

Root canal therapy, anterior	.....\$435
Root canal therapy, bicuspid	.....\$475
Root canal therapy, molar	.....\$535
OTHER ENDODONTIC/PERIRADICULAR SERVICES	
Pulpotomy (<i>deciduous teeth only</i>)	.....\$ 31
Apicoectomy (<i>per tooth</i>)	.....\$100
<i>(General anesthesia covered)</i>	
Retrograde filling (<i>per tooth, in conjunction with apicoectomy</i>)	.....\$ 50

PERIODONTICS

Consists of treatment of diseases of the tissues (gums and bone) which support the teeth. Allowances for periodontics include all pre and post-operative care and other diagnostic services. When such services are provided, the allowance shall be made on a quadrant or sextant basis. All periodontal work will be professionally reviewed for necessity and appropriateness of the planned treatment, taking into account the exclusions and limitations of the Plan. The treatment plan must be accompanied by periodontal charting and x-rays.

Benefits will be paid for only the most comprehensive surgical procedure necessary in each site.

Periodontic benefits are not usually paid when these services are performed on patients under the age of 19. Exceptions can be made based on documented medical necessity.

Periodontal scaling and root planing, <i>per quadrant (1 per 6 month period)</i>	.....\$ 40
Gingivectomy or gingivoplasty, per quadrant <i>(1 per 5 years)</i>	.....\$250
Osseous surgery, per quadrant (<i>1 per 5 years</i>)	.....\$350
Periodontal maintenance procedure	.....\$ 60
<i>(1 per 6 months, prophylaxis or periodontal maintenance procedure)</i>	

PROSTHODONTICS (REMOVABLE)

COMPLETE DENTURES (including routine post-delivery care)

*A benefit will be paid for a permanent denture replacing an interim denture after 6 months but no longer than 12 months from the date the interim denture was inserted. If no permanent denture is inserted prior to 12 months, the interim denture will be considered a permanent denture. **The Plan will pay for no other insertion within the next 5 year period.** Benefits are payable **only** upon insertion of denture.*

Full upper or lower denture, permanent	.....\$600
Full upper or lower denture, implant/abutment supported	.....\$600
Full upper or lower denture, interim	.....\$144
PARTIAL DENTURES (including routine post-delivery care)	
Partial upper or lower denture, permanent	.....\$600

Partial upper or lower denture, implant/abutment supported	.....\$600
Unilateral partial upper or lower denture, permanent	.....\$300
Interim partial dentures, upper or lower	.....\$120
<i>(anterior teeth only)</i>	

REPAIRS TO FULL/COMPLETE DENTURES

Repair broken complete denture base	.....\$125
Replace missing or broken teeth (<i>any number</i>)	..\$50

REPAIRS TO PARTIAL DENTURES

Repair resin denture base	.....\$125
Repair cast framework	.....\$125
Repair or replace broken clasp	.....\$ 50
Replace broken teeth (<i>any number</i>)	.....\$ 50
Add tooth to existing partial denture (<i>any number</i>)	\$ 50
Add clasp to existing partial denture	.....\$ 50

RELINE OF DENTURES

*Indicated when denture stability is adversely affected due to ridge resorption and supporting tissue changes which are not excessive. **No claim will be allowed for more than one reline of the same denture during any 2 year period.***

Reline full denture	.....\$150
Reline partial denture	.....\$150

REBASE FULL DENTURE

*Indicated when denture stability and retention are adversely affected due to excessive bone resorption and other supporting tissue changes and/or deficient denture borders. **No benefit will be allowed for more than one rebase of the same denture during any 2 year period.***

Rebase (<i>full denture only</i>)\$235
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PROSTHODONTICS (FIXED)

*All fixed bridge units will be professionally reviewed for necessity and appropriateness of the planned treatment, taking into account the exclusions and limitations of the Plan. Benefits are payable upon insertion of the fixed bridge. **(1 per 5 years).***

PONTICS

Cast metal	.....\$270
Porcelain fused to metal	.....\$450
Porcelain/ceramic	.....\$450
Resin fused to metal	.....\$258

ABUTMENTS (BRIDGE RETAINERS) CROWNS

3/4 cast metal	.....\$280
Cast metal, full	.....\$450
Implant/abutment supported, cast metal	.....\$450
Porcelain fused to metal	.....\$575
Implant/abutment supported, porc fused to metal	.....\$575
Porcelain/Ceramic	.....\$490
Implant/abutment supported, porcelain/ceramic	.....\$490
Resin fused to metal	.....\$490
Retainer for Maryland-type bridge	.....\$220

RECEMENT

Crown, implant crown	.....\$ 30
Bridge, implant bridge	.....\$ 40

ORAL SURGERY

Allowances for oral surgery include all pre and post operative care and diagnostic services.

EXTRACTIONS (1 per tooth per lifetime)

Erupted tooth or exposed root	.....\$ 90
Surgical removal	.....\$135
Soft tissue impaction	.....\$171
Partial bony impaction	.....\$245
Full bony impaction	.....\$350
Surgical removal of residual roots	.....\$135
Extract coronal remnants, primary tooth	.....\$ 65

OTHER SURGICAL PROCEDURES

Oroantral fistula closure	.....\$240
Biopsy (<i>tissue removal</i>)	.....\$ 60
Alveoloplasty (<i>per quadrant</i>)	.....\$ 80
Vestibuloplasty	.....\$ 42
Removal of odontogenic cyst or tumor	.....\$ 90
Removal of exostosis (<i>per site</i>)	.....\$ 90
Incision and drainage, intraoral not resolved by tooth extraction	.....\$ 40
Incision and drainage, extraoral	.....\$ 50
Fracture of jaw (<i>open reduction</i>)	.....\$420
Fracture of jaw (<i>closed reduction</i>)	.....\$420
Frenulectomy	.....\$100
Excision of hyperplastic tissue (<i>per arch</i>)	.....\$ 50
Sialolithotomy	.....\$ 50

ADJUNCTIVE GENERAL SERVICES

General anesthesia (<i>per covered oral surgery visit</i>)	\$200 or
Intravenous sedation (<i>per covered oral surgery visit</i>)	.....\$200
Palliative (emergency) treatment of dental pain (<i>1 per 6 month period, same frequency limit as Limited examination, evaluation</i>)	.....\$ 30

EXCLUSIONS AND LIMITATIONS

- There is coverage for **replacement of an existing crown, partial or full removable denture or replacement of fixed bridgework** by a new denture or bridgework, or the addition of teeth to an existing partial removable denture or to bridgework to replace extracted natural teeth, but only if the Plan is furnished satisfactory evidence that:
 - The existing denture or bridgework was inserted at least **five** years prior to its replacement and the existing denture or bridgework cannot be made serviceable by a dentist.
 - In the case of a **replacement crown**, at least **five** years must have elapsed since the original crown was inserted.
 - Retreatment of **periodontal surgery** such as gingivectomy and osseous surgery, is allowed only if **five** years have elapsed since the previous periodontal surgery.

- **Fillings** are covered only once per surface per tooth within a **12 month period**.

In addition to the Exclusions and Limitations as stated in the CSEA Employee Benefit Fund Retiree Dental Plan Schedule of Allowances and those listed above, this plan does not cover:

- charges for any type of service or appliance not described in the Schedule of Allowances.
- treatment by other than a licensed dentist or dental hygienist acting within the scope of licensure.
- services and supplies that are primarily cosmetic in nature.
- replacement of a lost or stolen prosthetic appliance.
- duplicate prosthetic appliances or services.
- dentures, crowns, inlays, bridgework or appliances to change or maintain vertical dimension.
- precision or other elaborate attachments or features for dentures, bridgework or any other dental appliances.
- charges for surgical implants.
- any service commenced or appliance furnished before the eligibility date under the Plan, including any appliance which was delivered or inserted prior thereto.
- any appliance which is not finally inserted prior to last date of eligibility.
- splinting.
- treatment covered by Workers' Compensation or similar law.
- charges for expenses which are reimbursable through "no-fault" automobile insurance.
- any benefit that is claimed after a period that exceeds one year from the calendar year in which dental services were rendered.
- temporary dental services which are determined by the Fund to be an integral part of the final dental service rather than a separate service.
- orthodontics is not covered under this plan.

COORDINATION OF BENEFITS

Since it is not intended that the patient receive greater benefits than the actual expenses incurred, the amount of benefits payable under the CSEA Employee Benefit Fund Retiree Dental Plan will take into account any coverage the retiree (or eligible dependent) has under other group dental plans. In other words, the benefits under the CSEA Employee Benefit Fund Retiree Dental Plan will be coordinated with the benefits provided by other dental plans. Please remember that you cannot coordinate benefits within the FUND dental plans.

NOTE: Retirees and dependents (spouse and children) cannot be covered under the CSEA Employee Benefit Fund Retiree Dental Plan, if covered under another FUND dental plan.

Birthday Rule

Coordination of benefits regulations state that the primary payer of benefits for dependent children is determined by the parent who has the earlier date by month and day, without regard to the year of birth.

Retiree Dental

Summary Plan Description



CSEA EMPLOYEE BENEFIT FUND

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GENERAL INFORMATION

Enrollment

Coverage under the Plans offered by the CSEA Employee Benefit Fund (FUND) is not automatic. You must first ENROLL yourself and your dependents in the FUND. There is one enrollment form which enrolls you in the CSEA Employee Benefit Fund Retiree Dental Plan. This must be filled out even if you have previously had dental benefits with the FUND. If you have not already done so, you can obtain a retiree enrollment form by calling the FUND at **(800) 323-2732**, or **(518) 782-1500**.

Enrollment in the plan does not vest any right in the covered retiree except the right to receive benefits under the plan only so long as payments have been received by the FUND. The payments will be due monthly. Return the completed enrollment form and any additional information required by the Fund. **If a monthly payment is not made, benefits will be suspended until payment is received. If there has been non-payment of the premium for 60 days, coverage will be terminated and there will be no reinstatement in the plan.**

Who Is Eligible?

You are eligible for the CSEA Employee Benefit Fund Retiree Dental Plan if you meet all of the following criteria:

- You were previously covered by a FUND dental plan on or after July 1, 2002.
- Your previous employer has signed a retiree language side letter (Memorandum of Agreement) to its contract with the FUND.
- You retire directly from employment with your employer during or after the term of the collective bargaining agreement in which the Memorandum was executed.
- You have had continuous dental coverage from retirement, through a date, not more than 90 days prior to enrolling.

You are **not** eligible for the CSEA Employee Benefit Fund Retiree Dental Plan if:

- You are covered under another FUND Dental Plan as a member or a dependent.

Termination of coverage in the CSEA Employee Benefit Fund Retiree Dental Plan results in non-eligibility for future coverage.

Premiums will be reevaluated annually.

NOTE: A Retiree cannot obtain coverage for himself/herself or dependents if covered under another FUND Dental Plan as a dependent. Dependents (spouse and children) cannot be covered under the Retiree Dental Plan if covered under another FUND Dental Plan.

Dependents

Your dependents become eligible the same time you do.

You must notify the FUND promptly of changes in dependent status to ensure that new dependents receive the appropriate coverage and to avoid the responsibility for charges incurred by an individual after he or she has ceased to be your dependent.

Dependents Include:

- Your spouse, provided he or she is not legally separated from you. Spouse includes a person of the same sex to whom the covered retiree was married in a marriage ceremony performed in a jurisdiction permitting same sex marriages.
- Unmarried children, under the age of 19, including legally adopted children, and stepchildren who permanently reside with you.
- Legal wards, under the age of 19, who permanently reside with you pursuant to a court order awarding legal guardianship to you, and are supported by you and your spouse.
- Child or ward described above, regardless of age, who is incapable of self support by reason of mental or physical disability, provided he or she became so disabled prior to reaching the age of 19.
- Child or ward described above, under the age of 25 who is a full time student (minimum of 12 undergraduate or 6 graduate hours) enrolled in a regionally accredited college or university and working toward a Bachelor Degree, Master's Degree or Associate Degree. Technical courses of short duration do not qualify, even if a diploma is awarded. The FUND requires that current student status be provided annually by a letter or statement from the college Registrar's Office or completion of Student Status Form available from the FUND.

NOTE: Our Student Status Form is used only to update/validate the FUND's dependent eligibility file. Your health insurance carrier may require different or additional evidence of dependent student enrollment. We suggest that you obtain a letter of student enrollment from the school registrar to avoid delays in processing health insurance claims for your child.

Appeal Procedure

If you feel that you did not receive full benefits, you may appeal to the Director of the FUND.

Send a letter to the Director explaining why you feel you did not get the full amount to which you were entitled. Include copies of any supporting documentation. Additional information and radiographs may be requested.

All appeals must be submitted within **60 days** of the determination being appealed.

This procedure is **not** designed to cover clerical mistakes on claims, which may be corrected by a phone call to the FUND, nor is it meant for services clearly not covered by the Plan or for exemptions or waivers of plan restrictions or limitations.

CSEA Employee Benefit Fund Website

Find the most up to date information on your dental benefits by visiting our website at **www.cseaebf.com**

Save valuable time by printing copies of books, dental provider listings and forms commonly used.

DENTAL PLAN How To Use This Plan

- You may use any licensed dentist for dental care.
- A participating provider listing is available. There are over 2000 participating dental offices in New York State that accept the fee schedule as payment in full for covered services.
- If you would like a copy of our current participating Dentist Directory call us at (800) 323-2732 or visit our website. The listing is continually subject to change. It is important to verify participating status prior to each treatment visit.
- If you choose a non-participating dentist and are charged more than the amount listed under the schedule of allowances, you must pay the difference.
- A universal American Dental Association (ADA) claim form, available from your dental provider must be used to submit for completed services. Claims should be submitted within 30 days of work completion. No benefits will be allowed for services that are claimed after a period that exceeds one year from the calendar year in which dental services were rendered.

The FUND does not recommend that you use any particular dentist, either participating or non-participating.

Maximum Dental Plan Benefit

- **\$1800.00** annual maximum of covered services is available to each member and dependent.
- Maximum is on a **calendar year** basis (January through December).
- Those who are about to undergo extensive dental treatment should discuss those plans with the dentist beforehand. There are often less expensive alternatives available which will provide high quality dental care.

Pre-Authorization of Benefits

- Whenever the estimated cost of a recommended dental treatment exceeds **\$250.00**, we advise the submission of the treatment plan before the work begins.
- Use a dental claim form for this submission and include related x-rays.
- After review, the FUND will notify the member and the dentist of the benefits payable based on the treatment plan.
- In determining the amount of benefits payable, consideration will be given to alternate procedures that will accomplish a professionally acceptable result.
- If the member and the dentist agree to a more expensive method of treatment than that pre-authorized by the FUND, the amount exceeding the pre-authorization will not be paid by the FUND, even if it would otherwise be a covered service. **Example:** If your dentist submitted a pre-authorization for a crown which would cost \$575.00 and review by our dental consultants determined that an amalgam restoration would produce an acceptable result, the FUND would pay the \$80.00 amalgam filling benefit. If the member decided to have the crown made, he or she would pay the difference of \$495.00 (\$575.00 minus \$80.00).
- Work done exceeding \$250.00 without the submission of pre-authorization first, will be reviewed utilizing the alternate treatment provision.

- We strongly recommend that whenever you are discussing your treatment plan with your dentist, you clearly understand what is being proposed. If we recommend alternate benefits, you should also discuss this with your dentist.

A pre-authorization is not a guarantee of benefits. Payment is always subject to eligibility at the time of service and depends on the plan schedule and maximum in effect on the date services are rendered and the actual primary coverage allowance, if applicable.

<p style="text-align: center;">Submit all dental claim forms to: CSEA EMPLOYEE BENEFIT FUND P.O. Box 489 • Latham, NY 12110-0489</p>

CSEA EBF RETIREE DENTAL PLAN SCHEDULE OF ALLOWANCES FOR COVERED SERVICES

DIAGNOSTIC SERVICES

Examination - periodic, comprehensive, detailed, (only 1 exam per 6 months)	\$ 30
LIMITED EXAMINATION (evaluation) (same frequency limitation as Palliative treatment)	\$ 30
Dental Radiographs	
Intraoral complete series, including bitewings	\$ 41
or	
Panoramic, with or without bitewings	\$ 41
<i>There is a 3 year limitation for full series and panoramic radiographs. Periapical and bitewing radiographs are not covered if performed during the same 12 month period as a full series or panoramic film.</i>	
Intraoral periapical film - each film	\$ 6
<i>(Maximum 10 per 12 month period)</i>	
Bitewing x-ray - each film	\$ 8
<i>(Maximum 4 per 12 month period)</i>	

PREVENTIVE SERVICES

Prophylaxis, adult-12 and over	\$ 60
Prophylaxis, child-under age 12	\$ 50
<i>Prophylaxis consists of scaling, cleaning and polishing the teeth. (1 per 6 month period)</i>	
Fluoride (under age 19)	\$ 12
<i>(1 per 6 month period)</i>	
Sealants (under age 19) per tooth	\$ 25
<i>Covered on bicuspid and molars in the permanent dentition. (1 per 3 years)</i>	
Space maintainers (under age 19)	
<i>(covered 1 per 3 years)</i>	
Unilateral space maintainer	\$ 97
Bilateral space maintainer	\$146

RESTORATIVE SERVICES

AMALGAM RESTORATIONS - (1 per surface per tooth per 12 month period) Includes tooth preparation, all adhesives, liners and bases and polishing to restore a tooth to proper form and function.	
Permanent or Primary Teeth	
Amalgam-one surface	\$ 60
Amalgam-two surfaces	\$ 80
Amalgam-three or more surfaces	\$ 96
RESIN-BASED COMPOSITE RESTORATIONS	
<i>Includes tooth preparation, acid etching, adhesives, liners,</i>	

bases, curing and the broad category of materials included in the group called resin-based composites.

Permanent or Primary teeth (Anterior or Posterior)	
Resin Based one surface	\$ 80
Resin Based two surfaces	\$100
Resin Based three surfaces	\$116
Resin Based four or more surfaces or involving incisal angle	\$116

CROWNS AND INLAYS/ONLAYS

*These services are limited to permanent teeth as scheduled. Crowns and inlays are covered for the restoration of the teeth which, as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-bonded composite filling. Crowns and inlays/onlays will be professionally reviewed for necessity and appropriateness of the planned treatment taking into account the exclusions and limitations of the Plan. Benefits are payable **only** upon insertion of the crown or inlay/onlay.*

CROWNS - (1 per 5 years)	
Resin (permanent, anterior teeth only)	\$200
Resin fused to metal	\$490
Porcelain/Ceramic	\$490
Implant/abutment supported, porc/ceram	\$490
Porcelain fused to metal	\$575
Implant/abutment supported, porc fused to metal	\$575
Full cast metal	\$450
Implant/abutment supported, full cast metal	\$450
3/4 cast metal	\$280

INLAYS/ONLAYS - (1 per 5 years)	
Inlay/onlay, one surface	\$178
Inlay/onlay, two surfaces	\$208
Inlay/onlay, three or more surfaces	\$250
OTHER RESTORATIVE SERVICES	
Recement crown	\$ 30
Stainless Steel crowns, deciduous teeth (1 per 3 years)	\$ 80
Pin retention, per tooth (1 per 12 month period)	\$ 20
Post and core, cast or prefabricated, per tooth (1 per 5 years)	\$100

ENDODONTICS

ROOT CANAL THERAPY
*This procedure consists of the removal of all pulp contents and filling the pulp canals of teeth having damaged pulps. Allowances for endodontics include all pre and post-operative care as well as x-rays and other diagnostic services. This service is limited to permanent teeth. Benefits are payable **only** upon completion of root canal therapy. **This benefit is allowed once per tooth per lifetime.***