Benefit Booklet

CWA LOCAL 1180
BENEFIT FUNDS
SCHEDULED DENTAL BENEFIT PLAN

- Comprehensive Benefits for eligible members, spouses and dependent children
- Maximum $2000 per calendar year per person
- Separate Orthodontia Maximum for Adults and Children
  - $2000 Implant Benefit
- Pre-authorization required when charges for a course of treatment include crown and bridgework or will amount to $500 or more
  - Freedom of Choice in Network or Out of Network

Benefit Year: January 1 – December 31, 2015

Dental Claim Office
253 West 35th Street, 12th Floor ▪ New York, New York 10001-1907
Telephone: (212) 505-5050 ▪ Fax: (212) 714-1455 ▪ www.dhcook.com
Board of Trustees

Arthur Cheliotes
Linda Jenkins
Gina Strickland
Gloria Middleton
Gerald Brown

****
Dwight R. Kearns
Fund Administrator
Dear Member:

We are pleased to provide you with this updated Scheduled Dental Plan Booklet that describes in brief the benefits provided to you through the CWA Local 1180 Benefit Funds’ Scheduled Dental Benefit Plan.

To the extent that this booklet describes in brief the Scheduled Dental Benefit Plan, the CWA Local 1180 Security Benefits and Retiree Benefits Funds’ Handbooks specify the exact benefits provided and the language within the handbooks will govern in the event of any inconsistency between it and the language of this booklet.

Please refer to the CWA Local 1180 Benefits Handbooks for more detailed information concerning this dental plan. If you have any questions about your benefits, the Fund Office will be pleased to answer them.

Sincerely,

Dwight Kearns
Fund Administrator
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<thead>
<tr>
<th>State</th>
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<tr>
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<tr>
<td>Enrollment Application</td>
<td>17</td>
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</tr>
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</table>
Scheduled Dental Benefit Plan

What is the Scheduled Dental Benefit Plan?
Under this plan, which is self-insured by the Fund, each covered member and eligible dependent is entitled to a maximum of $2000 for covered services in any calendar year. All covered services are included in the Schedule of Dental Allowances.

How are Benefits Determined?
Benefits paid under the Scheduled Dental Benefit Plan are based on a Schedule of Dental Allowances. If your (non-participating) dentist charges more than the scheduled allowance, you will have to pay the difference. If your dentist charges less than the schedule, you will be reimbursed your dentist’s actual fee. Participating dentists will charge only the schedule allowance and accept the Fund reimbursement as payment in-full for covered services.

Claims are not payable to members or their assignees until considered and approved by the Dental Consultant. Such consideration shall not exceed six months from the date the claim is received by the Dental Claim Office.

These benefits will be paid for out-of-hospital care by a provider who is not part of a hospital or outpatient facility. In New York State, under the provisions of the Health Care Reform Act of 1997, if a dentist or covered provider’s practice is part of a certain hospital or outpatient facility, benefits will not be paid for their services.

Who are the Participating Dentists?
The Fund has created a panel of dentists who have agreed to provide covered dental procedures at no out-of-pocket expense to eligible members, spouses and dependent children who participate in the self-insured dental plan. The listing is provided as a convenient information service. The Fund does not recommend the services of any particular dentist. Participating dentists are selected because they agree to accept the Fund’s Schedule of Dental Allowances as payment in-full for covered services. Please see the Fund’s List of Participating Dentists for more information.

Are the Orthodontic and Implant Benefits Included in the Yearly Maximum?
No. These benefits have separate lifetime maximums. See the Schedule of Dental Allowances for details.

When is Pre-Treatment Review Required?
When the dentist’s proposed charges for a course of treatment include crown and bridgework or will amount to $500 or more, dental services must be reviewed by the Dental Claim Office before treatment is rendered.

How Do You File A Claim?
To receive or assign benefits under the Scheduled Dental Benefit Plan, follow these simple steps:

1. Obtain a claim form from the Fund Office.
2. Complete the member’s part and sign form after services are rendered.
3. When treatment is completed have your dentist complete the Attending Dentist’s Statement.
4. Within 90 days, submit form to:

   Dental Claim Office
   253 W. 35th Street, 12th Floor
   New York, NY 10001-1907
Beginning January 1, 2014

The Trustees of the CWA Local 1180 Security Benefits Fund (“SBF”) announced a major restructuring of the Plan of benefits as of January 1, 2014 that provides significant new benefits to you and your family. The changes were made so that the Plan complies with the Federal Affordable Care Act requirements.

Dependents Under Age 19 – No Cost Benefit

Dependents under age 19 must choose a Fund Scheduled Participating Dentist. The plan will have no annual dollar cap for medically necessary orthodontia obtained through a Fund Scheduled Participating Dentist. However, the lifetime limits will remain in place for orthodontia that is not medically necessary – that is, other than in cases of a cleft palate or other deformities that are part of or the result of a congenital defect or anomaly of the mouth that prevents the usual and normal action of mastication and ingestion of normally solid foods. Otherwise, lifetime frequency limitations in the dental schedules do not apply to those under 19.
**Schedule of Dental Allowances**

### Diagnostic

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Allowance</th>
</tr>
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<tbody>
<tr>
<td>0120</td>
<td>Periodic Oral Evaluation (once in 5 months after initial)</td>
<td>20.00</td>
</tr>
<tr>
<td>0140</td>
<td>Limited Oral Evaluation</td>
<td>20.00</td>
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<tr>
<td>0150</td>
<td>Comprehensive Oral Evaluation</td>
<td>20.00</td>
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<tr>
<td>0210</td>
<td>Intraoral - complete series incl. bitewings (once every 3 years)</td>
<td>30.00</td>
</tr>
<tr>
<td>0220</td>
<td>Intraoral, Periapical, first film</td>
<td>3.50</td>
</tr>
<tr>
<td>0230</td>
<td>Intraoral, Periapical, each additional film</td>
<td>2.00</td>
</tr>
<tr>
<td>0270</td>
<td>Bitewings, single film</td>
<td>3.50</td>
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<tr>
<td>0271</td>
<td>Bitewings, two films</td>
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</tr>
<tr>
<td>0273</td>
<td>Bitewings, four films</td>
<td>12.00</td>
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<tr>
<td>0290</td>
<td>Posterior-Anterior/lateral skull &amp; facial bone survey film</td>
<td>27.50</td>
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<tr>
<td>0310</td>
<td>Other temporomandibular joint films, by report</td>
<td>36.50</td>
</tr>
<tr>
<td>0330</td>
<td>Panoramic film</td>
<td>30.00</td>
</tr>
<tr>
<td>0340</td>
<td>Cephalometric film</td>
<td>15.00</td>
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</table>

### Preventive (once every six months)

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>1110</td>
<td>Prophylaxis - Adult</td>
<td>25.00</td>
</tr>
<tr>
<td>1120</td>
<td>Prophylaxis - Child (to age 12)</td>
<td>20.00</td>
</tr>
<tr>
<td>1203</td>
<td>Topical application of fluoride prophylaxis not included child</td>
<td>15.00</td>
</tr>
<tr>
<td>1204</td>
<td>Topical application of fluoride prophylaxis not included adult</td>
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</tr>
<tr>
<td>1351</td>
<td>Sealant - per tooth</td>
<td>25.00</td>
</tr>
<tr>
<td>1510</td>
<td>Space Maintainer - Fixed - Unilateral</td>
<td>54.50</td>
</tr>
<tr>
<td>1520</td>
<td>Space Maintainer - Removable - Unilateral</td>
<td>54.50</td>
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### Restorative

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>2140</td>
<td>Amalgam - 1 Surface, Permanent</td>
<td>25.00</td>
</tr>
<tr>
<td>2150</td>
<td>Amalgam - 2 Surfaces, Permanent</td>
<td>35.00</td>
</tr>
<tr>
<td>2160</td>
<td>Amalgam - 3 Surfaces, Permanent</td>
<td>45.00</td>
</tr>
<tr>
<td>2161</td>
<td>Amalgam - 4 or More Surfaces, Permanent</td>
<td>55.00</td>
</tr>
<tr>
<td>2330</td>
<td>Resin, 1 Surface, Anterior</td>
<td>35.00</td>
</tr>
<tr>
<td>2331</td>
<td>Resin, 2 Surfaces, Anterior</td>
<td>45.00</td>
</tr>
<tr>
<td>2332</td>
<td>Resin, 3 Surfaces, Anterior</td>
<td>60.00</td>
</tr>
<tr>
<td>2391</td>
<td>Resin-based composite 1 surface posterior permanent</td>
<td>35.00</td>
</tr>
<tr>
<td>2392</td>
<td>Resin-based composite 2 surfaces posterior permanent</td>
<td>45.00</td>
</tr>
<tr>
<td>2393</td>
<td>Resin-based composite 3 surfaces posterior permanent</td>
<td>60.00</td>
</tr>
<tr>
<td>2394</td>
<td>Resin -based composite 4+ surfaces posterior permanent</td>
<td>60.00</td>
</tr>
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<td>2510</td>
<td>Inlay - Metallic - 1 Surface*</td>
<td>100.00</td>
</tr>
<tr>
<td>2520</td>
<td>Inlay - Metallic - 2 Surfaces*</td>
<td>200.00</td>
</tr>
<tr>
<td>2530</td>
<td>Inlay - Metallic - 3 Surfaces*</td>
<td>250.00</td>
</tr>
<tr>
<td>2610</td>
<td>Inlay - Porcelain/Ceramic - 1 Surface*</td>
<td>80.50</td>
</tr>
<tr>
<td>2710</td>
<td>Crown – Resin based composite (indirect)*</td>
<td>150.00</td>
</tr>
<tr>
<td>2720</td>
<td>Crown - Resin with high noble metal*</td>
<td>175.00</td>
</tr>
<tr>
<td>2721</td>
<td>Crown - Resin with predominantly base metal*</td>
<td>175.00</td>
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</table>
2722 Crown - Resin with noble Metal* ............................................ 175.00
2740 Crown - Porcelain/Ceramic Substrate* .................................. 175.00
2750 Crown - Porcelain fused to high noble metal* .......................... 275.00
2751 Crown - Porcelain fused to predominantly base metal* ......... 275.00
2752 Crown - Porcelain fused to noble metal* .............................. 275.00
2790 Crown - Full Cast high noble metal* ...................................... 250.00
2791 Crown - Full Cast predominantly base metal* ...................... 250.00
2792 Crown - Full Cast noble metal* ........................................... 250.00
2910 Recement inlay, onlay or partial coverage restoration ............ 15.00
2920 Recement crown .................................................................. 20.00
2930 Prefabricated stainless steel crown -primary tooth ................. 47.50
2940 Sedative filling ..................................................................... 25.00
2950 Core build-up ....................................................................... 85.00
2970 Temporary Crown ............................................................... 36.50
2952 Cast post and core in addition to crown ............................... 85.00
2954 Prefabricated post and core in addition to crown ............... 85.00
2980 Crown repair, by report ....................................................... 30.00

* Prosthetics can only be replaced once every five years.

**Endodontics (including x-rays but exclusive of restoration)**

3110 Pulp cap - direct (excluding final restoration) .................... 15.00
3120 Pulp cap - indirect (excluding final restoration) ................. 15.00
3220 Therapeutic pulpotomy (exclud. final restoration) ............ 25.00
3310 Anterior Root Canal (exclud. final restoration) ................. 150.00
3320 Bicuspid Root Canal (exclud. final restoration) ................. 200.00
3330 Molar Root Canal (exclud. final restoration) ...................... 275.00
3346 Retreatment of previous RCT - anterior ........................... 100.00
3347 Retreatment of previous RCT - bicuspid ......................... 150.00
3348 Retreatment of previous RCT - molar ............................... 200.00
3410 Apicoectomy/Periradicular surgery - anterior ................. 150.00
3421 Apicoectomy/Periradicular surgery - bicuspid (first root) ... 200.00
3425 Apicoectomy/Periradicular surgery - molar (first root) ...... 250.00
3426 Apicoectomy/Periradicular surgery (each additional root) .. 125.00
3430 Retrograde filling ............................................................... 60.00

**Periodontics**

4210 Gingivectomy or Gingivoplasty – 4+ teeth per quad ............ 100.00
4211 Gingivectomy or Gingivoplasty – 1-3 teeth per quad ........ 40.00
4240 Gingival flap procedure – 4+ teeth per quad .................... 175.00
4241 Gingival flap procedure – 1-3 teeth per quad .................. 105.00
4249 Clinical crown lengthening .............................................. 125.00
<table>
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<tr>
<td>4260</td>
<td>Osseous Surgery - 4+ teeth per quadrant</td>
<td>275.00</td>
</tr>
<tr>
<td>4261</td>
<td>Osseous Surgery - 1-3 teeth per quad</td>
<td>135.00</td>
</tr>
<tr>
<td>4263</td>
<td>Bone replacement graft - 1st site in quad</td>
<td>125.00</td>
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<tr>
<td>4264</td>
<td>Bone replacement graft - each add’l site in quad</td>
<td>100.00</td>
</tr>
<tr>
<td>4270</td>
<td>Pedicle soft tissue graft procedure</td>
<td>150.00</td>
</tr>
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<td>4271</td>
<td>Free soft tissue graft procedure (inc. donor site surgery)</td>
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<td>4320</td>
<td>Provisional splinting - intracoronal</td>
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<td>4321</td>
<td>Provisional splinting - extracoronal</td>
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<tr>
<td>4341</td>
<td>Perio scaling &amp; root planing – 4+ teeth per quadrant*</td>
<td>25.00</td>
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<tr>
<td>4342</td>
<td>Perio scaling &amp; root planing – 1-3 teeth per quad</td>
<td>15.00</td>
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<tr>
<td>4381</td>
<td>Localized delivery of antimicrobial agents (4 per yr)</td>
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<tr>
<td>4910</td>
<td>Perio maintenance procedures (following active therapy)</td>
<td>35.00</td>
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**Prosthodontics (removable)**

<table>
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<tr>
<td>5110</td>
<td>Complete upper dentures*</td>
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<tr>
<td>5120</td>
<td>Complete lower dentures*</td>
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<td>5130</td>
<td>Immediate upper dentures*</td>
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<tr>
<td>5140</td>
<td>Immediate lower dentures*</td>
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</tr>
<tr>
<td>5211</td>
<td>Maxillary partial denture - resin base*</td>
<td>300.00</td>
</tr>
<tr>
<td>5212</td>
<td>Mandibular partial denture - resin base*</td>
<td>300.00</td>
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<tr>
<td>5213</td>
<td>Maxillary partial denture - cast metal frame/resin base*</td>
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<tr>
<td>5214</td>
<td>Mandibular partial denture - cast metal frame/resin base*</td>
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<tr>
<td>5281</td>
<td>Removable unilateral partial denture - one piece cast metal (including clasps &amp; pontics)*</td>
<td>300.00</td>
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<tr>
<td>5410</td>
<td>Adjust complete denture - maxillary</td>
<td>20.00</td>
</tr>
<tr>
<td>5411</td>
<td>Adjust complete denture - mandibular</td>
<td>20.00</td>
</tr>
<tr>
<td>5421</td>
<td>Adjust partial denture - maxillary</td>
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<tr>
<td>5422</td>
<td>Adjust partial denture - mandibular</td>
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</tr>
<tr>
<td>5610</td>
<td>Repair resin denture base</td>
<td>30.00</td>
</tr>
<tr>
<td>5620</td>
<td>Repair cast framework</td>
<td>30.00</td>
</tr>
<tr>
<td>5630</td>
<td>Repair or replace broken clasp</td>
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</tr>
<tr>
<td>5640</td>
<td>Replace broken teeth - per tooth</td>
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<td>5650</td>
<td>Add tooth to existing partial denture</td>
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<tr>
<td>5660</td>
<td>Add clasp to existing partial denture</td>
<td>60.00</td>
</tr>
<tr>
<td>5710</td>
<td>Rebase complete maxillary denture</td>
<td>100.00</td>
</tr>
<tr>
<td>5711</td>
<td>Rebase complete mandibular denture</td>
<td>100.00</td>
</tr>
<tr>
<td>5720</td>
<td>Rebase maxillary partial denture</td>
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</tr>
<tr>
<td>5721</td>
<td>Rebase mandibular partial denture</td>
<td>100.00</td>
</tr>
<tr>
<td>5730</td>
<td>Reline complete upper denture (chairside)</td>
<td>50.00</td>
</tr>
<tr>
<td>5731</td>
<td>Reline complete lower denture (chairside)</td>
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<td>5740</td>
<td>Reline upper partial denture (chairside)</td>
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<tr>
<td>5741</td>
<td>Reline lower partial denture (chairside)</td>
<td>50.00</td>
</tr>
<tr>
<td>5750</td>
<td>Reline complete upper denture (laboratory)</td>
<td>100.00</td>
</tr>
</tbody>
</table>

*Perio Scaling and Root Planing 4+ teeth per quadrant only once every three years.*
5751  Reline complete lower denture (laboratory) ................................................. 100.00
5760  Reline upper partial denture (laboratory) ....................................................... 100.00
5761  Reline lower partial denture (laboratory) ....................................................... 100.00
5862  Precision attachment, by report ................................................................. 50.00
* Prosthetics can only be replaced once every five years.

**Implant Benefit**
6010  Surgical placement of implant body: endosteal implant ................................ **
6040  Surgical placement: eposteal implant ......................................................... **
6050  Surgical placement: transosteal implant ...................................................... **
** 100% up to $1500 pd per procedure/$2000 Lifetime Benefit Max

**Implant Supported Prosthetics**
6053*, 6054*, 6056*, 6057* ................................................................................. 350.00

**Prosthodontics (fixed)**
6210  Pontic - cast high noble metal* ................................................................. 100.00
6211  Pontic - cast predominantly base metal* .................................................. 100.00
6212  Pontic - cast noble metal* ........................................................................ 100.00
6240  Pontic - porcelain fused to high noble metal* ............................................ 225.00
6241  Pontic - porcelain fused to predominantly base metal* ............................. 225.00
6242  Pontic - porcelain fused to noble metal* .................................................... 225.00
6250  Pontic - resin with high noble metal* .......................................................... 125.00
6251  Pontic - resin with predominantly base metal* ......................................... 125.00
6252  Pontic - resin with noble metal* ................................................................. 125.00
6545  Retainer - cast metal* ................................................................................ 250.00
6720  Crown - resin with high noble metal* ...................................................... 200.00
6721  Crown - resin with predominantly base metal* ....................................... 200.00
6722  Crown - resin with noble metal* ................................................................. 200.00
6750  Crown - porcelain fused to high noble metal* ........................................... 275.00
6751  Crown - porcelain fused to predominantly base metal* ............................. 275.00
6752  Crown - porcelain fused to noble metal* ................................................... 275.00
6780  Crown - 3/4 cast high noble metal* .............................................................. 175.00
6790  Crown - full cast high noble metal* .............................................................. 275.00
6791  Crown - full cast predominantly base metal* ............................................ 250.00
6792  Crown - full cast noble metal* ................................................................... 250.00
6930  Recement partial dentures ........................................................................... 35.00
6950  Precision attachment .................................................................................. 100.00
6980  Fixed partial denture repair, by report ...................................................... 50.00

* Prosthetics can only be replaced once every five years
### Oral Surgery - including local anesthesia and post operative care

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>7111</td>
<td>Extraction, coronal remnants – deciduous tooth</td>
<td>40.00</td>
</tr>
<tr>
<td>7140</td>
<td>Extraction, erupted tooth or exposed root</td>
<td>40.00</td>
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<tr>
<td>7210</td>
<td>Surgical removal of erupted tooth requiring elevation mucoperiosteal flap and removal of bone and/or section of tooth</td>
<td>70.00</td>
</tr>
<tr>
<td>7220</td>
<td>Removal of impacted tooth - soft tissue</td>
<td>125.00</td>
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<tr>
<td>7230</td>
<td>Removal of impacted tooth - partially bony</td>
<td>150.00</td>
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<tr>
<td>7240</td>
<td>Removal of impacted tooth - completely bony</td>
<td>200.00</td>
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<tr>
<td>7241</td>
<td>Removal of impacted tooth - completely bony w/complications</td>
<td>225.00</td>
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<tr>
<td>7250</td>
<td>Surgical removal of residual roots (cutting procedure)</td>
<td>35.00</td>
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<tr>
<td>7310</td>
<td>Alveoplasty w/extractions – per quadrant</td>
<td>60.00</td>
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<tr>
<td>7320</td>
<td>Alveoplasty no extractions- per quadrant</td>
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<tr>
<td>7440</td>
<td>Excision of malignant tumor - lesion diameter up to 1.25 cm</td>
<td>40.00</td>
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<tr>
<td>7441</td>
<td>Excision of malignant tumor - lesion diameter over 1.25 cm</td>
<td>40.00</td>
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<tr>
<td>7510</td>
<td>Incision &amp; drainage of abscess - intraoral soft tissue</td>
<td>25.00</td>
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<tr>
<td>7520</td>
<td>Incision &amp; drainage of abscess - extraoral soft tissue</td>
<td>20.00</td>
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<tr>
<td>7960</td>
<td>Frenulectomy</td>
<td>75.00</td>
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### Orthodontics

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>8080</td>
<td>Comprehensive orthodontic treatment of the adolescent dentition (once per lifetime)</td>
<td>500.00</td>
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<tr>
<td>8090</td>
<td>Comprehensive orthodontic treatment of the adult dentition (once per lifetime)</td>
<td>500.00</td>
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<tr>
<td>8660</td>
<td>Pre-orthodontic treatment visit (once per lifetime)</td>
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<tr>
<td>8670</td>
<td>Periodic orthodontic treatment visit as part of contract (up to 24 consecutive months)</td>
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<tr>
<td>8680</td>
<td>Orthodontic retention -limit $200 (100 ea. top &amp; bottom)</td>
<td>100.00</td>
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</table>

### Adjunctive General Services

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>9110</td>
<td>Palliative (emergency) treatment of dental pain</td>
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<td>9220</td>
<td>General anesthesia - first 30 minutes</td>
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<tr>
<td>9221</td>
<td>General anesthesia - each additional 15 minutes</td>
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<tr>
<td>9310</td>
<td>Consultation</td>
<td>30.00</td>
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<tr>
<td>9951</td>
<td>Occlusal adjustment - limited</td>
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</tr>
<tr>
<td>9952</td>
<td>Occlusal adjustment - complete</td>
<td>50.00</td>
</tr>
</tbody>
</table>
# CWA LOCAL 1180 SECURITY BENEFITS FUND

## Participating Dentists

This is a listing of the names, addresses and phone numbers of the dentists who are currently participating with the CWA Local 1180 Scheduled Dental Benefit Plan. These dentists have agreed to provide covered dental procedures at no out-of-pocket expense to eligible members, spouses and dependent children who participate in the self-insured dental plan. This listing is provided as an information service only, for the convenience of covered members and their eligible dependents. The Fund does not recommend the services of any particular dentist. The participating providers have been selected because they have agreed to accept the Fund's dental fee schedule as payment in full for covered services. If a panel provider charges you or your eligible dependents for any covered service, please do not pay and contact the Fund Office immediately. The Fund requests that you report any irregularities including rudeness, unsanitary conditions and difficulty in obtaining appointments at convenient hours to the Fund Office.

A dentist’s participation is subject to change - therefore, when you call for your appointment, be sure to verify that the dentist is currently participating with the Fund.

<table>
<thead>
<tr>
<th>BROOKLYN</th>
<th>GENV PRACTITIONERS</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dr. Yelena Osokotskaya</td>
<td>7101 4th Avenue</td>
<td>Brooklyn, NY 11209</td>
<td>(718) 495-8801</td>
</tr>
<tr>
<td></td>
<td>Eastern Family Dentistry</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Dr. Vinit More</td>
<td>1140 Eastern Parkway</td>
<td>Brooklyn, NY 11213</td>
<td>(718) 221-2039</td>
</tr>
<tr>
<td></td>
<td>Brooklyn Dental PC</td>
<td>7 Bay 28th Street</td>
<td>Suite 1 – 2nd floor</td>
<td>Brooklyn, NY 11214</td>
</tr>
<tr>
<td></td>
<td>Cosmopolitan Dental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. David Levinsky</td>
<td>372 86th Street</td>
<td>Brooklyn, NY 11209</td>
<td>(718) 680-6901</td>
</tr>
<tr>
<td></td>
<td>Dr. Steven Pozynsksky</td>
<td>8405 Bay Parkway</td>
<td>Brooklyn, NY 11214</td>
<td>(718) 331-6100</td>
</tr>
<tr>
<td></td>
<td>Dr. Marina Kipnis</td>
<td>2110 Bath Ave</td>
<td>Brooklyn, NY 11214</td>
<td>(718) 265-6525</td>
</tr>
<tr>
<td></td>
<td>Dr. Yelena Ladyzhenskaya</td>
<td>8520 20th Ave.</td>
<td>Brooklyn, NY 11214</td>
<td>(718) 714-7000</td>
</tr>
<tr>
<td></td>
<td>Cozine Dental Group</td>
<td>190 Cozine Avenue</td>
<td>Brooklyn, NY 11207</td>
<td>(718) 649-1398</td>
</tr>
<tr>
<td></td>
<td>All Smiles Dental, P.C.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Dr. Ronald Deutsch</td>
<td>2016 Avenue M.</td>
<td>Brooklyn, NY 11210</td>
<td>(718) 253-2300</td>
</tr>
<tr>
<td></td>
<td>Dr. Maryse Tessler</td>
<td>2801 Glenwood Road</td>
<td>Brooklyn, NY 11210</td>
<td>(718) 421-0224</td>
</tr>
<tr>
<td></td>
<td>Dr. Yelena Tkachenko</td>
<td>Igor Klebanov DDS, PC</td>
<td>7913 Bay Pkwy., #1A</td>
<td>Brooklyn, NY 11214</td>
</tr>
<tr>
<td></td>
<td>Pasha Dental</td>
<td>635 5th Avenue</td>
<td>Brooklyn, NY 11215</td>
<td>(718) 499-6761</td>
</tr>
<tr>
<td></td>
<td>Flatbush Dental Associates</td>
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<tr>
<td></td>
<td>Dr. Irina Yesina</td>
<td>711 Nostrand Ave.</td>
<td>Brooklyn, NY 11216</td>
<td>(718) 778-7600</td>
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<tr>
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<td>Family Dental Care</td>
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<tr>
<td></td>
<td>Dr. Clarence Burton</td>
<td>1185 Dean Street</td>
<td>Brooklyn, NY 11216</td>
<td>(718) 756-7555</td>
</tr>
<tr>
<td></td>
<td>Dr. Angelica Silivria</td>
<td>1440 Fulton Street</td>
<td>Brooklyn, NY 11216</td>
<td>(917) 603-8939</td>
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<tr>
<td></td>
<td>Sunset Dental P.C.</td>
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<tr>
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<td>Dr. G. Kalyanaraman</td>
<td>257 Flatbush Avenue</td>
<td>Brooklyn, NY 11217</td>
<td>(718) 789-6300</td>
</tr>
<tr>
<td></td>
<td>Fifth Ave. Dental</td>
<td>4607 Fifth Avenue</td>
<td>Brooklyn, NY 11220</td>
<td>(718) 854-3191</td>
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<tr>
<td></td>
<td>Buddhism Dental</td>
<td>4607 Fifth Avenue</td>
<td>Brooklyn, NY 11220</td>
<td>(718) 854-3191</td>
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<tr>
<td></td>
<td>Friendly Dental Care</td>
<td>2300 West 7th Street</td>
<td>Brooklyn, NY 11223</td>
<td>(718) 872-0650</td>
</tr>
<tr>
<td></td>
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**Notes:**
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**Contact Information:**
- Phone: (718) 384-0010
- Email: info@cwa1180.org
- Website: www.cwa1180.org/dental

---

**Brooklyn Locations:**
- **Albee Dental Care, P.C.**
  - 23 Bond Street, Brooklyn, NY 11201
  - (718) 237-0222
- **Metro Tech Dental**
  - 350 Fulton Street, Brooklyn, NY 11201
  - (718) 488-8585
- **Hanson Place Dental at MetroTech**
  - Dr. Lester Toporovsky
  - 4 MetroTech Center
  - The Chase Building - Lobby
  - Brooklyn, NY 11201
  - (718) 403-0700
- **Dr. Bruce Zelvin**
  - 6306 18th Avenue
  - Brooklyn, NY 11204
  - (718) 232-4044
- **Dr. Virenda Shah**
  - 190 Cozine Ave.
  - Brooklyn, NY 11207
  - (718) 649-1398
- **Dr. Jeffrey Stein**
  - 805 Stanley Ave
  - Brooklyn, NY 11207
  - (718) 272-9292
- **Dr. Yevgeniya Gelman**
  - 7601 3rd Ave.
  - Brooklyn, NY 11209
  - (718) 833-3417
Manhattan Oral Facial Surgery

Ooral Surgery
618 Riverside Avenue
Bronx, NY 10471
(718) 671-7100

Parkchester Oral Surgery

Ooral Surgery
100 Casals Place
Bronx, NY 10475
(718) 671-7100

Advanced Dental Group

OralSurgery,Endodontics,
Pedodontics.
140-1 DeKruijf Place
Bronx, NY 10475
(718) 379-1700

Parkchester Oral & Maxillofacial

Ooral Surgery
100 Casals Place
Bronx, NY 10475
(718) 671-7100

NASSAU

GENT. PRACTITIONERS

Dr. Louis Shapiro
249-12 Jericho Tpke.
Floral Park, NY 11001
(516) 437-4474

Dr. Ifiat Nazneen
17 Maple Drive
Great Neck, NY 11021
(516) 304-5733

Dr. Alexander Linsky
15 Bond Street
Great Neck, NY 11021
(516) 482-6677

Carle Place Dental
407 East Jericho Turnpike
Carle Place, NY 11514
(516) 747-8150

Dr. Alan Perlmutter
650 Central Ave. Ste O
Cedarhurst, NY 11516
(516) 295-1584

Dr. Steven Ost
40 Railroad Ave.
Glen Head, NY 11545
(516) 671-5641

Gold Coast Dental Care
673 Glen Cove Avenue
Glen Head, NY 11545
(516) 200-5800

Dr. Rashel Monhan Rahmani
960 Hempstead Ave.
West Hempstead, NY 11552
(516) 481-0787

Dr. Eli Adler
249 Broadway
Lynbrook, NY 11563
(516) 255-1988

Dr. Bruce Zelvin
210 Atlantic Ave
Lynbrook, NY 11563
(516) 825-5112

Dr. Dennis Gilman
1955 Merrick Road
Ste 200
Merrick, NY 11566
(516) 867-0804

Dr. Paul Cosgrove
556 Merrick Road Ste 300
Rockville Center, NY 11570
(516) 208-8174

Dr. Alyssa Feinman
176 N. Village Ave #2
Rockville Centre, NY 11570
(516) 543-4909

Goldberg Dental of Valley Stream
417 West Merrick Road
Valley Stream, NY 11580
(516) 568-0448

Dr. Heddyne Robert
1309 Dutch Broadway
Valley Stream, NY 11580
(516) 307-1678

Dr. Sherif Desoukey
918-1 Main Street
South Farmingdale, NY 11735
(516) 420-1177

Dr. Ricky Muntner
366 North Broadway Ste 302
Jericho, NY 11753
(516) 935-0066

Steven M. Goldberg, DDS, PC
3601 Hempstead Tpke
Levittown, NY 11756
(516) 579-7577

Dr. Roger Giuliani
25 Carmans Road.
Massapequa, NY 11758
(516) 799-5577

Caplin, Goldberg & DeFeo, PTR
5454 Merrick Road
Massapequa, NY 11758
(516) 798-3300

NASSAU

SPECIALISTS

Progressive Oral Surgery

Ooral Surgery
23 Bond Street
Great Neck, NY 11021
(516) 482-0329

Dr. Adam Zatcoff,

Periodontics

700 Hillside Ave
New Hyde Park, NY 11040
(516) 355-8282

Progressive Oral Surgery

Ooral Surgery
601 Franklin Ave Ste 110
Garden City, NY 11530
(516) 741-4415

Dr. N. Efutughi,

Oral Surgery
33 Front Street, Ste. 307
Hempstead, NY 11550
(516) 292-6700

South Shore Endodontics

Endodontist
483 Seranton Ave
Lynbrook, NY 11561
(516) 599-7111

Dr. Sabeeh Khan,

Orthodontics
28 Merrick Ave.
Merrick, NY 11566
(516) 378-1033

Dr. David Sukoff,

Orthodontics
47 Merrick Ave
Merrick, NY 11566
(516) 868-3131

Dr. S. Friedman,

Orthodontics
1025 Northern Blvd.
Suite 207
Roslyn, NY 11576
(516) 365 - 5300

Dr. R. L. Weinberg,

Oral Surgery
22 Cardinal Drive
Roslyn, NY 11576
(516) 626-0235

Dr. Jeffrey Drayer
Orthodontist
2655 Merrick Road
Bellmore, NY 11710
(516) 783-1121

Massapequa Oral & Maxillofacial

Oral Surgery
4770 Sunrise Highway Ste 201
Massapequa Park, NY 11762
(516) 798-4143

Dr. Sabeeh Khan,

Orthodontics
146 Newbridge Road
Hicksville, NY 11801
(516) 932-6200

SUFFOLK

GENT. PRACTITIONERS

Dr. K. M. DeMeireles
71 Ireland Place
Amityville, NY 11701
(631) 691-6161

Steven Goldberg DDS
of Babylon
400 West Main Street.
Babylon, NY 11702
(631) 422-6066

Kaufman/Peruso
109 Carleton Ave
Central Islip, NY 11722
(631) 348-2500

Total Dental Care of Farmingville
1025 Portion Road Ste H
Farmingville, NY 11738
(631) 696-0101

Dr. Ramiz Chaudhry,

Periodontist
971 Broadway Ave
Holbrook, NY 11741
(631) 589-8451

Dr. Bo G. Ha
Stephen Shore
Endodontist
971 Broadway Ave
Holbrook, NY 11741
(631) 589-8451

Dr. J. Greenberg.

Periodontics
158 East Main Street
Huntington, NY 11743
(631) 423-4550

Dr. Yurii Yusupov

Oral Surgery
17 Walk Whitman Road
Huntington, NY 11746
(631) 923-1101

Dr. Sharon Pollack

Oral Surgery
250 Patchogue Yaphank Rd
Patchogue, NY 11772
(631) 289-0678

Dr. Lynn Pierris,

Oral Surgery
400 Townline Road Ste 135
Hauppauge, NY 11788
(631) 360-0266

Concerned Dental Care
966 Portion Road
Ronkonkoma, NY 11779
(631) 451-2245

Stony Brook Orthodontics

Orthodontics
2500 Nesconset Highway
Bldg 4 ste B
Stony Brook, NY 11790
(631) 675-2700

Dr. Charles Avamazapt
280 N. Central Park Ave
Ste 130
Hartsdale, NY 10530
(914) 946-0006

Dr. Eric Marshall
21 North Main Street
Port Chester, NY 10573
(914) 939-3278

Scarsdale Dental
130 Garth Road
Scarsdale, NY 10583
(914) 472-1555

County Dental at New City
151 North Main Street
New City, NY 10596
(845) 634-4909

Northern Westchesten Dental
2649 Strang Blvd – Ste 300
Yorktown, Heights, NY 10598
(914) 245-7977

Galleria Mall Dental,PC.
Galleria Mall - 100 Main Street
White Plains, NY 10601
(914) 997-9000

Aaron Polinsky
300 Martine Ave
White Plains, NY 10601
(914) 684-2244

White Plains Dental Care
114 Mamaroneck Ave store
White Plains, NY 10601
(914) 615-9888

Dr. Alvaro Preciado
363 Route 111 Ste 106
Smithtown, NY 11778
(631) 265-7100

Dr. Lynn Pierris,

Oral Surgery
400 Townline Road Ste 135
Hauppauge, NY 11788
(631) 360-0266

Concerned Dental Care
of Ronkonkoma
966 Portion Road
Ronkonkoma, NY 11779
(631) 451-2245

Westchester Elite Dental
460 S. Broadway 2nd fl
Yonkers, NY 10705
(914) 328-0918
Concerned Dental Care of Westchester
35 E. Grassy Sprain Rd
Ste 103
Yonkers, NY 10710
(914) 357-5252

Dr. David Kirshenbaum
169 Park Avenue
Yonkers, NY 10703
(914) 965-3864

Family Dental Center
Dr. Hasan
698 Yonkers Ave.
Yonkers, NY 10704
(914) 965-2600

WESTCHESTER
SPECIALISTS
Sure Smile Dental
Endodontics, Periodontics,
Oral Surgery
1075 Central Park Avenue
Ste 104 – Apple Bank Plaza
Scarsdale, NY 10583
(914) 472-9400

A & B Scarsdale Dental
Oral Surgery
156 Route 9 – Ste A1
County Dental at Suffern
GEN’L PRACTITIONERS
ROCKLAND

Dr. Hurwitz, Orthodontics
11 North AIRmont Road
Suffern, NY 10901
(845) 357-1108

Spring Valley Orthodontics
Orthodontist
17 Perlman Drive Ste B
Spring Valley, NY 10977
(845) 352-2100

Dr. Rostislav Krasnov
Periodontist
3645 Palisades Center Dr.
Ste 3645
West Nyack, NY 10994
(845) 353-3350

ORANGE
GEN’L PRACTITIONERS
Tru-Dental PC
451 Hoosick Street
Troy, NY 12180
(518) 274-4311

Tru-Dental
288 Main Street
Beacon, NY 12508
(845) 838-0086

County Dental at Fishkill
200 Westage Business Center
Ste 233
Fishkill, NY 12524
(845) 897-2097

Dr. Anneli Stanton
7 Palatine Park Road Ste 4
Germantown, NY 12526
(518) 537-6203

Tru-Dental PC
11 Crum Elbow Road
Hyde Park, NY 12538
(845) 229-6288

Tru-Dental PC
248-250 Broadway
Newburgh, NY 12505
(845) 569-8668

Dr. Benji Goldstein
1401 Route 300
Newburgh, NY 12550
(845) 564-9300

Dutchess County Dental
2600 South Road Ste 21
Poughkeepsie, NY 12601
(845) 437-4380

Tru-Dental
19 Baker Avenue Ste 205
Poughkeepsie, NY 12601
(845) 849-9522

Tru-Dental
102 Fulton Avenue Ste B
Poughkeepsie, NY 12603
(845) 454-4800

NEW JERSEY
GEN’L PRACTITIONERS
Personalized Dental Care
805 Inman Avenue
Colonia, NJ 07067
(732) 388-7750

Empire Dental Care
119-137 Cliffwood Street
Newark, NJ 07105
(973) 465-7737

Quality Dental Associates
Dr. Amer A. Azizogli
175 Franklin Ave., Ste. 101
Nutley, NJ 07110
(973) 284-1011

Dr. Roksarah Ghaffari
315 Elmora Ave. Ste. 104
Elizabeth, NJ 07208
(908) 965-1212

Pangborn Dental Center
35 Pangborn Place
Hackensack, NJ 07601
(201) 488-8866

Smile NJ Inc.
334 Grand Ave
Englewood, NJ 07631
(201) 541-8111

Paris Dental
160 Paris Ave. Ste 7
Northvale, N.J. 07647
(201) 750-3300

Dr. Vladimir Meskin
45 Route 46 East
Ridgefield Park, NJ 07660
(201) 440-2100

Saddle B rook Dental Center
160 Market Street
Saddle B rook, NJ 07663
(201) 843-0041

The Perfect Smile
326 Broad Street
Red Bank, NJ 07701
(732) 224-9339

Oakwood Dental Arts
Endodontics, Periodontics,
Oral Surgery
326 Mounts Corner Dr
Freehold, NJ 07728
(732) 417-2683

Holmdel Orthodontics
Orthodontics
723 North Beers Street
Holmdel, NJ 07733
(732) 310-7860

Encore Dental
Pedodontist
156 Route 9 – Ste A1
Yonkers, NY 10704
(914) 966-2799

Nassau Plaza Dental
111 Rte 31 Ste 211
Flemington, NJ 08822
(908) 751-5456

Empire Dental P.C.
2515 Highway 516
Old Bridge, NJ 08857
(732) 607-0909

Dr. M. Freedner, Orthodontist
62-25 Kennedy
North Bergen, NJ 07047
(201) 869-4873

The Perfect Smile
326 Broad Street
Red Bank, NJ 07701
(732) 224-9339

Dr. Shilman, Pediatric
45 Route 46 East
Ridgefield Park., NJ 07660
(201) 440-2100

The Perfect Smile
326 Broad Street
Red Bank, NJ 07701
(732) 224-9339

VSN Dental P.C.
184 Route 9 North
Englishtown, NJ 07726
(732) 617-8411

Oakwood Dental Arts
342 Mounts Corner Dr
Freehold, NJ 07728
(732) 417-2683

Holmdel Orthodontics
Orthodontics
723 North Beers Street Ste 2A
Holmdel, NJ 07733
(732) 847-3065

Encore Dental
Pedodontist
185 Drum Point Road
Brick, NJ 08723
(732) 202-7008

Encore Dental of Lacey
Periodontist, Pedodontist
335 North Main Street
Lanoka Harbor, NJ 08734
(609) 549-4025

N.J.Team Dental Center
Oral surgeon
2515 Highway 516
Old Bridge, NJ 08857
(732) 679-3600

PenNSylvania
GEN’L PRACTITIONERS

Dr. Steven Saffren
1625 Northampton Street
Easton, PA 18042
(610) 252-8966

Dr. Arthur Kaminsky
997 Rock Island Road
N. Lauderdale, FL 33067
(954) 722-1522

Dr. Mario Vigna
5975 W. Sunset Blvd, # 107
Sunrise, FL 33313
(954) 584-9500

Dr. Steven Gilson
101-67 West Sunrise Blvd
Plantation, Fl 33322
(954) 424-4600

COmnecticut
GEN’L PRACTITIONERS

Dr. Telena Taran
5065 Main Street
Unit 1118
Trumbull, Ct 06611
(203) 373-9099

GOreGIA
GEN’L PRACTITIONERS

Alliance Dental
275 14th Street NW Ste 100
Atlanta, Ga 30318
(404) 254-0149

Updated 10/2013
LOCAL 1180 BENEFITS FUNDS
SCHEDULED DENTAL BENEFIT PLAN
ENROLLMENT FORM
6 Harrison Street, New York, NY 10013-2898
(212) 966-5353 Out-Of Area (888) 966-5353

Active ☐  Retired ☐

1. ________________________________  2. SSN or ID# __________________________
   Last Name          First Name          MI

3. Home Address ______________________________________________________________
   City           State                     ZIP   Home Phone No. 4. _______________________

5. Date of Birth _____/______/____  6. Gender: F ☐  M ☐
   DD       MM             YYYY

7. Other Dental Coverage ___________________________________________________________ Group #

8. Marital Status: Single ☐  Married ☐  Domestic Partnership ☐

Email Address: _________________________________________________________________

9. Does Your Spouse/Domestic Partner Have Other Dental Coverage: Yes ☐  No ☐

Spouse’s/Domestic Partner’s Insurance Carrier ___________________________ Group # ______________

10. List below the names of your spouse/partner and dependents eligible for dental benefits under the Scheduled Dental Benefit Plan: (Dependent children under 19 yrs of age/23 yrs of age if full-time student)

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
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<th>SSN</th>
<th>Relationship (Circle )</th>
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MEMBER’S SIGNATURE ___________________________ DATE __________________

How to Enroll?

1. Complete the enrollment application above entirely and be sure to sign and date where indicated and mail to the address displayed above.