DCC/CSA WELFARE FUND DENTAL SCHEDULE

FOR MEMBERS AND THEIR ELIGIBLE DEPENDENTS

EFFECTIVE NOVEMBER, 2010

September 1, 2010

Dear Colleague;

This brochure provides you with an updated schedule of your dental benefits program. We have also described the advantages of the DCC/CSA Welfare Fund Participating Dentist Program, how it works and how to use it.

The Trustees are proud of the dental program that has been developed over these many years. As you know, your dental benefits program has been upgraded as the funds necessary to provide you with improved and expanded coverage have been made available to us through the Union's negotiations with the Administration of Child Services/ Agency for Child Development.

We shall continue to work to improve your benefit program in the future.

Very truly yours,
Ernest A. Logan
Chairperson, Board of Trustees

The Fund's Objective is to provide you with comprehensive health and welfare benefits. It is important to recognize that dental plan reimbursements cannot cover all your dental expenses, but should go a long way to helping you defray the cost of your dental care. The Fund policy is to administer our dental plan in the fairest and most equitable manner possible; for example, where there is more than one option available in the treatment of your condition, the plan will base its payment on the least costly treatment, regardless of which treatment you select. The plan also imposes frequency limitations and maximum payment for certain services.

DCC/CSA WELFARE FUND PARTICIPATING DENTIST PROGRAM:

When you use a DCC/CSA Welfare Fund participating dentist, you will be provided with the services listed in the Schedule of Covered Dental Expenses without any out-ofpocket expenses except for those few services where a copayment is required or where limitations have been met. Since usual and customary dental charges generally exceed dental plan allowances, this represents an overall savings to you in the cost of your dental services. The co-payment, where applicable, is the maximum that you may be required to pay for any covered and reimburseable service.

It is important to understand that the DCC/CSA Welfare Fund does not recommend any particular dentist. You are responsible to select the dentist of your choice and should exercise the same care and apply the same criteria in selecting a participating dentist that you would in selecting a nonparticipating dentist. You should be aware that, although several dentists may practice at the same location, only the dentist whose name appears on the list is a DCC/CSA participating dentist. If you use a participating

dentist you will be expected to assign benefits on the claim form so that the participating dentist can be paid directly by the Fund. If you use a non-participating dentist, the Fund will pay up to the maximum allowance set forth in the dental schedule and you will be responsible for the difference between that allowance and your dentist's charge.

To use a participating dentist, select one from the List of Participating Dentists and call for an appointment. Identify yourself as a DCC/CSA Welfare Fund member and confirm that the dentist is a participating dentist. The panel of participating dentists was developed in cooperation with our dental consultants, S.I.D.S. Consultants.

Should you want any assistance with the program, have any specific complaints or suggestions, or require an updated List of Participating Dentists, please contact:

S.I.D.S. Consultants
P.O. Box 9005
Lynbrook, N.Y. 11563-9005
(800) 537-1238 \ 516 396-5500
www.asonet.com

S.I.D.S. will monitor the performance of participating providers to insure that appointments are freely given and honored and that charges for services do not exceed those listed in the DCC/CSA Welfare Fund Dental Schedule. Accordingly, you should be aware that you should not pay the dentist any money except in the following instances:

To satisfy the annual deductible.

Where a specific co-payment is indicated.

For services that are listed in the Schedule but for which the Plan will not pay (e.g. cosmetic restorations, where plan maximums and frequency limitations have been met, where under the pre-authorization procedure we have approved payment for an alternate course of treatment). In these instances, your dentist's charges may not exceed DCC/CSA Welfare Fund Dental Schedule fees for those services.

For a non-covered service (there are a few procedures not included in the Fund Dental Schedule), you are not to pay more than the dentist's usual and customary charge for that service.

If you are a beneficiary under more than one dental plan, the dentist is entitled to the benefits available from both plans. The combined payment for any procedure, however, may not exceed the usual and customary fee for that procedure and payment from the second plan must be applied first to reduce or eliminate your deductible and/or copayments.

IMPORTANT: You should be aware that your dental plan applies certain payment limitations based on frequency. Oral examination, prophylaxis, x-rays and certain periodontal

treatments are examples of services which have payment limitations based on frequency of utilization. Specific limitations are described in the Dental Schedule. It is not possible for your dentist to determine in advance whether these frequency limitations have been reached, Therefore, if you are being seen by a periodontist, oral surgeon, or other dental specialist, you may be requested to pay for these frequency limited services. The dentist will file a claim form on your behalf and, if your benefits have not been exhausted, you will be reimbursed directly by the Fund.

ELIGIBILITY: Your eligibility and the eligibility of your Dependents are defined in your DCC/CSA Health and Welfare Benefits Booklet. Employees cannot receive benefits both as a Member and as a Dependent of the same Benefit Program. No one can receive benefits as a Dependent of more than one Employee.

ANNUAL DEDUCTIBLE: The deductible is waived for diagnostic and preventive procedures. There is a $25 deductible per covered individual for all other procedures in a calendar year.

MAXIMUM ANNUAL BENEFIT: $7500 per covered individual in a calendar year.

LIFETIME ORTHODONTIC BENEFIT: $1,650 per covered individual.

COVERED EXPENSES: Covered Expenses include charges made by a Dentist for the performance of Dental Services provided for in the DCC/CSA Welfare Fund Dental Schedule, when the Dental Service is performed by or under the direction of a Dentist, is essential dental care, and begins and is completed while the individual is covered for benefits.

A Dental Service is deemed to start when the actual performance of the service starts except that:

for fixed bridgework and removable dentures, it starts when the first impressions are taken and/or abutment teeth are prepared;

for a crown, inlay, or onlay, it starts on the first date of preparation of the tooth involved;

for root canal therapy, it starts when the pulp chamber of the tooth is opened.

ALTERNATE BENEFITS PROVISION: Due to the element of choice available in the treatment of some dental conditions, there may be more than one course of treatment that could provide a suitable result based on common dental standards. In these instances, the Fund will determine the Alternate Course of Treatment on which payment will be based and the expenses that will be included as Covered Expenses. You may elect to follow the original course of treatment and be responsible for charges which exceed Plan allowances for the Alternate Treatment.

EXTENSION OF BENEFITS: An expense incurred in connection with a Dental Service that is completed after a person's benefits cease will be deemed to be incurred while that person was eligible if:

for fixed bridgework and full or partial dentures, a pre-treatment review estimate was issued, impressions were taken and/or abutment teeth were prepared while that person was an eligible beneficiary and the device was installed or delivered within one month after that person's eligibility terminated;

for a crown, inlay or onlay, pre-treatment authorization was issued, the tooth was prepared while that person was an eligible beneficiary, and the crown, inlay or onlay was installed within one month after that person's eligibility terminated;

for root canal therapy, the pulp chamber of the tooth was opened while that person was eligible for benefits and the treatment was completed within one month after that person's eligibility terminated.

There is no extension for any Dental Service not shown above.

PRE-TREATMENT ESTIMATE: The process is intended to inform the patient and dentist, in advance of treatment, what benefits are provided by the Dental Program. It enables you to obtain full knowledge of the operation of your dental plan prior to undertaking treatment and incurring expenses. The process identifies coverage and limitations and clarifies specific limits and scheduled allowances; it provides the member with a detailed understanding of plan benefits available as a result of specific dental services being rendered, before any actual treatment and expenses are incurred. Its emphasis is quality care for the benefit of the Fund member.

A Claim Form for Pre-Treatment Review should be filed by your Dentist if the course of treatment prescribed for you is expected to cost more than $300 in a 90 day period and/or includes any of the following services: inlays, crowns, bridges, dentures, laminate veneers or periodontal surgery. The Dentist should complete the claim form describing the planned treatment and the intended charges before starting treatment. Complete your part of the form and mail it together with the necessary x-rays and other supporting documentation to:

S.I.D.S. Dept. 17
P.O. Box 9005
Lynbrook, N.Y. 11563-9005

S.I.D.S. will review the proposed treatment and apply the appropriate plan provisions. You and your Dentist will receive a report showing the exact amount the Plan will pay for each procedure. If there are disallowances, these will also be indicated along with an explanation for the disallowances. Discuss the treatment plan and the benefits payable with your Dentist.

If you receive a pre-treatment review estimate for a proposed course of treatment that was submitted by one Dentist, that pre-authorization will remain valid if you elect to have some or all of the work done by another Dentist. The pre-treatment review will be honored for one year after issuance.

Please be aware that a pre-treatment authorization is not a promise of payment. Work must be done while you are still covered by the Fund for benefits (except where there is an Extension of Benefits as described above) and there is no significant change in the condition of your teeth and mouth after the pre-estimate was issued. Payment will be made in accordance with plan allowances and limitations in effect at the time services are provided.

We urge you to file a Pre-Treatment Estimate so that you will know, in advance of treatment, what benefits are provided by the dental program.

GUARDED PROGNOSIS LIMITATION: If, in the opinion of the claims administrator, the longevity of the proposed or rendered treatment is limited, payment may be made in accordance with plan provisions. However, any future benefits for services provided in that jaw may be affected.

COSMETIC LIMITATION: Where there is more then one method of restoring a decayed or fractured tooth, one of which may result in a more esthetic restoration than others, payment will be based on the least costly professionally acceptable treatment option..

EXPENSES NOT COVERED: Covered Expenses will not include, and no payment will be made for, expenses incurred for:

cosmetic restoration;

replacement of a lost or stolen appliance;

replacement of a bridge, crown or denture within five years after the date it was originally installed;

any replacement of a bridge, crown or denture which is or can be made usable according to commonly accepted dental standards; procedures, appliances or restorations (except full dentures) whose main purpose is to:

(a) change vertical dimension; or
(b) diagnose or treat conditions or dysfunctions of the temporomandibular joint; or
(c) stabilize periodontally involved teeth

multiple bridge abutments;

a surgical implant of any type, including any prosthetic device attached to it;

dental services that do not meet dental standards;

services not included as Covered Dental Services in the CSA Welfare Fund Dental Schedule;

services for which benefits are not payable according to the "General Limitations" section.

EXCEPTION TO THE IMPLANT EXCLUSION: The Dental Plan specifically excludes payment for a "surgical implant of any type, including any prosthetic device attached to it". An exception is made, however, in instances where providing benefits for these services is economically beneficial to the Fund. For example, is a missing tooth or teeth can be replaced by a fixed bridge that would be payable under Plan guidelines, and the patient elects to have implant(s) instead, the benefit for a restorative crown(s) would be paid on these implants. Since this would be less costly than the benefit for a fixed bridge, both the Fund and the member benefit. In these cases, payment by the Fund can be applied toward payment for the implant-related services listed above.

GENERAL LIMITATIONS: No payment will be made for expenses incurred for you or any one of your Dependents:

for or in connection with an injury arising out of, or in the course of, any employment for wage or profit;

for or in connection with a sickness which is covered under any worker's compensation or similar law;

for charges made by a hospital owned or run by the United States Government unless there is a legal obligation to pay such charges whether or not there is any insurance;

to the extent that payment is unlawful where the person resides when the expenses are incurred; for charges which would not have been made if the person had no insurance, including services provided by the member's spouse;

to the extent that they are more than Reasonable and Customary Charges;

for charges for unnecessary care, treatment or surgery; to the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program;

for or in connection with experimental procedures or treatment methods

HOW BENEFITS ARE PAID: After dental work is performed, have your Dentist complete all items in the Dentist Information portion of the claim form and list the procedures, dates of services and charges and sign in the space provided for Dentist signature. You should then complete all items in the Member Information portion. Be sure to include spouse and dependent information where applicable. If the

patient is an unmarried dependent child between 19 and 23 years of age and is attending school as a full-time student, you must include the name of the school.

Completed claim forms, with x-rays and other attachments, should be sent to:

S.I.D.S., Dept 17
P.O. Box 9005
Lynbrook, N.Y. 11563-9005
718-204-7172 \ 516-396-5500

Claim forms are available from the DCC/CSA Welfare Fund Office and online from the www.csawf.org website. Dental claims must be filed within 12 months of the date of service. Claims filed later than 12 months from the date of service will not be reimbursed. If you would like the payment made directly to your Dentist, you must sign the "Authorization to Assign Benefits" box on the claim form. Reimbursement will be at the rate of 100% of the fees listed in the Schedule of Allowances, not to exceed actual Dentist charges.

COORDINATION OF DENTAL BENEFIT:

If you or your family members are eligible to receive dental benefits under another group plan in addition to the DCC/CSA Welfare Fund Dental Plan, benefits will be coordinated with the benefits from your other group plan so that up to 100% of the allowable expenses incurred will be paid jointly by the plans. The allowable expense for a procedure is defined as the average usual and customary charge for a specific geographic area. In order to obtain all of the benefits available, you and your family members should file claims under each plan. Members should file with the primary plan first and then the secondary plan. Be certain to enclose a copy of the payment voucher from the primary plan when filing a claim with the secondary plan.

COORDINATION OF BENEFITS WITH CAPITATION PLANS:

when services are provided by a DMO (Dental Maintenance Organization) participating dentist: When DCC/CSA is the primary plan, DCC/CSA will consider up to the schedule allowance for a procedure, if and only if the benefits are assigned to the DMO provider.

When DCC/CSA is the secondary plan, DCC/CSA will only consider the member's out-of-pocket expense or co-payment, if applicable, and if, and only if the benefits are assigned to the provider. If there is no co-payment that the member is responsible to pay, DCC/CSA will consider that the services provided by the DMO provider have been "paid in full" with the monthly allocation the provider receives from the DMO plan.

BIRTHDAY RULE:

The DCC/CSA Welfare Fund now applies the Birthday Rule (the plan of the parent whose birthday -month and day- falls first in the calendar year is the

primary carrier). For example, if your birthday is July 9 and your spouse's birthday is October 27, your dental plan will be primary. Payment claims for dependent children should be submitted to the primary plan first, and then to the secondary plan, enclosing a copy of the payment voucher from the primary plan.

CLAIMS APPEAL AND REVIEW PROCEDURE: Your right to appeals and review are defined in the DCC/CSA Welfare Fund Health and Welfare Benefits Booklet.

CONTINUATION OF COVERAGE: You and/or your Dependents may be eligible for continuation of coverage under the Federal COBRA regulations described in the Benefits Booklet should coverage be terminated for you or your Dependents.

DCC/CSA WELFARE FUND
16 Court Street
Brooklyn, New York 11241-1003
718-624-2600
www.csawf.org

Douglas V. Hathaway, Ph.D.
Administrator

DISCLAIMER: Reasonable efforts are made to ensure that the information contained in this brochure is complete, accurate and current. No responsibility is assumed for errors or omissions.

DIAGNOSTIC & PREVENTIVE

ORAL EXAMINATION 15.00
maximum-two in a calendar year
FULL MOUTH SERIES X-RAYS
10 to 14 periapical and bitewing films 40.00
INTRAORAL FILMS
periapical or bitewing-each film 7.00
each additional film 4.00
OCCLUSAL FILM 15.00
EXTRAORAL FILM
anteroposterior, lateral, per film 25.00
TMJ FILM 30.00
PANORAMIC FILM 36.00
PROPHYLAXIS, including scaling and polishing
adult 25.00
child 25.00
maximum-two in a calendar year
SEALANT, per tooth
permanent posterior teeth 10.00
to age 18, one application per lifetime
SPACE MAINTAINER 97.00
RECEMENT SPACE MAINTAINER 21.00
PALLIATIVE TREATMENT 20.00
no other treatment rendered that same visit
SPECIALIST CONSULTATION 23.00
maximum-two in a calendar year
HOUSE or HOSPITAL VISIT 12.00

RESTORATIVE

SILVER AMALGAM FILLINGS
one surface 22.00
two surface 32.00
three surface 40.00
four or more surface.....45.00
PLASTIC or SILICATE CEMENTper filling 24.00
COMPOSITE RESIN one surface..... 30.00
COMPOSITE RESIN two or more surface..... 31.00
BONDED RESIN-involving the incisal angle.....58.00
PIN RETENTION.....20.00
METALLIC or PORCELAIN INLAY
one surface 150.00
two surface 175.00
three surface 200.00
METALLIC ONLAY 69.00
CROWNS
acrylic jacket (laboratory processed) 150.00
porcelain jacket 250.00
plastic with metal 270.00
porcelain with metal.....295.00
full cast.....250.00
gold 3/4 cast 225.00
PORCELAIN LAMINATE.....265.00

PREFAB STAINLESS STEEL CROWN
primary tooth 55.00
CAST POST & CORE separate procedur.....90.00
PREFABRICATED POST & CORE 60.00

ENDODONTICS

(x-ray of satisfactory completion required)

PULP-CAP 14.00
PULPOTOMY 35.00
ROOT THERAPY
anterior 151.00
bicuspid 200.00
molar 285.00
APICOECTOMY
first root 125.00
maximum per tooth 250.00
RETROGRADE ROOT FILLING-per root 75.00

ORAL SURGERY

ROUTINE EXTRACTION.....30.00
SURGICAL EXTRACTION
(must be demonstrated by x-ray)
erupted tooth 60.00
retained root 75.00
+impaction-soft tissue 100.00
+impaction-partial bony 125.00
+impaction-complete bony 150.00
BIOPSY OF ORAL TISSUE 55.00
ALVEOLOPLASTY-per quadrant 73.00
REMOVAL of CYST or TUMOR
diameter up to 1.25cm.....65.00
diameter larger than 1.25cm.....80.00
FRENULECTOMY 65.00
CLOSURE OF ORAL-ANTRAL FISTULA 65.00
SURGICAL EXPOSURE OF IMPACTED
OR UNERUPTED TOOTH 90.00
ROOT RESECTION/HEMISECTION 100.00
GENERAL ANESTHESIA 97.00
ANALGESIA (for surgical procedures only) 35.00
JAW FRACTURE
(if not covered by another group plan)
closed reduction 200.00
open reduction 250.00

PROSTHODONTICS

A Pre-Treatment Estimate should be filed for all prosthetics. Preoperative X-rays are required when filing a claim for pretreatment review or payment on all prosthetics. X-rays of the full arch must be included for all bridgework. There is a five year frequency limitation from date of installation on all prosthetics.

COMPLETE DENTURE
immediate or permanent 319.00
PARTIAL DENTURE-unilateral
one tooth 165.00
each additional tooth 20.00

PARTIAL DENTURE-bilateral
- acrylic base-no clasps 198.00
- acrylic base 275.00
- cast metal base 350.00

TISSUE CONDITIONING 38.00
OBTURATOR 65.00
RELINE
- denture-office procedure 66.00
- denture-lab procedure 100.00

BRIDGE ABUTMENT
- inlay-two surface 175.00
- inlay-three surface 200.00
- crown-plastic with metal 270.00
- crown-porcelain fused to metal 295.00
- crown-full cast 250.00
- crown-gold 3/4 cast 225.00

BRIDGE PONTIC
- full cast 250.00
- plastic with metal 250.00
- porcelain with metal 250.00

CAST METAL RETAINER-acid etch
- including cementation 225.00

RECEMENTATION
- crown or inlay 17.00
- bridge 22.00

DENTURE REPAIRS
- adjust denture 29.00
- broken denture base 60.00
- replace tooth in denture 45.00
- replace broken facing 50.00
- broken cast framework 60.00
- replace broken clasp 63.00
- add tooth to existing partial denture 65.00
- add clasp to existing partial 63.00

PERIODONTICS

Periodontal Limitations: Although eight teeth constitute the anatomic compliment of a quadrant, for purposes of settling claims for periodontal treatment, payment will be based on five teeth per quadrant. Accordingly, if at least five teeth are treated in a quadrant, payment will be based on the allowance for a full quadrant. If fewer than five teeth are treated, payment will be prorated on the basis of five teeth per quadrant. When more than one periodontal procedure is performed on the same day, claims for services will be combined and payment will be based on the most costly procedure.

PERIODONTAL TREATMENT
- scaling & subgingival curettage, including prophylaxis
  - per quad 39.00
  - max per visit 50.00

PERIODONTAL MAINTENANCE PROCEDURE
- following active therapy, including prophylaxis
  - full mouth 50.00

The maximum payment for any combination of the above two procedures will be $150 in a calendar year

PERIODONTAL APPLIANCE 100.00
PERIODONTAL SURGERY (confirmation by charting and/or x-rays required-maximum $1000 per calendar year)
gingivectomy or gingivoplasty, localized delivery of chemotherapeutic agents, soft tissue graft, vestibuloplasty, any combination
maximum per quadrant 140.00
osseous graft, ...99.00
osseous surgery, including gingivectomy
maximum per quadrant 250.00
Osseous surgery is limited to once in thirty-six months per quadrant of surgery.

ORTHODONTICS

($1,650 lifetime maximum)

INITIAL ORTHODONTIC APPLIANCE
full treatment-fixed appliance 360.00
full treatment-removable appliance 131.00
ACTIVE TREATMENT
per month of treatment (24 months max.) 42.00
PASSIVE TREATMENT
per 3 months of treatment (9 months max.) 42.00
ADJUNCTIVE APPLIANCE
harmful habit 120.00
retention 75.00

NOTE: Procedures printed in color require a $50 co-payment when using a participating dentist.

Non-Covered Procedures to be Provided at a Discount by Participating Providers

The services listed below are not covered by the CSA Welfare Fund. CSA Participating dentists will limit their charges to members and their eligible dependents as follows:

CLINICAL CROWN LENGTHENING
Hard tissue, per tooth area 225.00
maximum $450.00 per tooth

IMPLANTS AND IMPLANT RELATED SERVICES
Surgical placement of an implant body 1200.00
Custom or Prefabricated abutment 475.00
Abutment supported porcelain/ceramic crown 675.00
Abutment supported porcelain/high noble metal crown.675.00
Abutment supported porcelain/noble metal crown.....600.00
Abutment supported cast high noble metal crown 675.00
Abutment supported cast noble metal crown.....600.00
Implant supported porcelain/ceramic crown.....975.00
Implant supported porcelain/high noble metal crown ..975.00
Implant supported high noble metal crown 975.00