

**RETAIL, WHOLESALE AND DEPARTMENT STORE  
UNION LOCAL 1034  
HEALTH AND WELFARE FUND**

**DENTAL BENEFITS EFFECTIVE 2/1/07**

**Member Only**

Annual Deductible - - \$25.00 Per Person - - Applied after Diagnostic and Preventive Services

Annual Maximum Benefit - - \$1,000.00

**Diagnostic -100% UCR\*** Procedures to assist dentists to evaluate existing conditions and dental care required to include visits, exams, x-rays (exams and bitewing x-rays once in any six month period)

**Preventative Services -100% UCR\*** - - Prophylaxis (cleaning once in any six month period)

**Restorative Services -80% UCR\*** - Fillings (amalgam), oral surgery - extractions and oral surgery procedures including pre and post-operative care.

**Major Restorative Services -50% UCR\*** -

Endodontics - Procedures for pulpas therapy and root canal filling

Periodontics - Surgical and non-surgical procedures for treatment of gums

Prosthodontics - Procedures for construction or repair of fixed bridges, partial or complete dentures

Crowns, inlays, onlays, where amalgam fillings are not adequate.

All payments are based on the UCR at the 75<sup>th</sup> Percentile

Services Not Covered:

The Plan does not cover orthodontics.

Prescription drugs, premedications, relative analgesia,, general anesthesia (except with oral surgery), hospitalization, sealants, plaque control programs, (including oral hygiene instructions), procedures to correct congenital or developmental malformations, procedures primarily for cosmetic purposes, increasing vertical dimension, periodontal splinting, treatment of dysfunctions of the temporomandibular joint, implants, experimental procedures.