

CWA Local 1180

Schedule of Dental Allowances

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 \$2400 for covered services in any calendar year. All covered services are included in the Schedule of Dental Allowances.

How are Benefits Determined?

Benefits Paid under the dental benefit plan are based on a Schedule of Dental Allowances. If your (non-participating) dentist charges more than the scheduled allowance, you will have to pay the difference. If your dentist charges less than the schedule, you will be reimbursed your dentist's actual fee. Participating Dentists will charge only the schedule allowance and accept the Fund reimbursement as payment in full for covered services

Claims are not payable to members or their assignees until considered and approved by the Dental Consultant which consideration shall not exceed six months from the date the claim is received by the Fund Office.

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 and Implant Benefits Included in the Yearly Maximum?

No. These benefits have separate lifetime maximums. See the Schedule of Dental Allowances for details.

When is Pre-Treatment Review Required?

When the dentist's proposed charges for a course of treatment include crown and bridgework or will amount to \$500 or more, dental services must be reviewed by the Fund 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. Obtain a claim form from the Fund Office.
2. Complete the member's part and sign form after services are rendered.
3. When treatment is completed have you dentist complete the Attending Dentist's Statement
4. Within 180 days, submit form to:
Dental Claim Office
253 West 35th St., 12th Floor
New York, NY 10001-1970

Diagnostic

0120	Periodic Oral Evaluation (once in 5 months after initial)	24.00
0140	Limited Oral Evaluation	24.00
0150	Comprehensive Oral Evaluation	24.00
0210	Intraoral - complete series incl. bitewings (once every 3 years)	36.00
0220	Intraoral, Periapical, first film	4.80
0230	Intraoral, Periapical, each additional film.....	2.40
0270	Bitewings, single film.....	4.80
0272	Bitewings, two films.....	8.40
0274	Bitewings, four films	14.40
0321	Other temporomandibular joint films, by repor.....	43.80
0330	Panoramic film – once every 36 months.....	36.00
0340	Cephalometric film.....	18.00

Preventive (once every six months)

1110	Prophylaxis - Adult	30.00
1120	Prophylaxis - Child (to age 12).....	24.00
1206	Topical application of fluoride varnish prophy not included child	18.00
1208	Topical application of fluoride prophy not included adult	18.00

1351	Sealant - per tooth	30.00
1510	Space Maintainer - Fixed - Unilateral.....	64.80
1516	Space Maintainer Fixed Bilateral max.....	130.80
1517	Space Maintainer Fixed Bilateral Mand...130.80	
1520	Space Maintainer -Removable-Unilateral	65.40

Restorative

2140	Amalgam - 1 Surface, Permanent	30.00
2150	Amalgam - 2 Surfaces, Permanent.....	42.00
2160	Amalgam - 3 Surfaces, Permanent.....	54.00
2161	Amalgam - 4 or More Surfaces, Permanent.....	66.00
2330	Resin, 1 Surface, Anterior.....	42.00
2331	Resin, 2 Surfaces, Anterior	54.00
2332	Resin, 3 Surfaces, Anterior	72.00
2391	Resin-based composite 1 surface posterior permanent	42.00
2392	Resin-based composite 2 surfaces posterior permanent	54.00
2393	Resin-based composite 3 surfaces posterior permanent	72.00
2394	Resin -based composite 4+ surfaces posterior permanent	72.00
2510	Inlay - Metallic - 1 Surface*	120.00
2520	Inlay - Metallic - 2 Surfaces*.....	240.00
2530	Inlay - Metallic - 3 Surfaces*.....	300.00
2610	Inlay - Porcelain/Ceramic - 1 Surface*	96.60
2710	Crown – Resin based composite (indirect)*	210.00
2720	Crown - Resin with high noble metal*.....	210.00
2721	Crown - Resin with predominantly base metal*	210.00
2722	Crown - Resin with noble Metal*	210.00
2740	Crown - Porcelain/Ceramic Substrate*	600.00
2750	Crown - Porcelain fused to high noble metal*.....	600.00
2751	Crown - Porcelain fused to predominantly base metal*.....	600.00
2752	Crown - Porcelain fused to noble metal* .	600.00
2790	Crown - Full Cast high noble metal*	600.00
2791	Crown - Full Cast predominantly base metal*.....	600.00
2792	Crown - Full Cast noble metal*	600.00
2910	Recement inlay, onlay or partial coverage restoration.....	18.00
2920	Recement crown	24.00
2930	Prefabricated stainless steel crown primary tooth.....	57.60

2940	Sedative filling	30.00
2950	Core build-up	102.00
2952	Cast post and core in addition to crown	132.00
2954	Prefabricated post and core in addition to crown	132.00
2980	Crown repair, by report	36.00

* Prosthetics can only be replaced once every five years.

Endodontics (including x-rays but exclusive of

3110	Pulp cap - direct (excluding final restoration)	18.00
3120	Pulp cap - indirect (excluding final restoration)	18.00
3220	Therapeutic pulpotomy (exclud. final restoration)	30.00
3310	Anterior Root Canal (exclud. final restoration)	480.00
3320	Bicuspid Root Canal (exclud. final restoration)	540.00
3330	Molar Root Canal (exclud. final restoration)	600.00
3346	Retreatment of previous RCT - anterior	480.00
3347	Retreatment of previous RCT - bicuspid	540.00
3348	Retreatment of previous RCT - molar	600.00
3410	Apicoectomy/Periradicular surgery anterior	480.00
3421	Apicoectomy/Periradicular surgery bicuspid (first root).....	540.00
3425	Apicoectomy/Periradicular surgery molar (first root).....	600.00
3426	Apicoectomy/Periradicular surgery (each additional root).....	240.00
3430	Retrograde filling	120.00

Periodontics

4210	Gingivectomy or Gingivoplasty – 4+ teeth per quad.....	120.00
4211	Gingivectomy or Gingivoplasty – 1-3 teeth per quad.....	48.00
4240	Gingival flap procedure – 4+ teeth per quad.....	210.00
4241	Gingival flap procedure – 1-3 teeth per quad.....	126.00

4249	Clinical crown lengthening.....	150.00
4260	Osseous Surgery - 4+ teeth per quadrant.....	600.00
4261	Osseous Surgery - 1-3 teeth per quad	360.00
4263	Bone replacement graft - 1st site in Quad-once per quadrant	360.00
4264	Bone replacement graft - each additional site in quad – 3 per quadrant.....	300.00
4270	Pedic soft tissue graft procedure	360.00
4277	Free soft tissue graft procedure (inc. donor site surgery).....	180.00

4341 Perio scaling & root planing –**This procedure is No longer covered by Fund. This is now Member responsibility** 30.00

4342 Perio scaling & root planing –**This procedure is No longer covered by fund. This is now Member responsibility** 18.00

4381 Localized delivery of antimicrobial agents (4 per yr).**This procedure is No longer covered by Fund. It is Member responsibility** 90.00

4910 Perio maintenance procedures (following active therapy) - **once every six months** 42.00

Prosthodontics (removable)

5110	Complete upper dentures*	600.00
5120	Complete lower dentures*	600.00
5130	Immediate upper dentures*	600.00
5140	Immediate lower dentures*	600.00
5211	Maxillary partial denture - resin base*	600.00
5212	Mandibular partial denture - resin base* ..	600.00
5213	Maxillary partial denture - cast metal frame/resin base*	600.00
5214	Mandibular partial denture – cast metal frame/resin base*	600.00

5410	Adjust complete denture - maxillary.....	24.00
5411	Adjust complete denture - mandibular.....	24.00
5421	Adjust partial denture - maxillary	24.00
5422	Adjust partial denture - mandibular	24.00
5611	Repair resin denture base mandibular.....	3600
5612	Repair cast framework mazillary	36.00
5621	Repair cast partial mandibular	36.00
5622	Repair cast partial Maxillary	36.00

5630	Repair or replace broken clasp.....	24.00
5640	Replace broken teeth - per tooth.....	3000
5650	Add tooth to existing partial denture	48.00
5660	Add clasp to existing partial denture	72.00
5710	Rebase complete maxillary denture.....	120.00
5711	Rebase complete mandibular denture	120.00
5720	Rebase maxillary partial denture	120.00
5721	Rebase mandibular partial denture	120.00
5730	Reline complete upper denture (chairside)	60.00
5731	Reline complete lower denture (chairside)	60.00
5740	Reline upper partial denture (chairside)	60.00
5750	Reline complete upperdenture (lab).....	120.00
5751	Reline complete lower denture (lab).....	120.00
5760	Reline upper partial denture (lab).....	120.00
5761	Reline lower partial denture (lab).....	120.00
5862	Precision attachment, by report	60.00

* Prosthetics can only be replaced once every five years.

Implant Benefit

6010	Surgical placement of implant body: endosteal implant	**
6040	Surgical placement: eposteal implant.....	**
6050	Surgical placement: transosteal implant.....	**

**100% up to \$1500 pd per procedure/\$2000 Lifetime Benefit Max

Implant Supported Prosthetics

6056*, 6057*, 6058*, 6059*, 6060*, 6061*, 6062*, 6063*, 6064*, 6065*, 6066*, 6067*, 6068*, 6069*, 6070*, 6071*, 6072*, 6073*, 6074*, 6075*, 6076*, 6077

Prosthodontics, fixed

6211	Pontic - cast predominantly base metal* ..	600.00
6212	Pontic - cast noble metal*	600.00
6240	Pontic - porcelain fused to high noble metal*	600.00
6241	Pontic - porcelain fused to predominantly base metal*	600.00
6242	Pontic - porcelain fused to noble metal* ..	600.00
6250	Pontic - resin with high noble metal*	600.00

6251	Pontic - resin with predominantly base metal*	600.00
6252	Pontic - resin with noble metal*	600.00
6545	Retainer - cast metal *	600.00
6720	Crown - resin with high noble metal*	600.00
6721	Crown - resin with predominantly base metal*	600.00
6722	Crown - resin with noble metal*	600.00
6750	Crown - porcelain fused to high noble metal*	600.00
6751	Crown - porcelain fused to predominantly base metal*	600.00
6752	Crown - porcelain fused to noble metal*	600.00
6780	Crown - 3/4 cast high noble metal*	600.00
6790	Crown - full cast high noble metal*	600.00
6791	Crown - full cast predominantly base metal*	600.00
6792	Crown - full cast noble metal*	600.00
6930	Recement partial dentures	42.00
6950	Precision attachment	120.00
6980	Fixed partial denture repair, by report	60.00

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Oral Surgery - including local anesthesia and post operative care

7111	Extraction, coronal remnants – deciduous tooth	48.00
7140	Extraction , erupted tooth or exposed root	120.00
7210	Surgical removal of erupted tooth requiring elevation mucoperiosteal flap and removal of bone and/or section of tooth	180.00
7220	Removal of impacted tooth - soft tissue	450.00
7230	Removal of impacted tooth – partially bony	510.00
7240	Removal of impacted tooth - completely bony	600.00
7241	Removal of impacted tooth - completely bony w/complications	720.00
7250	Surgical removal of residual roots (cutting procedure)	240.00
7310	Alveoplasty w/extractions – per quadrant	300.00
7320	Alveoloplasty no extractions- per quadrant	240.00
7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	48.00
7441	Excision of malignant tumor - lesion diameter over 1.25 cm	48.00
7510	Incision & drainage of abscess-intraoral soft tissue	150.00

7520	Incision & drainage of abscess - extraoral soft tissue	24.00
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Orthodontics

8080	Comprehensive orthodontic treatment of the adolescent dentition (once per lifetime)	1000.00
8090	Comprehensive orthodontic treatment of the adult dentition (once per lifetime)	1000.00
8660	Pre-orthodontic treatment visit (once per lifetime)	300.00
8670	Periodic orthodontic treatment visit as part of contract (up to 24 consecutive months)	100.00
8680	Orthodontic retainers - limit \$400 (200 ea. top & bottom)	400.00


Adjunctive General Services

9110	Palliative (emergency) treatment of dental pain	24.00
9222	Deep Sedation	120.00
9223	Deep sedation each additional 15 minutes	120.00
9239	intravenous moderate (conscious) sedation	120.00
9243	Intraceneous moderate (conscious Sedation	120.00
9310	Consultation	36.00
9951	Occlusal adjustment - limited	96.00
9952	Occlusal adjustment - complete	120.00

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CWA LOCAL 1180 SECURITY BENEFITS 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

Maximum \$2400 per calendar year per person

Separate Orthodontia Maximum for Adults and
Children

\$2000 Implant Benefit

Pre-authorization required for a course of treatment
including crown and bridgework or amounting
to \$1,000 or more

Freedom of Choice In Network or out of network

Benefit Year: January 1 - December 31

UPDATED as of January 1,2024