

**BRICKLAYERS INSURANCE AND WELFARE FUND, LOCAL 1
METRODENT PPO NETWORK
PLAN DESCRIPTION & FEE SCHEDULE FOR PLAN C DISCOUNT MEMBERS**

This document is a brief description of the program. In cases of discrepancy the dental program document will control.

ELIGIBILITY	<ul style="list-style-type: none"> Eligibility is determined according to the definition and requirements outlined in the Bricklayers Insurance and Welfare Fund, Local 1. Eligible Dependents include the lawful spouse and unmarried dependent children to the end of the year in which they reach the age 19, unmarried children who are full-time students to the end of the year in which they reach age 26 or graduate, whichever comes first.
PLAN MAXIMUM	<ul style="list-style-type: none"> There is no annual maximum
DEDUCTIBLE	<ul style="list-style-type: none"> There is no annual deductible
PLAN LIMITATIONS	<ul style="list-style-type: none"> There are no frequency limitations
CLAIM SUBMISSION	<ul style="list-style-type: none"> Because the Bricklayers Plan C Discount Dental Plan is a reduced fee-for-service program, there are no claim forms to file. If the member has coverage through another plan you will be expected to accept assignment of benefits from that plan and apply the payment towards the maximum scheduled allowance under the Bricklayers Plan C Discount Dental Plan.
PPO ADMINISTRATION	<ul style="list-style-type: none"> The Bricklayers Plan C Discount Dental Plan MetroDent PPO Network is administered by Self-Insured Dental Services. If you have any questions, please contact: Self-Insured Dental Services P.O. Box 9005 Lynbrook, NY 11563-9005 516-396-5500/718-204-7172

If you have any questions regarding the operation of this program please contact S.I.D.S. at:
(516) 396-5500 or (718) 204-7172

**BRICKLAYERS INSURANCE AND WELFARE FUND. LOCAL 1
SCHEDULE OF ALLOWANCES
MEMBER PAYS PROVIDER DIRECTLY
TO THIS SCHEDULE**

	MAXIMUM CHARGE		MAXIMUM CHARGE
I-DIAGNOSTIC		VI-PERIODONTICS	
ORAL EXAM	21.00	GINGIVECTOMY-PER QUAD	100.00
FULL MOUTH SERIES X-RAYS or PANORAMIC FILM	40.00	OSSEOUS SURGERY-PER QUAD	350.00
PA OR BW EACH FILM	5.00	FREE SOFT TISSUE GRAFTS-PER QUAD	250.00
OCCLUSAL FILM	10.00	OSSEOUS GRAFT-MAXIMUM PER QUAD	250.00
POSTERIOR-ANTERIOR or LATERAL FILM	25.00	OSSEOUS GRAFT-SINGLE SITE	90.00
CEPHALOMETRIC FILM	34.00	PEDICLE SOFT TISSUE GRAFT	200.00
EXTRAORAL or TEMPOROMANDIBULAR FILM	25.00	CURETTAGE. SCALE\ROOT PLANING-per visit	60.00
		PERIODONTAL MAINTENANCE PROCEDURE	60.00
II-PREVENTIVE		VII-ORAL SURGERY	
PROPHYLAXIS-Adult	30.00	SIMPLE EXTRACTION	55.00
PROPHYLAXIS-Child	25.00	SURGICAL EXTRACTION	100.00
FLUORIDE EXCL. PROPHY	10.00	IMPACTION-SOFT TISSUE	125.00
SEALANT-to aae 19	20.00	IMPACTION-PARTIAL BONY	175.00
		IMPACTION-COMPLETE BONY	225.00
III-RESTORATIVE		BIOPSY OF ORAL TISSUE	75.00
AMALGAM - 1 Surface	50.00	ALVEOPLASTY-PER JAW	125.00
AMALGAM - 2 Surface	60.00	REMOVAL OF CYST OR TUMOR-<1.25 CM	75.00
AMALGAM - 3 or more surfaces	80.00	REMOVAL OF CYST OR TUMOR->1.25 CM	125.00
RESIN-1 SURFACE-Anterior or Posterior	55.00	HEMISECTION/ROOT RESECTION	105.00
RESIN-2 SURFACE-Anterior or Posterior	65.00	FRENULECTOMY	95.00
RESIN-3 SURFACE-Anterior or Posterior	75.00	INCISION AND DRAINAGE-NO OTHER TREATMENT	50.00
INCISAL ANGLE - 4 plus surfaces including incisal	85.00		
METALLIC INLAY-1 SRF	190.00	VIII-PROSTHODONTICS	
METALLIC INLAY-2 SRF	230.00	COMPLETE OR IMMEDIATE DENTURE	600.00
METALLIC INLAY-3 SRF	260.00	PARTIAL DENTURE-ACRYLIC BASE	225.00
ONLAY	40.00	PARTIAL DENTURE-CAST BASE	600.00
PORCELAIN INLAY-1 SRF	190.00	UNILATERAL PARTIAL DENTURE	150.00
PORCELAIN INLAY-2 SRF	230.00	DENTURE ADJUSTMENT	25.00
PORCELAIN INLAY-3 SRF	260.00	REPAIR COMP DENT BASE	90.00
CROWN-PLASTIC TO METAL	325.00	REPAIR CAST FRAMEWORK	100.00
CROWN-PORCELAIN	350.00	REPLC MISS/BRKN TTH-COM DENT	85.00
CROWN-PORCELAIN TO METAL	375.00	RELINE COMPLETE DENTURE-CHAIR	75.00
CROWN-FULL OR 3/4 CAST	350.00	RELINE PARTIAL DENTURE-CHAIR	75.00
CAST POST AND CORE	150.00	RELINE PARTIAL DENTURE-LABORATORY	100.00
PREFAB POST AND CORE	100.00	RELINE COMPLETE DENTURE-LABORATORY	125.00
PIN SUPPORT PER TOOTH	25.00	PONTIC-CAST METAL	350.00
RECEMENT CROWN, INLAY OR BRIDGE	30.00	PONTIC-PORCELAIN TO METAL	375.00
PREFAB SS CROWN-primary teeth only	75.00	PONTIC-RESIN WITH METAL	325.00
		ABUTMENT CROWN-PLASTIC WITH METAL	325.00
IV-ENDODONTICS		ABUTMENT CROWN-PORCELAIN WITH METAL	375.00
PULP CAP-DIRECT	20.00	ABUTMENT CROWN-FULL CAST	350.00
VITAL PULPOTOMY	60.00	REPLACE FACING	100.00
ROOT CANAL THERAPY-1 CANAL	225.00		
ROOT CANAL THERAPY-2 CANALS	300.00	IX-ORTHODONTICS	
ROOT CANAL THERAPY-3 CANALS	375.00	INITIAL FIXED APPLIANCE	500.00
ROOT CANAL THERAPY-4+ CANALS	412.00	ACTIVE TREATMENT-PER MONTH-24 month max	60.00
RETROGRADE FILLING	85.00		
APICOECTOMY-first root	130.00	X-DISCOUNTED ORTHODONTIC SERVICES	
APICOECTOMY-max per tooth	260.00	POSTTREATMENT STABILIZATION-PER RETAINER	120.00
		PASSIVE TREATMENT-PER THREE MONTHS	60.00
V-ADJUNCTIVE SERVICES		HARMFUL HABIT APPLIANCE	270.00
PALLIATIVE TREATMENT-no other treatment	30.00		
GENERAL ANESTHESIA/IV SEDATION	125.00		
Plan pays first 30 minutes only	50.00		
SPECIALIST CONSULTATION	50.00		