

Get Happy

You've got Dentegra

The world is yours with Dentegra. We believe your smile is a powerful asset. That's why we've created a dental plan that is easy to understand and use — so you spend less time managing your dental plan and more time enjoying your life.

HOW your EPO¹ plan works

- You must visit a Dentegra EPO dentist to receive benefits under your plan, but you can choose any dentist within the network. If you visit a dentist outside of the network, you are responsible for the full treatment cost.
- You can change dentists any time without notifying us.
- You are responsible for any applicable copayments and charges for non-covered services.

FIND a network dentist

- Visit **dentegra.com/LaborersTF2** to find a Dentegra network dentist.
- Call Customer Service at **855-245-2916**.

GET the details online

- View benefits, eligibility and claims status by registering for an online account.
- Go green and go paperless! Update your statement delivery preference to online.
- Find a Dentegra EPO dentist.

Sweet SIMPLICITY

- Just show the Dentegra EPO dental office your ID card, or your digital ID card on your smartphone, to receive services. The office will handle the rest!
- Don't want to carry an ID card? Simply provide your name, date of birth and social security or enrollee identification number.

Connect with us:
dentegra.com

LEGAL NOTICES: Access federal and state legal notices related to your plan: **dentegra.com/privacy-policy**

¹ Exclusive Provider Organization plan.

Benefit Highlights

Group Name: **Laborers' District Council Health and Welfare Trust Fund No. 2**

Group Number: **18910**

Effective Date: **12/1/2020**

Contact us:

Dentegra Insurance Company:
560 Mission St., Suite 1300, San Francisco, CA 94105

Customer Service:
855-245-2916

Claims Address:
P.O. Box 1850, Alpharetta, GA 30023-1850

Covered services (only at an in-network dentist) ¹		Dentegra EPO Network	Out-of-Network
Diagnostic services		You pay	You pay
D0120	Periodic oral evaluation – established patient	No cost	Not a benefit
D0140	Limited oral evaluation – problem focused	No cost	Not a benefit
D0150	Comprehensive oral evaluation – new or established patient	No cost	Not a benefit
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$20	Not a benefit
D0171	Re-evaluation – post-operative office visit	\$20	Not a benefit
D0180	Comprehensive periodontal evaluation - new or established patient	\$10	Not a benefit
D0210	Complete series of x-rays	\$30	Not a benefit
D0220	Intraoral – periapical first diagnostic image	\$10	Not a benefit
D0230	Intraoral – periapical each additional diagnostic image	\$5	Not a benefit
D0240	Intraoral - occlusal radiographic image	\$10	Not a benefit
D0270	Bitewing - single radiographic image	\$10	Not a benefit
D0272	Bitewings – two radiographic images	\$10	Not a benefit
D0273	Bitewings - three radiographic images	\$10	Not a benefit
D0274	Bitewings – four radiographic images	\$10	Not a benefit
D0277	Vertical bitewings - seven to eight radiographic images	\$10	Not a benefit
D0330	Panoramic x-ray	\$25	Not a benefit
D0460	Pulp vitality tests	\$20	Not a benefit
Preventive services		You pay	You pay
D1110	Cleaning (prophylaxis) – adult	No cost	Not a benefit
D1120	Cleaning (prophylaxis) – child	No cost	Not a benefit
D1208	Topical fluoride treatment	\$5	Not a benefit
D1510	Space maintainer – fixed, unilateral	\$50	Not a benefit
D1515	Space maintainer – fixed, bilateral	\$50	Not a benefit
Basic services		You pay	You pay
D2140	Amalgam (silver-colored) filling – 1 surface	\$30	Not a benefit
D2150	Amalgam (silver-colored) filling – 2 surfaces	\$40	Not a benefit
D2160	Amalgam - three surfaces, primary or permanent	\$50	Not a benefit
D2161	Amalgam - four or more surfaces, primary or permanent	\$60	Not a benefit
D2330	Resin (tooth-colored) filling, front tooth, 1 surface	\$30	Not a benefit
D2331	Resin-based composite - two surface, anterior	\$40	Not a benefit
D2332	Resin-based composite - three surfaces, anterior	\$50	Not a benefit
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$60	Not a benefit
D2391	Resin-based composite – one surface, posterior	\$40	Not a benefit
D2392	Resin-based composite – two surfaces, posterior	\$50	Not a benefit
D2393	Resin-based composite – three surfaces, posterior	\$60	Not a benefit
D2394	Resin-based composite – four or more surfaces, posterior	\$70	Not a benefit
Crowns		You pay	You pay
D2740	Crown - porcelain/ceramic substrate	\$550	Not a benefit
D2750	Crown - porcelain fused to high noble metal	\$550 + Gold	Not a benefit
D2751	Crown - porcelain fused to predominantly base metal	\$550	Not a benefit

Covered services (only at an in-network dentist) ¹		Dentegra EPO Network	Out-of-Network
Crowns		You pay	You pay
D2752	Crown - porcelain fused to noble metal	\$550	Not a benefit
D2790	Crown - full cast high noble metal	\$550 + Gold	Not a benefit
D2791	Crown - full cast predominantly base metal	\$550	Not a benefit
D2792	Crown - full cast noble metal	\$550	Not a benefit
D2920	Recement crown	\$10	Not a benefit
D2930	Prefabricated stainless steel crown - primary tooth	\$50	Not a benefit
D2931	Prefabricated stainless steel crown - permanent tooth	\$50	Not a benefit
D2932	Prefabricated resin crown	\$50	Not a benefit
D2940	Protective restoration	\$20	Not a benefit
D2950	Core buildup, including any pins	\$50	Not a benefit
D2951	Pin retention - per tooth, in addition to restoration	\$20	Not a benefit
D2952	Post and core in addition to crown, indirectly fabricated	\$50	Not a benefit
D2954	Prefabricated post and core in addition to crown	\$50	Not a benefit
D2980	Crown repair necessitated by restorative material failure	\$50	Not a benefit
Endodontics		You pay	You pay
D3110	Pulp cap - direct (excluding final restoration)	\$20	Not a benefit
D3120	Pulp cap - indirect (excluding final restoration)	\$50	Not a benefit
D3220	Therapeutic pulpotomy (excluding final restoration)	\$50	Not a benefit
D3221	Pulpal debridement, primary and permanent teeth	\$50	Not a benefit
D3310	Root canal, front tooth	\$250	Not a benefit
D3320	Root canal, bicuspid tooth	\$350	Not a benefit
D3330	Root canal, molar (excluding final restoration)	\$450	Not a benefit
D3346	Retreatment of previous root canal therapy - anterior	\$250	Not a benefit
D3347	Retreatment of previous root canal therapy - bicuspid	\$350	Not a benefit
D3348	Retreatment of previous root canal therapy - molar	\$450	Not a benefit
D3410	Apicoectomy - anterior	\$250	Not a benefit
D3421	Apicoectomy - bicuspid (first root)	\$250	Not a benefit
D3425	Apicoectomy - molar (first root)	\$350	Not a benefit
D3426	Apicoectomy (each additional root)	\$153	Not a benefit
D3427	Periradicular surgery without apicoectomy	\$193	Not a benefit
D3430	Retrograde filling - per root	\$227	Not a benefit
Periodontics		You pay	You pay
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$450	Not a benefit
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$50	Not a benefit
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$400	Not a benefit
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$200	Not a benefit
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	\$300	Not a benefit
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$150	Not a benefit
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$90	Not a benefit
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$50	Not a benefit
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$40	Not a benefit
D4910	Periodontal maintenance procedure	\$30	Not a benefit

Covered services (only at an in-network dentist) ¹		Dentegra EPO Network	Out-of-Network
Prosthodontics, removable		You pay	You pay
D5110	Complete denture - maxillary	\$500	Not a benefit
D5120	Complete denture - mandibular	\$500	Not a benefit
D5130	Immediate denture - maxillary	\$500	Not a benefit
D5140	Immediate denture - mandibular	\$500	Not a benefit
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$500	Not a benefit
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$500	Not a benefit
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$500	Not a benefit
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$500	Not a benefit
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$500	Not a benefit
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$500	Not a benefit
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$500	Not a benefit
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$500	Not a benefit
D5410	Adjust complete denture - maxillary	No cost	Not a benefit
D5411	Adjust complete denture - mandibular	No cost	Not a benefit
D5421	Adjust partial denture - maxillary	No cost	Not a benefit
D5422	Adjust partial denture - mandibular	No cost	Not a benefit
D5510	Repair broken complete denture base	\$75	Not a benefit
D5520	Replace missing broken tooth - complete denture (each tooth)	\$75	Not a benefit
D5610	Repair resin denture base	\$75	Not a benefit
D5620	Repair cast framework	\$75	Not a benefit
D5630	Repair or replace broken clasp	\$75	Not a benefit
D5640	Replace broken teeth - per tooth	\$75	Not a benefit
D5650	Add tooth to existing partial denture	\$75	Not a benefit
D5660	Add clasp to existing partial denture – per tooth	\$75	Not a benefit
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$75	Not a benefit
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$75	Not a benefit
D5730	Reline complete maxillary denture (chairside)	\$75	Not a benefit
D5731	Reline complete mandibular denture (chairside)	\$75	Not a benefit
D5740	Reline maxillary partial denture (chairside)	\$75	Not a benefit
D5741	Reline mandibular partial denture (chairside)	\$75	Not a benefit
D5750	Reline complete maxillary denture (laboratory)	\$75	Not a benefit
D5751	Reline complete mandibular denture (laboratory)	\$75	Not a benefit
D5760	Reline maxillary partial denture (laboratory)	\$75	Not a benefit
D5761	Reline mandibular partial denture (laboratory)	\$75	Not a benefit
Prosthodontics, fixed		You pay	You pay
D6210	Pontic - cast high noble metal	\$500	Not a benefit
D6211	Pontic - cast predominantly base metal	\$500	Not a benefit
D6212	Pontic - cast noble metal	\$500	Not a benefit
D6240	Pontic - porcelain fused to high noble metal	\$500 + Gold	Not a benefit
D6241	Pontic - porcelain fused to predominantly base metal	\$500	Not a benefit
D6242	Pontic - porcelain fused to noble metal	\$500	Not a benefit
D6740	Retainer crown - porcelain/ceramic	\$550	Not a benefit
D6750	Retainer crown - porcelain fused to high noble metal	\$500 + Gold	Not a benefit
D6751	Retainer crown - porcelain fused to predominantly base metal	\$550	Not a benefit
D6752	Retainer crown - porcelain fused to noble metal	\$550	Not a benefit

Covered services (only at an in-network dentist) ¹		Dentegra EPO Network	Out-of-Network
Prosthodontics, removable		You pay	You pay
D6790	Retainer crown - full cast high noble metal	\$550 + Gold	Not a benefit
D6791	Retainer crown - full cast predominantly base metal	\$550	Not a benefit
D6792	Retainer crown - full cast noble metal	\$550	Not a benefit
D6930	Re-cement or re-bond fixed partial denture	\$10	Not a benefit
Oral & Maxillofacial Surgery		You pay	You pay
D7111	Extraction, coronal remnants - deciduous tooth	\$30	Not a benefit
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$30	Not a benefit
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$75	Not a benefit
D7220	Removal of impacted tooth - soft tissue	\$125	Not a benefit
D7230	Removal of impacted tooth - partially bony	\$175	Not a benefit
D7240	Removal of impacted tooth - completely bony	\$225	Not a benefit
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$225	Not a benefit
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$75	Not a benefit
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$75	Not a benefit
D7510	Incision and drainage of abscess - intraoral soft tissue	\$10	Not a benefit
Adjunctive general services		You pay	You pay
D9110	Palliative (emergency) treatment of dental pain - minor procedures	\$10	Not a benefit
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$10	Not a benefit
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$50	Not a benefit
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$30	Not a benefit
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$50	Not a benefit
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No cost	Not a benefit
D9932	Cleaning and Inspection of Removable Complete Denture, Maxillary	\$9	Not a benefit
D9933	Cleaning and Inspection of Removable Complete Denture, Mandibular	\$9	Not a benefit
D9934	Cleaning and Inspection of Removable Partial Denture, Maxillary	\$9	Not a benefit
D9935	Cleaning and Inspection of Removable Partial Denture, Mandibular	\$9	Not a benefit

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

¹ Procedure codes and descriptions (Current Dental Terminology – CDT) are copyrighted by the American Dental Association. Text that appears in italics was added to clarify the services listed and is not part of CDT procedure code descriptions.

Dentegra Dental PPO plans are underwritten by Dentegra Insurance Company in all states except New York, where the plans are underwritten by Dentegra Insurance Company of New England. All Dentegra Dental PPO plans are administered by Delta Dental Insurance Company. In Texas, the plan is referred to as a Dental Provider Organization (DPO) plan.