

**PAINTERS LOCAL 155 WELFARE FUND
PLAN DESCRIPTION & FEE SCHEDULE**

This document is a brief description of the program. In cases of discrepancy the dental program document will control.

ELIGIBILITY	<ul style="list-style-type: none">• Eligibility is determined according to the definition and requirements outlined in the Painters Local 155 Welfare Fund Summary Plan Description. To confirm eligibility you may call the Welfare Fund at (845) 473-0564.• Eligible dependents Includes the lawful spouse and each dependent child from birth until the age of 26 is reached so long as they are not covered by or eligible for other health insurance through their employer and have completed an "Age 26 Young Adult Dependent Coverage Enrollment Form".
PRE-TREATMENT REVIEW	<ul style="list-style-type: none">• This process is recommended for your benefit as it will give the dentist and plan member a better understanding of the dental coverage for a proposed treatment plan before the work begins and expenses are incurred. Please note- a pre-treatment review estimate is not a promise of payment. Work must be done while the patient is still eligible• Pre-op periapical x-rays required for crowns, veneers, inlays and extractions• Periodontal charting and x-rays are required for surgical periodontal procedures• Pre-op periapical x-rays of the entire arch are required for fixed bridgework and removable bridgework
COORDINATION OF BENEFITS	<ul style="list-style-type: none">• When both the member and spouse have dental coverage they are primary for themselves. Benefits will be coordinated with the benefits from your other group plan so that up to 100% of the allowable expenses incurred will be paid jointly by the plans. If a dependent child is covered by plans of both parents, the benefits of the plan which covers the child of the parent whose date of birth (month and day only, excluding year) occurs earlier in the calendar year, will be determined to be the primary payer.
HOW TO FILE A CLAIM	<ul style="list-style-type: none">• Complete a Claim Form (computer generated, ADA, and universal claim forms are accepted) and provide an itemized bill of services rendered. Signature on file is accepted.• Enclose, when appropriate, x-rays, tooth charting, periodontal charting <p style="text-align: center;">Mail claims to : Painters Local 155 Welfare Fund P.O. Box 471 Poughkeepsie, NY 12602</p>

For up to date detailed information, including member eligibility, please access our website at:

www.asonet.com

If you have any questions regarding the operation of this program please contact S.I.D.S. at:

(516) 396-5500 or (718) 204-7172

Self-Insured Dental Services / Administrative Services Only, Inc.

Dental Plan Administrators

PAINTERS LOCAL 155 WELFARE FUND
 SCHEDULE OF ALLOWANCES FOR PLAN MEMBERS

	MAXIMUM CHARGE		MAXIMUM CHARGE
<u>I-DIAGNOSTIC</u>		<u>V-PERIODONTICS</u>	
ORAL EXAM	16.00	GINGIVECTOMY-PER QUAD	160.00
FULL MOUTH SERIES X-RAYS	40.00	CURETTAGE, SCALE/ROOT PLANING-per quad	40.00
PA OR BW EACH FILM	8.00	OCCUSAL ADJUSTMENT - COMPLETE	160.00
OCCLUSAL FILM	12.00		
POSTERIOR-ANTERIOR or LATERAL FILM	28.00	<u>VI-ORAL SURGERY</u>	
EXTRAORAL or TEMPOROMANDIBULAR FILM	24.00	SIMPLE EXTRACTION	24.00
		SURGICAL EXTRACTION	48.00
<u>II-PREVENTIVE</u>		IMPACTION-SOFT TISSUE	56.00
PROPHYLAXIS	24.00	IMPACTION-PARTIAL BONY	96.00
FLUORIDE EXCL. PROPHY (4 per lifetime)	12.00	IMPACTION-COMPLETE BONY	136.00
ORAL HYGIENE INSTRUCTIONS	22.00	ALVEOPLASTY-PER JAW	80.00
		REMOVAL OF CYST OR TUMOR-<1.25 CM	32.00
<u>III-RESTORATIVE</u>		REMOVAL OF CYST OR TUMOR->1.25 CM	120.00
AMALGAM - 1 Surface	20.00	FRENULCTOMY	80.00
AMALGAM - 2 Surface	32.00	INCISION AND DRAINAGE-NO OTHER TREATMENT	40.00
AMALGAM - 3 or more surfaces	48.00	INCISION AND DRAINAGE - EXTRAORAL	80.00
RESIN-1 SURFACE-Anterior or Posterior	24.00		
RESIN-2 SURFACE-Anterior or Posterior	38.00	<u>VII-PROSTHODONTICS</u>	
RESIN-3 SURFACE-Anterior or Posterior	48.00	COMPLETE DENTURE	432.00
INCISAL ANGLE - 4 plus surfaces including incisal	48.00	IMMEDIATE DENTURE	440.00
METALLIC INLAY-1 SRF	136.00	PARTIAL DENTURE-ACRYLIC BASE	280.00
METALLIC INLAY-2 SRF	160.00	PARTIAL DENTURE-ACRYLIC BASE W/CLASPS	424.00
METALLIC INLAY-3 SRF	192.00	UNILATERAL PARTIAL DENTURE	280.00
PORCELAIN INLAY-3 SRF	204.00	PONTIC-PORCELAIN TO METAL	300.00
CROWN-ACRYLIC (LABORATORY)	192.00	ABUTMENT CROWN-PORCELAIN WITH METAL	300.00
CROWN-PORCELAIN	280.00		
CROWN-PORCELAIN TO METAL	320.00	<u>VIII-ADJUNCTIVE SERVICES</u>	
CROWN-3/4 CAST	200.00	GENERAL ANESTHESIA	96.00
CROWN-FULL CAST	296.00	Plan pays first 30 minutes only	
CAST POST AND CORE	56.00	ANALGESIA	16.00
PREFAB POST AND CORE	56.00	SPECIALIST CONSULTATION	32.00
PIN SUPPORT PER TOOTH	8.00		
RECEMENT CROWN - once per 12 months	24.00		
RECEMENT INLAY - once per 12 months	16.00		
PREFAB SS CROWN-primary teeth only	160.00		
<u>IV-ENDODONTICS</u>			
PULP CAP-DIRECT	40.00		
VITAL PULPOTOMY	16.00		
ROOT CANAL THERAPY-1 CANAL	192.00		
ROOT CANAL THERAPY-2 CANALS	216.00		
ROOT CANAL THERAPY-3 CANALS	280.00		
APICOECTOMY-first root	160.00		
APICOECTOMY-max per tooth	320.00		