



**VEBA POST-65
DENTAL PLAN**

Monthly Rate \$ 11.00

No Deductible- No Maximums- No Waiting Period- No Interest Loans in WD centers

ADA Code	ADA Description	7760	ADA Code	ADA Description	7760
				Non-surgical	
D0120	Clinical Oral	\$0	D4341	periodontal svcs	\$70
D0180	Evaluations	\$0	D4342	Periodontal scaling	\$30
				Complete Dentures	
D0210	Radiographs /	\$0	D5110	maxillary	\$525
D0350	Diagnostic Imaging	\$0	D5120	mandibular	\$525
			D5130	Immedia Maxillary	\$580
D0460	Test and	\$0	D5140	Inmedia Mandibular	\$580
D0470	Examinations	\$0		Partial Dentures	
			D5211	Maxillary partial	\$315
D1110	Dental Prophylaxis	\$0	D5212	mandibular partial	\$315
	after 2 in 12			Adjustments Dentures	
D1120	months	\$45		Complete maxilliray	\$45
D2140	Amalgam	\$20	D5410	Complete mandibul	\$45
D2161	Restorations	\$45	D5422	Repair to Dentures	\$70
			D5520	Dentures Reline	
D2710	Crowns-Single	\$205		Maxillary denture	\$70
D2721	Restoration	\$385	D5730		
	porcelain fused		D5751	Mandibular	\$125
D2751	metal	\$385		Extractions	
	porcelain noble			Coronal remnants	\$70
D2752	metal	\$385	D7111	Erupted tooth	\$95
D2791	full cast base metal	\$385	D7140	Surgical Extractions	
				Surgical removal	\$70
D3230	Endodontic	\$55	D7210	Removal impacted	\$175
D3240	Theraphy on teeth	\$70	D7220		
				Partially bone	\$205
	Endodontic theraphy		D7230	Impacted tooth	\$310
D3310	anterior	\$175	D7240	Removal w/complic	\$310
D3320	bicuspid	\$265	D7241	Residual tooth	\$175
D3330	Molar	\$335	07250		

**www.westerndentalbenefits.com--- Member Services 1-800-992-3366-
Questions about WD plan-ID Cards-Change Dentist Offices**