

MOSAIC & TERRAZZO WELFARE, PENSION AND ANNUITY BENEFIT FUNDS

45-34 Court Square – Long Island City, NY 11101 – (718) 729-4416 – Fax: (718) 729-4417



DENTAL CARE BENEFITS FEE SCHEDULE SUMMARY

Effective July 1, 2017

<u>CODE</u>	<u>PROCEDURE</u>	<u>FEE</u>	<u>CODE</u>	<u>PROCEDURE</u>	<u>FEE</u>
D0120	EXAM	\$ 62.00	D2950	CORE BUILD-UP (INCLUDING PINS)	\$ 167.50
D0210	COMPLETE SERIES X-RAYS	\$ 80.00	D2952	CAST POST & CORE	\$ 256.50
D0274	BITEWINGS - 4 IMAGES	\$ 39.50	D2954	PREFAB POST & CORE	\$ 207.50
D0220	PERIAPICAL - 1ST	\$ 18.00	D2955	POST REMOVAL	\$ 178.50
D0230	PERIAPICAL - EACH ADDITIONAL	\$ 15.00	D3220	THERAPEUTIC PULPOTOMY	\$ 122.50
D0330	PANORAMIC FILM	\$ 67.50	D3310	ROOT CANAL THERAPY-ANTERIOR	\$ 461.50
D1110	PROPHYLAXIS-ADULT (2 PER YEAR)	\$ 111.00	D3320	ROOT CANAL THERAPY-BICUSPID	\$ 527.00
D1120	PROPHYLAXIS-CHILD (12 YRS. AND YOUNGER)	\$ 82.00	D3330	ROOT CANAL THERAPY-MOLAR	\$ 632.00
D1208	TOPICAL APPLICATION OF FLUORIDE	\$ 23.00	D4341	SCALING AND ROOT PLANING(PER QUAD)	\$ 156.50
D2140	AMALGAM-1 SURF PRIM/PERM	\$ 86.50	D4910	PERIODONTAL MAINT. (PER QUAD)	\$ 85.00
D2150	AMALGAM-2 SURF PRIM/PERM	\$ 109.50	D5110	COMPLETE DENTURE MAXILLARY	\$ 1,046.00
D2160	AMALGAM-3 SURF PRIM/PERM	\$ 133.50	D5120	COMPLETE DENTURE MANDIBULAR	\$ 1,046.50
D2161	AMALGAM-4+SURF PRIM/PERM	\$ 157.00	D5211	RESIN PARTIAL DENTURE MAXILLARY	\$ 818.00
D2330	RESIN-1 SURF ANTERIOR	\$ 100.50	D5212	RESIN PARTIAL DENTURE MANDIBULAR	\$ 827.00
D2331	RESIN-2 SURF ANTERIOR	\$ 124.50	D5213	METAL PARTIAL DENTURE MAXILLARY	\$ 1,098.00
D2332	RESIN-3 SURF ANTERIOR	\$ 153.00	D5214	METAL PARTIAL DENTURE MANDIBULAR	\$ 1,100.00
D2335	RESIN-4+SURF ANTERIOR	\$ 192.00	D6240	PONTTIC PORC. FUSED HIGH NOBLE METAL	\$ 690.00
D2391	RESIN-1 SURF POSTERIOR	\$ 110.00	D6740	CROWN- PORC/CERAMIC	\$ 707.50
D2392	RESIN-2 SURF POSTERIOR	\$ 141.50	D6750	CROWN-PORC. FUSED HIGH NOBLE METAL	\$ 694.50
D2393	RESIN-3 SURF POSTERIOR	\$ 175.50	D6930	RECEMENT FIXED PARTIAL DENTURE	\$ 104.50
D2394	RESIN-4+SURF POSTERIOR	\$ 212.00	D7140	EXTRACTION OF ERUPTED TOOTH	\$ 107.50
D2750	PFM CROWN	\$ 692.00	D7210	SURG. REMOVAL ERUPTED TOOTH	\$ 172.50
D2791	METAL BASED CROWN	\$ 612.50	D7220	REMOVAL IMPACTED TOOTH/SOFT TISS.	\$ 193.00
D2920	RECEMENT CROWN	\$ 67.50	D7230	REMOVAL IMPACTED TOOTH/PART. BONY	\$ 243.00
D2940	SEDATIVE FILLING	\$ 74.00	D9220	DEEP SEDATION (ONLY 30 MIN. ALLOWED)	\$ 239.50

ORTHODONTIC BENEFIT..... LIFETIME MAXIMUM \$4,500.00

(CONTINUED)

PLAN INFORMATION

Maximum Benefits

Exams.....	2 per calendar year (anytime)
Prophylaxis (Cleanings).....	2 per calendar year (anytime)
Orthodontic Benefits	\$4,500.00 / Lifetime (no payments will be paid in advance of treatments)
Crowns, Bridges, Implants.....	\$6,075.00 / 3 years
Partial Upper Denture (3 or more teeth), Partial Lower Denture (3 or more teeth), Complete Upper Denture, Complete Lower Denture.....	\$3,645.00 / 3 years

Pre-Determinations are not required but are suggested.

NOTE: Cases of oral surgery requiring hospitalization, are covered by the general surgical schedule and are not considered as part of the Dental Care Benefits. However, benefits will not be paid in excess of the amount actually charged, nor will benefits be paid if the patient does not incur an actual charge by a licensed dentist, nor will reimbursement be made for any amount for which member/dependent are not legally liable in the absence of coverage by this Fund.

Any licensed dentist may be used. Coverage for dental conditions that existed prior to eligibility for such benefits from the Fund will be provided, but no payments will be paid for any dental procedures that are performed prior to the member/dependent date of eligibility for dental care benefits.

The Fund will not be liable for any dental work which takes place after the termination of eligibility for dental care benefits, regardless of circumstances.

No dental care benefits will be paid for accidents or illness covered by Worker's Compensation legislation; nor for treatments received in hospitals or clinics, etc. operated by Federal or State agencies; nor for any treatment or procedures not set forth in Schedule of Dental Care Benefits.