

WELFARE, ANNUITY FUND AND APPRENTICESHIP, SKILL & SAFETY FUND  
of the  
***International Union of Operating Engineers***  
**Local 15, 15A, 15B, 15C, 15D, A.F.L. – C.I.O.**  
44-40 11<sup>th</sup> Street, Long Island City, New York 11101

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MICHAEL SALGO  
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**Dental Benefits Effective 07/01/2010**

The dental benefits will be paid in accordance with the Schedule of Dental Care Benefits listed below, for services performed by a licensed dentist. No benefit will be paid in excess of the amount charged, nor will a licensed dentist be paid for any benefit if the patient does not incur an actual charge. No payment will be made for any amounts for which you are not legally liable in the absence of coverage by the Fund.

Coverage for a dental condition that existed prior to becoming eligible for this benefit will be provided, but no payment will be made for any dental work performed prior to your becoming eligible for this benefit.

Dental work which commences after the termination of coverage by the Fund is not covered; you will continue to be covered for dental work which was started before the termination of coverage, provided written confirmation from your dentist is sent to the Fund Office within 15 days after termination. The Fund will not be liable under any circumstance for dental work that takes place more than 90 days after the termination of coverage. The claim form must be completed and returned to the Fund Office within 30 days after all dental work is completed.

No payment will be made for accidents or illnesses covered by Worker's Compensation legislation, nor for treatment received in hospitals clinics, etc., operated by Federal, State, County or Municipal agencies.

**Schedule of Dental Care Benefits**

For active members, retired members and their dependents

Benefits for dental surgery will be payable only if the procedure performed requires in hospital confinement.

|   | <u>Active</u> | <u>Retired</u> |
|---|---------------|----------------|
| The combined maximum allowance for dental Work may not exceed the following amounts in Any calendar year for each eligible participant in the family. | \$2,000.00    | \$600.00       |
| The maximum number of examinations or Cleanings allowed per calendar year   | Two           | One            |

|  | <u>Active</u>                  | <u>Retired</u>         |
|--|--------------------------------|------------------------|
| Examinations (Includes a charting<br>Of all dental defects)                              | up to \$ 50.00                 | \$ 40.00               |
| X-Ray allowance (Maximum<br>Number of allowed x-rays per year is 4)                      | up to \$50.00                  | \$ 20.00               |
| Annual cleaning and scaling of teeth   | up to \$ 80.00                 | \$ 30.00               |
| Fillings (Silver Amalgam, Synthetic<br>Acrylics) Per tooth:                              |                                |                        |
| Single surface   | up to \$ 56.00                 | \$ 26.00               |
| Two surfaces   | up to \$ 76.00                 | \$ 30.00               |
| Three surfaces   | up to \$ 96.00                 | \$ 36.00               |
| Four surfaces  | up to \$ 96.00                 | \$ 40.00               |
| Extractions, each tooth  | up to \$ 75.00                 | \$ 20.00               |
| Root Canal, each canal   | up to \$250.00                 | \$ 70.00               |
| Periodontal, each quad (2 per Cal year)  | up to \$ 50.00                 | \$ 16.00               |
| Periodontal, maintenance (1 per Cal year)  | up to \$100.00                 | \$ 32.00               |
| Porcelain / gold inlays, each tooth  | up to \$175.00                 | \$ 80.00               |
| Porcelain Veneer Laminate  | up to \$ 76.00                 | \$ 36.00               |
| Caps, Crowns, Jackets, each tooth  | up to \$440.00                 | \$190.00               |
| Childs Crowns  | up to \$190.00                 | \$ 95.00               |
| Post & Core  | up to \$150.00                 | \$ 75.00               |
| <br><b>Dentures</b>  |                                |                        |
| Partial Dentures, each tooth<br>(Maximum per jaw)  | up to \$440.00<br>(\$1,320.00) | \$190.00<br>(\$570.00) |
| Full upper or lower, each denture<br>(Allowed once every two years)                      | up to \$500.00                 | \$422.50               |
| <br>Repair of Dentures   |                                |                        |
| Reline and addition of new material to<br>Tooth, each procedure                          | up to \$100.00                 | \$ 70.00               |
| Repair and/or replacement of teeth,<br>Each tooth<br>(Maximum of three teeth per repair) | up to \$ 90.00                 | \$ 50.00               |
| <br><b>Oral Surgery</b>  |                                |                        |
| Complex Extractions, each tooth<br>(Where a flap or sutures are required)                | up to \$100.00                 | \$ 40.00               |

|  | <u>Active</u>  | <u>Retired</u>       |
|--|--|----------------------|
| Impaction, each tooth<br>(Tooth imbedded in jaw bone)  | a) Soft Tissue (\$250.00)<br>b) Hard Tissue (\$350.00) | \$ 50.00<br>\$ 50.00 |
| Gingivectomy /Osseous, each quadrant                   | up to \$250.00   | \$100.00             |
| Removal of cysts, including tooth<br>Removal, each jaw | up to \$120.00   | \$ 50.00             |
| Trimming of bone, each jaw                             | up to \$120.00   | \$ 50.00             |
| Removal of root tip (Apicoectomy)<br>Each tip,         | up to \$180.00   | \$ 50.00             |
|  | <u>Active</u>  | <u>Retired</u>       |
| Anesthesia-only in case of Oral Surgery                | up to \$150.00   | \$ 75.00             |
| Incision and drainage of abscess                       | up to \$120.00   | \$ 50.00             |

**Orthodontics Benefits - Eligible dependent children**

The Fund will allow a \$4,250.00 lifetime allowance towards a child's orthodontia treatment. Provider charges will be subtracted from the allowance as claims are presented.

**Orthodontics Treatment / Implant Benefit – for Eligible Active Members & their Spouse**

The Fund will allow a \$4,250.00 lifetime allowance towards Members and/or Eligible spouse's orthodontia treatment or Implant Benefit. Provider charges will be subtracted from this allowance as claims are presented.

A participant's orthodontia benefit cannot be combined with another participants benefit to create a larger benefit.

**NOTE:** Fluoride Treatment and sealants are not covered under the plan.

**Procedures not listed or not combined within the aforementioned list, and/or fees that exceed the allowance disclosed previously will remain the responsibility of the participant.**