Tissue Graft Procedure	\$1,044.91
04275	Non-Autogenous Connective Tissue Graft	\$744.00
04277	Free Sft Tss Gft Proc 1St T/Edntuls T Pstn Gft	\$470.00
04283	Autogenous Connective Tissue Graft Procedure	\$1,044.91
04286	Removal Of Non-Resorbable Barrier	\$0.00
04321	Provisional Splinting - Extracoronal	\$340.89
04323	Splint - Extra-Cor; Natural Teeth/Prosth Crowns	\$0.00
04340	Perio. Scaling-Entire Mouth	\$62.50
04342	Prdontal Scaling&Root Planing 1-3 Teeth-Quad	\$117.63
04346	Scaling Presence Gen Mod/Sev Gingival Inflamm	\$140.00
04360	Special Perio Dental Appliance	\$0.00
04381	Loc Del Antimicrobl Agt Dz Crevicular Tiss-Tooth	\$48.00
04920	Unscheduled Dressing Change Not Tx Dentist Staff	\$105.00
04999	Unspecified Periodontal Procedure By Report	\$0.00
05110	Complete Denture - Maxillary	\$1,276.12
05130	Immediate Denture - Maxillary	\$1,393.00
05211	Maxillary Partial Denture - Resin Base	\$1,077.65
05213	Maxillary Partial Denture - Cast Metal Framework	\$1,410.83
05215	Max. Partial/Hi-Noble Cast	\$437.50
05222	Immediate Mandibular Prtl Denture - Resin Base	\$1,393.00
05224	Immediate Mand Prtl Denture - Cast Mtl	\$1,392.59
05226	Mandibular Partial Denture - Flexible Base	\$1,255.35
05228	Immediate Mandibular Partial Denture - Flex Base	\$0.00
05251	Upper Cast Partial	\$518.75
05282	Removable Uni Part Dentur - 1 Pece Cast Metl	\$0.00
05284	Remv Uni Prt Dntur - 1 Pece Flex Base - Per Quad	\$0.00
05315	Additional Clasps	\$0.00
05411	Adjust Complete Denture - Mandibular	\$70.00
05422	Adjust Partial Denture - Mandibular	\$70.00
05511	Repair Broken Complete Denture Base Mandibular	\$0.00
05520	Replace Missing/Broken Teeth - Complete Denture	\$116.20
05611	Repair Resin Partial Denture Base Mandibular	\$0.00
05620	Repair Cast Framework	\$163.20
05622	Repair Cast Partial Framework Maxillary	\$0.00
05640	Replace Broken Teeth - Per Tooth	\$128.19
05660	Add Clasp To Existing Partial Denture-Per Tooth	\$209.24
05671	Replace All Teeth&Acrylic Cast Metl Frmwrk Mand	\$516.00

**UFCW Fund Dental Fee Schedule \*\*Only Pays Up to Overall Annual Dental Maximum of \$1,500**

**\*\*Refer to your Cigna Contract if you are In-Network\*\***

CDT CODE	DESCRIPTION	ALLOWED MAX
05710	Rebase Complete Maxillary Denture	\$519.50
05720	Rebase Maxillary Partial Denture	\$491.33
05725	Rebase Hybrid Prosthesis	\$0.00
05731	Reline Complete Mandibular Denture Direct	\$293.62
05741	Reline Mandibular Partial Denture Direct	\$267.23
05751	Reline Complete Mandibular Denture Indirect	\$390.14
05761	Reline Mandibular Partial Denture Indirect	\$383.84
05810	Interim Complete Denture Maxillary	\$616.00
05820	Interim Partial Denture Maxillary	\$476.56
05850	Tissue Conditioning Maxillary	\$122.10
05860	Describe And Document Procedures As Pe	\$0.00
05862	Precision Attachment By Report	\$0.00
05864	Overdenture - Partial Maxillary	\$0.00
05866	Overdenture - Partial Mandibular	\$0.00
05875	Modification Remv Prosth Follow Implant Surgery	\$0.00
05899	Uns Removable Prosthodontic Procedure Report	\$0.00
05912	Facial Moulage Complete	\$324.50
05914	Auricular Prosthesis	\$6,836.50
05916	Ocular Prosthesis	\$2,467.50
05922	Nasal Septal Prosthesis	\$0.00
05924	Cranial Prosthesis	\$0.00
05926	Nasal Prosthesis Replacement	\$0.00
05928	Orbital Prosthesis Replacement	\$0.00
05931	Obturator Prosthesis Surgical	\$3,680.50
05933	Obturator Prosthesis Modification	\$0.00
05935	Mandibular Resection Prosthesis W/O Guide	\$5,459.50
05937	Trismus Appliance Not For Tmd Treatment	\$771.00
05952	Speech Aid Prosthesis Pediatric	\$3,253.50
05954	Palatal Augmentation Prosthesis	\$5,726.00
05958	Palatal Lift Prosthesis Interim	\$0.00
05960	Speech Aid Prosthesis Modification	\$0.00
05983	Radiation Carrier	\$1,541.50
05985	Radiation Cone Locator	\$1,541.50
05987	Commissure Splint	\$2,313.50
05991	Vesiculobullous Disease Medicament Carrier	\$0.00
05993	Maint Clean Maxillofacial Prosth Oth Thn Req Adj	\$0.00
05995	Perio Medicamnt Carr Periph Seal - Lab Procd-Max	\$0.00
05999	Unspecified Maxillofacial Prosthesis By Report	\$0.00
06011	Surgical Access To An Implant Body	\$0.00
06013	Surgical Placement Of Mini Implant	\$0.00
06040	Surgical Placement: Eposteal Implant	\$0.00
06051	Interim Implant Abutment Placement	\$0.00
06053	Implant/Abutment Supported Removable Denture	\$0.00
06055	Connecting Bar Implant Or Abutment Supported	\$0.00
06057	Custom Fabricated Abutment - Includes Placement	\$0.00
06059	Abut Supp Porcelain To Metl Crown Hi Noble Metl	\$0.00
06061	Abut Supp Porcelain To Metal Crown Noble Metal	\$0.00
06063	Abutment Supp Cast Metal Crown Predom Base	\$0.00
06065	Implant Supported Porcelain/Ceramic Crown	\$0.00
06067	Implant Supported Crown - High Noble Alloys	\$0.00
06069	Abut Retainr Porceln To Metl Fpd Hi Nobl Metl	\$0.00
06071	Abut Supported Retainer Porceln Fused Metal Fpd	\$0.00
06073	Abut Retainr Cast Metl Fpd Predom Base Metl	\$0.00
06075	Implant Supported Retainer For Ceramic Fpd	\$0.00
06077	Implant Supp Ret Metal Fpd - High Noble Alloys	\$0.00

CDT CODE	DESCRIPTION	ALLOWED MAX
05711	Rebase Complete Mandibular Denture	\$494.00
05721	Rebase Mandibular Partial Denture	\$488.71
05730	Reline Complete Maxillary Denture Direct	\$292.96
05740	Reline Maxillary Partial Denture Direct	\$267.50
05750	Reline Complete Maxillary Denture Indirect	\$390.36
05760	Reline Maxillary Partial Denture Indirect	\$383.80
05765	Soft Liner For Cmpl/Prtl Rem Denture - Indirect	\$0.00
05811	Interim Complete Denture Mandibular	\$662.00
05821	Interim Partial Denture Mandibular	\$506.71
05851	Tissue Conditioning Mandibular	\$122.50
05861	Describe And Document Procedures As Pe	\$0.00
05863	Overdenture - Complete Maxillary	\$0.00
05865	Overdenture - Complete Mandibular	\$0.00
05867	Replacement Repl Part Semi-Prcisn/Prcisn Per Att	\$0.00
05876	Add Metal Substr Acrylic Full Denture Per Arch	\$0.00
05911	Facial Moulage Sectional	\$324.50
05913	Nasal Prosthesis	\$6,836.50
05915	Orbital Prosthesis	\$9,251.00
05919	Facial Prosthesis	\$0.00
05923	Ocular Prosthesis Interim	\$0.00
05925	Facial Augmentation Implant Prosthesis	\$0.00
05927	Auricular Prosthesis Replacement	\$0.00
05929	Facial Prosthesis Replacement	\$0.00
05932	Obturator Prosthesis Definitive	\$6,884.00
05934	Mandibular Resection Prosthesis W/Guide Flange	\$6,274.50
05936	Obturator/Prosthesis Interim	\$6,132.00
05951	Feeding Aid	\$1,002.00
05953	Speech Aid Prosthesis Adult	\$6,179.00
05955	Palatal Lift Prosthesis Definitive	\$5,296.00
05959	Palatal Lift Prosthesis Modification	\$0.00
05982	Surgical Stent	\$633.00
05984	Radiation Shield	\$1,541.50
05986	Fluoride Gel Carrier	\$131.00
05988	Surgical Splint	\$0.00
05992	Adjust Maxillofacial Prosth Appliance By Report	\$0.00
05994	Periodontal Med Carr Periph Seal Lab Processed	\$0.00
05996	Perio Medicamnt Carr Periph SI - Lab Procd-Mand	\$0.00
06010	Surg Placement Implant Body: Endosteal Implant	\$0.00
06012	Surg Plcmt Interim Impl Trnsitionl Pros: Endos	\$0.00
06020	An Abutment Is Placed To Permit Fabric	\$0.00
06050	Surgical Placement: Transosteal Implant	\$0.00
06052	Semi-Precision Attachment Abutment	\$0.00
06054	Implant/Abutment Suported Removable Denture	\$0.00
06056	Prefabricated Abutment-Incl Mod & Placement	\$0.00
06058	Abutment Supported Porcelain/Ceramic Crown	\$0.00
06060	Abut Supp Porcelain To Mtl Crown Predom Base	\$0.00
06062	Abutment Supp Cast Metal Crown High Noble	\$0.00
06064	Abutment Supp Cast Metal Crown Noble Metal	\$0.00
06066	Implant Supp Crown - Porcelain Fused Hi Nbl Aly	\$0.00
06068	Abut Supported Retainer Porcelain/Ceramic Fpd	\$0.00
06070	Abut Retn Porceln To Metl Fpd Predom Base Metl	\$0.00
06072	Abutment Supported Retainer For Cast Metal Fpd	\$0.00
06074	Abutment Retainr Cast Metal Fpd Noble Metal	\$0.00
06076	Implant Supp Ret Fpd - Porceln Fused Hi Nbl Aly	\$0.00
06078	Implnt/Abut Supp Fixed Denture Cmpl Endent Arch	\$0.00

**UFCW Fund Dental Fee Schedule \*\*Only Pays Up to Overall Annual Dental Maximum of \$1,500**

**\*\*Refer to your Cigna Contract if you are In-Network\*\***

CDT CODE	DESCRIPTION	ALLOWED MAX
06079	Impl/Abut Supported Fix Dentur Part Edntuls Arch	\$0.00
06081	Scal&Debr Pres Inf/Mucosit 1 Impl No F Ent&Clos	\$0.00
06083	Implant Supp Crown - Porcelain Fu Noble Alloys	\$0.00
06085	Interim Implant Crown	\$0.00
06087	Implant Supported Crown - Noble Alloys	\$0.00
06089	Accessing & Retorquing Loose Implant Scr-Per Scr	\$0.00
06091	Repl Of Repl Part Att Impl/Abut S Pros Per Att	\$0.00
06093	Recement Impl/Abutmnt Supported Fix Part	\$0.00
06095	Repair Implant Abutment By Report	\$0.00
06097	Abutment Supp Crown - Porcelain Fu Ti & Ti Alloy	\$0.00
06099	Implant Supp Rtrn For Fpd - Porcelain Fu Nbl Aly	\$0.00
06101	Debr Periimpl Dfct Cln Expsd Impl Flp Entry Clo	\$0.00
06103	Bone Graft For Repair Of Peri-Implant Defect	\$0.00
06105	Removal Implant Body Not Rqr Bone Rmvl/Flap	\$0.00
06107	Guided Tissue Regen-Non-Resorbable Br Per	\$0.00
06111	Impl/Abut Supp Remv Denture Edentulous Arch-	\$0.00
06113	Impl/Abut Supp Remv Denture Part Edent Arch-	\$0.00
06115	Impl/Abut Supp Fixd Denture Edentulous Arch-	\$0.00
06117	Impl/Abut Supp Fixd Denture Part Edent Arch-	\$0.00
06119	Impl/Abut Sptd Int Fix Dentur Edent Arch-Max	\$0.00
06121	Implant Supp Retain Metal Fpd - Predom Base Al	\$0.00
06123	Implant Supp Retain Metal Fpd - Tit & Tit Aly	\$0.00
06191	Semi-Precision Abutment - Placement	\$0.00
06194	Abutment Supp Retain Crown Fpd - Tit & Tit Aly	\$0.00
06197	Rplc Rstr Mtl Cl Acc Opng Sr Impl Sup Pros/Impl	\$0.00
06199	Unspecified Implant Procedure By Report	\$0.00
06210	Pontic - Cast High Noble Metal	\$892.43
06212	Pontic - Cast Noble Metal	\$814.67
06240	Pontic - Porcelain Fused To High Noble Metal	\$869.39
06242	Pontic - Porcelain Fused To Noble Metal	\$832.25
06245	Pontic - Porcelain/Ceramic	\$900.05
06251	Pontic - Resin With Predominantly Base Metal	\$784.00
06253	Intrm Pontic-Fur Tx/Cmpl Dx Nec B4 Final Impress	\$382.00
06530	Inlay - Metallic - Three Or More Surfa	\$112.50
06544	Onlay - Metallic - Four Or More Surfac	\$108.75
06548	Retainer - Porceln/Ceramic Rsn Bonded Fix Prosth	\$408.33
06600	Retainer Inlay - Porcelain/Ceramic Two Surfaces	\$703.00
06602	Retainer Inlay-Cast High Noble Metal 2 Surfaces	\$800.00
06604	Retainer Inlay - Cast Pdmt Base Metal 2 Surfaces	\$736.50
06606	Retainer Inlay - Cast Noble Metal Two Surfaces	\$724.50
06608	Retainer Onlay - Porcelain/Ceramic Two Surfaces	\$764.50
06610	Retainer Onlay-Cast High Noble Metal 2 Surfaces	\$811.00
06612	Onlay - Cast Predominantly Base Metal 2 Surfaces	\$806.50
06614	Retainer Onlay - Cast Noble Metal Two Surfaces	\$789.50
06624	Retainer Inlay - Titanium	\$751.50
06640	Replace Crown Facing	\$0.00
06720	Retainer Crown - Resin With High Noble Metal	\$959.67
06722	Retainer Crown - Resin With Noble Metal	\$907.50
06750	Retainer Crown - Porcelain Fused Hi Noble Metal	\$996.99
06752	Retainer Crown - Porcelain Fused To Noble Metal	\$928.79
06780	Retainer Crown - 3/4 Cast High Noble Metal	\$907.50
06782	Retainer Crown - 3/4 Cast Noble Metal	\$843.00
06784	Retainer Crown 3/4 - Titanium & Titanium Alloys	\$0.00
06791	Retainer Crown-Full Cast Predominantly Base Metl	\$903.10
06793	Intrm Ret Crwn-Fur Tx/Cmpl Dx Nec B4 Finl Imprss	\$406.00

CDT CODE	DESCRIPTION	ALLOWED MAX
06080	Impl Maint Proc Remv Reinsrt Clean Prosth & Abut	\$0.00
06082	Implant Supp Crwn - Porcelain Fu Predom Base	\$0.00
06084	Implant Supported Crown - Porceln Fu Ti & Ti Aly	\$0.00
06086	Implant Supported Crown - Predominantly Base Aly	\$0.00
06088	Implant Supported Crown - Ti & Ti Alloys	\$0.00
06090	Repair Implant-supported Prosthesis By Report	\$0.00
06092	Recement Implant/Abutment Supported Crown	\$0.00
06094	Abutment Supp Crown - Titanium & Titanium Alloys	\$0.00
06096	Remove Broken Implant Retaining Screw	\$0.00
06098	Implant Supp Retn - Porc Fu To Pdmt Base Alloys	\$0.00
06100	Surgical Removal Of Implant Body	\$0.00
06102	Debr&Oss Cntr Periimpl Dfct;Surf&Flap Entry&Clos	\$0.00
06104	Bone Graft At Time Of Implant Placement	\$0.00
06106	Guided Tissue Regen-Resorbable Br Per Implant	\$0.00
06110	Impl/Abut Supp Remv Denture Edentulous Arch-	\$0.00
06112	Impl/Abut Supp Remv Denture Part Edent Arch-	\$0.00
06114	Impl/Abut Supp Fixed Denture Edentulous Arch-	\$0.00
06116	Impl/Abut Supp Fixed Denture Part Edent Arch-	\$0.00
06118	Impl/Abut Sptd Intrm Fix Dentur Edent Arch-Mand	\$0.00
06120	Impl Supp Retain - Porceln Fused To Tit & Tit Aly	\$0.00
06122	Implant Supp Retainer For Metal Fpd - Noble Al	\$0.00
06190	Radiographic/Surgical Implant Index By Report	\$0.00
06192	Semi-Precision Attachment - Placement	\$0.00
06195	Abut Supp Retain - Porcln Fused To Tit & Tit Aly	\$0.00
06198	Remove Interim Implant Component	\$0.00
06205	Pontic Indirect Resin Based Composite	\$558.00
06211	Pontic - Cast Predominantly Base Metal	\$842.84
06214	Pontic - Titanium And Titanium Alloys	\$859.00
06241	Pontic - Porceln Fused Predominantly Base Metal	\$779.24
06243	Pontic - Porcelain Fused To Tit & Tit Alloys	\$0.00
06250	Pontic - Resin With High Noble Metal	\$843.20
06252	Pontic - Resin With Noble Metal	\$792.50
06520	Inlay - Metallic - Two Surfaces	\$90.00
06543	Onlay - Metallic - Three Surfaces	\$108.75
06545	Retainer - Cast Metal Resin Bonded Fix Prosth	\$358.05
06549	Retainer - For Resin Bonded Fixed Prosthesis	\$0.00
06601	Retainer Inlay - Porcelain/Ceramic 3/More Surf	\$785.00
06603	Retainer Inlay-Cast High Noble Metal 3/More Surf	\$827.00
06605	Retainer Inlay-Cast Pdmt Base Metal 3/More Surf	\$780.50
06607	Retainer Inlay - Cast Noble Metal 3/More Surf	\$804.50
06609	Retainer Onlay - Porcelain/Ceramic 3/More Surf	\$849.00
06611	Retainer Onlay-Cast High Noble Metal 3/More Surf	\$887.00
06613	Retainer Onlay-Cast Pdmt Base Metal 3/More Surf	\$843.00
06615	Retainer Onlay-Cast Noble Metal 3/More Surfaces	\$820.50
06634	Retainer Onlay - Titanium	\$789.50
06710	Retainer Crown - Indirect Resin Based Composite	\$857.00
06721	Retainer Crown-Resin W/Predominantly Base	\$948.00
06740	Retainer Crown - Porcelain/Ceramic	\$1,013.58
06751	Retainer Crown-Porcelain Fused Pdmt Base Metal	\$902.44
06753	Retainer Crown - Porceln Fused Tit & Tit Alloys	\$0.00
06781	Retainer Crown-3/4 Cast Predominantly Base	\$907.50
06783	Retainer Crown - 3/4 Porcelain/Ceramic	\$934.00
06790	Retainer Crown - Full Cast High Noble Metal	\$960.33
06792	Retainer Crown - Full Cast Noble Metal	\$949.73
06794	Retainer Crown - Titanium And Titanium Alloys	\$912.50

**UFCW Fund Dental Fee Schedule \*\*Only Pays Up to Overall Annual Dental Maximum of \$1,500**

**\*\*Refer to your Cigna Contract if you are In-Network\*\***

CDT CODE	DESCRIPTION	ALLOWED MAX
06920	Connector Bar	\$193.50
06940	Stress Breaker	\$239.00
06970	Cast Post And Core In Addition To Fixe	\$297.67
06972	Prefabricated Post And Core In Additio	\$249.69
06975	It Can Be Used As A Definitive Restora	\$547.50
06977	Each Add Prefabricated Post - Same Tooth	\$129.00
06985	Pediatric Partial Denture Fixed	\$457.00
07110	Extraction	\$25.00
07115	Extraction Single Primary Tooth	\$25.00
07130	Root Removal - Exposed Roots	\$0.00
07210	Extraction Eru Tooth Rqr Remv Bone &/Sectn	\$204.24
07230	Removal Of Impacted Tooth - Partially Bony	\$341.41
07241	Remv Imp Tooth - Cmpl Bony W/Unusual Surg	\$504.39
07251	Coronectomy-Inten Prtl Tooth Rmvl Imp Teeth Only	\$0.00
07261	Primary Closure Of A Sinus Perforation	\$586.00
07272	Tooth Transplantation	\$610.00
07281	Dense Fibrous Tissue Overlying An Impa	\$0.00
07283	Plcmt Device Facilitate Eruption Impacted Tooth	\$116.21
07285	Biopsy Of Oral Tissue Hard	\$773.00
07287	Exfoliative Cytological Sample Collection	\$111.50
07290	Surgical Repositioning Of Teeth	\$392.50
07292	Plcmt Temp Anch Devc Screw Retn Plate Rqr Flap	\$584.00
07294	Placement Temp Anc Devc W/O Flap	\$268.00
07296	Corticotomy-One To Three Teeth/Tooth Sp Per	\$0.00
07298	Removal Of Temp Anchorage Device Requiring	\$0.00
07300	Removal Of Temporary Anchorage Device W/O	\$0.00
07311	Alveoloplsty Conjnc Xtract 1-3 Teeth/Spaces Quad	\$185.17
07321	Alveoloplsty Not Cnjnc Xtrct 1-3 Teeth/Spce Quad	\$291.00
07350	Vestibuloplasty Ridge Ext W/Soft Tiss Grafts	\$5,969.00
07411	Excision Of Benign Lesion Greater Than 1.25 Cm	\$1,304.00
07413	Excision Of Malignant Lesion Up To 1.25 Cm	\$981.50
07415	Excision Of Malignant Lesion Complicated	\$1,565.00
07430	Excision Of Benign Tumor - Lesion Diam	\$93.75
07440	Exc Malig Tumor-Lesion Diameter Up To 1.25 Cm	\$1,343.50
07450	Removal Ben Odontogenic Cyst/Tumr- Up T0 1.25	\$759.94
07460	Removal Ben Nonodontogenic Cyst/Tumr- Up 1.25	\$763.00
07465	Destruction Lesion Physical/Chem Method By	\$434.00
07471	Removal Of Lateral Exostosis	\$788.11
07473	Removal Of Torus Mandibularis	\$882.50
07485	Reduction Of Osseous Tuberosity	\$786.00
07509	Marsupialization Of Odontogenic Cyst	\$0.00
07511	I & D Abscess Intraoral Soft Tissue Complicated	\$344.00
07521	I & D Abscess Extraoral Soft Tissue Complicated	\$1,194.00
07540	Remv React-Produc Foreign Bodies-Musculoskel	\$434.00
07560	Maxillary Sinusotomy Removal Tooth Fragment/Fb	\$2,146.67
07620	Maxilla-Closed Reduction	\$2,606.50
07640	Mandible-Closed Reduction	\$2,867.00
07660	Malar And/Or Zygomatic Arch-Closed Reduction	\$1,281.00
07671	Alveolus - Open Rduc May Incl Stabilizatn Teeth	\$1,884.00
07710	Maxilla-Open Reduction	\$4,084.00
07730	Mandible-Open Reduction	\$5,908.50
07750	Malar And/Or Zygomatic Arch-Open Reduction	\$3,718.00
07770	Alveolus - Open Reduction Stabilization Of Teeth	\$2,021.50
07780	Facial Bones-Comp Rduc Fix & Mx Surg	\$8,689.00
07820	Closed Reduction Of Dislocation	\$626.00

CDT CODE	DESCRIPTION	ALLOWED MAX
06930	Recement Fixed Partial Denture	\$116.85
06950	Precision Attachment	\$526.00
06971	Cast Post As Part Of Fixed Partial Den	\$256.00
06973	Core Build Up For Retainer, Including	\$208.33
06976	Each Additional Indirectly Fabricated Post - Same	\$250.00
06980	Fixed Part Denture Repr Nec Restoratve Matl Fail	\$0.00
06999	Unspecified Fixed Prosthodontic Procedure Report	\$0.00
07111	Extraction Coronal Remnants-Primary Tooth	\$92.65
07120	Typically May Be Reported For An Addit	\$25.00
07140	Extraction Erupted Tooth Or Exposed Root	\$122.23
07220	Removal Of Impacted Tooth - Soft Tissue	\$256.54
07240	Removal Of Impacted Tooth - Completely Bony	\$400.48
07250	Removal Of Residual Tooth Roots	\$216.34
07260	Oroantral Fistula Closure	\$1,804.00
07270	Tooth Reimpl &Or Stbl Acc Evulsd/Displcd Tooth	\$434.25
07280	Exposure Of An Unerupted Tooth	\$370.64
07282	Mobiliz Erupted/Malpositioned Tooth Aid Eruption	\$174.00
07284	Excisional Biopsy Of Minor Salivary Glands	\$0.00
07286	Biopsy Of Oral Tissue Soft	\$349.21
07288	Brush Biopsy Transepithelial Sample Collection	\$88.00
07291	Transseptal Fiberot/Supra Crestal Fiberot Br	\$0.00
07293	Placement Temp Anchorage Devc Rqr Flap	\$371.50
07295	Harvest Bone For Use Autogenous Grafting Proc	\$0.00
07297	Corticotomy-Four Or More Teeth/Tooth Sp Per	\$0.00
07299	Removal Of Temp Anchorage Device Requiring	\$0.00
07310	Alveoloplasty W/Extraction 4/> Teeth/Space Quad	\$238.43
07320	Alveoloplasty Not W/Extractions 4/> Teeth/Space	\$344.39
07340	Vestibuloplasty Ridge Ext Sec Epithelialization	\$1,910.00
07410	Excision Of Benign Lesion Up To 1.25 Cm	\$760.35
07412	Excision Of Benign Lesion Complicated	\$1,445.50
07414	Excision Of Malignant Lesion > 1.25 Cm	\$1,459.00
07420	Radical Excision - Lesion Diameter Gre	\$93.75
07431	Excision Of Benign Tumor - Lesion Diam	\$93.75
07441	Exc Malig Tumor-Lesion Diam Greater Than 1.25	\$2,088.50
07451	Removal Benign Odontogenic Cyst/Tumor- > 1.25	\$1,193.29
07461	Removal Ben Nonodontogenic Cyst/Tumor > 1.25	\$1,230.00
07470	Includes Removal Of Tori, Osseous Tube	\$0.00
07472	Removal Of Torus Palatinus	\$936.00
07480	Surgical Procedure To Remove Nonvital	\$0.00
07490	Radical Resection Of Maxilla Or Mandible	\$6,367.00
07510	Incision & Drainage Abscess-Intraoral Soft Tiss	\$227.58
07520	Incision & Drainage Abscess-Extraoral Soft Tiss	\$1,086.50
07530	Removal Fb From Mucosa Skin/Subcut Alveol	\$393.00
07550	Part Ostecl/Sequestrectomy Removal Non-Vital	\$271.00
07610	Maxilla-Open Reduction	\$3,475.00
07630	Mandible-Open Reduction	\$4,518.50
07650	Malar And/Or Zygomatic Arch-Open Reduction	\$2,172.00
07670	Alveolus - Closed Reduction May Inc Stabil Teeth	\$996.00
07680	Fce Bns - Comp Rduc W/Fix&Mx Surg Apprches	\$6,496.00
07720	Maxilla-Closed Reduction	\$2,867.00
07740	Mandible-Closed Reduction	\$2,923.50
07760	Malar And/Or Zygomatic Arch Closed Reduction	\$1,492.00
07771	Alveolus Closed Reduction Stabilization Of Teeth	\$1,560.00
07810	Open Reduction Of Dislocation	\$3,822.50
07830	Manipulation Under Anesthesia	\$359.00

**UFCW Fund Dental Fee Schedule \*\*Only Pays Up to Overall Annual Dental Maximum of \$1,500**

**\*\*Refer to your Cigna Contract if you are In-Network\*\***

CDT CODE	DESCRIPTION	ALLOWED MAX
07840	Condylectomy	\$5,210.50
07852	Disc Repair	\$5,151.50
07856	Myotomy	\$3,772.00
07860	Arthrotomy	\$4,583.00
07870	Arthrocentesis	\$244.00
07872	Arthroscopy-Diagnosis With Or Without Biopsy	\$2,605.00
07874	Arthroscopy: Disc Repositioning & Stabilization	\$4,499.50
07876	Arthroscopy: Discectomy	\$5,314.00
07880	Occlusal Orthotic Device By Report	\$586.06
07899	Unspecified Tmd Therapy By Report	\$0.00
07911	Complicated Suture-Up To 5 Cm	\$869.00
07920	Skin Graft	\$2,562.50
07922	Plcmt Intra-Soc Biol Drsg Aid Hemo/Clot Site	\$0.00
07940	Osteoplasty - For Orthognathic Deformities	\$0.00
07942	Extraoral	\$0.00
07944	Osteotomy Segmented Or Subapical	\$5,343.00
07946	Lefort I Maxilla Total	\$8,807.50
07948	Lefort Ii/Lefort Iii - W/O Bone Graft	\$9,614.00
07950	Osseous Osteoperiosteal/Cartilage Graft	\$0.00
07952	Sinus Augmentation Via A Vertical Approach	\$0.00
07955	Repair Maxlofacial Soft &/ Hard Tissue Defect	\$0.00
07957	Guid Tiss Regen Edent Area-Non-Resorbl Br/Site	\$0.00
07961	Buccal/Labial Frenectomy Frenulectomy	\$0.00
07963	Frenuloplasty	\$504.00
07971	Excision Of Pericoronal Gingiva	\$164.60
07979	Non - Surgical Sialolithotomy	\$0.00
07981	Excision Of Salivary Gland By Report	\$0.00
07983	Closure Of Salivary Fistula	\$1,517.50
07991	Coronoidectomy	\$3,183.50
07994	Surgical Placement: Zygomatic Implant	\$0.00
07996	Implant-Mandible Augmentation Purposes By	\$0.00
07998	Intraoral Plcmt Fix Device Not Conjunction W/Fx	\$1,061.50
08003	Orthodontic Visit	\$0.00
08020	Ltd Orthodontic Treatment Transitional Dentition	\$500.00
08040	Limited Orthodontic Treatment Adult Dentition	\$0.00
08060	Intrcptv Orthodontic Tx Transitional Dentition	\$31.25
08080	Comprehensive Orthodontic Tx Adoles Dentition	\$500.00
08210	Removable Appliance Therapy	\$112.50
08360	Removable Orthodontic Retaining Applia	\$86.25
08570	Class Ii Permanent Malocclusion	\$31.25
08670	Periodic Orthodontic Treatment Visit	\$31.25
08681	Removable Orthodontic Retainer Adjustment	\$0.00
08691	Repair Of Orthodontic Appliance	\$0.00
08693	Rebonding Or Recementing Of Fixed Retainer	\$0.00
08695	Remv Fix Orthodont Applinc Rsn Oth Than Cmpl	\$0.00
08697	Repair Of Orthodontic Appliance - Mandibular	\$0.00
08699	Re-Cement Or Re-Bond Fixed Retainer - Mandibul	\$0.00
08702	Repair Fixed Retainer Incl Reattachment - Mand	\$0.00
08704	Replacement Of Lost Or Broken Retainer - Mand	\$0.00
08902	Sterile Pack-Hygiene	\$0.00
09100	Infection Control Fee	\$0.00
09120	Fixed Partial Denture Sectioning	\$109.00
09210	Local Anes-Not Conjunction W/Op/Surgical Proc	\$28.33
09212	Trigeminal Division Block Anesthesia	\$80.50
09219	Eval For Mod/Deep Sedation/General Anesthesia	\$0.00

CDT CODE	DESCRIPTION	ALLOWED MAX
07850	Surgical Discectomy; With/Without Implant	\$4,499.50
07854	Synovectomy	\$5,316.00
07858	Joint Reconstruction	\$10,752.50
07865	Arthroplasty	\$7,385.50
07871	Non-Arthroscopic Lysis And Lavage	\$488.50
07873	Arthroscopy: Lavage And Lysis Of Adhesions	\$3,137.00
07875	Arthroscopy: Synovectomy	\$4,929.00
07877	Arthroscopy: Debridement	\$4,690.00
07881	Occlusal Orthotic Device Adjustment	\$0.00
07910	Suture Of Recent Small Wounds Up To 5 Cm	\$348.00
07912	Complicated Suture-Greater Than 5 Cm	\$1,564.00
07921	Collection & Applic Auto Blood Concentrate Prod	\$0.00
07939	Indexing Ot Using Dyn Rob Asst/Dyn Navigation	\$0.00
07941	Osteotomy - Mandibular Rami	\$6,526.00
07943	Osteot-Mandib Rami W/Bone Grft;Incl Obtain Graft	\$5,995.50
07945	Osteotomy-Body Of Mandible	\$7,109.50
07947	Lefort I Maxilla Segmented	\$7,407.00
07949	Lefort Ii/Lefort Iii - W/Bone Graft	\$12,521.50
07951	Sinus Augmentation Bone/Bone Subst Lat Open	\$0.00
07953	Bone Replcmt Graft Ridge Preservation Per Site	\$132.00
07956	Guided Tissue Regen Edent Area-Resorbabl	\$0.00
07960	Frenulectomy Sep Proc Not Incidentl Another Proc	\$233.17
07962	Lingual Frenectomy Frenulectomy	\$0.00
07970	Excision Of Hyperplastic Tissue-Per Arch	\$466.00
07972	Surgical Reduction Of Fibrous Tuberosity	\$592.00
07980	Surgical Sialolithotomy	\$668.50
07982	Sialodochoplasty	\$1,581.00
07990	Emergency Tracheotomy	\$0.00
07993	Surgical Plcmt Of Craniofacial Impl - Extra Oral	\$0.00
07995	Synthetic Graft-Mandible/Facial Bones By Report	\$0.00
07997	Appliance Removal Includes Removal Of Archbar	\$244.00
07999	Unspecified Oral Surgery Procedure By Report	\$0.00
08010	Limited Orthodontic Treatment Primary Dentition	\$0.00
08030	Ltd Orthodontic Treatment Adolescent Dentition	\$31.25
08050	Interceptive Orthodontic Tx Primary Dentition	\$31.25
08070	Comp Orthodontic Tx Transitional Dentition	\$500.00
08090	Comprehensive Orthodontic Tx Adult Dentition	\$500.00
08220	Fixed Appliance Therapy	\$101.25
08370	Upper Fixed Appliance	\$93.75
08660	Preorthodontic Treatment Visit	\$37.50
08680	Orthodontic Retention	\$86.25
08690	Orthodontic Treatment	\$31.25
08692	Replacement Of Lost Or Broken Retainer	\$0.00
08694	Repair Of Fixed Retainers Includes Reattachment	\$0.00
08696	Repair Of Orthodontic Appliance - Maxillary	\$0.00
08698	Re-Cement Or Re-Bond Fixed Retainer - Maxillar	\$80.00
08701	Repair Of Fixed Retainer Incl Reattachment - Max	\$0.00
08703	Replacement Of Lost Or Broken Retainer - Max	\$0.00
08750	Post Treatment Stablization	\$0.00
08999	Unspecified Orthodontic Procedure By Report	\$0.00
09110	Palliative Treatment Of Dental Pain - Per Visit	\$91.93
09130	Tmj Dysfunction - Non-Invasive Pt	\$0.00
09211	Regional Block Anesthesia	\$40.50
09215	Local Anesthesia Conjunction Operative/Surg Proc	\$28.21

**UFCW Fund Dental Fee Schedule \*\*Only Pays Up to Overall Annual Dental Maximum of \$1,500**

**\*\*Refer to your Cigna Contract if you are In-Network\*\***

CDT CODE	DESCRIPTION	ALLOWED MAX
09221	General Anesthesia - Each Additional 1	\$151.68
09223	Deep Sedat/Gen Anesthesia-Ea Substq 15 Min Incr	\$370.31
09239	Intravenous Moderate Sedat/Analgesia-1St 15	\$147.00
09241	Iv Sedation	\$293.17
09243	Intravenous Mod Sed/Anal-Ea Substq 15 Min Incr	\$293.17
09310	Consult Dx Serv Dent/Phy Not Requesting	\$196.44
09410	House/Extended Care Facility Call	\$0.00
09430	Office Visit Observation No Other Srvc Performed	\$60.23
09445	Bite Opener	\$0.00
09610	Therapeutic Parenteral Drug Singl Administration	\$0.00
09612	Tx Parenteral Drugs 2/> Administrations Diff Med	\$0.00
09620	Emergency Prescription	\$0.00
09640	Home Fluoride	\$0.00
09911	Applic Desenznt Rsn Cerv &Or Root Surf-Tooth	\$68.93
09920	Behavior Management By Report	\$0.00
09932	Cleaning & Inspection Remv Cmpl Dentur Maxillary	\$0.00
09934	Cleaning & Inspection Remv Part Dentur Maxillary	\$0.00
09938	Fabrication Cstm Rmv Clear Plastic Temp Ae Appl	\$0.00
09940	Occlusal Guard By Report	\$0.00
09942	Repair And/Or Reline Of Occlusal Guard	\$137.00
09944	Occlusal Guard - Hard Appliance, Full Arch	\$0.00
09946	Occlusal Guard - Hard Appliance, Partial Arch	\$0.00
09948	Adjustment Of Custom Sleep Apnea Appliance	\$0.00
09950	Occlusion Analysis - Mounted Case	\$262.00
09952	Occlusal Adjustment - Complete	\$686.00
09954	Fabrication & Delivery Oat Morning Repos Device	\$0.00
09956	Administration Of Home Sleep Apnea Test	\$0.00
09961	Duplicate/Copy Patient'S Records	\$0.00
09970	Enamel Microabrasion	\$0.00
09972	External Bleaching - Per Arch - Performed Office	\$0.00
09974	Internal Bleaching - Per Tooth	\$0.00
09980	Asepsis	\$0.00
09986	Missed Appointment	\$0.00
09990	Certi Transl/Sign-Lang Services Per Visit	\$0.00
09992	Dental Case Management - Care Coordination	\$0.00
09994	Dental Case Mgmt - Pt Ed Imp Oral Health Litracy	\$0.00
09996	Teledentistry-Async; Info Std&Fwd Dent Subsq Rev	\$0.00
09999	Unspecified Adjunctive Procedure By Report	\$0.00
99999	Monthly Orthodontic Adj. Fee	\$0.00

CDT CODE	DESCRIPTION	ALLOWED MAX
09220	General Anesthesia - First 30 Minutes	\$370.31
09222	Deep Sedation/General Anesthesia-1St 15 Minutes	\$145.00
09230	Inhalation Of Nitrous Oxide/Analgesia Anxiolysis	\$49.38
09240	Intravenous Sedation	\$45.00
09242	Iv Conscious Sedation/Analg - Ea Add 15 Minutes	\$126.87
09248	Non-Intravenous Conscious Sedation	\$64.81
09311	Consultation W/Medical Health Care Professional	\$0.00
09420	Hospital Or Ambulatory Surgical Center Call	\$0.00
09440	Office Visit-After Regularly Scheduled Hours	\$121.67
09450	Case Presentation Subs Dtl & Extensive Tx Pln	\$62.00
09611	Subgingival Irrigation	\$0.00
09613	Infiltration Sustained Release Tx Drug Per Quad	\$0.00
09630	Drugs/Medicaments Dispensed Office For Home	\$0.00
09910	Application Of Desensitizing Medicament	\$40.56
09912	Pre-Visit Patient Screening	\$0.00
09930	Tx Complications - Unusual Circumstances Report	\$0.00
09933	Cleaning & Inspection Remv Cmpl Dentur	\$0.00
09935	Cleaning & Inspection Remv Part Dentur Mandibulr	\$0.00
09939	Placement Cstm Rmv Clear Plastic Temp Ae Appl	\$0.00
09941	Fabrication Of Athletic Mouthguard	\$148.20
09943	Occlusal Guard Adjustment	\$0.00
09945	Occlusal Guard - Soft Appliance, Full Arch	\$0.00
09947	Custom Sleep Apnea Appl Fabrication & Placement	\$0.00
09949	Repair Of Custom Sleep Apnea Appliance	\$0.00
09951	Occlusal Adjustment - Limited	\$117.48
09953	Reline Custom Sleep Apnea Appliance Indirect	\$0.00
09955	Oral Appliance Therapy Titration Visit	\$0.00
09957	Screening For Sleep Related Breathing Disorders	\$0.00
09962	Mircro Toothbrush	\$0.00
09971	Odontoplasty - Per Tooth	\$0.00
09973	External Bleaching - Per Tooth	\$0.00
09975	Ext Bleach Hom Applic-Arch; Matl Fab Cstm Trays	\$0.00
09985	Sales Tax	\$0.00
09987	Cancelled Appointment	\$0.00
09991	Dental Case Mgmt - Addressing Appt Ca Barriers	\$0.00
09993	Dental Case Management - Motivational Intv	\$0.00
09995	Teledentistry - Synchronous; Real-Time Encounter	\$0.00
09997	Dental Case Mgmt - Pts Special Health Care	\$0.00
99998	Insertion Of Orthodontic Appliance	\$500.00