

COMMUNICATION WORKERS OF AMERICA – LOCAL 1180
SECURITY BENEFITS FUND AND RETIREES BENEFIT FUND
 GG-043/GG-046

Managed Care Dental Program: These fees are the most you will pay to your participating dentist for services listed. Services not listed will be valued by report.

PATIENT COPAYMENT

Diagnostic & Preventive Services

Oral Examination (once every 6 months).....	No Charge
Full Mouth X-Rays (once every 36 months)	No Charge
Single Films (periapical or bitewing)	No Charge
Bitewing Series	No Charge
Cleaning of Teeth (prophylaxis & polishing)	No Charge
Fluoride Treatment.....	No Charge
Specialty Consultation.....	No Charge
Emergency Treatment.....	No Charge

Restorative Dentistry

Silver Amalgam, one surface	No Charge
Silver Amalgam, two surfaces	No Charge
Silver Amalgam, three surfaces or more	No Charge
Composite Filling, one surface	No Charge
Composite Filling, two surfaces	No Charge
Composite Filling, three surfaces or more.....	No Charge

Oral Surgery

Routine Extractions - per tooth	No Charge
Surgical Extractions	No Charge
Soft Tissue Impactions.....	No Charge
Bony Impactions (Partial / Full).....	No Charge
Alveolectomy, per quadrant w/extraction.....	No Charge

Root Canal Therapy

Pulp Capping, Direct / Indirect	No Charge
Root Canal Therapy, Anterior	No Charge
Root Canal Therapy, Bicuspid	No Charge
Root Canal Therapy, Molar	No Charge
Apicoectomy (Anterior).....	No Charge

Periodontics

Scaling of Teeth, per quad	No Charge
Pedicle Soft Tissue Graft.....	\$150.00
Free Soft Tissue Graft	150.00
Gingivectomy, per quad	No Charge
Osseous surgery, per quad.....	No Charge

Prosthetics - Crowns

Acrylic with Metal Crown.....	No Charge
Porcelain Crown.....	No Charge
Porcelain with Metal Crown.....	50.00
Stainless Steel Crown	No Charge
Cast Post	No Charge
Recementation, per crown.....	No Charge

Prosthetics - Fixed Bridges

Acrylic w/Metal Bridge Crown or Pontic	50.00
Porcelain w/Metal Bridge Crown or Pontic.....	50.00
Recementation, bridge.....	No Charge

Prosthetics - Removable

Full Upper or Lower Denture, w/adjustments	50.00
Partial Upper or Lower Denture, cast base	50.00

Prosthetic Repairs

Denture Adjustments.....	No Charge
Broken Body of Denture	No Charge
Replacement of Broken/Missing Teeth	No Charge

Orthodontia - Maximum case fee - 24 months

Dependent Children.....	300.00
Adult.....	300.00

Dependent Children are covered to the end of the month of their 26th birthday.

This fee schedule contains a general description of your Dental Care program for your use as a convenient reference. For **Exclusions and Limitations** see Certificate of Insurance. All benefits are governed by the provisions of your group's contract.