

Dental Plan for Eligible Members of CWA Local 1014

DENTAL PLAN

For Eligible Members of CWA Local 1014, his/her spouse and their eligible dependents under 26 years of age.

DENTAL BENEFITS

Most of the common recurring dental services are provided at no charge to eligible members, their spouse and dependent children. Additional dental services are available at moderate fees. A complete list of dental services provided under the Plan and the cost, if any, is shown.

WHERE TO OBTAIN DENTAL CARE BENEFITS

Location:

John D. Kernan, D.M.D., PA.
Westmont Plaza
658 W. Cuthbert Boulevard
Westmont, New Jersey 08108
856-869-8660

HOW TO OBTAIN DENTAL CARE BENEFITS

Diagnostic Examination

Call the dental office for an appointment. When you phone the dental office they will check your eligibility. If you are eligible, an appointment will be scheduled for you and/or your dependents.

Note: If for any reason you cannot keep your appointment, immediately notify the dental office.

Emergency Treatments

In the event of an emergency, call the dental office and arrangements for treatment will be made for you.

PROBLEMS OR COMPLAINTS

If you should have a problem or complaint, please fill out a "Dental Complaint Form" now available on our website at www.cwalocal1014.org, or see one of your trustees or shop stewards for this form. Your problem and/or complaint will be submitted to the CWA Local 1014 Dental Committee and addressed within fifteen (15) days of receipt.

DENTAL PLAN

COVERAGE: Benefits are provided for specific types of dental care and treatment.

Services are available from participating, licensed, General Dentists and Specialists at 658 West Cuthbert Boulevard, Westmont, NJ 08108.

COVERED SERVICES:

DIAGNOSTIC:		PLAN FEE	UCR*
Examinations	Initial oral examination	No Charge	\$75.00
	Periodic oral examination (6 mo. Recalls)	No Charge	\$50.00
Radiography			
(X-rays)	Complete intra-oral periapical series (Full Mouth Series of X-Rays)	No Charge	\$100.00
	Panorex	No Charge	\$100.00
	Periapical-individual films	No Charge	\$25.00
	Bitewing-series	No Charge	\$45.00
	Bitewing-single film	No Charge	\$25.00
	Miscellaneous Study models	No Charge	\$60.00
	Treatment Planning	No Charge	\$25.00
	Consultation	No Charge	\$50.00

* UCR - Usual, Customary, Reasonable Fee

PREVENTIVE:**Dental Prophylaxis**

(Cleaning, scaling
& polishing of
exposed surfaces
of teeth)

	PLAN FEE	UCR*
Dental Prophylaxis, adult	No Charge	\$ 90.00
Dental Prophylaxis, children	No Charge	\$ 70.00

**Fluoride
Treatments**

Fluoride treatment, topical application of fluoride, one treatment	No Charge	\$ 25.00
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Miscellaneous

Dental health education	No Charge	
Visual Aids	No Charge	\$35.00
Oral hygiene instructions	No Charge	

RESTORATIVE:**Amalgam Restorations**

(including
polishing)
(Silver Fillings)

Primary or Permanent Teeth		
One Surface	No Charge	\$120.00
Two Surfaces	No Charge	\$140.00
Three Surfaces	No Charge	\$160.00
Four Surfaces or more	No Charge	\$190.00
Pin reinforced Amalgam	No Charge	\$225.00

Acrylic Plastic or Composite Restoration**** (White Fillings)**

	PLAN FEE	UCR*
Restoration, composite One Surface	No Charge	\$150.00
Restoration, composite Two Surfaces	No Charge	\$170.00
Restoration, composite Three Surfaces or more	No Charge	\$190.00
Restoration, composite (involving incisal angle)	No Charge	\$225.00
Restoration, composite pin	No Charge	\$255.00

** Posterior Composite fillings, as well as Cosmetic Bondings will be charged at UCR Fee Less 20%.

Crown-Single Restorations Only

Crown, Plastic with metal	\$150.00	\$875.00
Crown, porcelain with metal	\$175.00	\$875.00
Crown, full cast	\$150.00	\$875.00
Crown, stainless steel	\$ 25.00	\$250.00
Post for crown, cast- additional per crown	\$ 50.00	\$280.00
Post for crown, clinical - additional	\$ 25.00	\$250.00

Miscellaneous Restorative Series

Recement inlay	No Charge	\$80.00
Recement crown	No Charge	\$100.00
Filling (sedative)	No Charge	\$100.00

ENDODONTICS**Pulp Capping**

Pulp cap-direct (excluding final restoration)	No Charge	\$40.00
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Pulpotomy

Vital pulpotomy (Removal of a portion of the pulp structure of the tooth) {excluding final restoration}	\$ 20.00	\$150.00
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Root Canal Therapy (includes clinical procedures & follow-up care)

Root canal, Anterior (one canal) {excluding final restoration}	\$ 70.00	\$700.00
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Root Canal Therapy (includes clinical procedures & follow-up care) Cont'd

	PLAN FEE	UCR*
Root canal, Bicuspids (two canals) {excluding final restoration}	\$ 95.00	\$775.00
Root canal, Molar (three or four canals) {excluding final restoration}	\$120.00	\$875.00

PROSTHODONTICS REMOVABLE:

Complete Dentures	Complete upper denture (including adjustments)	\$150.00	\$1200.00
	Complete lower denture (including adjustments)	\$150.00	\$1200.00
	Immediate complete upper denture (including adjustments)	\$150.00	\$1400.00
	Immediate complete lower denture (including adjustments)	\$150.00	\$1400.00
Partial Dentures	Partial upper or lower, with two clasps with rests, acrylic, including adjustments	\$150.00	\$650.00
	Partial lower, with lingual bar and two clasps, acrylic base, including adjustments	\$150.00	\$1300.00
	Partial lower, with lingual bar and two clasps, cast base, including adjustments.	\$150.00	\$1300.00
	Partial upper, with palatal bar and two clasps, acrylic base including adjustments.	\$150.00	\$1300.00
	Partial upper, with palatal bar and two clasps, cast base, including adjustments	\$150.00	\$1300.00
Adjustments to Dentures	Adjustment to denture, complete denture.	No Charge	\$50.00
	Adjustment to denture, partial denture.	No Charge	\$50.00

PROSTHODONTICS REMOVABLE (CONT'D.)**Repairs to Dentures**

Repair broken complete or partial denture, no teeth damaged

PLAN FEE**UCR***

\$15.00

\$130.00

Repair broken complete or partial denture and replace one broken tooth

\$20.00

\$130.00

Replace additional teeth each tooth

\$5.00

\$30.00

Replace broken tooth on denture, no other repairs

\$20.00

\$130.00

Reattaching damaged clasp on denture

\$30.00

\$200.00

Replacing broken clasp with new clasp on denture

\$30.00

\$200.00

Denture Duplication & Relining

Relining, upper or lower, complete denture (office reline)

\$25.00

\$275.00

Relining, upper or lower, partial denture (office reline)

\$25.00

\$275.00

Relining, upper or lower complete denture (laboratory)

\$40.00

\$350.00

Relining, upper or lower, partial denture (laboratory)

\$40.00

\$350.00

Rebase, Upper or Lower

\$45.00

\$375.00

PROSTHODONTICS FIXED:*For fixed bridges-each abutment and each pontic constitutes a unit in a bridge.***Bridge Pontics**

Bridge pontic, cast metal

\$150.00

\$875.00

Bridge pontic, porcelain fused to metal

\$175.00

\$875.00

Bridge pontic, plastic processed to metal

\$150.00

\$875.00

Crowns

Crown, plastic processed to metal

\$150.00

\$875.00

Crown, porcelain fused to metal

\$175.00

\$875.00

Crown, full cast

\$150.00

\$875.00

Post for crown, cast

\$ 50.00

\$280.00

Post for crown, clinical

\$ 25.00

\$250.00

PROSTHODONTICS FIXED**PLAN FEE****UCR****Cont'd.*

Note: Prosthetic devices requiring gold or other precious metals, or your request for their use, will vary in cost based upon their current price.

OTHER SERVICES

Recement bridge	No Charge	\$125.00
Tooth Whitening (Bleaching Per Arch)		
(Subsequent touch ups will be done at	\$140.00	\$214.00
Cost of bleaching liquid if bleaching tray is not destroyed)		

EXTRACTIONS:

Non-surgical extractions-on patient demand-include local anesthesia and routine post-operative care.

Simple extraction, single tooth permanent.	\$50.00	\$240.00
Simple extraction, single tooth deciduous.	\$50.00	\$240.00

Note: There is no charge for non-surgical extractions resulting from the dentist's recommendation-provided you consent.

MISCELLANEOUS:

Emergency dental visits	Relief of pain	No Charge	\$75.00
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SURGICAL

Surgical Extraction	\$125.00	\$450.00
Impaction-soft tissue	\$150.00	\$550.00
Impaction-partial bony	\$175.00	\$650.00
Impaction-complete bony	\$200.00	\$660.00
Apicoectomy (Root Tip Removal)	\$400.00	\$1300.00
Alveolectomy (Upper or Lower)	\$150.00 (per quad)	\$425.00 (per quad)
Alveolectomy (Upper or Lower) area occ by less than 6 teeth	\$125.00 (per quad)	\$350.00 (per quad)
Biopsy	\$150.00	\$850.00
Frenectomy	\$300.00	\$1000.00
Analgesia	No Charge	\$20.00
Excision of Benign Lesion	\$150.00	\$400.00
Nitrous oxide sedation	\$25.00	\$125.00
IV Sedation	\$200.00	\$400.00

ORTHODONTIC SERVICES:

Orthodontic Therapy (braces) - for dependent children up to age 19
Full banded (includes treatment planning and retention) - Basic Program.
Member pays 50% of prevailing fee with a maximum benefit of \$1,800.00 per member or eligible dependent.

ADDITIONS:

Upgrades, including Ceramic braces, are at the members expense.

EXCLUSIONS:

Services with respect to congenital or developmental malformations or cosmetic surgery or dentistry for purely cosmetic reasons.
All Orthodontic Services are provided by Specialists recognized by the Board of Orthodontics.

PEDODONTIC SERVICES:

Pedodontic services are described as:

- that branch of dentistry that deals with the teeth and oral conditions of children. The services of a Pedodontist are usually made on a referral basis from the General Dentist for children who are uncooperative or too young for the General Dentist to provide the necessary dental treatment.

In the event that Dr. Kernan's office is unable to provide the services of a Pedodontic Specialist, referrals will be made to an out of network Pedodontist of the patients choice. In these cases, Dr. Kernan will reimburse the member at 50% of the UCR currently in use at his office.

It will be necessary for the member to pay the out of network specialist and reimbursement will be made directly to the member upon receipt of their claims as long as Dr. Kernan has made the referral to the out of network specialist.

PERIODONTIC SERVICES:

Periodontic Services are described as:

- that branch of dentistry that deals with diseases of the supporting structures of the teeth

Periodontic services are available to CWA Local 1014 members at a discount of 60% of the fees currently in use at Dr. Kernan's office.