

SERVICE EMPLOYEES BENEFIT FUND

Phone (315) 218-6513 Fax (315) 701-0686

Dental Schedule of Benefits**Calendar year maximum \$1,500 per person/No deductible**

<u>Procedure Code</u>	<u>Description</u>	<u>Effective 7/1/16 Reimbursement</u>
<u>DIAGNOSTIC & PREVENTIVE</u>		
0120	Periodic Oral Exam	\$29
0140	Limited Oral Evaluation	\$27
0145	Oral Evaluation for patient under 3 years old	\$20
0150	Comprehensive Oral Evaluation	\$35
0160	Detailed Extensive Oral Evaluation-Problem	\$35
0170	Re-evaluation, Limited, Problem Focused	\$35
0210	Intraoral - Complete Series of Radiographic Images	\$65
0220	Intraoral-Periapical, 1st Film	\$14
0230	Intraoral-Periapical, Additional Films	\$10
0240	Intraoral-Occlusal Film	\$17
0250	Extra-Oral X-ray - 2D projection Radiographic Image	\$29
0270	Bitewing X-ray-Single Film	\$14
0272	Bitewings - Two Films	\$19
0273	Bitewings - Three Films	\$21
0274	Bitewings - Four Films	\$31
0277	Vertical Bitewing 7-8 Films	\$50
0290	Posterior -Anterior/Lateral Film	\$72
0330	Panoramic Image	\$45
0431	Adjunctive Pre-Diagnostic Test	N/C
0460	Pulp Vitality Tests	N/C
0470	Diagnostic Cast	N/C
1110	Adult Prophylaxis	\$58
1120	Child Prophylaxis	\$43
1206	Topical Application of Fluoride Varnish	\$16
1208	Topical Application of Fluoride -Excluding Varnish	\$16
1330	Oral Hygiene Instruction	N/C
1351	Sealant - Per Tooth	\$43
1510	Space Maintainer - Fixed Unilateral	\$116
1515	Space Maintainer - Fixed Bilateral	\$174
1520	Space Maintainer - Removable Unilateral	\$85
1525	Space Maintainer- Removable Bilateral	\$85
1550	Recement Space Maintainer	\$30

RESTORATIONS		
2140	Amalgam - One Surface	\$60
2150	Amalgam - Two Surfaces	\$84
2160	Amalgam - Three Surfaces	\$106
2161	Amalgam - Four or More Surfaces	\$142
2330	Resin Based Composite - One Surface, Anterior	\$65
2331	Resin Based Composite - Two Surfaces, Anterior	\$90
2332	Resin Based Composite - Three Surfaces, Anterior	\$108
2335	Resin Based Composite - Four or More Surfaces, Anterior	\$145
2391	Resin Based Composite - One Surface, Posterior	\$65
2392	Resin Based Composite - Two Surfaces, Posterior	\$90
2393	Resin Based Composite - Three Surfaces, Posterior	\$108
2394	Resin Based Composite - Four or More Surfaces, Posterior	\$145
2510	Inlay Metallic - One Surface	\$225
2520	Inlay Metallic - Two Surfaces	\$300
2530	Inlay Metallic - Three or More Surfaces	\$395
2542	Onlay Metallic - Two Surfaces	\$300
2543	Onlay Metallic - Three Surfaces	\$395
2544	Onlay Metallic - Four or More Surfaces	\$420
2610	Inlay Porcelain/Ceramic, One Surface	\$225
2620	Inlay Porcelain/Ceramic, Two Surfaces	\$300
2630	Inlay Porcelain/Ceramic, Three or More Surfaces	\$395
2642	Onlay Porcelain/Ceramic, Two Surfaces	\$300
2643	Onlay Porcelain/Ceramic, Three Surfaces	\$395
2644	Onlay Porcelain/Ceramic, Four or More Surfaces	\$420
2650	Inlay Resin Based Composite - One Surface	\$225
2651	Inlay Resin Based Composite - Two Surfaces	\$300
2652	Inlay Resin Based Composite - Three or More Surfaces	\$395
2662	Onlay Resin Based Composite - Two Surfaces	\$225
2663	Onlay Resin Based Composite - Three Surfaces	\$300
2664	Onlay Resin Based Composite - Four or More Surfaces	\$395

CROWN RESTORATION		
2710	Crown - Resin Based Composite	\$290
2720	Crown - Resin/High Noble Metal	\$493
2721	Crown - Resin/Base Metal	\$493
2722	Crown - Resin/Noble Metal	\$493
2740	Crown - Porcelain/Ceramic Substrate	\$580
2750	Crown - Porcelain/High Noble Metal	\$600
2751	Crown - Porcelain/Base Metal	\$600
2752	Crown - Porcelain/Noble Metal	\$600
2780	Crown - 3/4 Cast High Noble Metal	\$580
2781	Crown - 3/4 Cast Predominantly Base Metal	\$580
2782	Crown - 3/4 Cast Noble Metal	\$580
2783	Crown - 3/4 Porcelain/Ceramic	\$580
2790	Crown - Full Cast High Noble Metal	\$580
2791	Crown - Full Cast Base Metal	\$580
2792	Crown - Full Cast Noble Metal	\$580
2799	Provisional Crown	N/C
2910	Recement Inlay, Onlay or Veneer	\$25
2915	Recement Cast or Prefab Post & Core	\$25
2920	Recement Crown	\$43
2930	Prefab. Stainless Steel Crown, Primary	\$116
2931	Prefab. Stainless Steel Crown, Permanent	\$116
2932	Prefabricated Resin Crown	\$116
2933	Prefabricated Stainless Steel Crown Resin	\$130
2940	Protective Restoration	\$40
2950	Core Buildup, Inc. Any Pins	\$75
2951	Pin Retention/-Per Tooth Plus Restoration	\$29
2952	Post and Core in Addition to Crown	\$175
2953	Each Additional Fabricated Post	\$10
2954	Prefabricated Post & Core in Addition to Crown	\$145
2960	Labial Veneer - Laminate - Chairside	BR
2961	Labial Veneer/Resin Laminate - Lab	BR
2962	Labial Veneer/Porcelain Laminate - Lab	BR
2971	Addl Proc for New Crown -Partial Framework	\$40
2980	Crown Repair necessitated by material failure	\$40

ENDODONTICS		
3110	Pulp Cap - Direct, Excluding Final Restoration	N/C
3120	Pulp Cap - Indirect, Excluding Final Restoration	N/C
3220	Therapeutic Pulpotomy	\$87
3221	Pulpal Debridement	\$87
3230	Pulpal Therapy- Anterior Primary Tooth	\$174
3240	Pulpal Therapy- Posterior Primary Tooth	\$240
3310	Root Canal Therapy - Anterior Tooth	\$325
3320	Root Canal Therapy - Bicuspid Tooth	\$425
3330	Root Canal Therapy - Molar	\$550
3332	Incomplete Endodontic Therapy	\$100
3333	Internal Root Repair	\$100
3346	Retreatment - Root Canal Therapy - Anterior Tooth	\$275
3347	Retreatment - Root Canal Therapy - Bicuspid Tooth	\$375
3348	Retreatment - Root Canal Therapy - Molar	\$450
3351	Apexification/Recalcification - Initial Visit	\$87
3352	Apexification/Recalcification - Interim Visit	\$87
3353	Apexification/Recalcification- Final Visit	\$116
3410	Apicoectomy - Anterior Tooth	\$210
3421	Apicoectomy - Bicuspid, 1st Root	\$217
3425	Apicoectomy - Molar, 1st Root	\$232
3426	Apicoectomy - Each Additional Root	\$72
3430	Retrograde Filling - Per Root	\$125
3450	Root Amputation - Per Root	\$210
3460	Endodontic Endosseous Implant	N/C
3470	Intention Replant Including Splint	N/C
3920	Hemisection - Not including Root Canal Therapy	\$75
3950	Canal Preparation for Post or Dowels	N/C

PERIODONTICS		
4210	Gingivectomy/Ginivoplasty - Four or more contiguous teeth	\$225
4211	Gingivectomy/gingivoplasty - One to three contiguous teeth	\$85
4240	Gingival Flap Surgery - Four or more contiguous teeth	\$135
4241	Gingival Flap Surgery - One to three contiguous teeth	\$75
4245	Apically Positioned Flap	\$50
4249	Crown Lengthening -Hard tissue	\$250
4260	Osseous Surgery - Four or more contiguous teeth	\$450
4261	Osseous Surgery - One to three contiguous teeth	\$350
4263	Bone Replacement Graft-First Site Quadrant	\$150
4264	Bone Replacement Graft Additional Site	\$75
4265	Biological Materials	N/C
4266	Guided Tissue Regeneration, Resorbable Barrier, per site	\$150
4267	Guided Tissue Regeneration, Nonresorbable Barrier, per site	\$150
4268	Surgical Revision Procedure, Per tooth	\$150
4270	Pedicle Soft Tissue Graft Procedure	\$150
4273	Autogenous Tissue Graft Procedure	\$300
4274	Distal/Proximal Wedge Procedure	BR
4320	Provisional Splinting - Intracoronal	BR
4321	Provisional Splinting - Extracoronal	BR
4341	Perio/Scaling and Root Planning - Four or more teeth per quad	\$78
4342	Perio/Scaling and Root Planning - One to three teeth per quad	\$40
4355	Full Mouth Debridement for Comprehensive Evaluation	\$75
4381	Localized Delivery of Antimicrobial Agents	N/C
4910	Periodontal Maintenance	\$68

REMOVABLE PROSTHODONTICS

5110	Complete Denture - Maxillary	\$650
5120	Complete Denture - Mandibular	\$650
5130	Immediate Denture - Maxillary	\$650
5140	Immediate Denture - Mandibular	\$650
5211	Maxillary Partial Denture - Resin Base	\$580
5212	Mandibular Partial Denture - Resin Base	\$580
5213	Maxillary Partial Denture - Metal Frame/Resin Base	\$685
5214	Mandibular Partial Denture -Metal Frame/Resin base	\$685
5225	Maxillary Partial Denture-Flex Base	\$685
5226	Mandibular Partial Denture -Flex base	\$685
5410	Adjust Complete Denture - Maxillary	\$25
5411	Adjust Complete Denture - Mandibular	\$25
5421	Adjust Partial Denture - Maxillary	\$25
5422	Adjust Partial Denture - Mandibular	\$25
5510	Repair Broken Complete Denture Base	\$87
5520	Repair Missing or Broken Teeth - Complete Denture	\$58
5610	Repair Resin Denture Base	\$87
5620	Repair Cast Framework	\$174
5630	Repair or Replace Broken Clasp - Per Tooth	\$174
5640	Replace Broken Teeth - per tooth	\$87
5650	Add Tooth to Existing Partial Denture	\$87
5660	Add Clasp to Existing Partial Denture - Per Tooth	\$145
5670	Replace Teeth and Acrylic on Cast Metal Framework-Maxillary	\$75
5671	Replace Teeth and Acrylic on Cast Metal Framework-Mandibular	\$75
5710	Rebase Complete Denture - Maxillary	\$232
5711	Rebase Complete Denture - Mandibular	\$232
5720	Rebase Partial Denture - Maxillary	\$174
5721	Rebase Partial Denture -Mandibular	\$174
5730	Reline Full Denture - Maxillary (Chairside)	\$145
5731	Reline Full Denture - Mandibular (Chairside)	\$145
5740	Reline Partial Denture - Maxillary (Chairside)	\$116
5741	Reline Partial Denture - Mandibular (Chairside)	\$116
5750	Reline Complete Denture - Maxillary (Lab)	\$232
5751	Reline Complete Denture - Mandibular (Lab)	\$232
5760	Reline Partial Denture - Maxillary (Lab)	\$174
5761	Reline Partial Denture -Mandibular (Lab)	\$174
5810	Interim Complete Denture - Maxillary	N/C

REMOVABLE PROSTHODONTICS (Cont'd)		
5811	Interim Complete Denture - Mandibular	N/C
5820	Interim Partial Denture - Maxillary	N/C
5821	Interim Partial Denture - Mandibular	N/C
5850	Tissue Condition - Maxillary	\$29
5851	Tissue Condition - Mandibular	\$29
5862	Precision Attachment - By Report	BR
5867	Replace Semi-Precision or Precision Attachment	BR
FIXED PROSTHODONTICS		
6010	Surgical Placement of Implant Body	N/C
6056	Prefabricated Abutment	N/C
6058	Abutment Supported Porc/Ceramic Crown	\$600
6059	Abutment Supported PFM High Noble Metal	\$600
6060	Abutment Supported PFM Base Metal	\$600
6061	Abutment Supported PFM Noble Metal	\$600
6062	Abutment Supported Cast Crown High Noble	\$600
6063	Abutment Supported Cast Crown Base Metal	\$600
6064	Abutment Supported Cast Crown Noble Metal	\$600
6065	Implant Supported Porcelain/Ceramic Crown	\$600
6066	Implant Supported PFM Crown	\$600
6210	Pontic - Cast High Noble Metal	\$500
6211	Pontic - Cast Predominantly Base Metal	\$500
6212	Pontic - Cast Noble Metal	\$500
6240	Pontic - Porcelain Fused to High Noble Metal	\$500
6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$500
6242	Pontic - Porcelain Fused to Noble Metal	\$500
6250	Pontic - Resin with High Noble Metal	\$500
6251	Pontic - Resin with Predominantly Base Metal	\$500
6252	Pontic - Resin with Noble Metal	\$500
6545	Retainer - Cast Metal	\$189
6610	Retainer Onlay- Cast High Noble Metal - 2 Surfaces	\$500
6720	Retainer Crown- Resin with High Noble Metal	\$500
6721	Retainer Crown- Resin with Predominantly Base Metal	\$500
6722	Retainer Crown- Resin with Noble Metal	\$500
6750	Retainer Crown-Porcelain Fused to High Noble Metal	\$600
6751	Retainer Crown- Porcelain Fused to Base Metal	\$600
6752	Retainer Crown- Porcelain Fused to Noble Metal	\$600

<u>FIXED PROSTHODONTICS (Cont'd)</u>		
6780	Retainer Crown - 3/4 Cast High Noble Metal	\$500
6790	Retainer Crown - Full Cast High Noble Metal	\$500
6791	Retainer Crown - Full Cast Predominantly Base Noble Metal	\$500
6792	Retainer Crown - Full Cast Noble Metal	\$500
6930	Re-cement Fixed Partial Denture	\$58
6940	Stress Breaker	N/C
6950	Precision Attachment	N/C
6980	Fixed Partial Denture Repair	\$50
<u>ORAL SURGERY</u>		
7111	Extraction, Coronal Remnants -Deciduous Tooth	\$45
7140	Extraction - Erupted Tooth or Exposed Root	\$70
7210	Surgical Removal of Erupted Tooth	\$125
7220	Removal of Impacted Tooth - Soft Tissue	\$150
7230	Removal of Impacted Tooth -Partially Bony	\$240
7240	Removal of Impacted Tooth - Completely Bony	\$325
7241	Removal of Impacted Tooth - Completely Bony Unusual	\$325
7250	Surgical Removal of Residual Tooth Roots	\$75
7251	Coronectomy-Intentional Partial Tooth Removal	\$100
7272	Tooth Transplantation	N/C
7280	Surgical Access of an Unerupted Tooth	\$290
7282	Mobilization of Erupted Tooth	\$50
7283	Placement of Device for Impacted Tooth Eruption	\$50
7285	Incisional Biopsy of Oral Tissue - Hard	\$116
7286	Incisional Biopsy of Oral Tissue - Soft	\$87
7290	Surgical Repositioning of Teeth	\$145
7291	Transseptal Fiberotomy	\$30
7310	Alveoplasty - Four or More Teeth w/ Extraction	\$100
7311	Alveoplasty - One to Three Teeth w/ Extraction	\$50
7320	Alveoplasty - Four or More Teeth w/out Extraction	\$145
7321	Alveoplasty - One to Three Teeth w/out Extraction	\$50
7410	Excision of Benign Lesion Up to 1.25 cm	\$101
7411	Excision of Benign Lesion > 1.25 cm	\$101
7412	Excision of Benign Lesion, Complicated	\$101
7440	Excision of Malignant Tumor up to 1.25 cm	\$101
7441	Excision of Malignant Tumor > 1.25 cm	\$101
7450	Removal Odont Cyst Tumor up to 1.25 cm	\$87

ORAL SURGERY (Cont'd)		
7451	Removal Odont Cyst Tumor > 1.25 cm	\$87
7460	Removal of Nonodont Cyst Tumor up to 1.25 cm	\$101
7461	Removal of Nonodont Cyst Tumor > 1.25 cm	\$101
7465	Destruction of Lesion- by Physical or Chemical	\$25
7471	Removal of Lateral Exocytosis	\$130
7510	Incision & Drainage of Abcess - Intraoral Soft Tissue	\$72
7511	Incision/Drainage of Abcess - Intraoral Soft Tissue - Complicated	\$30
7520	Incision/Drainage of Abcess -Extraoral Soft Tissue	\$174
7521	Incision/Drainage of Abcess -Extraoral Soft Tissue - Complicated	\$75
7530	Removal of Foreign Body from Mucosa, Skin or Tissue	BR
7540	Removal of Reaction Producing Foreign Body	BR
7910	Suture of Small Wound up to 5 cm	\$116
7911	Complicated Suture; up to 5 cm	\$145
7912	Complicated Suture; > 5 cm	BR
7953	Bone Replacement Graft for Ridge Preservation	\$70
7960	Frenulectomy	\$203
7970	Excision of Hyperplastic Tissue	\$232
7971	Excision of Pericoronal Gingiva	\$72
ADJUNCTIVE SERVICES		
9110	Palliative Treatment of Pain (Emergency)	\$40
9210	Local Anesthesia - No Surgery	N/C
9211	Regional Block Anesthesia	N/C
9223	General Anesthesia - 15 minute increments	\$100
9230	Inhalation of Nitrous Oxide/Analgesia	N/C
9243	Intravenous Sedation - 15 minute increments	\$75
9248	Non-Intravenous Conscious Sedation	N/C
9310	Consultation	\$87
9430	Office Visit for Observation	\$21
9440	Office Visit After Hours	\$30
9610	Therapeutic Parenteral Drug	BR
9910	Application of Desensitizing Medicament	N/C
9930	Treatment of Complications (Post Surgical), Unusual	N/C
9940	Occlusal Guard	BR
9999	Unspecified Adjunctive Procedure by Report	BR

<u>LIMITATIONS:</u>		
Exams - Limited to two per calendar year, per person		
X-rays - Full mouth x-rays or panorex are limited to one per three year period		
X-rays - Bitewings limited to four per 12 month period		
Prophylaxis - Limited to two per calendar year, per person		
Fluorides - Limited to two per calendar year, per child to age 19		
Sealants - Application is for posterior teeth only, once in a three-year period, for children to age 14		
Periodontal Scaling - Limited to each quad once per calendar year (2 quads per visit)		
Full Mouth Debridement - Limited to once per calendar year		
Periodontal Prophylaxis*- Limited to twice per calendar year on addition to prophylaxis		
*with prior Periodontal treatment		
<u>EXCLUSIONS:</u>		
Infection Control fees		
Temporary prosthetics		
Pulp Vitality Tests		
Diagnostic costs		
Adult Fluorides		
Sealants for children 14 years and over		
Orthodontics		
Bleaching		
Cosmetic Services		
Tooth Implants		
Periodontal surgery in same area limited to once per three-year period		
Duplicate prosthetics within a five-year period		
Replacement dentures and partials within a five-year period		
Replacement of lost or stolen dentures within a five-year period		
Hygiene Instruction		
Dietary Instruction or Educational Programs		
Completion of Form		
Experimental Services		