

MOSAIC & TERRAZZO WELFARE FUND  
 45-34 COURT SQUARE  
 LONG ISLAND CITY, NY 11101  
 PHONE (718)729-4416 FAX (718)729-4417

DENTAL CARE BENEFITS FOR MEMBERS  
 AND DEPENDENTS

Effective July 1, 2010

Dental care benefits are provided for you and your eligible dependents for covered services performed by a licensed dentist.

**SCHEDULE OF DENTAL CARE BENEFITS**

Annual examination and x-rays.....	up to	121.50
Annual cleaning... (2).....	up to	73.13
Fillings (Silver Amalgam, Synthetic Porcelain, Inlays, Acrylic) per tooth		
One Surface .....	up to	60.75
Two Surface.....	up to	121.50
Three or more Surface.....	up to	182.25
Bonding, per tooth.....	up to	182.25
Extractions per tooth.....	up to	73.13
Fluoride Treatments and sealant.....	up to	40.50
Root Canal Therapy, per canal.....	up to	364.50
Pulp Capping.....	up to	121.50
Pulpotomy.....	up to	182.25
Facings.....	up to	121.50
Periodontia Treatment, per quad.....	up to	60.75
(with a maximum of 20 treatments in a calendar year)		
Gold inlays, per Tooth-Gold Post.....	up to	364.50
Crowns, Caps, Jackets, Bridgework, Pontics, Implants per tooth	up to	607.50
(with a maximum of \$6075.00 in any 52 consecutive weeks)		
Space Maintainer.....	up to	540.00
<b>DENTURES</b>		
Partial Denture (3 or more).....	up to	1822.50
Full Upper or Lower, per denture.....	up to	1822.50
(with a maximum of \$3645.00 in any 24 consecutive months)		
<b>REPAIR OF DENTURES</b>		
Reline and Addition of New Material to Tooth, per procedure...	up to	303.75
Crown Buildup, per procedure.....	up to	303.75
Repair and/or Replacement of Teeth.....	up to	121.50
(maximum of 3 teeth per repair)		

Recementing Crown .....	up to	60.75
Reinforcement Pins.....	up to	60.75
Precision Attachment.....	up to	225.00
Occlusal Guard.....	up to	281.25
<b>ORAL SURGERY</b>		
Complex Extractions (where a flap or sutures are required) per tooth	up to	146.25
Impactions, per tooth.....	up to	303.75
(Tooth Imbedded in jawbone not requiring hospital confinement)		
Removal of Cysts, including tooth removal per jaw.....	up to	303.75
Trimming of Bone (per Quadrant) Osseous Surgery.....	up to	303.75
Incision and Drainage of Abscess, Dentoalveolar or Periodontal..	up to	121.50
Removal of Root Tip (Apioectomy), per root.....	up to	303.75
Gingivectomy, Each quadrant.....	up to	243.00
General Anesthesia.....	up to	182.25
Palliative treatment for relief of pain.....	up to	60.75
Alveoplasty, per quad.....	up to	253.13
<b>ORTHODONTICS</b>		
Lifetime maximum of.....	up to	4500.00

**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 you 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 made for any dental procedures that are performed prior to your 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 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.