

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, calendar year.

BASIC and COMPREHENSIVE PLANS (include the following)

Preventive and Diagnostic Services

<u>ADA Code</u>		<u>Effective 7/1/16 Reimbursement</u>
<u>Examinations</u>		
0120	Periodic Oral Exam	\$29
0150	Comprehensive Oral Exam	\$35
<u>Radiographs (X-rays)</u>		
0210	Intraoral-Complete Series	\$65
0220	Intraoral-Periapical, 1 st Film	\$14
0230	Intraoral-Periapical, Additional Films	\$10
0272	Bitewings – two films	\$19
0274	Bitewings – four films	\$31
0330	Panoramic Image	\$45
<u>Prophylaxis (Cleanings)</u>		
1110	Adult Prophylaxis – 12 years and older	\$58
1120	Child Prophylaxis – under age 12	\$43
1208	Fluoride Treatment - up to age 19	\$16
1351	Sealants - up to age 14	\$43
<u>Restorations (Fillings)</u>		
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	\$65
2392	Resin Based Composite, Two Surface-Posterior	\$90
2393	Resin Based Composite, Three Surfaces-Posterior	\$108
<u>Endodontic – Root Canals</u>		
3220	Pulpotomy	\$87
3310	Anterior Root Canal	\$325
3320	Bicuspid Root Canal	\$425
3330	Molar Root Canal	\$550

<u>ADA Code</u>		<u>Reimbursement</u>
	<u>Periodontics</u> (treatment of gums and supporting structures of teeth)	
4211	Gingivectomy One to Three Contiguous Teeth	\$85
4260	Osseous Surgery per Quadrant	\$450
4341	Perio Scaling & Root Planing Per Quadrant	\$78
4910	Periodontal Maintenance	\$68
	<u>Oral Surgery – Extractions</u>	
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-Partial Bony	\$240
7240	Removal of Impacted Tooth-Completely Bony	\$325
	<u>Adjunctive Services</u>	
9110	Palliative Treatment	\$40
9223	General Anesthesia – 15 minute increments	\$113
9243	Intravenous Conscious Sedation – 15 minute increments	\$75
9310	Consultation	\$87

BASIC PLAN COVERAGE ENDS HERE

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

Major Prosthetic Services - Five year replacement limitation

	<u>Crowns</u>	
2740	Porcelain Crown	\$580
2750	Porcelain to Metal Crown	\$600
2790	Full Cast Metal Crown	\$580
	<u>Other Crown Services</u>	
2920	Recement Crown	\$43
2950	Core Build-Up/Including Any Pins	\$75
2952	Post and Core, in Addition to Crown-Indirectly Fabricated	\$175
2954	Post and Core, in Addition to Crown -Prefabricated	\$145
	<u>Removable Prosthetics – Dentures</u>	
5110	Complete Upper Denture	\$650
5120	Complete Lower Denture	\$650
5213	Upper Partial Denture/Resin Base	\$685
5214	Lower Partial Denture/Resin Base	\$685
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
	<u>Bridge Crowns</u>	
6240	Porcelain to High Noble Metal Pontic	\$500
6750	Porcelain to High Noble Metal Crown	\$600
6751	Porcelain to Base Metal Crown	\$600
6752	Porcelain to Noble Metal Crown	\$600