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**MEMBERS**

**Westchester Putnam Counties Heavy &  
Highway Laborers  
Benefit Funds  
Pension. Welfare. Annuity. Legal. Training  
Local 60**

140 Broadway  
Hawthorne, N.Y. 10532  
Tel: (914) 769.2440  
Fax: (914) 769.4023



Participating Panel of Dentists



Westchester Putnam  
Counties Heavy & Highway  
Laborers Local 60

Dear Plan Participant:

This list provides you with names and addresses of dentists that participate with the Local 60 Health & Welfare Fund. These Dentists will accept the Funds payment as payment in full for most services; however, there are times when you may be required to pay some out-of-pocket expenses for some services.

**NOTE:** Each covered individual is responsible for a \$50 deductible for services other than preventative. (Exam, Cleaning, Fluoride & corresponding x-rays).

***It is YOUR responsibility to verify all additional fees prior to service based on Local 60's Dental Plan located on our website [www.local60funds.com](http://www.local60funds.com) under benefits/forms.***

**Westchester Putnam Counties Heavy & Highway Laborers  
Benefit Funds**

**THE BRONX**

**BRONXVILLE**

**Chris Choe Dentistry**  
2426 Eastchester Road, Suite 207  
Bronx, NY 10469  
(718) 325-3250

**Dr. Jay Fensterstock, DDS, PC**  
55 East Mosholu Pkwy North  
Bronx, NY 10467  
(718) 652-7370

**Additional Fees:**

Bone Replacement Graft/Quad	\$165.00
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**Jeffrey L. Golden, DDS**  
2505 Williams Bridge Road  
Bronx, NY 10469  
(718) 654-2320

**Additional Fees:**

Denture Repair	\$ 50.00
Denture Repair-Misc.	\$150.00
Full Denture	\$150.00
Partial Denture	\$150.00
Molar Root Canal	\$200.00
Crown	\$100.00

**Bay Plaza Mall Dental PLLC**  
200 Baychester Ave Ste 311C  
Bronx, NY 10475  
(347) 625-6438

**Terry Geller, DDS**  
850 Bronx River Road  
Bronxville, NY 10708  
(914) 776-1122

**Additional Fees:**

Fillings:	\$80.00
Sedative Filling:	\$80.00
Gingivectomy:	\$350.00
Extraction:	\$100.00
Crown Lengthening:	\$350.00
Crown:	\$200.00
Cast Post:	\$275.00
Core Build-up:	\$100.00
RCT (All Codes)	\$100.00
RCT (Retreatment)	\$250.00
Full Mouth Debridement:	\$350.00
Osseous Surgery:	\$350.00
Bone Graft:	\$400.00
Perio scaling & curettage/quad:	\$25.00
Perio Maintenance:	\$100.00
Dentures (all):	\$150.00
Comp Dentures:	\$250.00

**Congers Dental Care**  
**Alka S. Patel, DDS**  
1 Lake Road, Suite 4  
Congers, NY 10920  
(845) 268-3304

**Additional Fees:**

Full Dentures	\$150.00
Partial Dentures	\$150.00
Denture Repairs	\$ 50.00

**Westchester Putnam Counties Heavy & Highway Laborers  
Benefit Funds**

**HARTSDALE**

**Hartsdale Dental**  
**Charles Avanzato, DDS**  
280 N. Central Park Ave. Suite 130  
Hartsdale, NY 10530  
(914) 946-0006

**Additional Fee:**

Consultation:	\$15.00
Sealant	\$15.00
All Prophy	\$15.00
Fluoride	\$15.00
Periodontal Prophy	\$90.00
Periodontal Scalling Per Quad	\$35.00
Resin 1 Surf	\$200.00
Resin 2 Surf	\$250.00
Resin 3 Surf	\$300.00
Crown	\$1,000.00
Post/Core	\$125.00
Recement Crown	\$15.00

**Prestige Dental Care PC**

280 N Central Ave Ste 70  
Hartsdale NY 10530  
(914)390-9111

**Additional Fees:**

Resin/Comp.	\$50.00
Inlay/Onlay	\$750.00
Crown:	\$400.00
RCT (Anterior)	\$150.00
RCT (Bicuspid)	\$200.00
RCT (Molar):	\$300.00
Gingivectomy:	\$250.00
Bone Graft:	\$500.00
Perio scaling& Root P/quad:	\$40.00
Space Maintainer:	\$200.00
Dentures (all):	\$350.00
Denture Repair:	\$250.00
Reline Denture:	\$250.00
Simple Extraction:	\$150.00

**Westchester Putnam Counties Heavy & Highway Laborers**

**Benefit Funds**

Surgical Extraction:	\$300.00
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**ELMSFORD**

**HAWTHORNE**

**G&M Family Dental**

160 South Central Avenue  
Elmsford, NY 10523  
(914) 592-4416

*Orthodontist & Periodontist on Premises*

**Additional Fees:**

Surgical Extraction:	\$45.00
Complete Denture:	\$150.00
Immediate Denture:	\$150.00
Partial Denture:	\$150.00
Immediate Partial Dentures:	\$150.00
Adjust & Repair Partial or Comp. Dentures:	\$150.00
Repair/Add Tooth(Partial/Complete):	\$150.00
Add Tooth/Clasp(Partial/Complete):	\$150.00
Rebase (Partial/Complete)	\$150.00
Reline (Partial/Complete)	\$150.00
All Crowns:	\$150.00
Abutment Supp. Crown:	\$750.00
All Root Canal:	\$150.00
Custom Abutment:	\$400.00
Adolescent Orthodontics:	\$4,000.00

*The following services are NOT covered under the Local 60 Dental Plan, but are offered at the following discounted rates:*

Implant:	\$1,350.00
Adult Ortho:	\$4,000.00

**Radiance Dental PC**  
**Madeleon Murphy**  
360 Bradhurst Ave  
Hawthorne, NY 10532  
(914)579-2103

Crowns	\$200.00
Composites	\$30.00
Bleach (Not Covered)	\$300.00
Implants Crown	\$300.00
Simple Extraction	\$10.00

**MOUNT KISCO**

**PEARL DENTAL CARE, PC**  
**Kaveeta Channamesetty, DDS**  
**Caroline Shenker, DMD**  
495 East Main st.  
Mount Kisco NY 10549  
(914) 244-3900

Crowns	\$300.00
Core Build	\$50.00
Partial Dent. All	\$300.00
All Denture Max+Mand	\$500.00
Root Canal All	\$275.00
Quad (each)	\$35.00
Extraction	\$50.00

**Westchester Putnam Counties Heavy & Highway Laborers  
Benefit Funds**

**MAHOPAC**

**Mahopac Dental Care PLLC**

**Eric D. Cook, DDS**

572 Route 6  
Mahopac, NY 10541  
(845) 628-8196  
(845) 628-8199

**Additional Fees:**

Consultation:	\$75.00
FMS	\$70.00
All Prophy	\$80
Quad Scaling	\$80.00 Per Quadrant
Periodontal Prophy	\$80.00
Full & Partial Dentures:	\$450.00
Crown	\$350.00
Post/Core	\$95.00/unit
Root Canal	\$300.00
Fillings 1-3 surfaces	\$145.00
Fillings 4 or more surfaces	\$145.00
Emergency Palliative	\$80.00
Re-cement Crown/Bridge	\$75/105
Denture Repair/Relines:	\$260.00
Implant crowns inclu. Abutment	\$1200.00
Extractions & I&D's/ Surgical	\$130/185
Bridges	\$350.00/unit

**Westchester Putnam Counties Heavy & Highway Laborers  
Benefit Funds**

<b><u>NEW ROCHELLE</u></b>	
<p><b>Michael Sherman, DDS</b> <b>Victoria Sherman, DDS</b></p> <p>466 Main Street New Rochelle, NY 10801 (914) 576-0044</p> <p><b>Additional Fees:</b></p>	
	<p><b>Saramma Abraham, DDS</b></p> <p>368 North Avenue New Rochelle, NY 10801 (914) 632-2100</p>
<p>Crowns: \$150/\$350/\$350</p> <p>Simple Extraction: \$50.00</p> <p>Surgical Extraction: \$100.00</p> <p>Complete/ Partial Dentures: 350.00/Unit</p> <p>Scaling/Root Planning \$60.00</p> <p>Root Canal \$175.00</p>	<p><b>WALK IN FAMILY DENTAL OFFICE</b></p> <p>95 Union Avenue New Rochelle, NY 10801 (914) 576-7126</p>
<p><b>FLE DENTAL OFFICE PLLC</b></p> <p><b>Frank E. Mesa, DDS</b> 264 Washington Avenue New Rochelle, NY 10801 (914) 355-5970 &amp; 5971</p> <p><b>Additional Fees: Call the doctor to get more information.</b></p>	

**Westchester Putnam Counties Heavy & Highway Laborers**

**Benefit Funds**

	<b>Todd Wortman, DDS</b>
<b>NEW ROCHELLE DENTAL ARTS</b>	140 Lockwood Avenue, Suite 320
PEDIATRIC DENTIST ON PREMISES	New Rochelle, NY 10801
466 Main Street Ste 101	(914) 636-6363
New Rochelle, NY 10801	
(914) 633-5050	Additional fees:
Additional Fees:	
Periodontics on premises – no participation with local 60	Crown \$250.00
Endodontics on premises – no participation with local 60	
<b>Total Dental Care, PC</b>	
Masood Safaie, DDS	
175 Memorial Highway, Suite 3-5	
New Rochelle, NY 10801	
(914) 235-2550	
Additional Fees:	
1, 2 & 3 surface comp/ant filling: \$50.00	
3 surface composite filling: \$140.00	
1 Surface post. Composite Filling: \$95.00	
2 Surface post. Composite Filling: \$125.00	
3 Surface Post. Composite filling: \$135.00	
3 surface composite Filling: \$140.00	
1 Surface post. Composite Filling: \$95.00	
2 Surface post. Composite Filling: \$125.00	
PFM Crown: \$200.00	
Recement Crown/Post/Bridge \$20.00	
Pulpotomy: \$60.00	
Osseous Surgery: \$270.00	
Osseous Surgery: \$190.00	
Pedicule Soft Tissue Graft: \$180.00	
Complete Denture U/L: \$475.00	
Immediate Denture 5140: \$415.00	
Partial Denture 5213: \$475.00	
Removable Partial Denture 5281: \$475.00	
RCT Anterior \$125.00	
RCT Molar \$200.00	
RCT Premolar \$180.00	

**Walter G. Edwards, Jr., DDS**

33 Lincoln Avenue Ste 1  
New Rochelle, NY 10801  
(914) 235-1200



**Westchester Putnam Counties Heavy & Highway Laborers  
Benefit Funds**

<b>Jennifer Pichardo, DDS</b>	
140 Lockwood Avenue Suite#215 New Rochelle, NY 10801 (914)235-7453	
<b>Additional Fees:</b>	
Full Upper Denture	\$500.00
Full Lower Denture	\$500.00
Cast Partial	\$500.00
Extract. 7410	\$150.00
Scaling/Root Planning (per quadrant)	\$75.00
Post Core:	\$200.00
Porcelain Crown fused to metal	\$200.00
Periodontal Maint.	\$100.00
All composites	\$100.00
Porcelain Crown Fused to Metal	\$1,800.00
Root Canal Anterior	\$600.00
Root Canal Bicuspid	\$750.00
Root Canal Molar	\$900.00
<b>PEARL RIVER</b>	
<b>ADVANCED DENTISTRY OF ROCKLAND</b> <b>Dmitry Ovrutsky DDS</b> 5 North William Street Pearl River, NY 10965 845-735-7770	

**Westchester Putnam Counties Heavy & Highway Laborers  
Benefit Funds**

<b><u>PORT CHESTER</u></b>	<b><u>SCARSDALE</u></b>																																										
<p><b>Eric Marshall, DDS</b>  <b>Kenneth Marshall, DMD</b>            21 North Main Street            Port Chester, NY 10573            (914) 939-3278</p>	<p align="center"><b>SMILE SCARSDALE PEDIATRIC DENTIST</b></p> <p align="center">1075 Central Park Ave Ste 400            Scarsdale, NY 10583            (914) 722-5100</p> <p><b>Additional fees:</b></p> <table border="0"> <tr><td>Oral Eval. (all)</td><td align="right">\$10.00</td></tr> <tr><td>Intra Oral PA's(all)</td><td align="right">\$10.00</td></tr> <tr><td>Bitewings (all)</td><td align="right">\$20.00</td></tr> <tr><td>Pano</td><td align="right">\$40.00</td></tr> <tr><td>Prophy</td><td align="right">\$20.00</td></tr> <tr><td>Space Maint.fixed Unilateral</td><td align="right">\$125.00</td></tr> <tr><td>Space Maint. fixed Bilateral Max</td><td align="right">\$170.00</td></tr> <tr><td>Space Maint. fixed Bilateral/Mand</td><td align="right">\$170.00</td></tr> <tr><td>Amalgam 1 surf</td><td align="right">\$50.00</td></tr> <tr><td>Amalgam 2 sur</td><td align="right">\$60.00</td></tr> <tr><td>Amalgam 3 sur</td><td align="right">\$70.00</td></tr> <tr><td>Amalgam 4 sur</td><td align="right">\$80.00</td></tr> <tr><td>Resin 1 surf</td><td align="right">\$80.00</td></tr> <tr><td>Resin 2 sur</td><td align="right">\$90.00</td></tr> <tr><td>Resin 3 sur</td><td align="right">\$100.00</td></tr> <tr><td>Resin 4 sur</td><td align="right">\$110.00</td></tr> <tr><td>Therapeutic Pulpotomy</td><td align="right">\$90.00</td></tr> <tr><td>Frenectomy</td><td align="right">\$425.00</td></tr> <tr><td>SS Crown</td><td align="right">\$200.00</td></tr> <tr><td>Simple</td><td align="right">\$50.00</td></tr> <tr><td>NITROUS</td><td align="right">\$100.00</td></tr> </table>	Oral Eval. (all)	\$10.00	Intra Oral PA's(all)	\$10.00	Bitewings (all)	\$20.00	Pano	\$40.00	Prophy	\$20.00	Space Maint.fixed Unilateral	\$125.00	Space Maint. fixed Bilateral Max	\$170.00	Space Maint. fixed Bilateral/Mand	\$170.00	Amalgam 1 surf	\$50.00	Amalgam 2 sur	\$60.00	Amalgam 3 sur	\$70.00	Amalgam 4 sur	\$80.00	Resin 1 surf	\$80.00	Resin 2 sur	\$90.00	Resin 3 sur	\$100.00	Resin 4 sur	\$110.00	Therapeutic Pulpotomy	\$90.00	Frenectomy	\$425.00	SS Crown	\$200.00	Simple	\$50.00	NITROUS	\$100.00
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<p><b>Paul Tarantola, DDS</b>            360 Westchester Avenue            Port Chester, NY 10573            (914) 939-2127</p>																																											
<p><b><u>SLEEPY HOLLOW</u></b></p> <p><b>Quho Choi DDS PLLC</b>            245 North Broadway Ste 108            Sleepy Hollow, NY 10591            (914)631-0200</p>																																											
<p><u>Additional Fees: Call the doctor to get more information.</u></p>																																											

Westchester Putnam Counties Heavy & Highway Laborers  
Benefit Funds

**SCARSDALE**

**SCARSDALE ENDODONTICS**

**Tatiana Borinos, DDS, PC**  
455 Central Park Ave, Ste 209A  
Scarsdale, NY 10583  
(914) 472-3785

**Additional fees:**

Specialist exam	\$150.00
Pulp vitality test	\$50.00
Ant. Root Canal	\$500.00
Bi. Root Canal	\$550.00
Molar Rt Canal	\$600.00
Ant. Root Canal Rest.	\$600.00
Bic. Root Canal Rest.	\$650.00
Molar. Root Canal Rest.	\$700.00
Protective Restoration	\$120.00

**Westchester Putnam Counties Heavy & Highway Laborers  
Benefit Funds**

	<b><u>WHITE PLAINS</u></b>
	<b>Thomas E. Finehout DDS</b>
	87 Rockingchair Road White Plains, NY 10607 (914) 946-0777 <b><i>Speaks Spanish</i></b>
	<b>Additional Fees:</b> Clasp-new/replacing broken clasp \$125.00
	Reattaching clasp <span style="float: right;">\$125.00</span>
	Replacing facing on Pontic or Crown <span style="float: right;">\$150.00</span>
	Replacing broken rest or lug <span style="float: right;">\$125.00</span>
	¾ cast gold crown <span style="float: right;">\$380.00</span>
	Porcelain crown <span style="float: right;">\$325.00</span>

**Westchester Putnam Counties Heavy & Highway Laborers  
Benefit Funds**

<b>YONKERS</b>	<b>WHITE PLAINS</b>												
<p><b>EXECUTIVE DENTAL CARE OF WESTCHESTER</b>  <b>Nancy Oryani, DDS</b>                      495 Odell Avenue, Suite 1A                      Yonkers, NY 10703                      (914) 423-0000                      (914) 423-0005</p>	<p><b>GALLERIA MALL DENTAL, PC</b>  <b>Ross Krasnov, DDS</b>                      10 Old Mamaroneck Rd Unit 1E                      White Plains, NY 10605                      (914) 997-9000</p>												
<p><b>George Farag, DDS</b>                      1019 Yonkers Avenue                      Yonkers, NY 10704                      (914) 476-9696</p> <p><b>Additional Fees:</b></p> <table border="1"> <tr> <td>Reline/Rebase P/P, F/F</td> <td align="right">\$150.00</td> </tr> <tr> <td>Valplast P/P</td> <td align="right">\$400.00</td> </tr> <tr> <td>Repair/Replace Broken denture tooth</td> <td align="right">\$125.00</td> </tr> <tr> <td>Repair/Replace partial denture clasp</td> <td align="right">\$150.00</td> </tr> </table>	Reline/Rebase P/P, F/F	\$150.00	Valplast P/P	\$400.00	Repair/Replace Broken denture tooth	\$125.00	Repair/Replace partial denture clasp	\$150.00					
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Repair/Replace partial denture clasp	\$150.00												
<p><b>RIVERSIDE DENTAL HEALTH</b>                      1086 N Broadway Ste#20                      Yonkers, NY 10701                      (914) 423-9757</p> <p><b>Additional Fees:</b></p> <table border="1"> <tr> <td>Resin/Composite Filling (1 surface)</td> <td align="right">\$20.00</td> </tr> <tr> <td>Resin/Composite Filling (2 surface)</td> <td align="right">\$30.00</td> </tr> <tr> <td>Porcelain Crown</td> <td align="right">\$300.00</td> </tr> <tr> <td>Post &amp; Core</td> <td align="right">\$100.00</td> </tr> <tr> <td>Root Canals (1 &amp; 2 canals)</td> <td align="right">\$150.00</td> </tr> <tr> <td>Dentures (full, Partial &amp; Immediate)</td> <td align="right">\$300.00</td> </tr> </table>	Resin/Composite Filling (1 surface)	\$20.00	Resin/Composite Filling (2 surface)	\$30.00	Porcelain Crown	\$300.00	Post & Core	\$100.00	Root Canals (1 & 2 canals)	\$150.00	Dentures (full, Partial & Immediate)	\$300.00	
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**BLUE HORIZON DENTAL**

**Dr. Sandra Innabi**  
 970 N. Broadway Ste 301  
 Yonkers, NY 10701  
 (914)-639-4221

**PARK AVENUE DENTISTRY OF YONKERS  
PARK AVENUE SMILES**

**John Habib, DDS**  
 169 Park Avenue  
 Yonkers, NY 10703  
 (914) 965-3864  
*Periodontist & Oral Surgeon on Premises*

**Westchester Putnam Counties Heavy & Highway Laborers  
Benefit Funds**

**Elliott R. Storm, DDS**

**Orthodontist**

7-11 S Broadway Ste 104  
White Plains, NY 10601  
P:(914) 946-3350  
C: (914)522-1527

**CONCERNED DENTAL CARE PC**

119-01 Liberty Avenue  
Richmond Hill, NY 11419  
(718) 843-1616


**NEW BROADWAY DENTAL DDS**

**Natalya Modlin DDS**

1501 Broadway ste 520  
New York, NY 10036  
(212) 398-1969

**Additional Fees:**

Resin/Composite Filling	\$25.00
Inlay/Onlay	\$785.00
Root Canal	\$200.00
Post & Core	\$35.00
Gingivectomy 4211	\$700.00
Gingivectomy 4210	\$900.00
Pedicle Soft Tissue	\$900.00
Osseous Surgery 4260	\$20.00
Osseous Surgery 4261	\$150.00
Bone Replacement	\$650.00
Flexi Pu/PL Denture	\$1,400 ea
Replace missing/broken tooth on denture	\$65.00
Add Clasp to Existing Denture	\$55.00
Add tooth to existing Denture	\$80.00
Rebase	\$200.00
Rebase/Reline Denture Lab	\$250.00
Surgical Extraction	\$55.0

## Westchester Putnam Counties Heavy & Highway Laborers Benefit Funds

If you do not follow the precertification review process, the Fund will pay or deny benefits, after taking into consideration alternative procedures or services, based upon acceptable standards of dental practice.

### **Limitations**

- Oral Examination: You and your eligible dependents are allowed one periodic oral examination every six months.
- Intra-Oral x-rays: You and your eligible dependents are allowed a panoramic radiograph (panorex) or a full mouth series (fourteen - eighteen x-rays, including bitewings, once every 36 months.
- Bitewing x-Rays: You and your eligible dependents are allowed up to four once every six months.
- Single x-rays: Up to four single x-rays are allowed annually, if there is a medical necessity or dental emergency.
- Prophylaxis: You and your eligible dependents are allowed one prophylaxis every six months.
- Anesthesia: You and your eligible dependents are covered for general anesthesia only when applicable and pre-certified in conjunction with oral surgery procedures.

### **Exclusions**

- Services performed for cosmetic reasons.
- There is a maximum of three tooth surfaces payable on any one tooth for a filling.
- Replacement of lost or stolen appliances.
- Replacement of a bridge or denture within five years of its installation unless the replacement is necessary because of the placement of an original opposing denture or the extraction of natural teeth. Note: replacement must be medically necessary, as determined by the Plan's Dental Consultant.
- Appliances or restorations, (other than full dentures) whose primary purpose is to alter vertical dimensions, stabilize periodontally involved teeth or restore occlusion.
- Dental bonding, adhesives, porcelain veneers or Maryland Bridges.
- Replacement of crowns within five years of their installation. Note: replacement must be medically necessary, as determined by the Plan's Dental Consultant.
- Replacement of fillings within three years. Note: replacement must be medically necessary, as determined by the Plan's Dental Consultant.
- Relines or rebases of dentures less than one year after insertion.
- Dental mouth guards and similar mouth devices.
- Coverage is not provided for injuries sustained while committing a felony or illegal act.

## Westchester Putnam Counties Heavy & Highway Laborers Benefit Funds

Exclusions Cont....

### DENTAL BENEFITS

- Experimental procedures or procedures not approved for a specified service by the American Dental Association.
- Specialized techniques including, but not limited to, precision attachments, implantology and procedures associated therewith, personalization or characterization.
- Orthodontic services commenced on or after a covered individual's 19th birthday.
- Services for Temporomandibular Joint Syndrome or Myofacial Pain Syndrome.
- Sealants, except for untreated permanent molars, once every three years, for children under 16 years of age.
- Fluoride treatment for covered persons aged 19 years or older.
- Pulpotomy, except for deciduous (baby) teeth.
- Charges for x-rays taken in conjunction with a root canal treatment and oral surgery services.
- Charges for temporary crowns, bridges or dental flippers.
- Procedures that are not listed on the Plan's fee schedule.

In addition, you are not covered for charges you are not legally required to pay or for charges that would not have been made, had you not had this coverage.

Dental services due to a Workers' Compensation accident/injury are not eligible for payment under this Plan. Benefits will not be paid from the Dental Benefit if they are provided by Federal, State or other laws, unless otherwise required by law.

See the General Exclusions/Limitations section for additional exclusions/limitations.

#### **Extension of Certain Dental Benefits**

This Dental benefit provides coverage for crown, bridge, dentures and root canal procedures performed within three months after your eligibility is lapsed, provided the treatment is started before the eligibility is terminated.



## Westchester Putnam Counties Heavy & Highway Laborers

### Benefit Funds

#### DENTAL BENEFITS

##### **Procedures Applicable to Dental Benefit Claims**

A fully itemized claim must be submitted, on a standard dental claim form, for it to be considered a completed dental claim under this Plan. The form should contain: the participant's name, patient's name, signature of participant/dependent, patient's date of birth, participant's ID number, date of service, Federal Taxpayer Identification (TIN) and National Provider Identifier (NPI) number of the provider, provider's billing name and address, provider's billed charges, with corresponding treatment rendered stating: the tooth number(s) and/or quadrant(s), identification of tooth surfaces to be restored, and CDT-4 Coding (A.D.A. Procedure codes) for each service rendered. Also, a current coordination of benefits form must be on file at the Fund Office.

If the participant is to be reimbursed due to services rendered outside the participating panel, the participant will need to include the claim form above, but also proof of payment for rendered services.

All claims should be submitted to the Fund Office at:

Attention: Dental Administration  
Westchester Putnam Counties Heavy & Highway Laborers  
Local 60 Health and Welfare Fund  
140 Broadway  
Hawthorne, NY 10523  
914-769-2440

##### **Other Important Information about your Dental Plan**

Please read the following general sections of this Health and Welfare SPD section for important information that also applies to your Dental Plan:

- Member and Dependent Eligibility for Coverage,
- Basic Rules and Exclusions of the Plan,
- Coordination of Benefits (COB),
- Claim Filing and Appeal Procedures,
- Continuation of Coverage (COBRA)

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**PLAN  
ALLOWANCE**

**Preventative**

Periodic oral examination	30.00
Adult prophylaxis	48.00
Child prophylaxis	32.00
Sealant	35.00
Fluoride	28.00

**Radiology**

Single film or single Bitewing	8.00
Complete FM series (incl bitewings)	60.00
Intraoral Occlusal film	20.00
Extraoral film	20.00
(2) Bitewing x-rays	15.00
(4) Bitewing x-rays	30.00
Facial bone survey film	40.00
Panoramic film	60.00
Cephalometric film	60.00

**Restoration (fillings)**

Amalgam (1) surface	40.00
Amalgam (2) surfaces	65.00
Amalgam (3) or more surfaces	75.00
Resin Composite, (1) surface	45.00
Resin Composite, (2) surfaces	65.00
Resin Composite, (3) or more surfaces	80.00

**\* Crowns**

Inlay/onlay	65.00
3/4 cast gold crown	500.00
Porcelain crown	500.00
Resin crown	500.00
Pin retention	15.00
Core build-up-incl pins	92.00
Post & Core	92.00

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**SCHEDULE OF PROCEDURES.....**

	<b>PLAN ALLOWANCE</b>
<b>* Crowns (continued)</b>	
Resin crown, lab processed (deciduous teeth only)	75.00
recement post	30.00
recement crown	30.00
Stainless steel crown (deciduous teeth only)	40.00
Replace facing/bridge repair	45.00
Recement bridge (each abutment)	30.00
<b>* Endodontics</b>	
Anterior root canal (1) canal	275.00
Bicuspid root canal (2) canals	320.00
Molar root canal (3) or more canals	400.00
Apicoectomy	175.00
Retrograde filling, per root	30.00
Pulp vitality test	18.00
Pulpotomy (deciduous teeth only)	45.00
Hemisection incl root removal	100.00
<b>* Periodontics</b>	
periodontal scaling, per quadrant	65.00
Gingivectomy/Gingioplasty, per quad	100.00
Gingivectomy/Gingioplasty, 1-3 teeth	60.00
Osseous surg, per quad	330.00
Osseous surg, 1-3 teeth	110.00
Bone replacement graft	148.00
Pedicle soft tissue graft	120.00
F/M debridement	260.00
Periodontal maintenance	110.00
<b>* Dentures</b>	
Complete, upper or lower denture	525.00
Immediate, upper or lower denture	585.00
Partial upper or lower	525.00
Removable unilateral partial denture	225.00

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**SCHEDULE OF PROCEDURES.....**

	<b>PLAN ALLOWANCE</b>
<b>* Dentures (continued)</b>	
Replace tooth on denture	35.00
Repair denture	30.00
Add/repair/replace clasp to partial denture	45.00
Add tooth to partial denture	40.00
Rebase/reline denture - chairside	65.00
Reline denture - Lab	105.00
<b>**Oral Surgery</b>	
Simple Extraction	65.00
Surgical removal	95.00
Soft tissue impaction	160.00
Partial bony impaction	190.00
Complete bony impaction	220.00
Surgical access of unerupted tooth	150.00
Extract residual tooth roots	100.00
Biopsy oral tissue	125.00
Alveoplasty, per quadrant	85.00
Vestibuloplasty	175.00
Removal benign odontogenic cyst/tumor	165.00
Remove benign non-odontogenic cyst/tumor	135.00
Removal exostosis	190.00
I & D abscess inter-oral	130.00
I & D abscess extra-oral	220.00
Repair tissue defect	115.00
Lingual frenulectomy	160.00
General anesthesia In-office (first 30 min)	45.00
General anes. In-office (each add'l 15 min)	40.00
<b>** NOTE: Oral surgery allowance includes x-ray films &amp; all pre &amp; post-operative care</b>	

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**SCHEDULE OF PROCEDURES...**

	<b>PLAN ALLOWANCE</b>
<b>Miscellaneous Procedures:</b>	
Palliative visit (max of 2 visits/year)	30.00
Specialist consultation (in office)	35.00
* Occlusal adjustment	25.00
* Removable appliance	240.00
* Fixed appliance	280.00
* Fixed space maintainer	165.00
* Removable space maintainer	180.00
<b>* SERVICES REQUIRE PRE-AUTHORIZATION</b>	

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**PLAN MAXIMUMS**

**Plan Lifetime Maximums:**

Orthodontic Benefits for dependent children under age 19. **\$1,500.00**

**Plan Annual maximum:**

Per covered person, per calendar year. **\$1,800.00**

**Plan Annual Deductible:**

**\$ 50.00**

**Not applicable to orthodontic, periodic preventative oral examination, prophylaxis and corresponding x-rays.**

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Notes

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**Notes**