

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 \$3000 (Plan A) \$2000 (Plan B) and \$800 (Retiree Plan) for covered services in any calendar year. Please contact the Dental Claim office for eligibility. All covered services are included in the Schedule of Dental Allowances.

How are Benefits Determined?

Benefits Paid under this plan are based on a Schedule of Dental Allowances. If a (non-participating) dentist charges more than the scheduled allowance, you will have to pay the difference to the dentist. If charges are less than the schedule, reimbursement is based on the dentist's actual fee. Participating Dentists agree to accept the Fund reimbursement as payment in full for covered services. If you exceed the yearly or orthodontic maximum, participating providers agree to charge you no more than the fees on the schedule of benefits. In that case, you will pay the dentist directly.

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 Benefits Included in the Yearly Maximum?

No. These benefits have a separate lifetime maximum (under Plans A & B only). See the Schedule of Dental Allowances for details.

When is Pre-Treatment Review Required?

If the course of treatment includes crown & bridgework or amounts to \$1000 or more, the work must be authorized dental services must by the Fund Office 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. Please use a standard claim form from your dentist's office. Complete the member's part and sign form after services are rendered.
2. When treatment is completed have your dentist complete the Attending Dentist's Statement
3. Within 90 days, submit form to: The Tile Local 7 Dental Claim Office, 253 West 35th St., 12th Floor, NY, NY 10001-1907

What are Frequency Codes?

In the following schedule of dental allowances, the procedure code and description are usually followed by a parenthesized frequency code. The code indicates how often the service is paid by the Fund. An explanation of the codes is included in a boxed area under *Schedule of Dental Allowances*.

**The Tile Local 7 Welfare Fund
Schedule of Dental Allowances**



<u>Frequency Codes</u>	<u>Explanation</u>
(1/1), (2/1) ,(4/1)	once, twice or 4 times per plan year
(1/3), (2/3)	once or twice per 3 plan years
(1/L), (12/L), (24L)	once, 12 times or 24 times per lifetime
(1/5)	once per 5 plan years
(1/4)	once per 4 plan years

Diagnostic

0120	Periodic Oral Evaluation (only 2 regular exams 0120 and/or 0150 combined per plan yr)	30.00
0140	Limited Oral Evaluation (2/1)	35.00
0150	Comprehensive Oral Evaluation (only 2 regular exams 0120 and/or 0150 combined per plan year)	45.00
0210	Intraoral - complete series incl. Bitewings (1/3)	80.00
0220	Intraoral, Periapical, first film	10.00
0230	Intraoral, Periapical, each additional film	8.00
0270	Bitewings, single film (4/1)	10.00
0272	Bitewings, two films (2/1)	15.00
0274	Bitewings, four films(1/1).....	30.00
0290	Posterior-Anterior/lateral skull & facial bone survey film..	27.50
0320	Temporomandibular joint arthrogram (1/1).....	40.00
0330	Panoramic film (1/3).....	60.00
0340	Cephalometric film (1/1)	30.00
0460	Pulp vitality test (1/1)	30.00
0470	Diagnostic casts (1/L)	35.00

Preventive

1110	Prophylaxis – Adult (2/1).....	55.00
1120	Prophylaxis – Child to age 12 (2/1).....	40.00
1203	Topical application of fluorideexcl prophy-child (2/1).....	20.00
1204	Topical application of fluoride excl prophy-adult (2/1).....	20.00
1351	Sealant - per tooth (2/L).....	30.00
1510	Space Maintainer - Fixed – Unilateral (1/L).....	150.00
1550	Re-cementation of space maintainer (1L).....	25.00

Restorative

2140	Amalgam - 1 Surface, primary/permanent (1/1).....	50.00
2150	Amalgam - 2 Surfaces, primary/permanent (1/1)	65.00
2160	Amalgam - 3 Surfaces, primary/permanent (1/1)	80.00
2161	Amalgam - 4 + surfaces, primary/permanent (1/1).....	100.00
2330	Resin based composite 1 surface, anterior (1/1).....	65.00
2331	Resin based composite, 2 surfaces, anterior (1/1)	80.00
2332	Resin based composite, 3 surfaces, anterior (1/1)	100.00
2335	Resin based composite, 4+ surfacesor involving incisal angle, anterior (1/1)	125.00
2391	Resin-based composite 1 surface, posterior (1/1).....	50.00
2392	Resin-based composite 2 surfaces, posterior (1/1).....	65.00
2393	Resin-based composite 3 surfaces, posterior (1/1).....	80.00
2394	Resin -based composite 4+ surfaces, posterior (1/1)	100.00
2620	Inlay - porcelain/ceramic - 2 surfaces*(1/5)	275.00

2630	Inlay - porcelain/ceramic – 3+ surfaces*(1/5)	325.00
2642	Onlay - porcelain/ceramic - 2 surfaces*(1/5).....	325.00
2720	Crown - resin w/ high noble metal* (1/5).....	250.00
2721	Crown - resin with/ base metal* (1/5).....	250.00
2722	Crown - resin/noble metal*(1/5)	250.00
2750	Crown - porcelain fused to high noble metal*(1/5).....	500.00
2751	Crown - porcelain fused to base metal*(1/5).....	500.00
2752	Crown - porcelain fused to noble metal*(1/5)	500.00
2780	Crown – ¾ cast high noble metal*(1/5)	400.00
2781	Crown – ¾ cast base metal*(1/5).....	400.00
2782	Crown – ¾ cast noble metal*(1/5)	400.00
2790	Crown - full cast high noble metal*(1/5).....	450.00
2791	Crown - full cast base metal*(1/5).....	450.00
2792	Crown - full cast noble metal*(1/5).....	450.00
2910	Recement inlay (1/1).....	35.00
2920	Recement crown (1/1).....	35.00
2930	Prefab stainless steel crown -primary (1/1)	150.00
2931	Prefab stainless steel crown –perment*(1/5)	150.00
2940	Sedative filling (1/L).....	40.00
2952	Cast post and core in addition to crown* (1/5)	225.00
2953	Each add'l cast post – same tooth*(1/5).....	150.00
2954	Prefab post and core in addition to crown* (1/5).....	175.00

* Pre-authorization required for crown & bridgework

Endodontics (including x-rays but exclusive of restoration)

3230	Pulpal therapy (resorbable filling) - anterior, primary.....	80.00
3240	Pulpal therapy (resorbable filling) - posterior, primary.	100.00
3310	Anterior Root Canal (exclud. final restoration) (1/L).....	350.00
3320	Bicuspid Root Canal (exclud. final restoration) (1/L)	425.00
3330	Molar Root Canal (exclud. final restoration) (1/L)	500.00
3346	Retreatment of previous RCT - anterior(1/L)	350.00
3347	Retreatment of previous RCT - bicuspid(1/L)	425.00
3348	Retreatment of previous RCT - molar(1/L)	500.00
3410	Apicoectomy/Periradicular surgery – anterior (1/L)	325.00
3421	Apicoectomy/Periradicular surgery - bicuspid (1/L).....	375.00
3425	Apicoectomy/Periradicular surgery - molar (1/L)	425.00
3426	Apicoectomy/Periradicular surgery - ea. add'l root(1/L) .	150.00
3430	Retrograde filling (1/L).....	90.00

Periodontics

4240	Gingival flap procedure – 4+ teeth per quad	275.00
4241	Gingival flap procedure – 1-3 teeth per quad	125.00
4249	Clinical crown lengthening 0 hard tissue (1/4)	250.00
4260	Osseous Surgery - 4+ teeth per quadrant(1/4)	450.00
4261	Osseous Surgery - 1-3 teeth per quad (1/4)	300.00
4263	Bone replacement graft - 1st site in quad(1/4).....	250.00
4264	Bone replacement graft - each add'l site in quad (1/4)	200.00
4266	Guided tissue regeeration- resorbable barrier – per site ...	200.00
4270	Pedicle soft tissue graft procedure(1/4)	350.00
4271	Free soft tissue graft procedure (1/4).....	300.00
4341	Perio scaling & root planing – 4+ teeth per quad(1/4)	75.00
4342	Perio scaling & root planing – 1-3 teeth per quad(1/4).....	50.00
4355	Full mouth debridement to enable evaluation (1/1)	75.00
4381	Localized delivery of chemotherapeutic agents	20.00
4910	Perio maintenance procedure (2/1).....	80.00

Prosthodontics (removable)

5110	Complete upper dentures* (1/5).....	800.00
------	-------------------------------------	--------

5120 Complete lower dentures* (1/5).....	800.00
5130 Immediate upper dentures* (1/5).....	800.00
5140 Immediate lower dentures*(1/5)	800.00
5211 Maxillary partial denture - resin base* (1/5).....	800.00
5212 Mandibular partial denture - resin base* (1/5).....	800.00
5213 Maxillary partial denture – metal w/resin*(1/5)	800.00
5214 Mandibular partial denture - cast w/resin *(1/5).....	800.00
5281 Removable unilateral partial denture - one piece cast metal *(1/5)	500.00
5510 Repair broken complete denture base (1/1).....	125.00
5520 Replace missing or broken teeth(1/1).....	100.00
5610 Repair resin denture base(1/1)	85.00
5620 Repair cast framework (1/1)	75.00
5630 Repair or replace broken clasp(1/1)	75.00
5640 Replace broken teeth - per tooth(1/1)	85.00
5650 Add tooth to existing partial denture (1/L)	100.00
5660 Add clasp to existing partial denture (1/L)	75.00
5750 Reline complete upper denture (lab) (1/3).....	200.00
5751 Reline complete lower denture (lab) (1/3).....	200.00
5760 Reline upper partial denture (lab) (1/3)	200.00
5761 Reline lower partial denture (lab) (1/3)	200.00

Prostodontics, fixed

6210 Pontic - cast high noble metal* (1/5).....	450.00
6211 Pontic - cast base metal* (1/5)	450.00
6212 Pontic - cast noble metal*(1/5)	450.00
6240 Pontic - porcelain fused to high noble metal* (1/5)	500.00
6241 Pontic - porcelain fused to base metal*(1/5)	500.00
6242 Pontic - porcelain fused to noble metal*(1/5).....	500.00
6250 Pontic - resin with high noble metal*(1/5)	450.00
6251 Pontic - resin with base metal* (1/5).....	450.00
6252 Pontic - resin with noble metal*(1/5).....	450.00
6545 Retainer - cast metal for resin bonded fixed prosthesis* (1/5)	200.00
6548 Retainer – porcelain/ceramic for resin bonded fixed prosthesis* (1/5)	100.00
6600 Inlay – porcelain/ceramic, 2 surfaces* (1/5).....	275.00
6601 Inlay – porcelain/ceramic, 3+ surfaces* (1/5).....	325.00
6602 Inlay- cast high noble metal, 2 surfaces* (1/5)	300.00
6603 Inlay – cast high noble metal, 3+ surfaces* (1/5)	350.00
6604 Inlay – cast base metal, 2 surfaces* (1/5).....	275.00
6605 Inlay – cast base metal, 3+ surfaces* (1/5).....	325.00
6606 Inlay – cast noble metal, 2 surfaces* (1/5)	325.00
6607 Inlay – cast noble metal, 3+ surfaces (1/5)	375.00
6608 Onlay – porcelain/ceramic, 2 surfaces* (1/5)	325.00
6609 Onlay – porcelain/ceramic, 3+ surfaces* (1/5)	375.00
6610 Onlay – cast high noble metal , 2 surfaces * (1/5).....	325.00
6611 Onlay – cast high noble metal , 3+ surfaces * (1/5).....	325.00
6612 Onlay – cast base metal, 2 surfaces* (1/5)	275.00
6613 Onlay – cast base metal, 3+ surfaces* (1/5).....	325.00
6614 Onlay - cast noble metal, 2 surfaces* (1/5)	325.00
6615 Onlay - cast noble metal, 3+ surfaces* (1/5).....	375.00
6750 Crown - porcelain fused to high noble metal* (1/5)	500.00
6751 Crown - porcelain fused to base metal*(1/5).....	500.00
6752 Crown - porcelain fused to noble metal* (1/5)	500.00
6780 Crown - 3/4 cast high noble metal*(1/5)	400.00
6781 Crown - 3/4 cast base metal*(1/5)	400.00
6782 Crown - 3/4 cast noble metal*(1/5).....	400.00
6790 Crown - full cast high noble metal* (1/5).....	450.00
6791 Crown - full cast base metal*(1/5)	450.00

6792 Crown - full cast noble metal*(1/5).....	450.00
6930 Recement fixed partial denture (1/1).....	50.00
6970 Cast post & core in addition to fixed partial denture retainer* (1/5).....	225.00
6972 Prefab post & core in addition to fixed partial denture retainer* (1/5).....	175.00

* Pre-authorization required for crown & bridgework.

Oral Surgery - including local anesthesia and post operative care

7111 Extraction - coronal remnants – deciduous tooth (1/L).....	60.00
7140 Extraction , erupted tooth or exposed root (1/L).....	80.00
7210 Surgical removal of erupted tooth (1/L)	150.00
7220 Removal of impacted tooth - soft tissue (1/L)	200.00
7230 Removal of impacted tooth - partially bony(1/L).....	275.00
7240 Removal of impacted tooth - completely bony (1/L).....	350.00
7241 Removal of impacted tooth - completely bony w/unusual surgical complications (1/L).....	400.00
7250 Surgical removal of residual roots (cutting procedure) (1/L).....	125.00
7280 Surgical access of an unerupted tooth (1/L)	250.00
7281 Surgical exposure of impacted/unerupted tooth to aid eruption(1/L).....	250.00
7285 Biopsy of oral tissue – hard (1/1)	250.00
7286 Biopsy of oral tissue – soft (1/1)	250.00
7310 Alveoplasty w/extractions – per quadrant (1/L).....	100.00
7320 Alveoloplasty no extractions- per quadrant (1/5).....	175.00
7410 Excision of benign lesion up to 1.25 cm	200.00
7411 Excision of benign lesion up to 1.25 cm	250.00
7450 Removal of benign odontogenic cyst/tumor to 1.25 cm.....	70.00
7451 Removal of benign odontogenic cyst/tumor > 1.25 cm.....	125.00
7460 Removal of benign nonodontogenic cyst/tumor to 1.25 cm.....	70.00
7461 Removal of benign nonodontogenic cyst/tumor > 1.25 cm	125.00
7510 Incision & drainage of abscess (1/1)	125.00

Orthodontics - benefits paid up to 19th birthday only – (Either code 8080 or 8090 will be paid once per lifetime – not both). Plans A & B

8080 Comprehensive orthodontic treatment of the adolescent dentition (1/L)	900.00
8090 Comprehensive orthodontic treatment of the adult dentition (1/L).....	900.00
8220 Fixed appliance therapy (1/L)	250.00
8660 Pre-orthodontic treatment visit (1/L).....	125.00
8670 Periodic orthodontic treatment visit (24/L).....	125.00
8680 Orthodontic retention top & bottom(1/L)	250.00
8692 Replacement of lost or broken retainer (1/L).....	175.00

Adjunctive General Services

9110 Palliative (emergency) treatment of dental pain (12/L).....	50.00
9220 General anesthesia – 1st 30 min.....	175.00
9221 General anesthesia – +15 min.....	90.00
9241 Intravenous conscious sedation/analgesia – 1 st 30 min. ...	150.00
9241 Intravenous conscious sedation/analgesia – + 15 min.....	75.00
9310 Professional consultation (2/1).....	50.00
9940 Occlusal guard (1/L).....	250.00

Schedule of Dental Allowances

**THE TILE LOCAL 7
WELFARE 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 under Plans A & B

Comprehensive Benefits for member & spouse only
under Retiree Plan

Maximum

Plan A: \$3000 per calendar year per person
Plan B: \$2000 per calendar year per person
Retiree Plan: \$800 per calendar year per person
(call for Eligibility)

Separate Orthodontia Maximum for Children under
Plans A & B

Pre-authorization required for crown & bridgework and
dental services amounting to \$1000 or more

Freedom of Choice In Network or out of network

Benefit Year: January 1 - December 31

Effective 7/1/05