

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.

WHAT IS DENTCARE?

DENTCARE is a prepaid program of preventive dentistry offered by Dentcare Delivery Systems, Inc., a not-for-profit dental insurance company licensed by the New York State Insurance Department.

Our purpose is simple. It is to provide members with access to a wide range of dental benefits, with a special emphasis on preventive dentistry. In this way, we work to hold down major dental problems - and their high cost - by assuring that highly qualified care is available to you on both a regular and an "as-needed" basis.

Q. HOW DOES THE DENTCARE PLAN BENEFIT MY FAMILY AND ME?

A. DENTCARE programs have no deductibles to restrain your use of the plan. Putting off dental care simply means higher future costs, due to inflation and advancing dental disease.

There are no annual or lifetime maximums and we offer 100% coverage on almost all dental services.

We have no pre-existing exclusions or special waiting period for coverage. Teeth extracted prior to this coverage are eligible for replacement.

Q. WHAT IF I NEED A SPECIALIST?

A. Our programs cover care provided by specialists. Other programs may have reduced benefits for care given by specialists. Referrals to DENTCARE screened specialists are handled through your DENTCARE participating provider either at his office or at conveniently located sites.

Q. DO I HAVE TO CHANGE DENTISTS IF MY PRESENT DENTIST IS NOT A LISTED PROVIDER?

A. Yes. Only by utilizing participating providers can DENTCARE programs guarantee the continuing high levels of dental care while maintaining the desirable cost containment features. To find a dentist, log onto www.healthplex.com and follow the simple instructions.

Q. HOW WILL MY TREATMENT DIFFER UNDER THIS PROGRAM FROM MY PREVIOUS TREATMENT?

A. You will be treated in the same professional manner that you are accustomed to receive from any family dentist. However, with this plan you will not have to fill out claim forms.

Q. WE ARE A FAMILY WHO BELIEVES IN PREVENTIVE DENTAL CARE. WE VISIT THE DENTIST TWICE A YEAR FOR CLEANING AND EXAMINATIONS. IS THIS TYPE OF MAINTENANCE COVERED BY DENTCARE PLANS?

A. Yes. You and your family are completely covered for this preventive dental care. We strongly recommend preventive services and dental health education. This

permits early detection when treatment can be most effective in preventing dental disease.

Q. HOW CAN I CHANGE MY FAMILY DENTIST?

A. You may change your family dentist at each annual open enrollment period. A request to change your dentist must be in writing and only the member can make the change.

Q. HOW DO I ENROLL IN THE DENTCARE PLAN?

A. Complete the accompanying application form and return it to your Personnel or Benefits office. Please be sure to select a conveniently located dentist for you and your family from the accompanying list.

MANAGED CARE PROGRAM

Under the Managed Care Program you are asked to select **one** dentist for you and your family from the Affiliated Provider List. This dentist will provide you with all necessary care, referring to a wide range of specialists should it become necessary. We request that you wait until you receive your eligibility card (except of course in cases of emergency) before making appointments. It is important to note that care provided by a non-participating dentist is NOT covered, unless arranged for by DENTCARE.

All our affiliated dental providers undergo a rigorous selection process, meeting rigid requirements as to professional standards, office cleanliness, sufficient and qualified staff and modern equipment. Panel locations have been selected with a view to provide coverage in nearly all geographical areas.

Advantages:

Eliminates out-of-pocket expenses in most cases.

No forms to complete.

Specialty services covered by participating specialists.

No deductibles or maximums.

In cases of emergency, you are covered for a maximum of two visits per member per contract year for services rendered by an affiliated provider. However, if you have had regular check-ups, or are undergoing treatment, the two visit limitation will be waived. If the emergency occurs out-of-area, or in the unlikely event you are unable to reach an affiliated provider, you will be reimbursed up to \$25 per family member per contract year, upon presentation of bills for palliative care rendered by a non-participating dentist until treatment can be obtained from your participating provider.

In the event you are unable to reach your own affiliated dentist, DENTCARE provides 24 hour emergency service operators.

EMERGENCY REFERRAL

24 HOUR SERVICE

(800) 468-0600