

CWA Local 1180

Schedule of Dental Allowances

What is the Scheduled Dental Benefit Plan?

Under this plan, which is self-insured by the Fund, each covered member and eligible dependent is entitled to a maximum of \$2000 for covered services in any calendar year. All covered services are included in the Schedule of Dental Allowances.

How are Benefits Determined?

Benefits Paid under the dental benefit plan are based on a Schedule of Dental Allowances. If your (non-participating) dentist charges more than the scheduled allowance, you will have to pay the difference. If your dentist charges less than the schedule, you will be reimbursed your dentist's actual fee. Participating Dentists will charge only the schedule allowance and accept the Fund reimbursement as payment in full for covered services

Claims are not payable to members or their assignees until considered and approved by the Dental Consultant which consideration shall not exceed six months from the date the claim is received by the Fund Office.

Who are the Participating Dentists?

The Fund has created a panel of dentists who have agreed to provide covered dental procedures at **no out-of-pocket expense** to eligible members, spouses and dependent children who participate in the self-insured dental plan. The listing is provided as convenient information service. The Fund does not recommend the services of any particular dentist. Participating Dentists are selected because they agree to accept the Fund's Schedule of Dental Allowances as **payment in full for covered services**. Please see the Fund's *List of Participating Dentists* for more information

Are the Orthodontic and Implant Benefits Included in the Yearly Maximum?

No. These benefits have separate lifetime maximums. See the Schedule of Dental Allowances for details.

When is Pre-Treatment Review Required?

When the dentist's proposed charges for a course of treatment include crown and bridgework or will amount to \$500 or more, dental services must be reviewed by the Fund before treatment is rendered.

How Do You File A Claim?

To receive or assign benefits under the dental benefit plan, follow these simple steps:

1. Obtain a claim form from the Fund Office.
2. Complete the member's part and sign form after services are rendered.
3. When treatment is completed have you dentist complete the Attending Dentist's Statement
4. Within 90 days, submit form to:
Dental Claim Office
253 West 35th St., 12th Floor
New York, NY 10001-1970

Diagnostic

| | | |
|------|---|-------|
| 0120 | Periodic Oral Evaluation (once in 5 months after initial) | 20.00 |
| 0140 | Limited Oral Evaluation..... | 20.00 |
| 0150 | Comprehensive Oral Evaluation | 20.00 |
| 0210 | Intraoral - complete series incl. bitewings (once every 3 years)..... | 30.00 |
| 0220 | Intraoral, Periapical, first film..... | 3.50 |
| 0230 | Intraoral, Periapical, each additional film | 2.00 |
| 0270 | Bitewings, single film | 3.50 |
| 0272 | Bitewings, two films | 7.00 |
| 0274 | Bitewings, four films..... | 12.00 |
| 0321 | Other temporomandibular joint films, by repor | 36.50 |
| 0330 | Panoramic film – once every 36 months | 30.00 |
| 0340 | Cephalometric film | 15.00 |

Preventive (once every six months)

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|------|--|-------|
| 1110 | Prophylaxis - Adult | 25.00 |
| 1120 | Prophylaxis - Child (to age 12) | 20.00 |
| 1206 | Topical application of fluoride varnish prophy not included child..... | 15.00 |
| 1208 | Topical application of fluoride prophy not included adult | 15.00 |

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| 1351 | Sealant - per tooth | 25.00 |
| 1510 | Space Maintainer - Fixed - Unilateral | 54.50 |
| 1516 | Space Maintainer Fixed Bilateral max | 109.00 |
| 1517 | Space Maintainer Fixed Bilateral Mand.... | 109.00 |
| 1520 | Space Maintainer - Removable - Unilateral | 54.50 |

Restorative

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|------|---|--------|
| 2140 | Amalgam - 1 Surface, Permanent | 25.00 |
| 2150 | Amalgam - 2 Surfaces, Permanent | 35.00 |
| 2160 | Amalgam - 3 Surfaces, Permanent | 45.00 |
| 2161 | Amalgam - 4 or More Surfaces, Permanent..... | 55.00 |
| 2330 | Resin, 1 Surface, Anterior..... | 35.00 |
| 2331 | Resin, 2 Surfaces, Anterior..... | 45.00 |
| 2332 | Resin, 3 Surfaces, Anterior..... | 60.00 |
| 2391 | Resin-based composite 1 surface posterior permanent..... | 35.00 |
| 2392 | Resin-based composite 2 surfaces posterior permanent..... | 45.00 |
| 2393 | Resin-based composite 3 surfaces posterior permanent..... | 60.00 |
| 2394 | Resin -based composite 4+ surfaces posterior permanent..... | 60.00 |
| 2510 | Inlay - Metallic - 1 Surface*..... | 100.00 |
| 2520 | Inlay - Metallic - 2 Surfaces* | 200.00 |
| 2530 | Inlay - Metallic - 3 Surfaces* | 250.00 |
| 2610 | Inlay - Porcelain/Ceramic - 1 Surface* | 80.50 |
| 2710 | Crown – Resin based composite (indirect)*..... | 150.00 |
| 2720 | Crown - Resin with high noble metal* | 175.00 |
| 2721 | Crown - Resin with predominantly base metal*..... | 175.00 |
| 2722 | Crown - Resin with noble Metal*..... | 175.00 |
| 2740 | Crown - Porcelain/Ceramic Substrate* | 175.00 |
| 2750 | Crown - Porcelain fused to high noble metal*..... | 500.00 |
| 2751 | Crown - Porcelain fused to predominantly base metal*..... | 500.00 |
| 2752 | Crown - Porcelain fused to noble metal* | 500.00 |
| 2790 | Crown - Full Cast high noble metal*..... | 500.00 |
| 2791 | Crown - Full Cast predominantly base metal*..... | 500.00 |
| 2792 | Crown - Full Cast noble metal*..... | 500.00 |
| 2910 | Recent inlay, onlay or partial coverage restoration | 15.00 |
| 2920 | Recent crown..... | 20.00 |
| 2930 | Prefabricated stainless steel crown | |

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| primary tooth | 47.50 |
| 2940 Sedative filling..... | 25.00 |
| 2950 Core build-up..... | 85.00 |
| 2952 Cast post and core in addition to crown.. | 110.00 |
| 2954 Prefabricated post and core in addition to crown | 110.00 |
| 2980 Crown repair, by report..... | 30.00 |

* Prosthetics can only be replaced once every five years.

Endodontics (including x-rays but exclusive of restoration)

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|--|--------|
| 3110 Pulp cap - direct (excluding final restoration)..... | 15.00 |
| 3120 Pulp cap - indirect (excluding final restoration)..... | 15.00 |
| 3220 Therapeutic pulpotomy (exclud. final restoration)..... | 25.00 |
| 3310 Anterior Root Canal (exclud. final restoration)..... | 400.00 |
| 3320 Bicuspid Root Canal (exclud. final restoration)..... | 450.00 |
| 3330 Molar Root Canal (exclud. final restoration)..... | 500.00 |
| 3346 Retreatment of previous RCT - anterior .. | 400.00 |
| 3347 Retreatment of previous RCT - bicuspid .. | 450.00 |
| 3348 Retreatment of previous RCT - molar..... | 500.00 |
| 3410 Apicoectomy/Periradicular surgery anterior..... | 400.00 |
| 3421 Apicoectomy/Periradicular surgery bicuspid (first root) | 450.00 |
| 3425 Apicoectomy/Periradicular surgery molar (first root) | 500.00 |
| 3426 Apicoectomy/Periradicular surgery (each additional root)..... | 200.00 |
| 3430 Retrograde filling..... | 100.00 |

Periodontics

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|---|--------|
| 4210 Gingivectomy or Gingivoplasty – 4+ teeth per quad | 100.00 |
| 4211 Gingivectomy or Gingivoplasty – 1-3 teeth per quad | 40.00 |
| 4240 Gingival flap procedure – 4+ teeth per quad | 175.00 |
| 4241 Gingival flap procedure – 1-3 teeth per quad | 105.00 |

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| 4249 Clinical crown lengthening | 125.00 |
| 4260 Osseous Surgery - 4+ teeth per quadrant | 500.00 |
| 4261 Osseous Surgery - 1-3 teeth per quad..... | 300.00 |
| 4263 Bone replacement graft - 1st site in Quad-once per quadrant..... | 300.00 |
| 4264 Bone replacement graft - each additional site in quad – 3 per quadrant | 250.00 |
| 4270 Pedicle soft tissue graft procedure | 300.00 |
| 4277 Free soft tissue graft procedure (inc. donor site surgery) | 150.00 |
| 4320 Provisional splinting - intracoronal | 40.00 |
| 4321 Provisional splinting - extracoronal | 40.00 |
| 4910 Perio maintenance procedures (following active therapy) - once every six months | 35.00 |

Prosthodontics (removable)

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| 5110 Complete upper dentures*..... | 500.00 |
| 5120 Complete lower dentures*..... | 500.00 |
| 5130 Immediate upper dentures*..... | 500.00 |
| 5140 Immediate lower dentures*..... | 500.00 |
| 5211 Maxillary partial denture - resin base* | 500.00 |
| 5212 Mandibular partial denture - resin base* .. | 500.00 |
| 5213 Maxillary partial denture - cast metal frame/resin base* | 500.00 |
| 5214 Mandibular partial denture – cast metal frame/resin base* | 500.00 |
| 5282 removable unilateral partial denture- one piece metal maxillary..... | 500.00 |
| 5283 removable unilateral partial denture- one piece metal mandibular..... | 500.00 |
| 6210 Pontic - cast high noble metal* | 500.00 |
| 6211 Pontic - cast predominantly base metal* .. | 500.00 |
| 6212 Pontic - cast noble metal* | 500.00 |
| 6240 Pontic - porcelain fused to high noble metal*..... | 500.00 |
| 6241 Pontic - porcelain fused to predominantly base metal*..... | 500.00 |
| 6242 Pontic - porcelain fused to noble metal* .. | 500.00 |
| 6250 Pontic - resin with high noble metal*..... | 500.00 |
| 6251 Pontic - resin with predominantly base metal*..... | 500.00 |
| 6252 Pontic - resin with noble metal*..... | 500.00 |
| 6545 Retainer - cast metal * | 500.00 |
| 6720 Crown - resin with high noble metal* | 500.00 |
| 6721 Crown - resin with predominantly base metal*..... | 500.00 |

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| 6722 Crown - resin with noble metal* | 500.00 |
| 6750 Crown - porcelain fused to high noble metal*..... | 500.00 |
| 6751 Crown - porcelain fused to predominantly base metal*..... | 500.00 |
| 6752 Crown - porcelain fused to noble metal*.. | 500.00 |
| 6780 Crown - 3/4 cast high noble metal* | 500.00 |
| 6790 Crown - full cast high noble metal*..... | 500.00 |
| 6791 Crown - full cast predominantly base metal*..... | 500.00 |
| 6792 Crown - full cast noble metal* | 500.00 |
| 6930 Recement partial dentures | 35.00 |
| 6950 Precision attachment | 100.00 |
| 6980 Fixed partial denture repair, by report..... | 50.00 |

* Prosthetics can only be replaced once every five years

Oral Surgery - including local anesthesia and post operative care

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| 7111 Extraction, coronal remnants – deciduous tooth | 40.00 |
| 7140 Extraction , erupted tooth or exposed root..... | 100.00 |
| 7210 Surgical removal of erupted tooth requiring elevation mucoperiosteal flap and removal of bone and/or section of tooth..... | 150.00 |
| 7220 Removal of impacted tooth - soft tissue .. | 375.00 |
| 7230 Removal of impacted tooth – partially bony..... | 425.00 |
| 7240 Removal of impacted tooth - completely bony | 500.00 |
| 7241 Removal of impacted tooth - completely bony w/complications..... | 600.00 |
| 7250 Surgical removal of residual roots (cutting procedure) | 200.00 |
| 7310 Alveoplasty w/extractions – per quadrant..... | 250.00 |
| 7320 Alveoloplasty no extractions- per quadrant | 200.00 |
| 7440 Excision of malignant tumor - lesion diameter up to 1.25 cm..... | 40.00 |
| 7441 Excision of malignant tumor - lesion diameter over 1.25 cm | 40.00 |
| 7510 Incision & drainage of abscess - intraoral soft tissue..... | 125.00 |
| 7520 Incision & drainage of abscess - extraoral soft tissue..... | 20.00 |
| 7960 Frenulectomy | 75.00 |

Orthodontics

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| 8080 Comprehensive orthodontic treatment of the adolescent dentition (once per lifetime) | 1000.00 |
| 8090 Comprehensive orthodontic treatment of the adult dentition (once per lifetime) | 1000.00 |
| 8660 Pre-orthodontic treatment visit (once per lifetime)..... | 300.00 |
| 8670 Periodic orthodontic treatment visit as part of contract (up to 24 consecutive months)..... | 100.00 |
| 8680 Orthodontic retainers - limit \$400 (200 ea. top & bottom) | 400.00 |

Adjunctive General Services

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| 9110 Palliative (emergency) treatment of dental pain..... | 20.00 |
| 9222 Deep Sedation..... | 100.00 |
| 9223 Deep sedation each additional 15 minutes | 100.00 |
| 9239 intravenous moderate (conscious) sedation | 100.00 |
| 9243 Intravenous moderate (conscious Sedation | 100.00 |
| 9310 Consultation..... | 30.00 |
| 9951 Occlusal adjustment - limited | 80.00 |
| 9952 Occlusal adjustment - complete | 100.00 |

CWA LOCAL 1180 SECURITY BENEFITS FUND

Dental Claim Office
 253 West 35th Street, 12th Floor
 New York, New York 10001-1907



Comprehensive Benefits for eligible members,
 Spouses and dependent children

Maximum \$2000 per calendar year per person

Separate Orthodontia Maximum for Adults and
 Children

\$2000 Implant Benefit

Pre-authorization required for a course of treatment
 including crown and bridgework or amounting
 to \$500 or more

Freedom of Choice In Network or out of network

Benefit Year: January 1 - December 31

UPDATED as of March 2019