



REMINDER!

DENTAL BENEFITS NOW PROVIDED

Effective March 1, 2010, dental benefits are provided to all eligible Participants and Dependents through **Group Dental Service (GDS)**.

The Fund has contracted with **Group Dental Service of Maryland, Inc. (GDS-MD)** to provide managed Dental Benefits through a closed panel of Participating Dentists. This means that dental services are covered only when performed by a Participating Dentist, except for emergency care or when otherwise approved by GDS-MD:

How to Choose a Participating Dentist

To choose a Participating Dentist, call **GDS-MDs Administrative Office at 1-800-242-0450**. A Member Services Representative will provide you with a list of Participating Dentists that are close to where you live or work. You and each of your covered dependents are free to choose the same or a different Participating Dentist as their primary dentist. You or your dependent may change your selection at any time by calling GDS-MD.

Covered Dental Services

This is a basic outline of covered dental services under the Dental Plan. This is only a summary of the covered dental services. For a complete list of covered dental services, please **contact GDSMD at 1-800-242-0450**.

Diagnostic & Preventive

	<i>Member Co-Payment</i>
Periodic Oral Exam	\$20
Bitewings - Two Films	\$10
Panoramic Film (once per 3 years)	\$25
Prophylaxis - Adult (once per 6 months)	\$35

Basic Restorative

Amalgam - One Surface, Primary/Permanent	\$30
Amalgam - Two Surfaces, Primary/Permanent	\$40
Resin - One Surface, Anterior	\$30

Crowns (Single Restorations)

Crown - Porcelain/Ceramic Substrate	\$550
Crown - Porcelain fused to High Noble Metal	\$550 + gold
Crown - Porcelain Fused to Predominately Base Metal	\$550

Endodontics

Anterior Root Canal Therapy	\$250
Bicuspid Root Canal Therapy	\$350
Molar Root Canal Therapy	\$450

Periodontics

Periodontal Scaling & Root Planning	\$90
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Removable Prosthetics

Complete Upper and/or Lower Denture	\$500
Upper and/or Lower Partial - Cast Metal Frame w/Resin Base	\$500

Oral Surgery

Extraction, Erupted Tooth or Exposed Root	\$30
Surgical Removal of Erupted Tooth	\$75

This is only a summary of the covered dental services. For a complete list of covered dental services as well as Exclusions and Limitations of coverage, please call **GDS-MD at 1-800-242-0450**.

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Please keep this in your Summary Plan Description for handy reference and safekeeping. If you do not have a Summary Plan Description, you may obtain a copy by making a written request to the Fund Office, Laborers' District Council Health and Welfare Trust Fund No. 2; 7130 Columbia Gateway Drive, Suite A; Columbia, MD 21046; 866-553-6559.

Sincerely,

BOARD OF TRUSTEES

SMM#2 / SPD 6/09