



Dental Benefit

(Actives Only)

The Plan provides dental benefits for diagnostic care, preventive care, and orthodontics. As a participant, you and your Dependents may receive dental care from the dentist of your choice. Covered dental services are divided into three parts. Benefits are paid according to a schedule shown on pages 38-42.

Part One—Preventive Care

Part One of your dental benefit covers basic care, including examinations and cleanings. Dental benefits for Part One Services are reimbursed to the Reasonable and Customary Allowance, up to a calendar year maximum of \$300.

Part Two—Major Services

Part Two of your dental benefit covers major dental services such as fillings and extractions. These services are reimbursed according to scheduled allowances up to a calendar maximum of \$2,500.

Part Three—Orthodontia

Part three of your dental benefit covers orthodontia procedures. The maximum benefit for all orthodontic treatment combined during the lifetime of any family member is \$2,500.

Fast Facts

- Under the Dental Benefit you may go to any dentist you wish.
- Dental procedures that cost more than \$200 must be pre-approved by the Claims Office.
- The Maximum Benefit for all orthodontic treatment combined during the Lifetime of any family member is \$2,500.

Predetermination of Benefits

If your dentist estimates that a proposed treatment will cost more than \$200, he or she should submit the treatment plan to the Claims Office to get approval before proceeding.

The treatment plan should list the fees and all the procedures needed to complete treatment on a Dental Claim form. Your dentist must submit the form to the Claims Office before your treatment starts (unless it's an emergency).

Filing Claims

Claim forms are available from the Fund Office, your local Business Agent and The Claims Office.

Dental Services	Plan Pays
Part One Services — Preventive Services Benefit Payable	100% of Reasonable and Customary charges.
Maximum Amount (per calendar year)	\$300
Part Two Services — Major Services Benefit Payable	As per schedule.*
Maximum Amount (per calendar year)	\$2,500
Part Three Services — Orthodontia Benefit Payable	As per schedule.*
Maximum Amount (per lifetime)	\$2,500

* See schedule shown on pages 38-42.

The Claims Office will verify your eligibility and determine your benefits for the proposed procedure so that you and the dentist will know in advance what payments will be made under this Plan.

If an eligible member or Dependent is referred from one dentist to another in the course of treatment, or if more than one dentist provides services on one dental procedure, the benefits will be determined just as though one dentist had provided all treatment.

Failure to File

If the Dental Claim Form is not filed with the Claims Office before the procedure(s), the Fund reserves the right to make a determination of benefits payable, taking into account alternate procedures, services or courses of treatment based on accepted standard dental practice.

Schedule of Dental Benefits

Part One Dental Services

Examinations and Cleanings — Covered at 100% of Reasonable and Customary Charges

1. Oral Examination, diagnosis and charting, including Prophylaxis — twice per Calendar Year

2. Emergency treatment of pain

3. Fluoride and Sealants
Topical application of fluoride for claimants under the age of 19 — twice per Calendar Year
Sealants per tooth

4. Stainless Steel crowns on primary teeth (baby teeth)

X-Rays

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Intraoral — complete series
Full mouth series — 14 standard X-Rays
Once each 3-year period <ul style="list-style-type: none"> ■ Intraoral — periapical ■ Intraoral — occlusal view <hr/> 2. Bitewing X-Rays
Full series — 4 bitewings
Once each calendar year <hr/> 3. Panorex film
Cephalometric film
Once each 3-year period <hr/> 4. Study Models | X-Rays are covered at 100% of Reasonable and Customary charges |
|---|--|

Prosthetic Repair

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Adjustments to Dentures <ul style="list-style-type: none"> ■ Adjust complete upper denture ■ Adjust complete lower denture ■ Adjust partial upper denture ■ Adjust partial lower denture <hr/> 2. Repairs to Complete Dentures <ul style="list-style-type: none"> ■ Repair broken complete denture base ■ Replace missing or broken teeth <hr/> 3. Repairs to Partial Dentures <ul style="list-style-type: none"> ■ Repair resin denture base ■ Repair cast framework ■ Repair or replace broken clasp ■ Replace broken teeth, per tooth | Prosthetic Repair is covered at 100% of Reasonable and Customary charges |
|--|--|

Only the dental procedures described in the fee schedule are covered by this Plan.

<p>4. Denture Rebase Procedures</p> <ul style="list-style-type: none"> ■ Rebase complete upper denture ■ Rebase complete lower denture ■ Rebase partial upper denture ■ Rebase partial lower denture 	<p>Prosthetic Repair is covered at 100% of Reasonable and Customary charges</p>
<p>5. Denture Reline Procedures, maximum: one each 3-year period</p> <ul style="list-style-type: none"> ■ Reline complete upper, chairside ■ Reline complete lower, chairside ■ Reline partial upper, chairside ■ Reline partial lower, chairside ■ Reline complete upper, laboratory ■ Reline complete lower, laboratory ■ Reline partial upper, laboratory ■ Reline partial lower, laboratory 	
<p>6. Tissue Conditioning</p> <ul style="list-style-type: none"> ■ Upper ■ Lower 	

Part Two Services

Restorations	Maximum Allowance
1. Silver Amalgam	
a. One surface primary tooth	\$50
One surface permanent tooth	\$55
b. Two surfaces primary tooth	\$60
Two surfaces permanent tooth	\$65
c. Three surfaces primary tooth	\$70
Three surfaces permanent tooth	\$75
d. Four or more surfaces primary tooth	\$80
Four or more surfaces permanent tooth	\$85
e. Reinforcement pins, once per tooth	\$30
2. Synthetic porcelain or plastic	
Anterior teeth only	
Maximum per tooth	\$40
3. Composite Resin	
Anterior teeth only	
a. One surface	\$60
b. Two surfaces	\$70
c. Three surfaces	\$80
d. Four or more surfaces	\$90
Restorations — For teeth not restorable by fillings	
1. Crowns — Single Restorations Only	
a. Porcelain fused to high noble metal	\$600
b. Porcelain fused to noble metal	\$600
c. Full Cast high metal	\$600
d. Full Porcelain	\$600
e. Labial Veneer	\$600
2. Post and Core	\$175
3. Implants (effective 04-01-2002)	\$600

Endodontics

Allowance includes necessary X-rays

1. Pulp Capping	\$30
2. Vital Pulpotomy	\$50
3. Root Canal therapy	
a. One root	\$350
b. Two roots	\$400
c. Three roots	\$500
d. Four roots	\$500
4. Apicoectomy	\$150

Periodontia

1. Gingivectomy	
Per tooth	\$30
Per quadrant	\$250
2. Gingival Curettage per quadrant	\$65
3. Gingival flap procedure, per quadrant	\$250
4. Mucogingival surgery, per quadrant	\$350
5. Osseous surgery and flap, per quadrant	\$350
6. Pedicle soft tissue grafts	\$200
7. Free soft tissue graft and donor site	\$200
8. Periodontal scaling and root Planing, per quadrant	\$65
9. Occlusal Adjustment	\$65
10. Occlusal Guard*	\$325

Simple Extractions

Extraction single tooth	\$70
Each additional tooth	\$60

Space Maintainers

Passive Appliances designed to prevent tooth movement

Not for orthodontic purposes

1. Fixed Unilateral	\$150
2. Fixed Bilateral	\$200
3. Removable Unilateral	\$150
4. Removable Bilateral	\$200
5. Recementation of space maintainer	\$25

* Once per lifetime and only for treatment of occlusions. Mouthguards for sports are not covered.

Oral Surgery

1. Surgical removal of an erupted tooth	\$90
2. Soft tissue impaction	\$135
3. Partial bony impaction	\$165
4. Complete bony impaction	\$225
5. Removal of cyst	\$140
6. Incision and drainage of abscess	\$75
7. Alveolectomy	\$75
8. Biopsy	\$45
9. Closure of oral antral fistula	\$75
10. Removal of labial frenum	\$75
11. Surgical removal of retained root	\$50
12. Surgical exposure of unerupted or impacted tooth for orthodontic treatment including normal post-surgical care	\$135
13. Open reduction of fracture of maxilla	\$563
14. Open reduction of fracture of mandible	\$723
15. Closed reduction of fracture of maxilla	\$426
16. Closed reduction of fracture of mandible	\$512

Anesthesia

General Anesthesia in connection with a covered Part Two Service	
a. First 15 minutes	\$100
b. Each additional 15 minutes	\$50

Prosthetic Services

Supplying, fitting and inserting the listed appliances	
1. Dentures, Full and Partial	
a. Complete upper	
b. Complete lower	
Each except as provided in next item	\$525
Full, both immediately and permanent with permanent dentures inserted within 12 months from date of insertion of immediate denture	
Maximum each jaw	\$1050
c. Partial, Upper or Lower full case, 2 clasps	\$425
d. Partial, bilateral, chrome cobalt alloy or gold base, 2 or more full cast clasps with occlusal rests, acrylic attachments and porcelain or acrylic teeth, either jaw, each	\$450
e. Adding teeth to partial denture to replace natural teeth not part of existing denture	
First tooth	\$75
Each additional tooth	\$50

2. Bridgework, fixed:	
a. Abutments	
3/4 Crown	\$600
Full cast	\$600
Porcelain	\$600
Porcelain fused to metal	\$600
Inlay used as abutment	
2-surface	\$120
3-surface	\$180
b. Pontic:	
Pontic, cast with metal	\$600
Pontic, porcelain fused to metal	\$600
Pontic, resin with metal	\$600
<hr/>	
3. Bridgework, removable	
Steel with clasps and lugs (Nesbett):	
One tooth	\$150
Two teeth	\$200
Three teeth	\$225
<hr/>	

Bridge and denture replacements are limited to once in a 3-year period.

Part Three Services

The third part of covered dental services provides for orthodontia services.

Orthodontia

Effective 2-1-98	
Treatment	
Initial fee (fabrication and insertion of orthodontic appliances)	\$580
Monthly active orthodontic treatment, per month	\$80
Maximum active treatment = 24 months	
<hr/>	

The Maximum Benefit for all orthodontic treatment combined during the Lifetime of any family member is \$2,500

Note: If a procedure is recommended that is not listed above, your dentist must submit the alternative procedures, in writing to the claims office for approval before treatment begins. This applies to all dental services.

Dental Expenses That Are Not Covered

No benefits will be payable for the following:

- Any professional fees other than the fees of the Dentist performing the treatment or expenses that are not recommended as necessary and approved by a dentist for the diagnosis, treatment or prevention on an Injury or Illness;
- Replacement of a lost, missing or stolen prosthetic device;
- Treatment due to an Injury or Illness that is employment-related or that is covered under the Workers' Compensation Law, Occupational Disease Laws; or similar laws or any act of war or aggression;
- Any amount that is paid for, or provided by any government agency except Medicaid, and except for the Reasonable and Customary charges otherwise covered under this Plan, which were incurred by you or your Dependent in a veteran's administration facility; or you, as an armed services retiree, or your Dependent for services, treatment or supplies which are not related to military service;
- Services or supplies that are cosmetic in nature, (except Part Three Services);
- Services including procedures performed during two or more visits to a dentist when the initial procedure was performed prior to your or your Dependent's effective date of coverage under this Plan;
- Treatment, services or supplies incurred or rendered after the date you or your Dependent are no longer eligible for coverage under this Plan or treatment, services or supplies incurred or rendered after the date this Plan is terminated;
- Dental/alveolar process implants (for example, ramus implant, abutment implant, endosteal or blade implants);
- Expenses and traveling time incurred by a dentist in the course of providing services; or
- Services, treatment or supplies provided before the effective date of you or your Dependent's coverage under this Plan; or any changes that would not have been made if this Plan were not in effect.