

LABORERS
60
LOCAL
60
MEMBERS

**Westchester Putnam Counties Heavy &
Highway Laborers
Benefit Funds
Pension. Welfare. Annuity. Legal. Training
Local 60**

140 Broadway
Hawthorne, N.Y. 10532
Tel: (914) 769.2440
Fax: (914) 769.4023



Westchester Putnam Counties Heavy & Highway Laborers
Benefit Funds

Participating Panel of Dentists



Westchester Putnam
Counties Heavy & Highway
Laborers Local 60

Dear Plan Participant:

This list provides you with names and addresses of dentists that participate with the Local 60 Health & Welfare Fund. These Dentists will accept the Funds payment as payment in full for most services; however, there are times when you may be required to pay some out-of-pocket expenses for some services.

NOTE: Each covered individual is responsible for a \$50 deductible for services other than preventative. (Exam, Cleaning, Fluoride & corresponding x-rays).

It is YOUR responsibility to verify all additional fees prior to service based on Local 60's Dental Plan located on our website www.local60funds.com under benefits/forms.

**Westchester Putnam Counties Heavy & Highway Laborers
Benefit Funds**

THE BRONX

BRONXVILLE

Chris Choe Dentistry
2426 Eastchester Road, Suite 207
Bronx, NY 10469
(718) 325-3250

Dr. Jay Fensterstock, DDS, PC
55 East Mosholu Pkwy North
Bronx, NY 10467
(718) 652-7370

Additional Fees:

Bone Replacement Graft/Quad	\$165.00
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Jeffrey L. Golden, DDS
2505 Williams Bridge Road
Bronx, NY 10469
(718) 654-2320

Additional Fees:

Denture Repair	\$ 50.00
Denture Repair-Misc.	\$150.00
Full Denture	\$150.00
Partial Denture	\$150.00
Molar Root Canal	\$200.00
Crown	\$100.00

Bay Plaza Mall Dental PLLC
200 Baychester Ave Ste 311C
Bronx, NY 10475
(347) 625-6438

Andrew Geller, DDS
850 Bronx River Road
Bronxville, NY 10708
(914) 776-1122

Additional Fees:

Fillings:	\$80.00
Sedative Filling:	\$80.00
Gingivectomy:	\$350.00
Extraction:	\$100.00
Crown Lengthening:	\$350.00
Crown:	\$200.00
Cast Post:	\$275.00
Core Build-up:	\$100.00
RCT (All Codes)	\$100.00
RCT (Retreatment)	\$250.00
Full Mouth Debridement:	\$350.00
Osseous Surgery:	\$350.00
Bone Graft:	\$400.00
Perio scaling & curettage/quad:	\$25.00
Perio Maintenance:	\$100.00
Dentures (all):	\$150.00
Comp Dentures:	\$250.00

Congers Dental Care
Alka S. Patel, DDS
1 Lake Road, Suite 4
Congers, NY 10920
(845) 268-3304

Additional Fees:

Full Dentures	\$150.00
Partial Dentures	\$150.00
Denture Repairs	\$ 50.00

**Westchester Putnam Counties Heavy & Highway Laborers
Benefit Funds**

HARTSDALE

Hartsdale Dental
Charles Avanzato, DDS
280 N. Central Park Ave. Suite 130
Hartsdale, NY 10530
(914) 946-0006

Additional Fee:

Consultation:	\$15.00
Sealant	\$15.00
All Prophy	\$15.00
Fluoride	\$15.00
Periodontal Prophy	\$90.00
Periodontal Scalling Per Quad	\$35.00
Resin 1 Surf	\$200.00
Resin 2 Surf	\$250.00
Resin 3 Surf	\$300.00
Crown	\$1,000.00
Post/Core	\$125.00
Recement Crown	\$15.00

Prestige Dental Care PC

280 N Central Ave Ste 70
Hartsdale NY 10530
(914)390-9111

Additional Fees:

Resin/Comp.	\$50.00
Inlay/Onlay	\$750.00
Crown:	\$400.00
RCT (Anterior)	\$150.00
RCT (Bicuspid)	\$200.00
RCT (Molar):	\$300.00
Gingivectomy:	\$250.00
Bone Graft:	\$500.00
Perio scaling& Root P/quad:	\$40.00
Space Maintainer:	\$200.00
Dentures (all):	\$350.00
Denture Repair:	\$250.00
Reline Denture:	\$250.00
Simple Extraction:	\$150.00
Surgical Extraction:	\$300.00

Westchester Putnam Counties Heavy & Highway Laborers Benefit Funds

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**Westchester Putnam Counties Heavy & Highway Laborers
Benefit Funds**

MAHOPAC

Mahopac Dental Care PLLC

Eric D. Cook, DDS

572 Route 6
Mahopac, NY 10541
(845) 628-8196
(845) 628-8199

Additional Fees:

Consultation:	\$75.00
FMS	\$70.00
All Prophyl	\$80
Quad Scaling	\$80.00 Per Quadrant
Periodontal Prophyl	\$80.00
Full & Partial Dentures:	\$450.00
Crown	\$350.00
Post/Core	\$95.00/unit
Root Canal	\$300.00
Fillings 1-3 surfaces	\$145.00
Fillings 4 or more surfaces	\$145.00
Emergency Palliative	\$80.00
Re-cement Crown/Bridge	\$75/105
Denture Repair/Relines:	\$260.00
Implant crowns inclu. Abutment	\$1200.00
Extractions & I&D's/ Surgical	\$130/185
Bridges	\$350.00/unit

**Westchester Putnam Counties Heavy & Highway Laborers
Benefit Funds**

<u>NEW ROCHELLE</u>	
Michael Sherman, DDS Victoria Sherman, DDS	Saramma Abraham, DDS
466 Main Street New Rochelle, NY 10801 (914) 576-0044 Additional Fees:	368 North Avenue New Rochelle, NY 10801 (914) 632-2100
Crowns: \$150/\$350/\$350	WALK IN FAMILY DENTAL OFFICE
Simple Extraction: \$50.00	95 Union Avenue New Rochelle, NY 10801 (914) 576-7126
Surgical Extraction: \$100.00	
Complete/ Partial Dentures: 350.00/Unit	
Scaling/Root Planning \$60.00	
Root Canal \$175.00	
FLE DENTAL OFFICE PLLC	
Frank E. Mesa, DDS 264 Washington Avenue New Rochelle, NY 10801 (914) 355-5970 & 5971 Additional Fees: Call the doctor to get more information.	

Westchester Putnam Counties Heavy & Highway Laborers

Benefit Funds

NEW ROCHELLE DENTAL ARTS PEDIATRIC DENTIST ON PREMISES 466 Main Street Ste 101 New Rochelle, NY 10801 (914) 633-5050 Additional Fees: Periodontics on premises – no participation with local 60 Endodontics on premises – no participation with local 60	Todd Wortman, DDS 140 Lockwood Avenue, Suite 320 New Rochelle, NY 10801 (914) 636-6363 Additional fees: <table> <tr> <td>Crown</td><td>\$250.00</td></tr> </table>	Crown	\$250.00																																								
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Total Dental Care, PC Masood Safaie, DDS 175 Memorial Highway, Suite 3-5 New Rochelle, NY 10801 (914) 235-2550 Additional Fees: <table> <tr><td>1, 2 & 3 surface comp/ant filling:</td><td>\$50.00</td></tr> <tr><td>3 surface composite filling:</td><td>\$140.00</td></tr> <tr><td>1 Surface post. Composite Filling:</td><td>\$95.00</td></tr> <tr><td>2 Surface post. Composite Filling:</td><td>\$125.00</td></tr> <tr><td>3 Surface Post. Composite filling:</td><td>\$135.00</td></tr> <tr><td>3 surface composite Filling:</td><td>\$140.00</td></tr> <tr><td>1 Surface post. Composite Filling:</td><td>\$95.00</td></tr> <tr><td>2 Surface post. Composite Filling:</td><td>\$125.00</td></tr> <tr><td>PFM Crown:</td><td>\$200.00</td></tr> <tr><td>Recement Crown/Post/Bridge</td><td>\$20.00</td></tr> <tr><td>Pulpotomy:</td><td>\$60.00</td></tr> <tr><td>Osseous Surgery:</td><td>\$270.00</td></tr> <tr><td>Osseous Surgery:</td><td>\$190.00</td></tr> <tr><td>Pedicle Soft Tissue Graft:</td><td>\$180.00</td></tr> <tr><td>Complete Denture U/L:</td><td>\$475.00</td></tr> <tr><td>Immediate Denture 5140:</td><td>\$415.00</td></tr> <tr><td>Partial Denture 5213:</td><td>\$475.00</td></tr> <tr><td>Removable Partial Denture 5281:</td><td>\$475.00</td></tr> <tr><td>RCT Anterior</td><td>\$125.00</td></tr> <tr><td>RCT Molar</td><td>\$200.00</td></tr> <tr><td>RCT Premolar</td><td>\$180.00</td></tr> </table>	1, 2 & 3 surface comp/ant filling:	\$50.00	3 surface composite filling:	\$140.00	1 Surface post. Composite Filling:	\$95.00	2 Surface post. Composite Filling:	\$125.00	3 Surface Post. Composite filling:	\$135.00	3 surface composite Filling:	\$140.00	1 Surface post. Composite Filling:	\$95.00	2 Surface post. Composite Filling:	\$125.00	PFM Crown:	\$200.00	Recement Crown/Post/Bridge	\$20.00	Pulpotomy:	\$60.00	Osseous Surgery:	\$270.00	Osseous Surgery:	\$190.00	Pedicle Soft Tissue Graft:	\$180.00	Complete Denture U/L:	\$475.00	Immediate Denture 5140:	\$415.00	Partial Denture 5213:	\$475.00	Removable Partial Denture 5281:	\$475.00	RCT Anterior	\$125.00	RCT Molar	\$200.00	RCT Premolar	\$180.00	Walter G. Edwards, Jr., DDS 33 Lincoln Avenue Ste 1 New Rochelle, NY 10801 (914) 235-1200
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**Westchester Putnam Counties Heavy & Highway Laborers
Benefit Funds**

<u>PORT CHESTER</u>	<u>SCARSDALE</u>																																										
<i>Eric Marshall, DDS</i> <i>Kenneth Marshall, DMD</i> 21 North Main Street Port Chester, NY 10573 (914) 939-3278	<u>SMILE SCARSDALE PEDIATRIC DENTIST</u> 1075 Central Park Ave Ste 400 Scarsdale, NY 10583 (914) 722-5100																																										
	Additional fees: <table> <tr><td>Oral Eval. (all)</td><td>\$10.00</td></tr> <tr><td>Intra Oral PA's(all)</td><td>\$10.00</td></tr> <tr><td>Bitewings (all)</td><td>\$20.00</td></tr> <tr><td>Pano</td><td>\$40.00</td></tr> <tr><td>Prophy</td><td>\$20.00</td></tr> <tr><td>Space Maint.fixed Unilateral</td><td>\$125.00</td></tr> <tr><td>Space Maint. fixed Bilateral Max</td><td>\$170.00</td></tr> <tr><td>Space Maint. fixed Bilateral/Mand</td><td>\$170.00</td></tr> <tr><td>Amalgam 1 surf</td><td>\$50.00</td></tr> <tr><td>Amalgam 2 sur</td><td>\$60.00</td></tr> <tr><td>Amalgam 3 sur</td><td>\$70.00</td></tr> <tr><td>Amalgam 4 sur</td><td>\$80.00</td></tr> <tr><td>Resin 1 surf</td><td>\$80.00</td></tr> <tr><td>Resin 2 sur</td><td>\$90.00</td></tr> <tr><td>Resin 3 sur</td><td>\$100.00</td></tr> <tr><td>Resin 4 sur</td><td>\$110.00</td></tr> <tr><td>Therapeutic Pulpotomy</td><td>\$90.00</td></tr> <tr><td>Frenectomy</td><td>\$425.00</td></tr> <tr><td>SS Crown</td><td>\$200.00</td></tr> <tr><td>Simple</td><td>\$50.00</td></tr> <tr><td>NITROUS</td><td>\$100.00</td></tr> </table>	Oral Eval. (all)	\$10.00	Intra Oral PA's(all)	\$10.00	Bitewings (all)	\$20.00	Pano	\$40.00	Prophy	\$20.00	Space Maint.fixed Unilateral	\$125.00	Space Maint. fixed Bilateral Max	\$170.00	Space Maint. fixed Bilateral/Mand	\$170.00	Amalgam 1 surf	\$50.00	Amalgam 2 sur	\$60.00	Amalgam 3 sur	\$70.00	Amalgam 4 sur	\$80.00	Resin 1 surf	\$80.00	Resin 2 sur	\$90.00	Resin 3 sur	\$100.00	Resin 4 sur	\$110.00	Therapeutic Pulpotomy	\$90.00	Frenectomy	\$425.00	SS Crown	\$200.00	Simple	\$50.00	NITROUS	\$100.00
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<i>Paul Tarantola, DDS</i> 360 Westchester Avenue Port Chester, NY 10573 (914) 939-2127																																											
<u>SLEEPY HOLLOW</u> <i>Quho Choi DDS PLLC</i> 245 North Broadway Ste 108 Sleepy Hollow, NY 10591 (914)631-0200																																											
<u>Additional Fees: Call the doctor to get more information.</u>																																											

**Westchester Putnam Counties Heavy & Highway Laborers
Benefit Funds**

SCARSDALE

SCARSDALE ENDODONTICS

Tatiana Borinos, DDS, PC
455 Central Park Ave, Ste 209A
Scarsdale, NY 10583
(914) 472-3785

Additional fees:

Specialist exam	\$150.00
Pulp vitality test	\$50.00
Ant. Root Canal	\$500.00
Bi. Root Canal	\$550.00
Molar Rt Canal	\$600.00
Ant. Root Canal Rest.	\$600.00
Bic. Root Canal Rest.	\$650.00
Molar. Root Canal Rest.	\$700.00
Protective Restoration	\$120.00

Westchester Putnam Counties Heavy & Highway Laborers Benefit Funds

	<u>WHITE PLAINS</u>
	Thomas E. Finehout DDS 87 Rockingchair Road White Plains, NY 10607 (914) 946-0777 <i><u>Speaks Spanish</u></i>
	Additional Fees: Clasp-new/replacing broken clasp \$125.00 Reattaching clasp \$125.00 Replacing facing on Pontic or Crown \$150.00 Replacing broken rest or lug \$125.00 $\frac{3}{4}$ cast gold crown \$380.00 Porcelain crown \$325.00

**Westchester Putnam Counties Heavy & Highway Laborers
Benefit Funds**

<u>YONKERS</u>		<u>WHITE PLAINS</u>	
EXECUTIVE DENTAL CARE OF WESTCHESTER		GALLERIA MALL DENTAL, PC	
Nancy Oryani, DDS 495 Odell Avenue, Suite 1A Yonkers, NY 10703 (914) 423-0000 (914) 423-0005		Ross Krasnov, DDS 10 Old Mamaroneck Rd Unit 1E White Plains, NY 10605 (914) 997-9000	
George Farag, DDS 1019 Yonkers Avenue Yonkers, NY 10704 (914) 476-9696			
Additional Fees:			
Reline/Rebase P/P, F/F		\$150.00	
Valplast P/P		\$400.00	
Repair/Replace Broken denture tooth		\$125.00	
Repair/Replace partial denture clasp		\$150.00	
RIVERSIDE DENTAL HEALTH			
1086 N Broadway Ste#20 Yonkers, NY 10701 (914) 423-9757			
Additional Fees:			
Resin/Composite Filling (1 surface)		\$20.00	
Resin/Composite Filling (2 surface)		\$30.00	
Porcelain Crown		\$300.00	
Post & Core		\$100.00	
Root Canals (1 & 2 canals)		\$150.00	
Dentures (full, Partial & Immediate)		\$300.00	

BLUE HORIZON DENTAL

Dr. Sandra Innabi
 970 N. Broadway Ste 301
 Yonkers, NY 10701
 (914-639-4221)

PARK AVENUE DENTISTRY OF YONKERS
PARK AVENUE SMILES

John Habib, DDS
 169 Park Avenue
 Yonkers, NY 10703
 (914) 965-3864
Periodontist & Oral Surgeon on Premises

**Westchester Putnam Counties Heavy & Highway Laborers
Benefit Funds**

CONCERNED DENTAL CARE PC

119-01 Liberty Avenue
Richmond Hill, NY 11419
(718) 843-1616

Elliott R. Storm, DDS

Orthodontist

7-11 S Broadway Ste 104
White Plains, NY 10601
P:(914) 946-3350
C: (914)522-1527

CONNECTICUT

TOWN CENTER DENTAL OF STAMFORD

Ross Krasnov, DDS
100 Greyrock Place
Stamford, CT 06901
(203) 348-0300

BRASS MILL DENTAL LLP

Tetyana Pohorletska
Ruchi Bhatia
495 Union st. Ste 1016
Waterbury, CT 06706
(203) 574-2121

Westchester Putnam Counties Heavy & Highway Laborers**Benefit Funds****NEW BROADWAY DENTAL DDS****Natalya Modlin DDS**

1501 Broadway ste 520

New York, NY 10036

(212) 398-1969

Additional Fees:

Resin/Composite Filling	\$25.00
Inlay/Onlay	\$785.00
Root Canal	\$200.00
Post & Core	\$35.00
Gingivectomy 4211	\$700.00
Gingivectomy 4210	\$900.00
Pedicle Soft Tissue	\$900.00
Osseous Surgery 4260	\$20.00
Osseous Surgery 4261	\$150.00
Bone Replacement	\$650.00
Flexi Pu/PL Denture	\$1,400 ea
Replace missing/broken tooth on denture	\$65.00
Add Clasp to Existing Denture	\$55.00
Add tooth to existing Denture	\$80.00
Rebase	\$200.00
Rebase/Reline Denture Lab	\$250.00
Surgical Extraction	\$55.0

Westchester Putnam Counties Heavy & Highway Laborers Benefit Funds

If you do not follow the precertification review process, the Fund will pay or deny benefits, after taking into consideration alternative procedures or services, based upon acceptable standards of dental practice.

Limitations

- Oral Examination: You and your eligible dependents are allowed one periodic oral examination every six months.
- Intra-Oral x-rays: You and your eligible dependents are allowed a panoramic radiograph (panorex) or a full mouth series (fourteen - eighteen x-rays, including bitewings, once every 36 months.
- Bitewing x-Rays: You and your eligible dependents are allowed up to four once every six months.
- Single x-rays: Up to four single x-rays are allowed annually, if there is a medical necessity or dental emergency.
- Prophylaxis: You and your eligible dependents are allowed one prophylaxis every six months.
- Anesthesia: You and your eligible dependents are covered for general anesthesia only when applicable and pre-certified in conjunction with oral surgery procedures.

Exclusions

- Services performed for cosmetic reasons.
- There is a maximum of three tooth surfaces payable on any one tooth for a filling.
- Replacement of lost or stolen appliances.
- Replacement of a bridge or denture within five years of its installation unless the replacement is necessary because of the placement of an original opposing denture or the extraction of natural teeth. Note: replacement must be medically necessary, as determined by the Plan's Dental Consultant.
- Appliances or restorations, (other than full dentures) whose primary purpose is to alter vertical dimensions, stabilize periodontally involved teeth or restore occlusion.
- Dental bonding, adhesives, porcelain veneers or Maryland Bridges.
- Replacement of crowns within five years of their installation. Note: replacement must be medically necessary, as determined by the Plan's Dental Consultant.
- Replacement of fillings within three years. Note: replacement must be medically necessary, as determined by the Plan's Dental Consultant.
- Relines or rebases of dentures less than one year after insertion.
- Dental mouth guards and similar mouth devices.
- Coverage is not provided for injuries sustained while committing a felony or illegal act

Westchester Putnam Counties Heavy & Highway Laborers Benefit Funds

Exclusions Cont....

DENTAL BENEFITS

- Experimental procedures or procedures not approved for a specified service by the American Dental Association.
- Specialized techniques including, but not limited to, precision attachments, implantology and procedures associated therewith, personalization or characterization.
- Orthodontic services commenced on or after a covered individual's 19th birthday.
- Services for Temporomandibular Joint Syndrome or Myofacial Pain Syndrome.
- Sealants, except for untreated permanent molars, once every three years, for children under 16 years of age.
- Fluoride treatment for covered persons aged 19 years or older.
- Pulpotomy, except for deciduous (baby) teeth.
- Charges for x-rays taken in conjunction with a root canal treatment and oral surgery services.
- Charges for temporary crowns, bridges or dental flippers.
- Procedures that are not listed on the Plan's fee schedule.

In addition, you are not covered for charges you are not legally required to pay or for charges that would not have been made, had you not had this coverage.

Dental services due to a Workers' Compensation accident/injury are not eligible for payment under this Plan. Benefits will not be paid from the Dental Benefit if they are provided by Federal, State or other laws, unless otherwise required by law.

See the General Exclusions/Limitations section for additional exclusions/limitations.

Extension of Certain Dental Benefits

This Dental benefit provides coverage for crown, bridge, dentures and root canal procedures performed within three months after your eligibility is lapsed, provided the treatment is started before the eligibility is terminated.

Westchester Putnam Counties Heavy & Highway Laborers

Benefit Funds

DENTAL BENEFITS

Procedures Applicable to Dental Benefit Claims

A fully itemized claim must be submitted, on a standard dental claim form, for it to be considered a completed dental claim under this Plan. The form should contain: the participant's name, patient's name, signature of participant/dependent, patient's date of birth, participant's ID number, date of service, Federal Taxpayer Identification (TIN) and National Provider Identifier (NPI) number of the provider, provider's billing name and address, provider's billed charges, with corresponding treatment rendered stating: the tooth number(s) and/or quadrant(s), identification of tooth surfaces to be restored, and CDT-4 Coding (A.D.A. Procedure codes) for each service rendered. Also, a current coordination of benefits form must be on file at the Fund Office.

If the participant is to be reimbursed due to services rendered outside the participating panel, the participant will need to include the claim form above, but also proof of payment for rendered services.

All claims should be submitted to the Fund Office at:

Attention: Dental Administration
Westchester Putnam Counties Heavy & Highway Laborers
Local 60 Health and Welfare Fund
140 Broadway
Hawthorne, NY 10523
914-769-2440

Other Important Information about your Dental Plan

Please read the following general sections of this Health and Welfare SPD section for important information that also applies to your Dental Plan:

- Member and Dependent Eligibility for Coverage,
- Basic Rules and Exclusions of the Plan,
- Coordination of Benefits (COB),
- Claim Filing and Appeal Procedures,
- Continuation of Coverage (COBRA)

**Westchester Putnam Counties Heavy & Highway Laborers
Benefit Funds**

	PLAN ALLOWANCE
Preventative	
Periodic oral examination	30.00
Adult prophylaxis	48.00
Child prophylaxis	32.00
Sealant	35.00
Fluoride	28.00
Radiology	
Single film or single Bitewing	8.00
Complete FM series (incl bitewings)	60.00
Intraoral Occlusal film	20.00
Extraoral film	20.00
(2) Bitewing x-rays	15.00
(4) Bitewing x-rays	30.00
Facial bone survey film	40.00
Panoramic film	60.00
Cephalometric film	60.00
Restoration (fillings)	
Amalgam (1) surface	40.00
Amalgam (2) surfaces	65.00
Amalgam (3) or more surfaces	75.00
Resin Composite, (1) surface	45.00
Resin Composite, (2) surfaces	65.00
Resin Composite, (3) or more surfaces	80.00
* Crowns	
Inlay/onlay	65.00
3/4 cast gold crown	500.00
Porcelain crown	500.00
Resin crown	500.00
Pin retention	15.00
Core build-up-incl pins	92.00
Post & Core	92.00

**Westchester Putnam Counties Heavy & Highway Laborers
Benefit Funds**

SCHEDULE OF PROCEDURES.....

	PLAN ALLOWANCE
* Crowns (continued)	
Resin crown, lab processed (deciduous teeth only)	75.00
recement post	30.00
recement crown	30.00
Stainless steel crown (deciduous teeth only)	40.00
Replace facing/bridge repair	45.00
Recement bridge (each abutment)	30.00
* Endodontics	
Anterior root canal (1) canal	275.00
Bicuspid root canal (2) canals	320.00
Molar root canal (3) or more canals	400.00
Apicoectomy	175.00
Retrograde filling, per root	30.00
Pulp vitality test	18.00
Pulpotomy (deciduous teeth only)	45.00
Hemisection incl root removal	100.00
* Periodontics	
periodontal scaling, per quadrant	65.00
Gingivectomy/Gingioplasty, per quad	100.00
Gingivectomy/Gingioplasty, 1-3 teeth	60.00
Osseous surg, per quad	330.00
Osseous surg, 1-3 teeth	110.00
Bone replacement graft	148.00
Pedicle soft tissue graft	120.00
F/M debridement	260.00
Periodontal maintenance	110.00
* Dentures	
Complete, upper or lower denture	525.00
Immediate, upper or lower denture	585.00
Partial upper or lower	525.00
Removable unilateral partial denture	225.00

**Westchester Putnam Counties Heavy & Highway Laborers
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SCHEDULE OF PROCEDURES.....

	PLAN ALLOWANCE
* Dentures (continued)	
Replace tooth on denture	35.00
Repair denture	30.00
Add/repair/replace clasp to partial denture	45.00
Add tooth to partial denture	40.00
Rebase/reline denture - chairside	65.00
Reline denture - Lab	105.00
 **Oral Surgery	
Simple Extraction	65.00
Surgical removal	95.00
Soft tissue impaction	160.00
Partial bony impaction	190.00
Complete bony impaction	220.00
Surgical access of unerupted tooth	150.00
Extract residual tooth roots	100.00
Biopsy oral tissue	125.00
Alveoplasty, per quadrant	85.00
Vestibuloplasty	175.00
Removal benign odontogenic cyst/tumor	165.00
Remove benign non-odontogenic cyst/tumor	135.00
Removal exostosis	190.00
I & D abscess inter-oral	130.00
I & D abscess extra-oral	220.00
Repair tissue defect	115.00
Lingual frenulectomy	160.00
General anesthesia In-office (first 30 min)	45.00
General anes. In-office (each add'l 15 min)	40.00
** NOTE: Oral surgery allowance includes x-ray films & all pre & post-operative care	

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SCHEDULE OF PROCEDURES...

**PLAN
ALLOWANCE**

Miscellaneous Procedures:

Palliative visit (max of 2 visits/year)	30.00
Specialist consultation (in office)	35.00
* Occlusal adjustment	25.00
* Removable appliance	240.00
* Fixed appliance	280.00
* Fixed space maintainer	165.00
* Removable space maintainer	180.00

*** SERVICES REQUIRE PRE-AUTHORIZATION**

PLAN MAXIMUMS

Plan Lifetime Maximums:

Orthodontic Benefits for dependent children under age 19.	\$1,500.00
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Plan Annual maximum:

Per covered person, per calendar year.	\$1,800.00
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Plan Annual Deductible:

\$ 50.00

Not applicable to orthodontic, periodic preventative oral examination, prophylaxis and corresponding x-rays.

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