

# Service Employees Benefit Fund

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## DENTAL SCHEDULE OF BENEFITS – SUMMARY

SEBF dental plans have no deductibles and will reimburse up to \$1,500 per person, per calendar year.

### **BASIC and COMPREHENSIVE PLANS** (include the following)

#### Preventive and Diagnostic Services

<u>ADA Code</u>		<u>Effective 1/1/2020 Reimbursement</u>
	<b><u>Examinations</u></b>	
0120	Periodic Oral Exam	\$29
0150	Comprehensive Oral Exam	\$35
	<b><u>Radiographs (X-rays)</u></b>	
0210	Intraoral-Complete Series	\$75
0220	Intraoral-Periapical, 1 <sup>st</sup> Film	\$14
0230	Intraoral-Periapical, Additional Films	\$10
0272	Bitewings – two films	\$19
0274	Bitewings – four films	\$31
0330	Panoramic Image	\$45
	<b><u>Prophylaxis (Cleanings)</u></b>	
1110	Adult Prophylaxis – 12 years and older	\$58
1120	Child Prophylaxis – under age 12	\$43
1208	Fluoride Treatment - up to age 19	\$20
1351	Sealants - up to age 14	\$43
	<b><u>Restorations (Fillings)</u></b>	
2330	Resin Based Composite, One Surface-Anterior	\$65
2331	Resin Based Composite, Two Surfaces-Anterior	\$90
2332	Resin Based Composite, Three Surfaces-Anterior	\$108
2391	Resin Based Composite, One Surface-Posterior	\$70
2392	Resin Based Composite, Two Surface-Posterior	\$90
2393	Resin Based Composite, Three Surfaces-Posterior	\$108
	<b><u>Endodontic – Root Canals</u></b>	
3220	Pulpotomy	\$87
3310	Anterior Root Canal	\$420
3320	Bicuspid Root Canal	\$475
3330	Molar Root Canal	\$630

<u>ADA Code</u>		<u>Reimbursement</u>
	<b><u>Periodontics</u> (treatment of gums and supporting structures of teeth)</b>	
4211	Gingivectomy One to Three Contiguous Teeth	\$85
4260	Osseous Surgery per Quadrant	\$450
4341	Perio Scaling & Root Planing Per Quadrant	\$110
4910	Periodontal Maintenance	\$68
	<b><u>Oral Surgery – Extractions</u></b>	
7140	Extraction, Erupted Tooth or Exposed Root	\$100
7210	Surgical Removal of Erupted Tooth	\$140
7220	Removal of Impacted Tooth-Soft Tissue	\$250
7230	Removal of Impacted Tooth-Partial Bony	\$300
7240	Removal of Impacted Tooth-Completely Bony	\$380
	<b><u>Adjunctive Services</u></b>	
9110	Palliative Treatment	\$40
9222	General Anesthesia – First 15 minute	\$113
9243	Intravenous Conscious Sedation – 15 minute increments	\$76
9310	Consultation	\$87

**BASIC PLAN COVERAGE ENDS HERE**

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**COMPREHENSIVE PLAN ONLY (includes all BASIC procedures PLUS the following)**

**Major Prosthetic Services - Five year replacement limitation**

	<b><u>Crowns</u></b>	
2740	Porcelain Crown	\$580
2750	Porcelain to Metal Crown	\$600
2790	Full Cast Metal Crown	\$580
	<b><u>Other Crown Services</u></b>	
2920	Recement Crown	\$45
2950	Core Build-Up/Including Any Pins	\$100
2952	Post and Core, in Addition to Crown-Indirectly Fabricated	\$175
2954	Post and Core, in Addition to Crown -Prefabricated	\$145
	<b><u>Removable Prosthetics – Dentures</u></b>	
5110	Complete Upper Denture	\$725
5120	Complete Lower Denture	\$725
5213	Upper Partial Denture/Resin Base	\$750
5214	Lower Partial Denture/Resin Base	\$750
5510	Repair Broken Full Denture Base	\$87
5640	Replace One Broken Tooth on Denture	\$87
5650	Add Tooth to Existing Partial Denture	\$87
5750	Reline Full Upper Denture (Lab)	\$232
	<b><u>Bridge Crowns</u></b>	
6240	Porcelain to High Noble Metal Pontic	\$525
6750	Porcelain to High Noble Metal Crown	\$600
6751	Porcelain to Base Metal Crown	\$600
6752	Porcelain to Noble Metal Crown	\$600