Gingivectomy or gingiplasty, per quadrant
(1 per quadrant)
$410.00

Denture care, per quadrant
(1 per quadrant)
$750.00

Bone replacement graft, per tooth (2429)
(2 per quadrant)
$335.00

Periodontal scaling and root planing, per quadrant (2 per quadrant, limited to 2 sessions per 12 month period)
$130.00

Periodontal maintenance procedure 3 per calendar year (outside annual maximum), either prophylaxis only on lower, anterior teeth only
............................................................... $ 130.00
(2 per calendar year)
........................................... $ 305.00
.... $ 950.00

Denture, permanent
.............................................$230.00
.............................................$260.00
.............................................$275.00
.............................................$305.00
.............................................$350.00
.............................................$610.00
.............................................$775.00
.............................................$875.00
.............................................$975.00
.............................................$1025.00
.............................................$1300.00
.............................................$1325.00
.............................................$1375.00
.............................................$1525.00
.............................................$1575.00
.............................................$1600.00
.............................................$1680.00
.............................................$1875.00
.............................................$2125.00
.............................................$2300.00
.............................................$2600.00
.............................................$2750.00
.............................................$3050.00
.............................................$3500.00

Implant/Abutment Supported Dentures
(1 per tooth position per 10 years)
Implant/Abutment supported, cast metal
.............................................$170.00
Implant/Abutment supported, metal
.............................................$285.00
Implant/Abutment supported, porcelain
.............................................$875.00
Implant/Abutment supported, porcelain/ceramic
.............................................$975.00

Other Fixed Partial Denture Services
Retainer bridge, implant bridge
.............................................$220.00

Other Permanent Prosthetic Services
Precison Attachments
Covered precision attachments include 6292, 6295 and 6296. One per tooth position or 5 per years, depending on duration frequency: 2 per calendar year (D688).
$350.00

Oral Surgery
Extraction
Extracted tooth (per tooth)
Extraction of primary tooth
$115.00
Extraction of permanent tooth
$160.00
Surgical retrieval
$160.00
Soft tissue impaction
$305.00
Bony impaction
$305.00
Surgical removal of residual roots
$305.00

Other Oral Surgical Procedures
Surgical Placement of Implant Bodies
(1 per tooth position 10 years)
(2 per calendar year)
(1 per tooth position 10 years)
(2 per calendar year)
(1 per tooth position 10 years)
(2 per calendar year)
(1 per tooth position 10 years)
(2 per calendar year)

Other Prosthetic Services
Precision Attachments
Covered precision attachments include 6292, 6295 and 6296. One per tooth position or 5 per years, depending on duration frequency: 2 per calendar year (D688).
$350.00

Orthodontics
Fixed orthodontics
............................................................... $ 525.00
............................................................... $ 625.00
............................................................... $ 725.00
............................................................... $ 825.00
............................................................... $ 925.00
............................................................... $1025.00
............................................................... $1125.00
............................................................... $1225.00
............................................................... $1325.00
............................................................... $1425.00

Other Removable Prosthetic Services
Implant/Abutment Supported Crowns for Fixed Bridge Replacement
(1 per 2 years)
Implant/Abutment supported, cast metal
.............................................$170.00
Implant/Abutment supported, metal
.............................................$285.00
Implant/Abutment supported, porcelain
.............................................$875.00
Implant/Abutment supported, porcelain/ceramic
.............................................$975.00

Other Removable Prosthetic Services
Implant/Abutment Supported Crowns for Fixed Bridge Replacement
(1 per 10 years)
Implant/Abutment supported, cast metal
.............................................$170.00
Implant/Abutment supported, metal
.............................................$285.00
Implant/Abutment supported, porcelain
.............................................$875.00
Implant/Abutment supported, porcelain/ceramic
.............................................$975.00

Periodontal Maintenance Program
(2 per calendar year)
(2 per calendar year)
(2 per calendar year)
(2 per calendar year)
(2 per calendar year)
(2 per calendar year)
(2 per calendar year)
(2 per calendar year)
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(2 per calendar year)
(2 per calendar year)
(2 per calendar year)
(2 per calendar year)
**General Information**

**Enrollment**

- The plans offered by the CSEA Employee Benefit Fund is not automatic. You must first enroll yourself and your dependent(s) in the plan. To ensure your eligibility, we will send you a letter which includes an enrollment form. Please complete and return this form by the 25th of the month, or call 1-800-323-2732 to request one visit our website at www.cseaebf.com to download a form from our site. When you visit the website, you can register for our Member Spouse and/or Dependents.

- The enrollment change and submit requested documentation when you do not plan to move or change your coverage.

**Who is Eligible?**

- **Full-Time Employee:** Any employee who is a full-time employee in a CSEA represented unit who is enrolled in the Fund and whose position has a salary that is always subject to eligibility at the time of service.

- **Part-Time Or Seasonal Employee:** Employees who have been part-time or seasonal for less than 30 hours per week for at least 4 months within the last 12 months. Your position must have been considered full-time at least 4 months within the last year and you must have worked the right to bill members for the difference between the approved allowance and the amount quoted by the dentist.

**NOTE:** An employee may not be covered both as an employee and as a dependent of an employee.

- If you become ineligible for Fund coverage because of retirement, death, resignation, separation or layoff. There is a 3 year limitation for complete series and/or radiographs and will be professionally reviewed and the crown of the benefits payable based upon the specifics of the Plan.

**CSEA EF B DUTCHES DENTAL PLAN SCHEDULE OF ALLOWANCES FOR COVERED SERVICES**

**DIAGNOSTIC SERVICES**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panoramic (1 per year)</td>
<td>$125.00</td>
</tr>
<tr>
<td>Panoramic, complete series</td>
<td>$250.00</td>
</tr>
<tr>
<td>panoramic radiographs</td>
<td>$125.00</td>
</tr>
<tr>
<td>Periapical and bitewing x-rays are not covered under this Plan.</td>
<td>$100.00</td>
</tr>
<tr>
<td>Intraoral radiographs</td>
<td>$125.00</td>
</tr>
<tr>
<td>Detailed panoramic</td>
<td>$250.00</td>
</tr>
<tr>
<td>Periapical</td>
<td>$125.00</td>
</tr>
</tbody>
</table>

**RESTORATIVE: CROWNS & INLAWS/OUTLAWS**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Root Canal Therapy</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

**ENDODONTICS**

- Root Canal Therapy (1 per tooth per lifetime) | $875.00 |

**Other Endodontic/Periodontal Services**

- Post and core, or post and core, plus prefabricated post and anchor | $500.00 |
- Post and core, or post and core, plus prefabricated post and anchor, with accompanying crown | $1000.00 |

**Perodontics**

- Oral surgery, bone graft or bone grafting | $2000.00 |
- Graft is professionally reviewed and the crown of the benefits payable based upon the specifics of the Plan.

**Pre-authorization of Benefits**

- When you have a diagnosis of a planned dental treatment exceeding $500.00, you may submit an pre-authorization request to your dentist. You should discuss those plans with the dentist of the benefits payable based upon the specifics of the Plan. After review, the Benefit Fund will notify the member and the dentist of the benefits payable based upon the specifics of the Plan.

**All claims for benefits will be processed based on the appropriate coverage and to avoid double payment, only the amount that is allowable will be paid.

**Review by our dental consultant showed that an amalgam restoration was selected for the member. The Benefit Fund would pay only $170.00. If the member subsequently refile a claim for the difference of $700.00 ($710.00 – $170.00), the claim would not be accepted.

**APPEAL PROCEDURE**

- If you feel that you do not receive full benefits, you may appeal the claim. Please call customer service at 1-800-323-2732 to request an appeal form. This form can be mailed to you or picked up at our location.

**ORTHODONTICS**

- A written notice of the appeal must be given to the orthodontist. After the appeal is completed, the member will be notified of the outcome of the appeal.

- Any claim for an amount in excess of $700.00 will be paid at $700.00. If the member subsequently refiles a claim for the difference of $170.00 ($710.00 – $700.00), the claim would not be accepted.