



**Mailing Address:**  
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## **CWA Local 1183 Security Benefit Fund**

### **Active and Retirees**

### **Group 116/117**

#### **Summary of Benefits for Full-Time Members:**

##### **Dental:**

- **Annual maximum \$3,000.00 Family**
- **No deductible**
- **Co-pay billable difference between schedules**
- **Examination: No Frequency on Exams**
- **Prophylaxis: Two in a calendar year**
- **Full Mouth: One per calendar year**
- **Panoramic X-Rays: No frequency**
- **Fluoride: Four per year no age limit**
- **Major work: Dentures replacement four (4) years ( Crowns & Bridges no Frequency)**

##### **Exclusions:**

- **Implants and Veneers**
- **Missing tooth**
- **Sealants**
- **Bitewing x-rays**
- **Anesthesia**

##### **Pre-Authorizations:**

- **Any claims over \$400.00 must be pre-authorized**

##### **In Network:**

- Preventive, Basic and Major are services are billed according to the Sele-Dent fee schedule less the local fee schedule
- The difference between the Sele-Dent fee schedule and the local fee schedule balance is billed to the member.

**Out of Network:**

- 100% of the Sele-Dent fee schedule member pays balance of bill

**Local 1183 - CWA Actives & Retirees**

<b>ADA CODE</b>	<b>EXPLANATION OF CODE</b>	<b>MEMBER CO-PAYMNET</b>
220	XRAYS IST FILM	\$1.00
330	XRAYS PANORAMIC FILM	\$6.00
1110	PROPHYLAXIS -ADULT	\$3.00
1120	PROPHYLAXIS -CHILD	\$4.00
1510	SPACE MAINTFIXED UNI.	\$25.00
1515	FIXED SPACE MAINT.	\$45.00
1520	SPACE MAINTFIXED UNI.	\$45.00
1525	SPACE MAINTAINER	\$40.00
2150	AMALGAM 2 SURFACE	\$5.00
2160	AMALGAM 3 SURFACE	\$8.00
2161	AMALGAM 4 SURFACE	\$10.00
2170	REINFORCE PIN AMAL	\$2.00
2332	ACRLY/PLAS RESTORE 3	\$50.00
2391	COMP 1 SURF POST	\$18.00
2510	INLAY-METTALLIC 1 SUR	\$85.00
2520	INLAY-METTALLIC 2 SUR	\$85.00
2530	INLAY-METTALLIC 3 SUR	\$100.00
2750	CROWNPROCELAIN/MET	\$55.00
2751	CROWNPROCELAIN/MET	\$55.00
2752	CROWNPROCELAIN/MET	\$55.00
2952	CRN-CAST POST/COR	\$5.00
2954	CRN-CAST POST/COR	\$5.00
3320	ROOT CANAL 2 CANALS	\$30.00
3330	ROOT CANAL 3 CANALS	\$75.00
3425	APICOECTOMY W/END M	\$125.00
4210	GING PER QUADRANT	\$55.00
4211	GING PER SECTANT	\$60.00
4260	OSSEOUS SURGERY QUA	\$175.00

4341	PERIO SCALING/RT PLANNING-QUAD	\$7.50
5110	DENTURES-COMP UPPER	\$105.00
5120	DENTURES-COMP LOWER	\$105.00
5130	DENTURES IMM UPPER	\$130.00
5140	DENTURES IMM LOWER	\$130.00
5211	PRTL DENT UPP 2 CLSP	\$60.00
5212	PRTL DENT LOW 2 CLSP	\$60.00
5213/5225	PRTL DENT CAST 2 CLSP	\$75.00
5214/5226	PRTL DENT CAST 2 CLSP	\$75.00
5640	DENT BRKN TOOTH	\$3.00
5710	DENT COMP UP REBASE	\$145.00
5720	DENT PART UP REBASE	\$125.00
5721	DENT PART LOW REBASE	\$125.00
5730	RELINING COMPL UPPER	\$30.00
5731	RELINING COMPL LOWER	\$30.00
5740	DENT RELINE COMP UP	\$22.00
5741	DENT RELINE COMP LOWER	\$22.00
5750	RELINING COMP UP LAB	\$35.00
5751	RELINING COMP LO LAB	\$35.00
6210	BRIDGE CAST GOLD	\$15.00
6240	BRIDGE PORCE/METAL	\$15.00
6242	BRIDGE TRU PONTIC	\$15.00
6250	BRIDGE PLASTIC/METAL	\$15.00
6253	PROVISIONAL PONTIC	\$15.00
6740	CROWN PORCELAIN/CERAMIC	\$30.00
6750	CROWN PORC NON PRE	\$30.00
6790	CROWN GOLD FULL CAST	\$250.00
7140	ERUPT TTH EXPOSED ROOT	\$40.00
7210	EXTRACT ERUOTED TTH	\$65.00
7220	EXTRACT IMPACT TTH	\$60.00
7230	EXTRACT IMPACT PART	\$100.00
7240	EXTRACT IMPACT FULL	\$145.00
9110	PALLIATIVE TREATMENT	\$6.00
9310	CONSULTATION	\$45.00

**PROCEDURES NOT COVERED UNDER THE PLAN MEMBER PAYS 100% OF THE SELEDENT FEES**