

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

Schedule of Benefits

Annual maximum and deductible per individual

Active Carpenters	\$ 2,500	Annual Deductible	\$100
Retired Carpenters	\$ 1,500	Annual Deductible	\$100
City of New York	\$ 2,500	Annual Deductible	\$100
Building Contractors Assoc.	\$ 2,500	Annual Deductible	\$100

Annual deductible will be waived for preventive services and orthodontic treatment.

0120	PERIODIC ORAL EXAM	2 per 1 Year (s)
0140/0150	ORAL EXAMINATIONS	2 per 1 Year (s)
0210	X-RAY FULL MOUTH	1 per Calendar year
0330	PANORAMIC FILM	1 per Calendar year
1110	PROPHYLAXS	2 per 1 Year (s)
1120	PROPHYLAXS (CHILD)	2 per 1 Year (s)
1203	FLUORIDE (CHILD)	2 per 1 Year -max age 15
1351	SEALANT	1 per Lifetime-max age 15
1510	SPACE MAINTAINER-FIXED METAL	1 per Lifetime
2510	INLAY - METALLIC ONE SURFACE	1 per 60 months
2520	INLAY - METALLIC TWO SURFACES	1 per 60 months
2530	INLAY - METALLIC THREE SURFACES	1 per 60 months
2610	INLAY - PORCELAIN 1 SURFACE	1 per 60 months
2620	INLAY - PORCELAIN 2 SURFACES	1 per 60 months
2630	INLAY - PORCELAIN 3 OR MORE SURFACES	1 per 60 months
2710	CROWN - RESIN (LABORATORY)	1 per 60 months
2720	CROWN RESIN WITH METAL	1 per 60 months
2740	CROWN (PORCELAIN JACKET)	1 per 60 months
2750	CROWN- PORCELAIN FUSED TO METAL	1 per 60 months
2783	CROWN - 3/4 PORCELAIN/CERAMIC	1 per 60 months
2790	CROWN - FULL CAST METAL	1 per 60 months
2810	CROWN - 3/4 CAST METALLIC	1 per 60 months
2910	RECEMENT INLAY	1 per 12 months
2930	PREFABRICATED STAINLESS STEEL CROWN	1 per 60 months
2931	STAINLESS STEEL CROWN - PERMANENT	1 per 60 months
2940	SEDATIVE FILLING	1 per 12 months
2952	CAST POST & CORE	1 per 60 months
2954	PREFAB POST & CORE	1 per 60 months
2962	PORCELAIN LAMINATE	1 per 60 months
2980	REPAIR BROKEN CROWN FACING	1 per 60 months
3220	VITAL PULPOTOMY	1 per Lifetime
3310	ROOT CANAL THERAPY- 1 CANAL	1 per Lifetime
3320	ROOT CANAL THERAPY- 2 CANALS	1 per Lifetime
3330	ROOT CANAL THERAPY- 3 CANALS	1 per Lifetime
3340	ROOT CANAL THERAPY- 4 CANALS	1 per Lifetime
3410	APICOETOMY - FIRST ROOT	1 per Lifetime
3411	APICOETOMY - MAXIMUM FIRST ROOT	1 per Lifetime

3430	RETROGRADE	1 per Lifetime
3450	ROOT RESECTION	1 per Lifetime
3920	HUMISECTION	1 per Lifetime
4210	GINGIVECTOMY OR GINGIVOPLASTY	1 per 36 months
4240	GINGIVAL FLAP PROCEDURE	1 per 36 months
4250	MUCO-GINGIVAL SURG.-PER QUADRANT	1 per 36 months
4260	OSSEOUS SURGERY-PER QUADRANT	1 per 36 months
4261	OSSEOUS GRAFT-SINGLE SITE	1 per 36 months
4262	OSSEOUS GRAFTS-MULTIPLE SITE	1 per 36 months
4264	OSSEOUS GRAFTS-PER JAW	1 per 36 months
4270	PEDICLE SOFT TISSUE GRAFTS	1 per 36 months
4271	FREE SOFT TISSUE GRAFTS-QUAD	1 per 36 months
4381	LOCALIZED DELIVERY OF CHEMO AGENT	1 per 24 months
5110	COMPLETE UPPER DENTURE	1 per 60 months
5120	COMPLETE LOWER DENTURE	1 per 60 months
5130	IMMEDIATE FULL UPPER DENTURE	1 per Lifetime
5140	IMMEDIATE FULL LOWER DENTURE	1 per Lifetime
5211	UPPER PARTIAL - ACRYLIC BASE W/CLASPS	1 per 60 months
5212	LOWER PARTIAL - ACRYLIC W/CLASPS	1 per 60 months
5213	UPPER PARTIAL - CAST METAL	1 per 60 months
5214	LOWER PARTIAL - CAST METAL	1 per 60 months
5280	REMOVALBLE UNILATERAL 1 TOOTH	1 per 60 months
5281	REMOVALBLE UNILATERAL 2 TEETH	1 per 6 months
5410	ADJUST COMPLETE DENTURE - UPPER	1 per 6 months
5411	ADJUST COMPLETE DENTURE - LOWER	1 per 6 months
5421	ADJUST UPPER PARTIAL DENTURE	1 per 6 months
5422	ADJUST LOWER PARTIAL DENTURE	1 per 6 months
5510	REPAIR FULL DENTURE BASE	1 per 6 months
5520	REPAIR BROKEN TOOTH IN DENTURE	1 per 12 months
5521	REPLACE TOOTH-COMPLETE EACH ADDITIONAL	1 per 6 months
5610	REPAIR ACRYLIC SALLE OR BASE	1 per 6 months
5620	REPAIR CAST FRAMEWORK	1 per 6 months
5630	REPAIR OR REPLACE BROKEN CLASP	1 per 12 months
5650	ADD TOOTH TO DENTURE	1 per 6 months
5651	REPLACE EXT TOOTH EACH ADDITIONAL	1 per 6 months
5660	ADD CLASP TO PARTIAL DENTURE	1 per 24 months
5730	RELINER UPPER DENTURE-CHAIRSIDE	1 per 36 months
5731	RELINER COMPLETE LOWER-CHAIRSIDE	1 per 36 months
5740	RELINER PARTIAL UPPER-CHAIRSIDE	1 per 36 months
5741	RELINER PARTIAL LOWER-CHAIRSIDE	1 per 36 months
5750	RELINER UPPER DENTURE-LAB	1 per 36 months
5751	RELINER COMPLETE LOWER DENTURE-LAB	1 per 36 months
5760	RELINER PARTIAL UPPER-LAB	1 per 36 months
5761	RELINER PARTIAL LOWER-LAB	1 per 36 months
5830	OBTURATOR	1 per Lifetime
5862	PRECISION ATTACHMENT	1 per 60 months
6010	ENDOSTEAL IMPLANT	1 per Lifetime

6030	ENDOSSEOUS IMPLANT	1 per Lifetime
6040	SUBPERIOSTEAL IMPLANT	1 per Lifetime
6050	TRANSOSSIOUS IMPLANT	1 per Lifetime
6056	PREFABRICATED ABUTMENT	1 per 60 months
6057	CUSTOM ABUTMENT	1 per 60 months
6058	ABUTMENT SUPPORTED PORC/CER CROWN	1 per 60 months
6059	ABUTMENT SUPPORTED PORC/MET CROWN	1 per 60 months
6061	ABUTMENT SUPPORTED CROWN	1 per 60 months
6062	ABUTMENT SUP CAST HIGHT NOBEL	1 per 60 months
6064	ABUTMENT SUPP CAST NOBLE CROWN	1 per 60 months
6065	IMPLANT SUPPORTED POR/CER CROWN	1 per 60 months
6066	IMPLANT SUPPORTED POR/HIGH NOBEL	1 per 60 months
6067	IMPLANT SUPP HIGH NOBLE METAL	1 per 60 months
6210	PONTIC CAST GOLD	1 per 60 months
6240	PONTIC PORC FUSED TO METAL	1 per 60 months
6245	BONDING IN LIEU OF CROWN	1 per 60 months
6250	PONTIC PLASTIC TO METAL	1 per 60 months
6520	INLAY 2 SURFACE ABUTMENT	1 per 60 months
6530	INLAY-METAL 3 SURFACE ABUTMENT	1 per 60 months
6545	MARYLAND BRIDGE RETAINER	1 per 60 months
6710	ABUTMENT - RESIN (LABORATORY)	1 per 60 months
6720	ABUTMENT RESIN WITH METAL	1 per 60 months
6750	ABUTMENT-PORC. FUSED TO METAL	1 per 60 months
6790	ABUTMENT FULL CAST METAL	1 per 60 months
6930	RECEMENT BRIDGE	1 per 12 months
6980	BRIDGE REPAIR-BY REPORT	1 per 24 months
7250	REMOVAL OF RESIDUAL ROOTS	1 per Lifetime
7280	SURGICAL EXP-IMP/UNERUP (FOR ORTHO)	1 per Lifetime
7281	SURGICAL EXP-IMP/UNERUP (AID ERUPT)	1 per Lifetime
7310	ALVEOLECTOMY	1 per 24 months
7960	FRENULECTOMY	1 per Lifetime
8030	ACTIVE ORTHO TREAT PER MONTH	24 per Lifetime
8044	PASSIVE ORTHO VISIT PER 6 MONTHS	3 per Lifetime
8048	PASSIVE ORTHO VISIT	6 per 18 months
8110	REMOVABLE APPLIANCE-TTH GUIDE	1 per Lifetime
8120	DIAG & INITIAL ORTHO APPLIANCE	1 per Lifetime
8210	HARMFUL HABIT APPLIANCE	1 per Lifetime
8220	FIXED APPLIANCE-HARMFUL HABITS	1 per Lifetime
8310	RETAINER	1 per Lifetime
	SPECIALIST CONSULTATION	1 per 1 Year (s)
9940	BRUXISM APPLIANCE	1 per 60 months

Orthodontic Lifetime max \$ 2,170 Appliances \$ 450

Monthly Active treatment \$ 50 for 20 months (\$ 1,200)

Passive up to 18 months @ \$ 100 per 3 months (\$ 300)

Upper Retainer \$ 110 Lower Retainer \$ 110

Anesthesia (9220) 1 per visit additional 15 minutes not covered

No missing tooth exclusion.