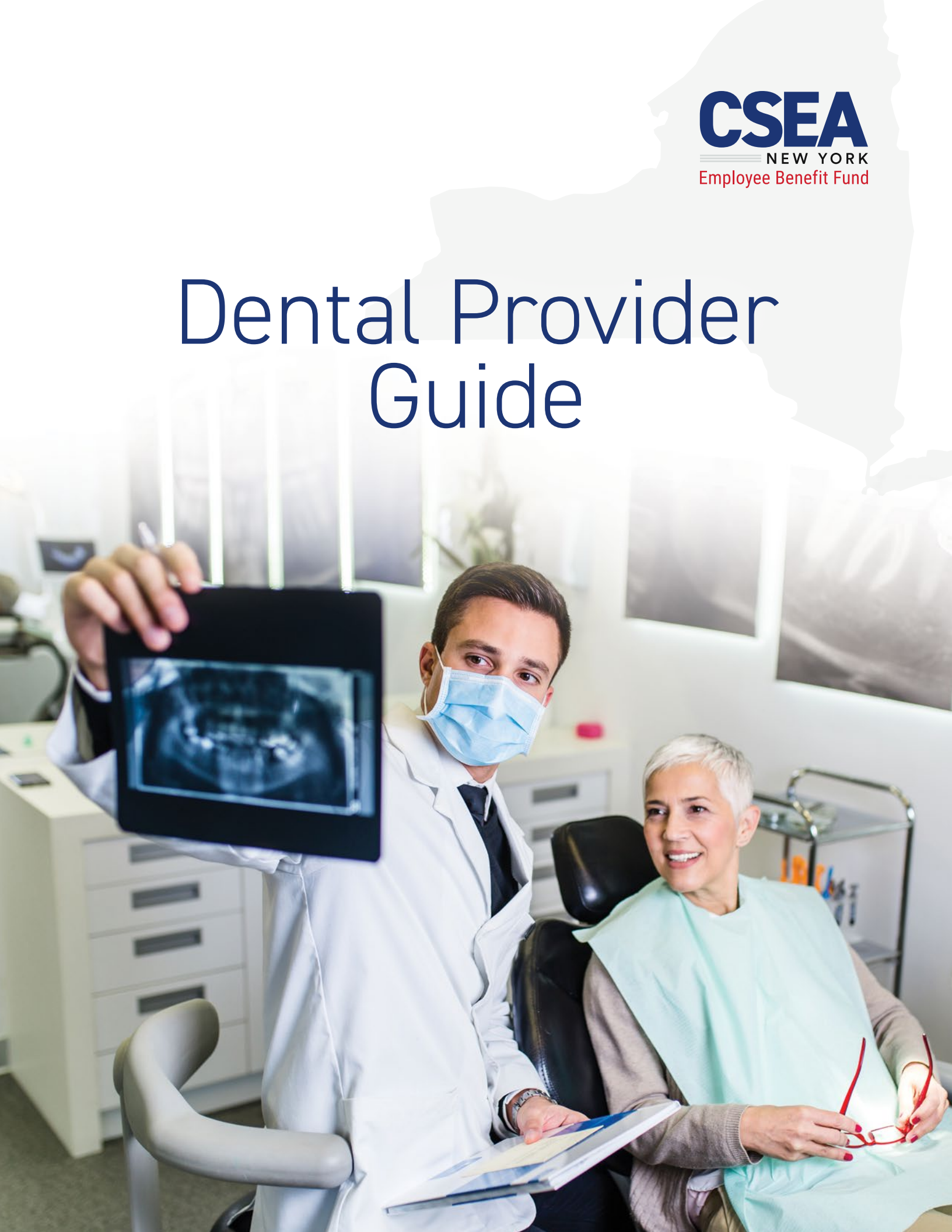
CSEA
NEW YORK
Employee Benefit Fund

Dental Provider Guide



CSEA NEW YORK
Employee Benefit Fund

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CSEA Employee Benefit Fund (EBF): 1 Lear Jet Lane, Suite 1, Latham, NY 12110-2395

Business Hours: Monday through Friday from 7:30am - 5pm
Dental Phone: 800-323-2732, *Available Monday through Friday, 9am - 4pm*
Claims Address: CSEA Employee Benefit Fund, PO Box 489, Latham, NY 12110-0489
Website + Dental Provider Portal: www.cseaebf.com

Please be advised that the contents of this guide are subject to change. Although every effort has gone into ensuring accurate information, we are not responsible for typographical errors.

CSEA NEW YORK
Employee Benefit Fund

Dear Provider,

On behalf of the CSEA Employee Benefit Fund (EBF) Board of Trustees, I am pleased to provide you with the latest copy of the EBF's Dental Provider Guide. This publication was compiled to provide you with the most accurate and up-to-date information about the EBF.

We are proud of the benefits the EBF makes available to our hardworking CSEA members and their families. The EBF is dedicated to serving our members and working in partnership with our panel of providers. This Dental Provider Guide offers a comprehensive introduction to EBF benefits and should serve as an important reference source.

Please note that the Dental Provider Portal found on our website includes this publication, as well as the ADA CDT Summary of covered procedure codes and associated fees for the EBF's nine dental plans. It also provides access to eligibility dates, dental records, patient Explanation of Benefits (EOBs), EBF ID lookup capabilities, and more. Along with recent updates and enhancements, we are making changes at the EBF that will require all providers to enroll in this secure Dental Provider Portal. If you haven't already done so, please visit **www.cseaebf.com**, select "I am a Dental Provider," and click the "Access Provider Portal" button. Directions to sign up are listed and only take a moment.

Thank you for supporting the good health of our members. We value our partnership.

In Solidarity,



Mary E. Sullivan, Chairperson



Bill Howard, Director

CSEA Employee Benefit Fund ID Cards

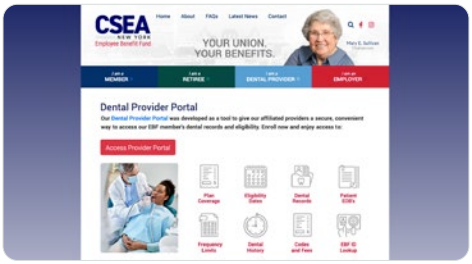


After an employee is fully enrolled in one of the CSEA EBF dental plans, an ID card with a randomly generated nine digit number is sent to the member. The same number is used for all eligible dependents in the employee's family.

EBF ID numbers must be used for claim submissions and inquiries. Please visit our website at www.cseaebf.com to visit the "Dental Provider Portal" and look up a member's EBF ID Number.

- Eligibility changes frequently. Claims are processed based on the eligibility status for the date of service.
- Possession of a benefit card is not proof of eligibility.

Dental Provider Portal



Have secure access to eligibility verification, history, explanation of benefits, plan information, dental plan frequency limits and check/ register information.

If you have not yet signed up, please request access by emailing: **providers@cseaebf.org**.

Tax Identification Number (TIN)

DO YOUR TIN & BUSINESS NAME MATCH?

The Internal Revenue Service requires one business name or individual name per TIN. You should report and receive all earnings under the TIN/business name issued by the IRS. Separate doctors within the business should submit under the business name. DBA (Doing Business As) names should not be used for claim submissions.

Please contact the Fund to verify your TIN/business name if you have not updated with us recently.

WHEN TO NOTIFY US OF AN UPDATE

Notify us immediately of any changes including the following:

- Adding a new location to your existing practice
- Change of address
- Closing a location
- Name change
- New TIN
- Addition or termination of providers

WHO DO I CONTACT?

Please call **800-323-2732** and ask for provider relations or email **contact@cseaebf.org** for any questions.

ATTACHMENT SUBMISSION GUIDELINES:

Required Attachments

HELP US, HELP YOU

Save time and money by following these rules for submitting attachments.

RADIOGRAPHS

Radiographs must be current, labeled (with date / name of patient), and should be denoted right and left. Diagnostic quality images are **REQUIRED** for the following services:

- Fixed Bridge Work (Pre-op of the entire arch)
- Crowns (Pre-op)
- Inlays / Onlays (Pre-op)
- Implants (Post-op)

Occasionally, we will need to request radiographs for other services.

According to ADA and HIPAA regulations only duplicates should be sent to us; the originals should be retained for your records. **Please be advised the Fund does not return radiographs.**

PERIODONTAL REQUIREMENTS

Periodontal charting and pre-op x-rays are required for gingivectomy, osseous surgery and bone replacement graft (D4263) procedures.

NARRATIVE/COPIES OF TREATMENT RECORDS

Occasionally, we will request a clinical description, narrative, or a copy of the patient's treatment record.

PHOTOGRAPHIC IMAGES

If you feel a photographic image will best support your claim and treatment plan, you may include a copy with your claim or predetermination.

PRIMARY EXPLANATION OF BENEFIT FORMS

If CSEA EBF is the secondary benefit coverage, you must submit a copy of the Primary Explanation of Benefit form along with the claim.

Primary insurance information is not required for predeterminations.

How to Submit Attachments

We accept the following submission methods:

NATIONAL ELECTRONIC ATTACHMENT (NEA) | TESIA | DENTALXCHANGE

Payer ID Number: CX 054

Attachments such as radiographs, primary Explanation of Benefit statements, narratives and periodontal charting may be submitted.

MAILED ATTACHMENTS

Do not send radiographs unless you are submitting for the procedures listed in the above section or have received a special request from our office or consultant. Please be sure to label all attachments.

Claims Address:
CSEA Employee Benefit Fund
PO Box 489
Latham NY 12110-0489

Submission of Claims & Predeterminations

PROCESSING TIME

Claim processing turnaround times can vary according to the volume of dental claims that we receive. **Please do not submit duplicate claims and please allow 2-4 weeks for your claim to be processed.**

To assist us with making the process as efficient as possible, follow the guidelines delineated within this guide.

ELECTRONIC CLAIMS & PREDETERMINATIONS

Claims and predeterminations can be submitted electronically. This is generally the most efficient way to submit claims and results in the fastest turnaround time.

Accurate information is important to ensure proper processing of claims. All claims must include the correct EBF ID number (not the SS#), patient's legal name (spelling is important), date of birth, relationship to member and provider's name, address and provider's current tax identification number. If this information is not correct, the claim may be rejected back to your clearinghouse.

Submit services using the most current ADA CDT codes.

PAPER CLAIMS & PREDETERMINATIONS

A universal American Dental Association (ADA) claim form or a CSEA EBF claim form must be used to submit predeterminations or claims for payment. We do not accept receipts or small statements as claim for payment.

On page 31 of this guide, there is a copy of the EBF Claim Form, which you may photocopy. It is also available for download at **www.cseaebf.com**.

Accurate information is important to ensure proper processing of claims. All claims must include the correct EBF ID number (not the SS#), patient's legal name (spelling is important), date of birth, relationship to member and provider's name, address and provider's current tax identification number. Please also submit services using the most current ADA CDT codes.

Submit all claims with the fee(s) your office would normally charge for service(s) rendered and a complete list of all procedures rendered on the date of service. Always include correct teeth numbers and identify missing teeth when submitting for partial dentures.

Paper Claims & Predeterminations Should Be Submitted To:
CSEA Employee Benefit Fund
PO Box 489
Latham NY 12110-0489

TIMELY FILING

No claims will be considered if submitted after a period that exceeds one year from the date the dental services were rendered.

Predeterminations

Whenever the estimated cost of a recommended dental treatment exceeds $500.00, we advise the submission of a predetermination before work begins.

We accept predeterminations electronically or via a paper claim form. To ensure efficient processing, please include radiographs and/or periodontal charting when needed. Please refer to the Attachment Submission Guideline section on page 5 for more information.

PROCESSING

Please allow 4-6 weeks for processing since many of the services that are predetermined must be reviewed by our outside consultants.

BENEFIT DETERMINATION

After processing, the Fund will notify the member and the provider of the benefits payable based upon the treatment plan, rules and limitations of the applicable dental plan and the patient's dental history.

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 the amount pre-authorized by the Fund, the amount exceeding the predetermination will not be paid by the Fund even if it would otherwise be a covered service.

PATIENT ELIGIBILITY

A predetermination is not a guarantee of benefits. Payment is subject to eligibility at the time of service.

12 MONTH EXPIRATION

Once a predetermination has been processed, it is valid for 12 months.

Appeals

If you feel that you did not receive full benefits, you may appeal to the Fund. Please call customer service at **1-800-323-2732** and request a dental claim appeal form which can be emailed or mailed to you.

HOW TO FILE

Send a letter to the Fund's Dental Supervisor explaining why you are appealing the benefit that was either allowed or disallowed. Include supporting documentation, such as narratives, radiographs, periodontal charting or photographic images.

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

Please note the appeal process could take up to 4-6 weeks. The appeal procedure is not meant for services that are not covered by our dental plans.

Submit Appeals To:
CSEA Employee Benefit Fund
Attn: Dental Supervisor
PO Box 489
Latham NY 12110-0489

Rules & Limitations

AFFORDABLE CARE ACT (ACA)

The CSEA EBF is ACA Compliant.

ELIGIBILITY

A member or dependent must be eligible at the time of service. Any service rendered or appliance inserted before the eligibility date or after the termination date under CSEA EBF Plans are not covered.

COORDINATION OF BENEFITS

Since it is not intended that the patient receive greater benefits than the actual expenses covered, the amount of benefits payable under the CSEA EBF Dental Plans will take into account any coverage the employee (or eligible dependent) has under other group plans. In other words, the benefits under the CSEA EBF Dental Plans will be coordinated with the benefits of the other group plans.

An employee may not be covered both as an employee and as a dependent of an employee. A member who has a spouse eligible for coverage is not eligible to cover a domestic partner. If member and spouse/domestic partner are Fund members, coverage for children may not be claimed under both.

BIRTHDAY RULE

Coordination of benefits regulation states that the primary payer of benefits for dependent children is determined by the parent who has the earlier birth date by month and day, without regard to the year of birth. Other determining factors may apply.

PARTICIPATING PROVIDER RULES & BALANCE BILL PROCEDURES

A provider **either participating or non-participating** will be permitted to charge their customary fees for the implant body, implant abutment and implant denture procedures, and accept the implant, implant abutment and implant denture allowances against such fees. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.

PARTICIPATING PROVIDER POLICY

For all other covered dental procedures, participating providers have agreed by contract to accept the listed fees as payment in full, whether payments are made by the Fund, the covered employees or their dependents. There should be no out-of-pocket costs to our members for paid covered services.

UCS RETIREE DENTAL PLAN

ALL providers, **either participating or non-participating** *are permitted to balance bill and should let the patients know in advance.*

MEMBER RESPONSIBILITIES

If a covered service is denied a benefit due to a plan restriction, the member is responsible for paying the amount the Fund would have paid. For non-covered services the member is responsible for paying the provider's fees.

SPECIALIST POLICY

Specialists within participating general practices have the right to bill members for the difference between the specialist's customary charge and the allowance which the CSEA Employee Benefit Fund pays under the

dental plans. The Specialist must inform the Fund and the member that he/she will not be accepting the plan of allowance as payment in full and must provide proof of specialty status to the Fund.

PROFESSIONAL REVIEW

Crowns, inlays, onlays, bridges, implants, periodontal procedures, and some other specialty procedures will be reviewed for necessity and appropriateness of the planned treatment, taking into account the exclusions and limitations of the plan. The treatment choices are always between the provider and the patient.

WORKER'S COMPENSATION

Treatment covered by Workers' Compensation or similar law is not covered by the Fund.

"NO-FAULT" AUTOMOBILE INSURANCE

Charges for expenses reimbursable through "no-fault" automobile insurance are not covered by the Fund.

PAYMENT UPON COMPLETION

Claim payment is made upon completion of work or insertion of an appliance.

LOST OR STOLEN APPLIANCE

The Fund does not provide coverage for replacement of a lost or stolen prosthetic appliance if lost before the frequency limitation has expired.

LICENSED PRACTITIONERS ONLY

Treatment must be performed by a licensed dentist or dental hygienist acting within the scope of licensure.

AMALGAM & COMPOSITE RESTORATIONS

Fillings are allowed once per each surface, per tooth, per 12 months, regardless of materials used.

PERIODONTICS AGE LIMITATION 19

Benefits will not be paid for periodontic procedures performed on patients under 19 years of age. Exceptions can be made based on documented medical necessity.

PERIODONTAL SURGERY

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

PROSTHODONTIC COVERAGE (5 YEAR RULE)

Our plans allow one prosthodontic replacement per 5 years. A tooth is allowed a prosthodontic replacement, which includes crowns, pontics, inlays, onlays and partial and full dentures, once per five years.

In order to provide a benefit for replacement prosthodontics the Fund must be furnished satisfactory evidence that: the existing crown, bridgework or denture was inserted at least five years prior to its replacement and that the existing crown, bridgework or denture cannot be made serviceable by a dentist.

Examples:

- *If a tooth has had a crown within five years of a pontic, the pontic is subject to the five year frequency limitation.*

- *If a full denture is inserted within five years of a partial denture, the full denture is subject to the five year frequency limitation.*
- *If a crown replacement is needed within five years of the original crown, the new crown is subject to the five year frequency limitation.*
- *If an implant is needed within five years of the original crown, the implant supported crown is subject to the five year frequency limitation.*

MINI IMPLANTS

Not a covered benefit.

SURGICAL IMPLANTS & IMPLANT/ABUTMENT SUPPORTED PROSTHODONTICS (10 YEAR RULE)

Implants and implant abutment supported prosthetics including dentures, partial dentures, bridges and crowns will be subject to a 10 year replacement rule.

PERMANENT & INTERIM DENTURE PAYMENTS

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. The Fund will pay for no other installation within the next five year period. Benefits are payable upon insertion.

DENTURE ADJUSTMENTS

The prosthodontic allowance includes all adjustments and relines for 6 months following the insertion of the appliance. If the plan covers adjustments to dentures a benefit will be allowed 6 months after the insertion of the denture and only once per 12 month period.

VERTICAL DIMENSION CORRECTION

Dentures, crowns, inlays, bridgework or appliances to change or maintain vertical dimension are not covered.

SPLINTING

Any casting placed for stabilization is not covered.

SEALANTS

This benefit is allowed only for permanent premolars and molars, 1 per tooth, per 3 years, only if the occlusal surface has not previously been restored with a composite or amalgam restoration.

COSMETIC PROCEDURES

Services and supplies that are primarily cosmetic in nature are not covered.

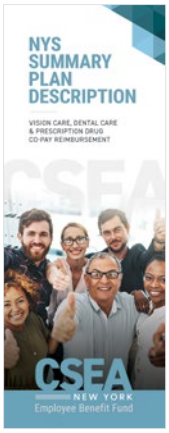
TEMPORARY SERVICES

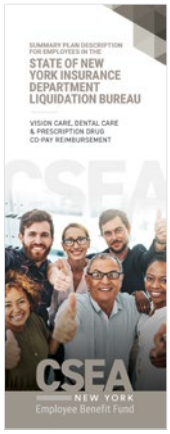
Temporary dental services which are determined by the Fund to be an integral part of the final dental service rather than a separate service should be included in the allowance for the final service.

GENERAL ANESTHESIA / IV SEDATION

General anesthesia / IV sedation are only covered with covered oral surgery procedures, implant placement and apicoectomy.

Our Dental Plans & Maximums – No Deductibles









NEW YORK STATE (NYS)

These plans are for different divisions of NYS. All dental fee schedule allowances, orthodontic maximums, and annual maximums are the same.

$3,250 Annual Maximum



DUTCHESS

$3,500 Annual Maximum



EQUINOX

$3,210 Annual Maximum



HORIZON

$3,000 Annual Maximum



SUNRISE

$2,850 Annual Maximum



EBF MEMBER PLUS

$2,000 Annual Maximum







UNIFIED COURT SYSTEM (UCS)

$3,000 Annual Maximum

UCS RETIREES

Participating Providers are not required to accept these plan allowances as payment in full.

$3,000 Annual Maximum

RETIREE

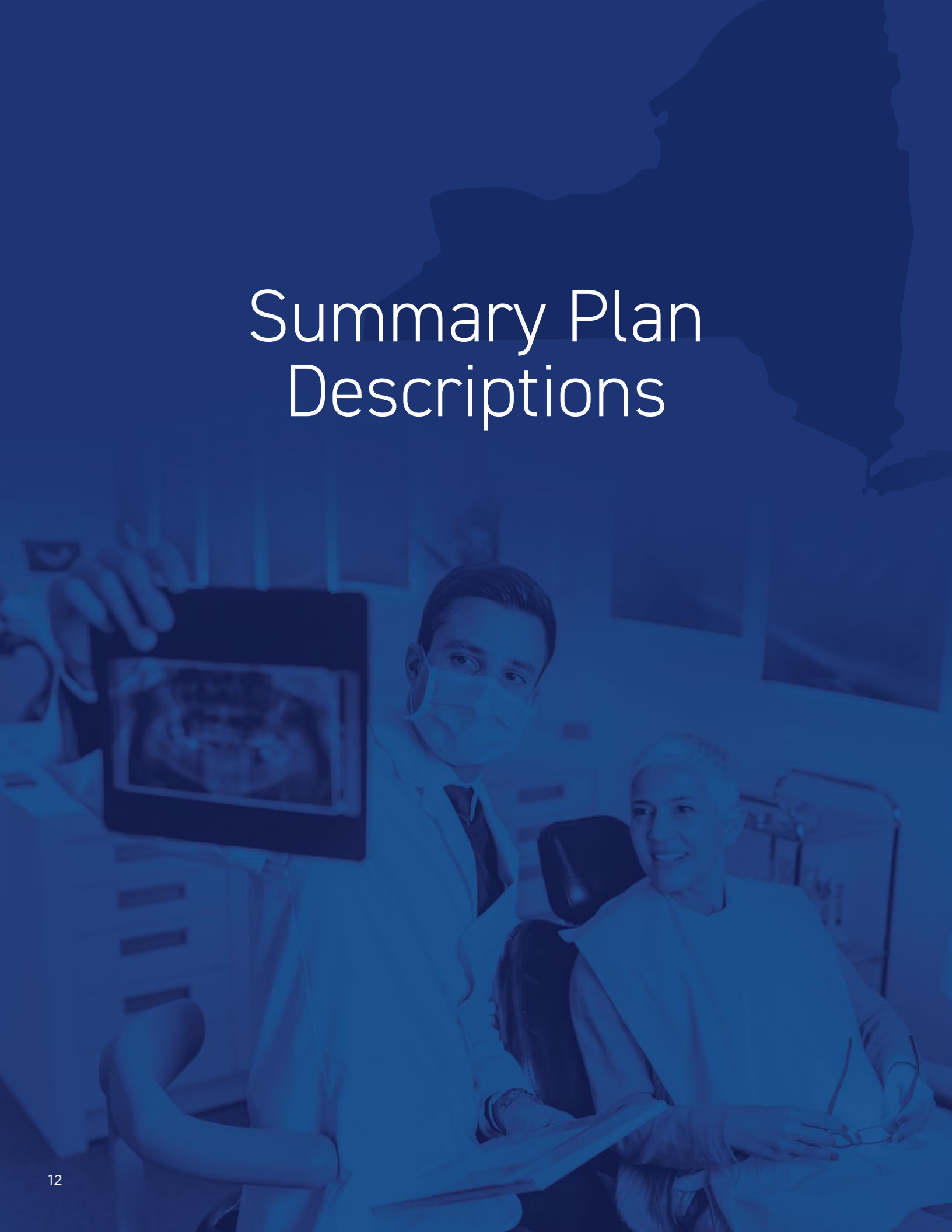
$2,500 Annual Maximum

Our Plans at a Glance

	NEW YORK STATE	RETIREE	UCS	UCS RETIREE
Calendar Year Max*	$3,250	$2,500	$3,000	$3,000
Adult Orthodontics	Yes	No	Yes	Yes
Consultation	2 / calendar year	1 / calendar year	1 / calendar year	1 / calendar year
Examination	3 / calendar year	3 / calendar year	3 / calendar year	3 / calendar year
Prophylaxis	3 / calendar year	3 / calendar year	3 / calendar year	3 / calendar year
Fluoride	2 / calendar year	2 / calendar year	2 / calendar year	2 / calendar year
Periapicals	10 per calendar year	10 per calendar year	10 per calendar year	10 per calendar year
Bitewings	4 per calendar year	4 per calendar year	4 per calendar year	4 per calendar year
Amalgams and Resin-Based Composite Fillings	1 per each surface per tooth per 12 months ** THIS RULE IS FOR ALL AMALGAMS AND RESIN BASED COMPOSITES FOR ALL PLANS **			
Crowns	1 per tooth per 5 years	1 per tooth per 5 years	1 per tooth per 5 years	1 per tooth per 5 years
Root Canals	1 per tooth per lifetime	1 per tooth per lifetime	1 per tooth per lifetime	1 per tooth per lifetime
Gingivectomy	Each quad every 5 years	Each quad every 5 years	Each quad every 4 years	Each quad every 4 years
Osseous Surgery	Each quad every 5 years	Each quad every 5 years	Each quad every 4 years	Each quad every 4 years
Dentures	1 per 5 years	1 per 5 years	1 per 5 years	1 per 5 years
Bridges	1 per 5 years	1 per 5 years	1 per 5 years	1 per 5 years
Implants/Abutments	1 per 10 years / 2 per calendar year	1 per 10 years / 2 per calendar year	1 per 10 years / 2 per calendar year	1 per 10 years / 2 per calendar year
Implant Crown/ Bridge/Denture	1 per 10 years	1 per 10 years	1 per 10 years	1 per 10 years

	DUTCHESS	EQUINOX	HORIZON	SUNRISE	EBF MEMBER PLUS
Calendar Year Max*	$3,500	$3,210	$3,000	$2,850	$2,000
Adult Orthodontics	Yes	Yes	No	No	No
Consultation	1 / calendar year	1 / calendar year	1 / calendar year	1 / calendar year	1 / calendar year
Examination	3 / calendar year	3 / calendar year	3 / calendar year	3 / calendar year	3 / calendar year
Prophylaxis	3 / calendar year	3 / calendar year	3 / calendar year	3 / calendar year	3 / calendar year
Fluoride	2 / calendar year	2 / calendar year	2 / calendar year	2 / calendar year	2 / calendar year
Periapicals	10 per calendar year	10 per calendar year	10 per calendar year	10 per calendar year	10 per calendar year
Bitewings	4 per calendar year	4 per calendar year	4 per calendar year	4 per calendar year	4 per calendar year
Amalgams and Resin-Based Composite Fillings	1 per each surface per tooth per 12 months ** THIS RULE IS FOR ALL AMALGAMS AND RESIN BASED COMPOSITES FOR ALL PLANS **				
Crowns	1 per tooth per 5 years	1 per tooth per 5 years	1 per tooth per 5 years	1 per tooth per 5 years	1 per tooth per 5 years
Root Canals	1 per tooth per lifetime	1 per tooth per lifetime	1 per tooth per lifetime	1 per tooth per lifetime	1 per tooth per lifetime
Gingivectomy	Each quad every 4 years	Each quad every 4 years	Each quad every 5 years	Each quad every 5 years	Each quad every 5 years
Osseous Surgery	Each quad every 4 years	Each quad every 4 years	Each quad every 5 years	Each quad every 5 years	Each quad every 5 years
Dentures	1 per 5 years	1 per 5 years	1 per 5 years	1 per 5 years	1 per 5 years
Bridges	1 per 5 years	1 per 5 years	1 per 5 years	1 per 5 years	1 per 5 years
Implants/Abutments	1 per 10 years / 2 per calendar year	1 per 10 years / 2 per calendar year	1 per 10 years / 2 per calendar year	1 per 10 years / 2 per calendar year	1 per 10 years / 2 per calendar year
Implant Crown/ Bridge/Denture	1 per 10 years	1 per 10 years	1 per 10 years	1 per 10 years	1 per 10 years

Summary Plan Descriptions



New York State Plan









DIAGNOSTIC SERVICES

CONSULTATION *(2 per calendar year)* $125.00

Clinical Oral Evaluation (Examination)

(3 evaluations per calendar year, outside annual maximum)

Periodic, detailed, limited, oral child evaluation .... $ 67.00

Comprehensive oral and periodontal evaluation .... $ 72.00

Dental Radiographs

Intraoral complete series, including bitewings
(1 per 3 years) $135.00

or

Panoramic *(1 per 3 years)* $135.00

There is a 3 year limitation for complete series and/or panoramic radiographs. Periapical and bitewing x-rays are not covered if performed within the same 12 month period as a complete series. Periapical x-rays are not covered within the same 12 month period as a panoramic image.

Periapical x-ray, each image
(Maximum 10 per calendar year) ..... $ 25.00

Bitewing x-rays *(Maximum 4 per calendar year)*
One ..... $ 30.00
Two ..... $ 50.00
Three ..... $ 52.00
Four ..... $ 70.00

Occlusal image *(2 per 3 years)* ..... $ 26.00

Cephalometric radiographic image
(1 per 5 years) $150.00

Cone beam CT images (limited, mandibular, maxillary or both jaws) *(1 per 5 years)* $295.00

Tests & Laboratory Examinations

Pulp vitality test *(1 per tooth per calendar year)* .... $ 40.00

PREVENTIVE SERVICES

Prophylaxis (Adult and Child)
(3 per calendar year, outside maximum)
Dental prophylaxis, adult-12 yrs and over ..... $ 97.00
Dental prophylaxis, child-under age 12 ..... $ 77.00

Fluoride *(2 per calendar year)* ..... $ 35.00

Sealants, child-under age 19, per tooth
covered on bicuspids and molars in the permanent dentition only *(1 per 3 years)* ..... $ 35.00

Space maintainers, child-under age 19
(1 per tooth per lifetime)
Unilateral space maintainer $122.00
Bilateral space maintainer $178.00

RESTORATIVE (Fillings)

Amalgam Restorations

(1 per each 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 $115.00
Amalgam, two surfaces $140.00
Amalgam, three surfaces $160.00
Amalgam, four or more surfaces $170.00

Resin-Based Composite Restorations

(1 per each surface per tooth per 12 month period)
Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of materials called resin-based composites.

PERMANENT OR PRIMARY TEETH (Anterior)
Resin based, one surface $140.00
Resin based, two surfaces $165.00
Resin based, three surfaces $180.00
Resin based, four or more surfaces $200.00

PERMANENT OR PRIMARY TEETH (Posterior)
Resin based, one surface $135.00
Resin based, two surfaces $160.00
Resin based, three surfaces $180.00
Resin based, four or more surfaces $193.00

RESTORATIVE (Crowns and Inlays/Onlays)

Crowns and inlays/onlays are covered for the restoration of permanent teeth which, as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite filling. The treatment plan must be accompanied by radiographs and will be professionally reviewed for necessity and appropriateness of the planned treatment taking into account the exclusions and limitations of the plan. Any type of crown restoration that has been in place for 12 months is considered permanent and subject to the frequency limitation. Benefits are payable upon insertion of the crown or inlay/onlay.

Pre-op radiographs are required for the review of this procedure.

Crowns *(1 per tooth per 5 years)*

Resin *(primary and permanent dentition, anterior teeth only)* $200.00
Resin fused to metal $490.00
Porcelain/Ceramic $900.00
Porcelain fused to metal $900.00
3/4 cast metal $450.00
Full cast metal $730.00

Implant/Abutment Supported Crowns

(1 per implant per 10 years)
Implant/abutment supported, porc/ceramic $900.00
Implant/abutment supported, porc fused to metal $900.00
Implant/abutment supported, full cast metal $730.00

Inlays/Onlays *(1 per tooth per 5 years)*

Inlay/onlay, one surface $185.00
Inlay/onlay, two surfaces $350.00
Inlay/onlay, three or more surfaces $500.00
Onlay-porcelain ceramic, three or four surfaces $500.00

Other Restorative Services

Recement crown, implant crown
(1 per crown per calendar year) ..... $ 45.00
Stainless steel crown, deciduous teeth only
(1 per tooth per 3 years) ..... $ 86.00
Core buildup, including pins
(1 per tooth per lifetime) ..... $ 82.00
Pin retention, per tooth *(1 per calendar year)* ..... $ 25.00
Post and core, cast or prefabricated, per tooth
(1 per 5 years) $180.00

ENDODONTICS (Root Canal Therapy)

(1 per tooth per lifetime) Benefits for root canal therapy are limited to permanent teeth and are payable upon completion.

Root canal therapy, anterior $880.00
Root canal therapy, bicuspid $920.00
Root canal therapy, molar $1,030.00

New York State Plan *continued...*

Other Endodontic/Periradicular Services

Pulpotomy, deciduous teeth only
(1 per tooth per lifetime) ..... $ 90.00
Apicoectomy, 1st root *(1 per tooth per lifetime)* $625.00
Apicoectomy, each additional root $315.00
(General Anesthesia/IV Sedation covered with Apicoectomy)
Retrograde filling, per root, in conjunction with Apicoectomy *(1 per tooth per lifetime)* $180.00

PERIODONTICS

Gingivectomy, Osseous Surgery and Bone Replacement Graft 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 x-rays and periodontal charting.*** *Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. The allowance for gingivectomy and osseous surgery will be made on a quadrant or sextant basis. Periodontic benefits are not usually paid for procedures performed on patients under 19 years of age. Exceptions can be made based on documented medical necessity. There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.*

Gingivectomy or gingivoplasty, per quadrant
(1 per 5 years) $410.00
Osseous surgery, per quadrant *(1 per 5 years)* $755.00
Bone replacement graft, per tooth (D4263)
(1 per 5 years) $290.00
Periodontal scaling and root planing, per quadrant
(2 per calendar year) $130.00
Periodontal maintenance procedure
(3 per calendar year, outside annual maximum), either prophylaxis ***or*** D4346 or D4910 ..... $ 97.00

PROSTHODONTICS (Removable)

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 a permanent denture is not inserted prior to 12 months, the interim denture will be considered a permanent denture. This plan will pay for no other installation within the next ***5 or 10*** *year period. Benefits are payable only upon insertion of denture. Allowance includes post-delivery care, relines and adjustments for 6 months.*

Complete Dentures *(1 per 5 years)*

Full upper or lower denture, permanent $925.00
Full upper or lower denture, interim $250.00

Partial Dentures *(1 per 5 years)*

Partial upper or lower denture, permanent $925.00
Unilateral partial upper or lower denture, permanent $375.00
Interim partial dentures, upper or lower, anterior teeth only $250.00

Implant/Abutment Supported Dentures *(1 per 10 years)*

A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant denture and accept the $1,030.00 as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
Implant/abutment supported full upper or lower denture, permanent $1,030.00
Implant/abutment supported partial upper or lower denture, permanent $1,030.00

Repairs to Full/Complete Dentures

Replace missing or broken teeth
(limited to 4 per calendar year) ..... $ 70.00

Repairs to Partial Dentures

Repair, replace or add clasp to existing partial denture
(limited to 4 per calendar year) ..... $ 70.00
Replace or add tooth to existing partial denture
(limited to 4 per calendar year) ..... $ 70.00

Rebase Full Denture *(1 per 2 years)*

Rebase, upper or lower $250.00

Reline of Dentures, upper or lower *(1 per 2 years)*

Reline full denture $225.00
Reline partial denture $225.00

Other Removable Prosthetic Services

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D5862 ..... $340.00

PROSTHODONTICS (Fixed)

Services are limited to permanent teeth replacement. ***The treatment plan must be accompanied by radiographs*** *and 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.*

Pontics *(1 per unit per 5 or 10 years)*

Cast metal $605.00
Porcelain fused to metal $750.00
Porcelain/Ceramic $750.00
Resin fused to metal $300.00

Abutment Crowns For Fixed Bridge Retainers *(1 per tooth per 5 years)*

3/4 cast metal $450.00
Full cast metal $730.00
Porcelain fused to metal $900.00
Porcelain/Ceramic $900.00
Resin fused to metal $490.00
Retainer for Maryland-type bridge $375.00

Implant/Abutment Supported Crowns for Fixed Bridge Retainers *(1 per implant per 10 years, including pontics part of implant fixed bridge retainer)*

Implant/abutment supported, cast metal $730.00
Implant/abutment supported, porc fused to metal $900.00
Implant/abutment supported, porcelain/ceramic $900.00

Other Fixed Partial Denture Services

Recement bridge, implant bridge
(1 per bridge per calendar year) ..... $ 82.00

Other Fixed Prosthetic Services

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D6950 ..... $340.00

ORAL SURGERY (Extractions) *(1 per tooth per lifetime)*

Extract coronal remnants, primary tooth $105.00
Erupted tooth or exposed root $150.00
Surgical removal $205.00
Soft tissue impaction $320.00

Partial bony impaction $425.00
Full bony impaction $525.00
Surgical removal of residual roots $200.00

Other Oral Surgical Procedures

Surgical Placement of Implant Body (D6010:
1 per tooth position per 10 years)

- An allowance will be provided for the surgical placement of the Implant Body. The plan will not pay for a replacement within the next 10 year period.
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant body procedure and accept the $1,350.00 per implant benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the surgical implant body will be outside of the member's annual plan maximum.
- A tooth or teeth currently having a prosthetic (denture, partial denture, crown, inlay-onlay) placed within the last 5 years and is/are being replaced by a covered **Implant/ Abutment Supported Prosthetic** would be subject to the 5 year replacement rule.
- Implant/Abutment Supported Prosthetics - (Removable Dentures, Fixed Dentures, Fixed Partial Dentures/Retainers & Single Crowns) will be subject to a 10 year replacement rule.
- **Post–op Radiographs are required for the payment of this procedure.** Benefits are payable upon insertion.
- **Implant Body** *(per tooth position, 2 teeth per calendar year)* $1,350.00
  Supporting Structures *(1 per implant position per 10 years, 2 per calendar year)*
  Prefabricated Abutment (D6056) $375.00
  Custom Abutment (D6057) $375.00
  Semi-precision Abutment (D6191) $375.00
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant abutment and accept the $375.00 per implant abutment benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the implant abutments will be outside of the member's annual plan maximum.

Bone graft at time of implant placement (D6104)
There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.
(1 per implant position per 10 years) $380.00
Surgical access of an unerupted tooth
(1 per tooth per lifetime) $275.00
Biopsy of oral tissue, hard or soft
(tissue removal) $190.00
Alveoloplasty in conjunction with extractions, per quadrant *(1 per lifetime)* $175.00
Alveoloplasty not in conjunction with extractions, per quadrant *(1 per 5 years)* $175.00
Removal of odontogenic cyst or tumor $200.00
Removal of exostosis or torus, per site $310.00
Incision and drainage (intraoral) *(1 per tooth per calendar year)(General anesthesia/IV sedation not covered with this procedure)* $140.00
Frenulectomy *(3 per lifetime)* $305.00
Excision of lesion *(1 per calendar year)* $200.00

Bone replacement graft for ridge preservation (D7953)
There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.
(1 per tooth per lifetime) $290.00

Other Implant Services

Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of the prostheses and abutments. *(2 per calendar year: D6080)* $112.00

Other Removable Prosthetic Services

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. (*1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D6192 ..... $340.00

ORTHODONTICS

Provided for employees, spouses and unmarried dependent children enrolled in the plan. This plan covers adult orthodontics.

Limited orthodontic treatment $500.00
(Once per lifetime, prior to and not in the same month as comprehensive treatment. Additional appliances and office visits are the responsibility of the member.)
Comprehensive orthodontic treatment, appliance insertion *(once per lifetime)* $1,050.00
Periodic orthodontic treatment visit $180.00
(Following a comprehensive appliance insertion, a benefit is provided for 24 completed active monthly treatment visits per life. Treatment visits beyond 24 months are the responsibility of the member, at the Fund allowance rate, when treatment is provided by a participating provider.)
Passive treatment *(one treatment benefit per lifetime following comprehensive treatment, includes retainers)* $430.00

ADJUNCTIVE GENERAL SERVICES

General anesthesia/deep sedation -each 15 minute increment with a maximum benefit of $360.00
(per covered oral surgery visit) $180.00
or
Intravenous sedation -each 15 minute increment with a maximum benefit of $360.00
(per covered oral surgery visit) $180.00
Palliative (emergency) treatment of dental pain
(2 per calendar year) ..... $ 80.00

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Unified Court System Plan



DIAGNOSTIC SERVICES

CONSULTATION *(1 per calendar year)* $100.00

Clinical Oral Evaluation (Examination)

(3 evaluations per calendar year, outside annual maximum)

Periodic, comprehensive, limited or detailed ..... $ 53.00

Dental Radiographs

Intraoral complete series, including bitewings
(1 per 3 years) $105.00

or

Panoramic *(1 per 3 years)* $105.00

There is a 3 year limitation for complete series and/or panoramic radiographs. Periapical and bitewing x-rays are not covered if performed within the same 12 month period as a complete series. Periapical x-rays are not covered within the same 12 month period as a panoramic image.

Periapical x-ray, each image
(Maximum 10 per calendar year) ..... $ 10.00

Bitewing x-rays *(Maximum 4 per calendar year)*
- One ..... $ 12.00
- Two ..... $ 22.00
- Three ..... $ 30.00
- Four ..... $ 42.00

Occlusal image *(2 per 3 years)* ..... $ 25.00

Cephalometric radiographic image
(1 per calendar year) ..... $ 90.00

Cone beam CT images (limited, mandibular, maxillary or both jaws) *(1 per 5 years)* $225.00

Tests & Laboratory Examinations

Pulp vitality test *(1 per tooth per calendar year)* .... $ 30.00

PREVENTIVE SERVICES

Prophylaxis (Adult and Child)
(3 per calendar year, outside maximum)
- **Dental prophylaxis, adult-12 yrs and over** ..... $ 83.00
- **Dental prophylaxis, child-under age 12** ..... $ 66.00

Fluoride *(2 per calendar year)* ..... $ 20.00

Sealants, child-under age 19, per tooth
covered on bicuspids and molars in the permanent dentition only *(1 per 3 years)* ..... $ 22.00

Space maintainers, child-under age 19
(1 per tooth per lifetime)
- **Unilateral space maintainer** ..... $ 78.00
- **Bilateral space maintainer** $144.00

RESTORATIVE (Fillings)

Amalgam Restorations

(1 per each 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** ..... $ 90.00
- **Amalgam, two surfaces** $110.00
- **Amalgam, three surfaces** $130.00
- **Amalgam, four or more surfaces** $130.00

Resin-Based Composite Restorations

(1 per each surface per tooth per 12 month period)
Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of materials called resin-based composites.

PERMANENT OR PRIMARY TEETH (Anterior)
- **Resin based, one surface** $105.00
- **Resin based, two surfaces** $124.00
- **Resin based, three surfaces** $154.00
- **Resin based, four or more surfaces** $154.00

PERMANENT OR PRIMARY TEETH (Posterior)
- **Resin based, one surface** $105.00
- **Resin based, two surfaces** $135.00
- **Resin based, three surfaces** $155.00
- **Resin based, four or more surfaces** $155.00

RESTORATIVE (Crowns and Inlays/Onlays)

Crowns and inlays/onlays are covered for the restoration of permanent teeth which, as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite filling. The treatment plan must be accompanied by radiographs and will be professionally reviewed for necessity and appropriateness of the planned treatment taking into account the exclusions and limitations of the plan. Any type of crown restoration that has been in place for 12 months is considered permanent and subject to the frequency limitation. Benefits are payable upon insertion of the crown or inlay/onlay.

Pre-op radiographs are required for the review of this procedure.

Crowns *(1 per tooth per 5 years)*

- **Resin** *(permanent, anterior teeth only)* $180.00
- **Resin fused to metal** $370.00
- **Porcelain/Ceramic** $725.00
- **Porcelain fused to metal** $725.00
- **3/4 cast metal** $430.00
- **Full cast metal** $525.00

Implant/Abutment Supported Crowns

(1 per implant per 10 years)

- **Implant/abutment supported, porc/ceramic** $725.00
- **Implant/abutment supported, porc fused to metal** $725.00
- **Implant/abutment supported, full cast metal** $525.00

Inlays/Onlays *(1 per tooth per 5 years)*

- **Inlay/onlay, one surface** $250.00
- **Inlay/onlay, two surfaces** $370.00
- **Inlay/onlay, three or more surfaces** $382.00

Other Restorative Services

Recement inlay *(1 per tooth per calendar year)* ..... $ 20.00

Recement crown, implant crown
(1 per tooth per calendar year) ..... $ 32.00

Stainless steel crown, deciduous teeth only
(1 per tooth per 5 years) ..... $ 60.00

Core buildup, including pins
(1 per tooth per lifetime) ..... $ 70.00

Pin retention, per tooth *(1 per calendar year)* ..... $ 20.00

Post and core, cast or prefabricated, per tooth
(1 per 5 years) $125.00

ENDODONTICS (Root Canal Therapy) *(1 per tooth per lifetime)*

Benefits for root canal therapy are limited to permanent teeth and are payable upon completion.

- **Root canal therapy, anterior** $595.00
- **Root canal therapy, bicuspid** $725.00
- **Root canal therapy, molar** $875.00

Other Endodontic/Periradicular Services

Pulp capping, direct or indirect
(1 per tooth per calendar year) ..... $ 50.00

Unified Court System Plan *continued...*

Pulpotomy, deciduous teeth only *(1 per tooth per lifetime)* ... $ 65.00
Apicoectomy, 1st root *(1 per tooth per lifetime)* ... $450.00
Apicoectomy, each additional root ... $175.00
(General Anesthesia/IV Sedation covered with Apicoectomy)
Retrograde filling, per root, in conjunction with Apicoectomy *(1 per tooth per lifetime)* ... $125.00

PERIODONTICS

Gingivectomy, Osseous Surgery and Bone Replacement Graft 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 x-rays and periodontal charting.*** *Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. The allowance for gingivectomy and osseous surgery will be made on a quadrant or sextant basis. Periodontic benefits are not usually paid for procedures performed on patients under 19 years of age. Exceptions can be made based on documented medical necessity. There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.*

Gingivectomy or gingivoplasty, per quadrant
(1 per 4 years) ... $340.00
Osseous surgery, per quadrant *(1 per 4 years)* ... $700.00
Bone replacement graft, per tooth (D4263)
(1 per 4 years) ... $250.00
Periodontal scaling and root planing, per quadrant
(2 per calendar year, limited to 2 quadrants per visit) ... $ 95.00
Periodontal maintenance procedure
(3 per calendar year, outside annual maximum), either prophylaxis ***or*** D4346 or D4910 ... $ 83.00

PROSTHODONTICS (Removable)

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 a permanent denture is not inserted prior to 12 months, the interim denture will be considered a permanent denture. This plan will pay for no other installation within the next ***5 or 10*** *year period. Benefits are payable only upon insertion of denture. Allowance includes post-delivery care, relines and adjustments for 6 months.*

Complete Dentures *(1 per 5 years)*
Full upper or lower denture, permanent ... $725.00

Partial Dentures *(1 per 5 years)*
Partial upper or lower denture, permanent ... $725.00
Unilateral partial upper or lower denture, permanent ... $300.00
Interim partial dentures, upper or lower, anterior teeth only ... $200.00

Implant/Abutment Supported Dentures *(1 per 10 years)*
A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant denture and accept the $800.00 as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
Implant/abutment supported full upper or lower denture, permanent ... $800.00
Implant/abutment supported partial upper or lower denture, permanent ... $800.00

Adjustments to Dentures
Full or partial denture adjustment after 6 months of insertion of denture *(1 per calendar year)* ... $ 32.00

Repairs to Complete Dentures
Replace missing or broken teeth
(limited to 4 per calendar year) ... $ 55.00

Repairs to Partial Dentures
Repair, replace or add clasp to existing partial denture
(limited to 4 per calendar year) ... $ 71.00
Replace or add tooth to existing partial denture
(limited to 4 per calendar year) ... $ 55.00

Rebase Full Denture *(1 per 2 years)*
Rebase, upper or lower ... $175.00

Reline of Dentures, upper or lower *(1 per 2 years)*
Reline full denture ... $170.00
Reline partial denture ... $170.00

Other Removable Prosthetic Services
Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D5862 ... $250.00

PROSTHODONTICS (Fixed)

Services are limited to permanent teeth replacement. ***The treatment plan must be accompanied by radiographs*** *and 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.*

Pontics *(1 per unit per 5 or 10 years)*
Cast metal ... $500.00
Porcelain fused to metal ... $575.00
Porcelain/Ceramic ... $575.00
Resin fused to metal ... $346.00

Abutment Crowns For Fixed Bridge Retainers *(1 per tooth per 5 years)*
3/4 cast metal ... $430.00
Full cast metal ... $525.00
Porcelain fused to metal ... $725.00
Porcelain/Ceramic ... $725.00
Resin fused to metal ... $370.00
Retainer for Maryland-type bridge ... $250.00

Implant/Abutment Supported Crowns for Fixed Bridge Retainers *(1 per implant per 10 years, including pontics part of implant fixed bridge retainer)*
Implant/abutment supported, cast metal ... $525.00
Implant/abutment supported, porc fused to metal ... $725.00
Implant/abutment supported, porcelain/ceramic ... $725.00

Other Fixed Partial Denture Services
Recement bridge, implant bridge
(1 per bridge per calendar year) ... $ 65.00

Other Fixed Prosthetic Services
Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D6950 ... $250.00

ORAL SURGERY (Extractions) *(1 per tooth per lifetime)*

Extract coronal remnants, primary tooth ... $ 85.00
Erupted tooth or exposed root ... $125.00
Surgical removal ... $170.00
Soft tissue impaction ... $250.00

Unified Court System Plan *continued...*

Partial bony impaction $300.00
Full bony impaction $365.00
Surgical removal of residual roots $165.00

Other Oral Surgical Procedures

Surgical Placement of Implant Body (D6010:
1 per tooth position per 10 years)

- A $2,000 allowance will be provided for the surgical placement of implant(s).
- The plan will not pay for a replacement within the next 10 year period.
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant body procedure and accept the $2,000.00 per implant benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The implant allowance of $2,000.00 will be outside of the member's annual plan maximum.
- A tooth or teeth currently having a prosthetic (denture, partial denture, crown, inlay-onlay) placed within the last 5 years and is/are being replaced by a covered **Implant/ Abutment Supported Prosthetic** would be subject to the 5 year replacement rule.
- Implant/Abutment Supported Prosthetics - (Removable Dentures, Fixed Dentures, Fixed Partial Dentures/Retainers & Single Crowns) will be subject to a 10 year replacement rule.
- **Post–op Radiographs are required for the payment of this procedure.** Benefits are payable upon insertion.
  Supporting Structures *(1 per implant position per 10 years, 2 per calendar year)*
  Prefabricated Abutment (D6056) $250.00
  Custom Abutment (D6057) $250.00
  Semi-precision Abutment (D6191) $250.00
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant abutment and accept the $250.00 per implant abutment benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the implant abutments will be outside of the member's annual plan maximum.

Bone graft at time of implant placement (D6104)
There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953
(1 per implant position per 10 years) $350.00
Surgical access of an unerupted tooth
(1 per tooth per lifetime) $170.00
Biopsy of oral tissue, hard or soft
(tissue removal) $150.00
Alveoloplasty in conjunction with extractions, per quadrant *(1 per lifetime)* $145.00
Alveoloplasty not in conjunction with extractions, per quadrant *(1 per 5 years)* $120.00
Incision and drainage (intraoral)
(1 per tooth per calendar year)(General anesthesia/IV sedation not covered with this procedure) $130.00
Frenulectomy *(3 per lifetime)* $225.00
Excision of lesion *(1 per calendar year)* $200.00
Bone replacement graft for ridge preservation (D7953)
(1 per tooth per lifetime) $250.00

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D6192 ..... $250.00

ORTHODONTICS

Provided for employees, spouses/domestic partners and unmarried dependent children enrolled in the plan. This plan covers adult orthodontics.

Limited orthodontic treatment $350.00
(Once per lifetime, prior to and not in the same month as comprehensive treatment. Additional appliances and office visits are the responsibility of the member.)
Comprehensive orthodontic treatment, appliance insertion *(once per lifetime)* $900.00
Periodic orthodontic treatment visit $175.00
(Following a comprehensive appliance insertion, a benefit is provided for 24 completed active monthly treatment visits per life. Treatment visits beyond 24 months are the responsibility of the member, at the Fund allowance rate, when treatment is provided by a participating provider.)
Passive treatment *(one treatment benefit per lifetime following comprehensive treatment, includes retainers)* $350.00

ADJUNCTIVE GENERAL SERVICES

General anesthesia/deep sedation -each 15 minute increment with a maximum benefit of $270.00
(per covered oral surgery visit) $135.00
or
Intravenous sedation -each 15 minute increment with a maximum benefit of $270.00
(per covered oral surgery visit) $135.00
Palliative (emergency) treatment of dental pain
(2 per calendar year) ..... $ 65.00
Occlusal adjustment, limited *(1 per 4 years)* ..... $ 60.00
Occlusal adjustment, complete *(1 per 4 years)* $175.00

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Unified Court System Retiree Plan



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THIS IS THE ONLY PLAN THAT PARTICIPATING PROVIDERS ARE ALLOWED TO BALANCE BILL ALL SERVICES TO BE DISCUSSED WITH PATIENT.

DIAGNOSTIC SERVICES

CONSULTATION *(1 per calendar year)* $100.00

Clinical Oral Evaluation (Examination)

(3 evaluations per calendar year, outside annual maximum)

Periodic, comprehensive, limited or detailed ..... $ 40.00

Dental Radiographs

Intraoral complete series, including bitewings
(1 per 3 years) $100.00

or

Panoramic *(1 per 3 years)* $100.00

There is a 3 year limitation for complete series and/or panoramic radiographs. Periapical and bitewing x-rays are not covered if performed within the same 12 month period as a complete series. Periapical x-rays are not covered within the same 12 month period as a panoramic image.

Periapical x-ray, each image
(Maximum 10 per calendar year) ..... $ 8.00

Bitewing x-ray, each image
(Maximum 4 per calendar year) ..... $ 8.00

Occlusal image *(2 per 3 years)* ..... $ 25.00

Cephalometric radiographic image
(1 per calendar year) ..... $ 80.00

Cone beam CT images (D0364: limited only)
(1 per 5 years) $125.00

Tests & Laboratory Examinations

Pulp vitality test *(1 per tooth per calendar year)* .... $ 6.00

PREVENTIVE SERVICES

Prophylaxis (Adult and Child)
(3 per calendar year, outside maximum)

- **Dental prophylaxis, adult-12 yrs and over** ..... $ 80.00
- **Dental prophylaxis, child-under age 12** ..... $ 45.00

Fluoride *(2 per calendar year)* ..... $ 20.00

Sealants, child-under age 19, per tooth
covered on bicuspids and molars in the permanent dentition only *(1 per 3 years)* ..... $ 17.00

Space maintainers, under age 19
(1 per tooth per lifetime)

- **Unilateral space maintainer** ..... $ 60.00
- **Bilateral space maintainer** $140.00
- **Unilateral, removable space maintainer** ..... $ 78.00
- **Bilateral, removable space maintainer** $144.00

RESTORATIVE (Fillings)

Amalgam Restorations

(1 per each 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** ..... $ 75.00
- **Amalgam, two surfaces** ..... $ 90.00
- **Amalgam, three surfaces** $100.00
- **Amalgam, four or more surfaces** $100.00

Resin-Based Composite Restorations

(1 per each surface per tooth per 12 month period)
Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of materials called resin-based composites.

PERMANENT OR PRIMARY TEETH (Anterior or Posterior)

- **Resin based, one surface** ..... $ 80.00
- **Resin based, two surfaces** ..... $ 95.00
- **Resin based, three surfaces** ..... $ 110.00
- **Resin based, four or more surfaces** ..... $ 110.00

RESTORATIVE (Crowns and Inlays/Onlays)

Crowns and inlays/onlays are covered for the restoration of permanent teeth which, as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite filling. The treatment plan must be accompanied by radiographs and will be professionally reviewed for necessity and appropriateness of the planned treatment taking into account the exclusions and limitations of the plan. Any type of crown restoration that has been in place for 12 months is considered permanent and subject to the frequency limitation. Benefits are payable upon insertion of the crown or inlay/onlay.

Pre-op radiographs are required for the review of this procedure.

Crowns *(1 per tooth per 5 years)*

Resin *(permanent, anterior teeth only)* $180.00
Resin fused to metal $325.00
Porcelain/Ceramic $340.00
Porcelain fused to metal $465.00
3/4 cast metal $325.00
Full cast metal $382.00

Implant/Abutment Supported Crowns

(1 per implant per 10 years)

Implant/abutment supported, porc/ceramic $340.00
Implant/abutment supported, porc fused to metal $465.00
Implant/abutment supported, full cast metal $382.00

Inlays/Onlays *(1 per tooth per 5 years)*

Inlay/onlay, one surface $150.00
Inlay/onlay, two surfaces $270.00
Inlay/onlay, three or more surfaces $288.00

Other Restorative Services

Recement inlay *(1 per tooth per calendar year)* ..... $ 12.00
Recement crown, Implant crown
(1 per crown per calendar year) ..... $ 26.00
Stainless steel crown, deciduous teeth only
(1 per tooth per 5 years) ..... $ 56.00
Core buildup, including pins
(1 per tooth per lifetime) ..... $ 56.00
Pin retention, per tooth *(1 per calendar year)* ..... $ 18.00
Post and core, cast or prefabricated, per tooth
(1 per 5 years) $102.00

ENDODONTICS (Root Canal Therapy)

(1 per tooth per lifetime) Benefits for root canal therapy are limited to permanent teeth and are payable upon completion.

Root canal therapy, anterior $214.00
Root canal therapy, bicuspid $268.00
Root canal therapy, molar $377.00

Other Endodontic/Periradicular Services

Pulp capping, direct or indirect
(1 per tooth per calendar year) ..... $ 16.00
Pulpotomy, deciduous teeth only
(1 per tooth per lifetime) ..... $ 31.00

Unified Court System Retiree Plan *continued...*

Apicoectomy, 1st root *(1 per tooth per lifetime)*..... $150.00
Apicoectomy, each additional root..... $100.00
(General Anesthesia/IV Sedation covered with Apicoectomy)
Retrograde filling, per root, in conjunction with apicoectomy *(1 per tooth per lifetime)* ..... $ 50.00

PERIODONTICS

Gingivectomy, Osseous Surgery and Bone Replacement Graft 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 x-rays and periodontal charting.*** *Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. The allowance for gingivectomy and osseous surgery will be made on a quadrant or sextant basis. Periodontic benefits are not usually paid for procedures performed on patients under 19 years of age. Exceptions can be made based on documented medical necessity. There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.*

Gingivectomy or gingivoplasty, per quadrant *(1 per 4 years)*..... $230.00
Osseous surgery, per quadrant *(1 per 4 years)*..... $390.00
Bone replacement graft, per tooth (D4263) *(1 per 4 years)*..... $250.00
Periodontal scaling and root planing, per quadrant *(2 per calendar year, limited to 2 quadrants per visit)*..... $ 27.00
Periodontal maintenance procedure *(3 per calendar year, outside annual maximum)*, either prophylaxis ***or*** D4346 or D4910 ..... $ 80.00

PROSTHODONTICS (Removable)

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 a permanent denture is not inserted prior to 12 months, the interim denture will be considered a permanent denture. This plan will pay for no other installation within the next ***5 or 10*** *year period. Benefits are payable only upon insertion of denture. Allowance includes post-delivery care, relines and adjustments for 6 months.*

Complete Dentures *(1 per 5 years)*

Full upper or lower denture, permanent/immediate..... $420.00

Partial Dentures *(1 per 5 years)*

Partial upper or lower denture, permanent..... $450.00
Unilateral partial upper or lower denture, permanent..... $210.00

Implant/Abutment Supported Dentures *(1 per 10 years)*

Implant/abutment supported full upper or lower denture, permanent..... $420.00
Implant/abutment supported partial upper or lower denture, permanent..... $450.00

Adjustments to Dentures

Full or partial denture adjustment after 6 months of insertion of denture *(1 per calendar year)*..... $ 12.00

Repairs to Complete Dentures

Replace missing or broken teeth *(limited to 4 per calendar year)*..... $ 42.00

Repairs to Partial Dentures

Repair, replace or add clasp to existing partial *(limited to 4 per calendar year)*..... $ 71.00
Replace or add tooth to existing partial *(limited to 4 per calendar year)*..... $ 42.00

Rebase Complete Denture *(1 per 2 years)*

Rebase, upper or lower..... $ 94.00

Reline of Dentures, upper or lower *(1 per 2 years)*

Reline complete denture..... $150.00
Reline partial denture..... $150.00

PROSTHODONTICS (Fixed)

Services are limited to permanent teeth replacement. ***The treatment plan must be accompanied by radiographs*** *and 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.*

Pontics *(1 per unit per 5 or 10 years)*

Cast metal..... $164.00
Porcelain fused to metal..... $340.00
Porcelain/Ceramic..... $340.00
Resin fused to metal..... $270.00

Abutment Crowns For Fixed Bridge Retainers *(1 per tooth per 5 years)*

3/4 cast metal..... $325.00
Full cast metal..... $382.00
Porcelain fused to metal..... $465.00
Porcelain/Ceramic..... $340.00
Resin fused to metal..... $325.00
Retainer for Maryland-type bridge..... $149.00

Implant/Abutment Supported Crowns for Fixed Bridge Retainers *(1 per implant per 10 years, including pontics part of implant fixed bridge retainer)*

Implant/abutment supported, cast metal..... $382.00
Implant/abutment supported, porc fused to metal..... $465.00
Implant/abutment supported, porcelain/ceramic..... $340.00

Other Fixed Partial Denture Services

Recement bridge, implant bridge *(1 per bridge per calendar year)*..... $ 42.00

ORAL SURGERY (Extractions) *(1 per tooth per lifetime)*

Extract coronal remnants, primary tooth..... $ 50.00
Erupted tooth or exposed root..... $ 50.00
Surgical removal..... $ 79.00
Soft tissue impaction..... $ 90.00
Partial bony impaction..... $126.00
Full bony impaction..... $175.00
Surgical removal of residual roots..... $ 60.00

Other Oral Surgical Procedures

Surgical Placement of Implant Body (D6010:
1 per tooth position per 10 years)

- **Post–op Radiographs are required for the payment of this procedure.** Benefits are payable upon insertion.
- An allowance will be provided for the surgical placement of the Implant Body. The plan will not pay for a replacement within the next 10 year period.
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant body procedure and accept the $500.00 per implant benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the surgical implant body will be outside of the member's annual plan maximum.
- A tooth or teeth currently having a prosthetic (denture, partial

denture, crown, inlay-only) placed within the last 5 years and is/are being replaced by a covered **Implant/Abutment Supported Prosthetic** would be subject to the 5 year replacement rule.

- Implant/Abutment Supported Prosthetics - (Removable Dentures, Fixed Dentures, Fixed Partial Dentures/Retainers & Single Crowns) will be subject to a 10 year replacement rule.
  Implant Body *(per tooth position, 2 teeth per calendar year)* $500.00
  Supporting Structures *(1 per implant position per 10 years, 2 per calendar year)*
  Prefabricated Abutment (D6056) $125.00
  Custom Abutment (D6057) $125.00
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant abutment and accept the $125.00 per implant abutment benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the implant abutments will be outside of the member's annual plan maximum.

Bone graft at time of implant placement (D6104)
There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953
(1 per implant position per 10 years) $350.00
Surgical access of an unerupted tooth
(1 per tooth per lifetime) $120.00
Biopsy of oral tissue, hard or soft *(tissue removal)* ..... $ 65.00
Alveoloplasty in conjunction with extractions, per quadrant *(1 per lifetime)* ..... $ 47.00
Alveoloplasty not in conjunction with extractions, per quadrant *(1 per 5 years)* ..... $ 86.00
Incision and drainage (intraoral) *(1 per tooth per calendar year)*
(General anesthesia/IV sedation not covered with this procedure) ..... $ 42.00
Frenulectomy *(3 per lifetime)* $114.00
Bone replacement graft for ridge preservation (D7953)
(1 per tooth per lifetime) $250.00

ORTHODONTICS

Provided for employees, spouses/domestic partners and unmarried dependent children enrolled in the plan. This plan covers adult orthodontics.

Limited orthodontic treatment $300.00
(Once per lifetime, prior to and not in the same month as comprehensive treatment. Additional appliances and office visits are the responsibility of the member.)
Comprehensive orthodontic treatment, appliance insertion *(once per lifetime)* $540.00
Periodic orthodontic treatment visit ..... $ 85.00
(Following a comprehensive appliance insertion, a benefit is provided for 24 completed active monthly treatment visits per life. Treatment visits beyond 24 months are the responsibility of the member, at the Fund allowance rate, when treatment is provided by a participating provider.)

ADJUNCTIVE GENERAL SERVICES

General anesthesia/deep sedation -each 15 minute increment with a maximum benefit of $200.00
(per covered oral surgery visit) $100.00
or
Intravenous sedation -each 15 minute increment with a maximum benefit of $200.00
(per covered oral surgery visit) $100.00
Palliative (emergency) treatment of dental pain
(2 per calendar year) ..... $ 30.00
Occlusal adjustment, limited *(1 per 4 years)* ..... $ 35.00
Occlusal adjustment, complete *(1 per 4 years)* $140.00

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Dutchess Plan





DIAGNOSTIC SERVICES

CONSULTATION *(1 per calendar year)* $166.00

Clinical Oral Evaluation (Examination)

(3 evaluations per calendar year, outside annual maximum)

Periodic, detailed, limited, oral child evaluation .... $ 73.00
Comprehensive oral and periodontal evaluation .... $ 75.00

Dental Radiographs

Intraoral complete series, including bitewings
(1 per 3 years) $148.00
or
Panoramic *(1 per 3 years)* $148.00

There is a 3 year limitation for complete series and/or panoramic radiographs. Periapical and bitewing x-rays are not covered if performed within the same 12 month period as a complete series. Periapical x-rays are not covered within the same 12 month period as a panoramic image.

Periapical x-ray, each image
(Maximum 10 per calendar year) ..... $ 31.00
Bitewing x-rays *(Maximum 4 per calendar year)*
One ..... $ 35.00
Two ..... $ 58.00
Three ..... $ 63.00
Four ..... $ 78.00
Occlusal image *(2 per 3 years)* ..... $ 37.00
Cephalometric radiographic image
(1 per calendar year) $156.00
Cone beam CT images (limited, mandibular, maxillary or both jaws) *(1 per 5 years)* $283.00

Tests & Laboratory Examinations

Pulp vitality test *(1 per tooth per calendar year)* .... $ 72.00

PREVENTIVE SERVICES

Prophylaxis (Adult and Child)
(3 per calendar year, outside maximum)
Dental prophylaxis, adult-12 yrs and over $112.00
Dental prophylaxis, child-under age 12 ..... $ 84.00
Fluoride *(2 per calendar year)* ..... $ 42.00
Sealants, child-under age 19, per tooth
covered on bicuspids and molars in the permanent dentition only *(1 per 3 years)* ..... $ 57.00
Space maintainers, child-under age 19
(1 per tooth per lifetime)
Unilateral space maintainer $195.00
Bilateral space maintainer $265.00

RESTORATIVE (Fillings)

Amalgam Restorations

(1 per each 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 $147.00
Amalgam, two surfaces $193.00
Amalgam, three surfaces $223.00
Amalgam, four or more surfaces $223.00

Resin-Based Composite Restorations

(1 per each surface per tooth per 12 month period)
Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of materials called resin-based composites.

PERMANENT OR PRIMARY TEETH (Anterior)
Resin based, one surface $192.00
Resin based, two surfaces $227.00
Resin based, three surfaces $267.00
Resin based, four or more surfaces $267.00

PERMANENT OR PRIMARY TEETH (Posterior)
Resin based, one surface $195.00
Resin based, two surfaces $235.00
Resin based, three surfaces $265.00
Resin based, four or more surfaces $265.00

RESTORATIVE (Crowns and Inlays/Onlays)

Crowns and inlays/onlays are covered for the restoration of permanent teeth which, as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite filling. The treatment plan must be accompanied by radiographs and will be professionally reviewed for necessity and appropriateness of the planned treatment taking into account the exclusions and limitations of the plan. Any type of crown restoration that has been in place for 12 months is considered permanent and subject to the frequency limitation. Benefits are payable upon insertion of the crown or inlay/onlay.

Pre-op radiographs are required for the review of this procedure.

Crowns *(1 per tooth per 5 years)*

Resin *(permanent, anterior teeth only)* $210.00
Resin fused to metal $500.00
Porcelain/Ceramic $1,010.00
Porcelain fused to metal $1,010.00
3/4 cast metal $610.00
Full cast metal $750.00

Implant/Abutment Supported Crowns

(1 per implant per 10 years)
Implant/abutment supported, porc/ceramic $1,010.00
Implant/abutment supported, porc fused to metal $1,010.00
Implant/abutment supported, full cast metal $750.00

Inlays/Onlays *(1 per tooth per 5 years)*

Inlay/onlay, one surface $300.00
Inlay/onlay, two surfaces $420.00
Inlay/onlay, three or more surfaces $440.00

Other Restorative Services

Recement inlay *(1 per tooth per calendar year)* ..... $ 25.00
Recement crown, implant crown
(1 per crown per calendar year) ..... $ 88.00
Stainless steel crown, deciduous teeth only
(1 per tooth per 3 years) ..... $ 92.00
Core buildup, including pins
(1 per tooth per lifetime) ..... $ 90.00
Pin retention, per tooth *(1 per calendar year)* ..... $ 38.00
Post and core, cast or prefabricated, per tooth
(1 per 5 years) $208.00

ENDODONTICS (Root Canal Therapy)

(1 per tooth per lifetime) Benefits for root canal therapy are limited to permanent teeth and are payable upon completion.

Root canal therapy, anterior $948.00
Root canal therapy, bicuspid $980.00
Root canal therapy, molar $1,100.00

Other Endodontic/Periradicular Services

Pulp capping, direct or indirect
(1 per tooth per calendar year) ..... $ 72.00

Dutchess Plan *continued...*

Pulpotomy, deciduous teeth only
(1 per tooth per lifetime) $140.00
Apicoectomy, 1st root *(1 per tooth per lifetime)*
Anterior $750.00
Bicuspid $825.00
Molar $950.00
Apicoectomy, each additional root $350.00
(General Anesthesia/IV Sedation covered with Apicoectomy)
Retrograde filling, per root, in conjunction with apicoectomy *(1 per tooth per lifetime)* $207.00

PERIODONTICS

Gingivectomy, Osseous Surgery and Bone Replacement Graft 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 x-rays and periodontal charting.*** *Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. The allowance for gingivectomy and osseous surgery will be made on a quadrant or sextant basis. Periodontic benefits are not usually paid for procedures performed on patients under 19 years of age. Exceptions can be made based on documented medical necessity. There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.*

Gingivectomy or gingivoplasty, per quadrant
(1 per 4 years) $440.00
Osseous surgery, per quadrant *(1 per 4 years)* $850.00
Bone replacement graft, per tooth (D4263)
(1 per 4 years) $315.00
Periodontal scaling and root planing, per quadrant
(2 per calendar year) $148.00
Periodontal maintenance procedure
(3 per calendar year, outside annual maximum), either prophylaxis ***or*** D4346 or D4910 ..... $112.00

PROSTHODONTICS (Removable)

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 a permanent denture is not inserted prior to 12 months, the interim denture will be considered a permanent denture. This plan will pay for no other installation within the next ***5 or 10*** *year period. Benefits are payable only upon insertion of denture. Allowance includes post-delivery care, relines and adjustments for 6 months.*

Complete Dentures *(1 per 5 years)*

Full upper or lower denture, permanent/immediate $980.00
Full upper or lower denture, interim $300.00

Partial Dentures *(1 per 5 years)*

Partial upper or lower denture, permanent $980.00
Unilateral partial upper or lower denture, permanent $450.00
Interim partial dentures, upper or lower, anterior teeth only $300.00

Implant/Abutment Supported Dentures *(1 per 10 years)*

A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant denture and accept the $1,140.00 as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
Implant/abutment supported full upper or lower denture, permanent $1,140.00
Implant/abutment supported partial upper or lower denture, permanent $1,140.00

Adjustments to Dentures

Full or partial denture adjustment after 6 months of insertion of denture *(1 per calendar year)* ..... $ 70.00

Repairs to Complete Dentures

Replace missing or broken teeth
(limited to 4 per calendar year) $110.00

Repairs to Partial Dentures

Repair, replace or add clasp to existing partial denture
(limited to 4 per calendar year) $110.00
Replace or add tooth to existing partial denture
(limited to 4 per calendar year) $110.00

Rebase Complete Denture *(1 per 2 years)*

Rebase, upper or lower $262.00

Reline of Dentures, upper or lower *(1 per 3 years)*

Reline complete denture $233.00
Reline partial denture $233.00

Other Fixed Prosthetic Services

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D5862 ..... $400.00

PROSTHODONTICS (Fixed)

Services are limited to permanent teeth replacement. ***The treatment plan must be accompanied by radiographs*** *and 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.*

Pontics *(1 per unit per 5 or 10 years)*

Cast metal $750.00
Porcelain fused to metal $900.00
Porcelain/Ceramic $900.00
Resin fused to metal $435.00

Abutment Crowns For Fixed Bridge Retainers

(1 per tooth per 5 years)
3/4 cast metal $610.00
Full cast metal $750.00
Porcelain fused to metal $1,010.00
Porcelain/Ceramic $1,010.00
Resin fused to metal $500.00
Retainer for Maryland-type bridge $415.00

Implant/Abutment Supported Crowns for Fixed Bridge Retainers *(1 per implant per 10 years, including pontics part of implant fixed bridge retainer)*

Implant/abutment supported, cast metal $750.00
Implant/abutment supported, porc fused to metal $1,010.00
Implant/abutment supported, porcelain/ceramic $1,010.00

Other Fixed Partial Denture Services

Recement bridge, implant bridge
(1 per bridge per calendar year) ..... $ 95.00

Other Fixed Prosthetic Services

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D6950 ..... $400.00

Dutchess Plan *continued...*

ORAL SURGERY (Extractions) *(1 per tooth per lifetime)*

Extract coronal remnants, primary tooth $145.00
Erupted tooth or exposed root $190.00
Surgical removal $260.00
Soft tissue impaction $385.00
Partial bony impaction $525.00
Full bony impaction $620.00
Surgical removal of residual roots $260.00

Other Oral Surgical Procedures

Surgical Placement of Implant Body (D6010:
1 per tooth position per 10 years)

- **Post–op Radiographs are required for the payment of this procedure.** Benefits are payable upon insertion.
- An allowance will be provided for the surgical placement of the Implant Body. The plan will not pay for a replacement within the next 10 year period.
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant body procedure and accept the $1,460.00 per implant benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the surgical implant body will be outside of the member's annual plan maximum.
- A tooth or teeth currently having a prosthetic (denture, partial denture, crown, inlay-only) placed within the last 5 years and is/are being replaced by a covered **Implant/Abutment Supported Prosthetic** would be subject to the 5 year replacement rule.
- Implant/Abutment Supported Prosthetics - (Removable Dentures, Fixed Dentures, Fixed Partial Dentures/Retainers & Single Crowns) will be subject to a 10 year replacement rule.
- **Implant Body** *(per tooth position, 2 teeth per calendar year)* $1,460.00
  Supporting Structures *(1 per implant position per 10 years, 2 per calendar year)*
  Prefabricated Abutment (D6056) $465.00
  Custom Abutment (D6057) $465.00
  Semi-precision Abutment (D6191) $465.00
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant abutment and accept the $465.00 per implant abutment benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the implant abutments will be outside of the member's annual plan maximum.

Bone graft at time of implant placement (D6104)
There is a frequency limit of 2 bone grafts per calendar year.
Covered bone grafts include D4263, D6104 and D7953
(1 per implant position per 10 years) $465.00
Surgical access of an unerupted tooth
(1 per tooth per lifetime) $450.00
Biopsy of oral tissue, hard or soft
(tissue removal) $240.00
Alveoloplasty in conjunction with extractions, per quadrant *(1 per lifetime)* $237.00
Alveoloplasty not in conjunction with extractions, per quadrant *(1 per 5 years)* $237.00
Removal of odontogenic cyst or tumor $260.00
Removal of exostosis or torus, per site $325.00
Incision and drainage (intraoral) *(1 per tooth per calendar year)*
(General anesthesia/IV sedation not covered with this procedure) $200.00
Frenulectomy *(3 per lifetime)* $325.00
Excision of lesion *(1 per calendar year)* $260.00
Bone replacement graft for ridge preservation (D7953)
(1 per tooth per lifetime) $355.00
Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D6192 ..... $400.00

Other Implant Services

Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments. *(2 per calender year: D6080)* ..... $ 118.00

ORTHODONTICS

Provided for employees, spouses and unmarried dependent children enrolled in the plan. This plan covers adult orthodontics.

Limited orthodontic treatment $620.00
(Once per lifetime, prior to and not in the same month as comprehensive treatment. Additional appliances and office visits are the responsibility of the member.)
Comprehensive orthodontic treatment, appliance insertion *(once per lifetime)* $1,240.00
Periodic orthodontic treatment visit $210.00
(Following a comprehensive appliance insertion, a benefit is provided for 24 completed active monthly treatment visits per life. Treatment visits beyond 24 months are the responsibility of the member, at the Fund allowance rate, when treatment is provided by a participating provider.)
Passive treatment *(one treatment benefit per lifetime following comprehensive treatment, includes retainers)* $465.00

ADJUNCTIVE GENERAL SERVICES

General anesthesia/deep sedation -each 15 minute increment with a maximum benefit of $460.00
(per covered oral surgery visit) $230.00
or
Intravenous sedation -each 15 minute increment with a maximum benefit of $460.00
(per covered oral surgery visit) $230.00
Palliative (emergency) treatment of dental pain
(2 per calendar year) ..... $ 97.00
Occlusal adjustment, limited *(1 per 4 years)* ..... $ 90.00
Occlusal adjustment, complete *(1 per 4 years)* $190.00

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Equinox Plan





DIAGNOSTIC SERVICES

CONSULTATION *(1 per calendar year)* $165.00

Clinical Oral Evaluation (Examination)

(3 evaluations per calendar year, outside annual maximum)

Periodic, detailed, limited, oral child evaluation .... $ 68.00
Comprehensive oral and periodontal evaluation .... $ 72.00

Dental Radiographs

Intraoral complete series, including bitewings
(1 per 3 years) ..... $ 147.00
or
Panoramic *(1 per 3 years)* ..... $ 147.00

There is a 3 year limitation for complete series and/or panoramic radiographs. Periapical and bitewing x-rays are not covered if performed within the same 12 month period as a complete series. Periapical x-rays are not covered within the same 12 month period as a panoramic image.

Periapical x-ray, each image
(Maximum 10 per calendar year) ..... $ 30.00
Bitewing x-rays *(Maximum 4 per calendar year)*
One ..... $ 35.00
Two ..... $ 55.00
Three ..... $ 60.00
Four ..... $ 75.00
Occlusal image *(2 per 3 years)* ..... $ 35.00
Cephalometric radiographic image
(1 per calendar year) $155.00
Cone beam CT images (limited, mandibular, maxillary or both jaws) *(1 per 5 years)* $280.00

Tests & Laboratory Examinations

Pulp vitality test *(1 per tooth per calendar year)* .... $ 70.00

PREVENTIVE SERVICES

Prophylaxis (Adult and Child)
(3 per calendar year, outside maximum)
Dental prophylaxis, adult-12 yrs and over $105.00
Dental prophylaxis, child-under age 12 ..... $ 82.00
Fluoride *(2 per calendar year)* ..... $ 40.00
Sealants, child-under age 19, per tooth
covered on bicuspids and molars in the permanent dentition only *(1 per 3 years)* ..... $ 55.00
Space maintainers, child-under age 19
(1 per tooth per lifetime)
Unilateral space maintainer $165.00
Bilateral space maintainer $225.00

RESTORATIVE (Fillings)

Amalgam Restorations

(1 per each 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 $145.00
Amalgam, two surfaces $190.00
Amalgam, three surfaces $220.00
Amalgam, four or more surfaces $220.00

Resin-Based Composite Restorations

(1 per each surface per tooth per 12 month period)
Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of materials called resin-based composites.

PERMANENT OR PRIMARY TEETH (Anterior)
Resin based, one surface $190.00
Resin based, two surfaces $225.00
Resin based, three surfaces $260.00
Resin based, four or more surfaces $260.00

PERMANENT OR PRIMARY TEETH (Posterior)
Resin based, one surface $190.00
Resin based, two surfaces $225.00
Resin based, three surfaces $264.00
Resin based, four or more surfaces $264.00

RESTORATIVE (Crowns and Inlays/Onlays)

Crowns and inlays/onlays are covered for the restoration of permanent teeth which, as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite filling. The treatment plan must be accompanied by radiographs and will be professionally reviewed for necessity and appropriateness of the planned treatment taking into account the exclusions and limitations of the plan. Any type of crown restoration that has been in place for 12 months is considered permanent and subject to the frequency limitation. Benefits are payable upon insertion of the crown or inlay/onlay.

Pre-op radiographs are required for the review of this procedure.

Crowns *(1 per tooth per 5 years)*

Resin *(permanent, anterior teeth only)* $190.00
Resin fused to metal $460.00
Porcelain/Ceramic $1,000.00
Porcelain fused to metal $1,000.00
3/4 cast metal $560.00
Full cast metal $725.00

Implant/Abutment Supported Crowns

(1 per implant per 10 years)
Implant/abutment supported, porc/ceramic $1,000.00
Implant/abutment supported, porc fused to metal $1,000.00
Implant/abutment supported, full cast metal $725.00

Inlays/Onlays *(1 per tooth per 5 years)*

Inlay/onlay, one surface $275.00
Inlay/onlay, two surfaces $395.00
Inlay/onlay, three or more surfaces $410.00

Other Restorative Services

Recement inlay *(1 per tooth per calendar year)* ..... $ 23.00
Recement crown, implant crown
(1 per crown per calendar year) ..... $ 85.00
Stainless steel crown, deciduous teeth only
(1 per tooth per 3 years) ..... $ 90.00
Core buildup, including pins
(1 per tooth per lifetime) ..... $ 90.00
Pin retention, per tooth *(1 per calendar year)* ..... $ 37.00
Post and core, cast or prefabricated, per tooth
(1 per 5 years) $205.00

ENDODONTICS (Root Canal Therapy)

(1 per tooth per lifetime) Benefits for root canal therapy are limited to permanent teeth and are payable upon completion.

Root canal therapy, anterior $940.00
Root canal therapy, bicuspid $970.00
Root canal therapy, molar $1,080.00

Equinox Plan *continued...*

Other Endodontic/Periradicular Services

Pulp capping, direct or indirect
(1 per tooth per calendar year) ..... $ 70.00
Pulpotomy, deciduous teeth only
(1 per tooth per lifetime) $130.00
Apicoectomy, 1st root *(1 per tooth per lifetime)*
Anterior $675.00
Bicuspid $735.00
Molar $775.00
Apicoectomy, each additional root $345.00
(General Anesthesia/IV Sedation covered with Apicoectomy)
Retrograde filling, per root, in conjunction with
apicoectomy *(1 per tooth per lifetime)* $205.00

PERIODONTICS

Gingivectomy, Osseous Surgery and Bone Replacement Graft 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 x-rays and periodontal charting.*** *Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. The allowance for gingivectomy and osseous surgery will be made on a quadrant or sextant basis. Periodontic benefits are not usually paid for procedures performed on patients under 19 years of age. Exceptions can be made based on documented medical necessity. There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.*

Gingivectomy or gingivoplasty, per quadrant
(1 per 4 years) $435.00
Osseous surgery, per quadrant *(1 per 4 years)* $845.00
Bone replacement graft, per tooth (D4263)
(1 per 4 years) $310.00
Periodontal scaling and root planing, per quadrant
(2 per calendar year) $145.00
Periodontal maintenance procedure
(3 per calendar year, outside annual maximum), either
prophylaxis ***or*** D4346 or D4910 ..... $105.00

PROSTHODONTICS (Removable)

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 a permanent denture is not inserted prior to 12 months, the interim denture will be considered a permanent denture. This plan will pay for no other installation within the next ***5 or 10*** *year period. Benefits are payable only upon insertion of denture. Allowance includes post-delivery care, relines and adjustments for 6 months.*

Complete Dentures *(1 per 5 years)*

Full upper or lower denture, permanent/immediate $975.00
Full upper or lower denture, interim $285.00

Partial Dentures *(1 per 5 years)*

Partial upper or lower denture, permanent $975.00
Unilateral partial upper or lower denture, permanent $425.00
Interim partial dentures, upper or lower,
anterior teeth only $285.00

Implant/Abutment Supported Dentures *(1 per 10 years)*

A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant denture and accept the $1,135.00 as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
Implant/abutment supported full upper or lower
denture, permanent $1,135.00
Implant/abutment supported partial upper or lower
denture, permanent $1,135.00

Adjustments to Dentures

Full or partial denture adjustment after 6 months
of insertion of denture *(1 per calendar year)* ..... $ 70.00

Repairs to Complete Dentures

Replace missing or broken teeth
(limited to 4 per calendar year) $100.00

Repairs to Partial Dentures

Repair, replace or add clasp to existing partial denture
(limited to 4 per calendar year) $100.00
Replace or add tooth to existing partial denture
(limited to 4 per calendar year) $100.00

Rebase Complete Denture *(1 per 2 years)*

Rebase, upper or lower $254.00

Reline of Dentures, upper or lower *(1 per 3 years)*

Reline complete denture $227.00
Reline partial denture $227.00

Other Removable Prosthetic Services

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D5862 ..... $385.00

PROSTHODONTICS (Fixed)

Services are limited to permanent teeth replacement. ***The treatment plan must be accompanied by radiographs*** *and 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.*

Pontics *(1 per unit per 5 or 10 years)*

Cast metal $700.00
Porcelain fused to metal $875.00
Porcelain/Ceramic $875.00
Resin fused to metal $420.00

Abutment Crowns For Fixed Bridge Retainers

(1 per tooth per 5 years)
3/4 cast metal $560.00
Full cast metal $725.00
Porcelain fused to metal $1,000.00
Porcelain/Ceramic $1,000.00
Resin fused to metal $460.00
Retainer for Maryland-type bridge $410.00

Implant/Abutment Supported Crowns for Fixed Bridge Retainers *(1 per implant per 10 years, including pontics part of implant fixed bridge retainer)*

Implant/abutment supported, cast metal $725.00
Implant/abutment supported, porc fused to metal $1,000.00
Implant/abutment supported, porcelain/ceramic $1,000.00

Other Fixed Partial Denture Services

Recement bridge, implant bridge
(1 per bridge per calendar year) ..... $ 92.00

Other Fixed Prosthetic Services

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years,*

depending on denture frequency. 2 per calendar year.)
D6950 ..... $385.00

ORAL SURGERY (Extractions) *(1 per tooth per lifetime)*
Extract coronal remnants, primary tooth..... $140.00
Erupted tooth or exposed root..... $185.00
Surgical removal $250.00
Soft tissue impaction $375.00
Partial bony impaction $520.00
Full bony impaction $610.00
Surgical removal of residual roots..... $255.00

Other Oral Surgical Procedures
Surgical Placement of Implant Body (D6010:
1 per tooth position per 10 years)

- **Post–op Radiographs are required for the payment of this procedure.** Benefits are payable upon insertion.
- An allowance will be provided for the surgical placement of the Implant Body. The plan will not pay for a replacement within the next 10 year period.
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant body procedure and accept the $1,450.00 per implant benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the surgical implant body will be outside of the member's annual plan maximum.
- A tooth or teeth currently having a prosthetic (denture, partial denture, crown, inlay-only) placed within the last 5 years and is/are being replaced by a covered **Implant/Abutment Supported Prosthetic** would be subject to the 5 year replacement rule.
- Implant/Abutment Supported Prosthetics - (Removable Dentures, Fixed Dentures, Fixed Partial Dentures/Retainers & Single Crowns) will be subject to a 10 year replacement rule.
- **Implant Body** *(per tooth position, 2 teeth per calendar year)* $1,450.00
  Supporting Structures *(1 per implant position per 10 years, 2 per calendar year)*
  Prefabricated Abutment (D6056)..... $460.00
  Custom Abutment (D6057) $460.00
  Semi-precision Abutment (D6191)..... $460.00
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant abutment and accept the $460.00 per implant abutment benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the implant abutments will be outside of the member's annual plan maximum.

Bone graft at time of implant placement (D6104)
There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.
(1 per implant position per 10 years)..... $450.00
Surgical access of an unerupted tooth
(1 per tooth per lifetime)..... $425.00
Biopsy of oral tissue, hard or soft *(tissue removal)*..... $225.00
Alveoloplasty in conjunction with extractions, per quadrant *(1 per lifetime)*..... $235.00
Alveoloplasty not in conjunction with extractions, per quadrant *(1 per 5 years)* $235.00
Removal of odontogenic cyst or tumor..... $250.00
Removal of exostosis or torus, per site..... $315.00
Incision and drainage (intraoral) *(1 per tooth per calendar year) (General anesthesia/IV sedation not covered with this procedure)*..... $175.00
Frenulectomy *(3 per lifetime)* $315.00
Excision of lesion *(1 per calendar year)* $250.00
Bone replacement graft for ridge preservation (D7953)
(1 per tooth per lifetime)..... $350.00
Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. (*1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D6192..... $385.00

Other Implant Services
Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments. *(2 per calender year: D6080)*..... $ 115.00

ORTHODONTICS

Provided for employees, spouses and unmarried dependent children enrolled in the plan. This plan covers adult orthodontics.

Limited orthodontic treatment..... $600.00
(Once per lifetime, prior to and not in the same month as comprehensive treatment. Additional appliances and office visits are the responsibility of the member.)
Comprehensive orthodontic treatment, appliance insertion *(once per lifetime)* $1,225.00
Periodic orthodontic treatment visit $200.00
(Following a comprehensive appliance insertion, a benefit is provided for 24 completed active monthly treatment visits per life. Treatment visits beyond 24 months are the responsibility of the member, at the Fund allowance rate, when treatment is provided by a participating provider.)
Passive treatment *(one treatment benefit per lifetime following comprehensive treatment, includes retainers)*..... $460.00

ADJUNCTIVE GENERAL SERVICES

General anesthesia/deep sedation -each 15 minute increment with a maximum benefit of $440.00
(per covered oral surgery visit)..... $220.00
or
Intravenous sedation -each 15 minute increment with a maximum benefit of $440.00
(per covered oral surgery visit)..... $220.00
Palliative (emergency) treatment of dental pain
(2 per calendar year)..... $ 95.00
Occlusal adjustment, limited *(1 per 4 years)*..... $ 85.00
Occlusal adjustment, complete *(1 per 4 years)* $185.00

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Horizon Plan





DIAGNOSTIC SERVICES

CONSULTATION *(1 per calendar year)* $140.00

Clinical Oral Evaluation (Examination)

(3 evaluations per calendar year, outside annual maximum)

Periodic, detailed, limited, oral child evaluation .... $ 66.00
Comprehensive oral and periodontal evaluation .... $ 70.00

Dental Radiographs

Intraoral complete series, including bitewings
(1 per 3 years) $143.00
or
Panoramic *(1 per 3 years)* $143.00

There is a 3 year limitation for complete series and/or panoramic radiographs. Periapical and bitewing x-rays are not covered if performed within the same 12 month period as a complete series. Periapical x-rays are not covered within the same 12 month period as a panoramic image.

Periapical x-ray, each image
(Maximum 10 per calendar year) ..... $ 27.00
Bitewing x-rays *(Maximum 4 per calendar year)*
One ..... $ 33.00
Two ..... $ 52.00
Three ..... $ 55.00
Four ..... $ 71.00
Occlusal image *(2 per 3 years)* ..... $ 30.00
Cephalometric radiographic image
(1 per calendar year) $155.00
Cone beam CT images (limited, mandibular, maxillary or both jaws) *(1 per 5 years)* $275.00

Tests & Laboratory Examinations

Pulp vitality test *(1 per tooth per calendar year)* .... $ 45.00

PREVENTIVE SERVICES

Prophylaxis (Adult and Child)
(3 per calendar year, outside maximum)
Dental prophylaxis, adult-12 yrs and over $100.00
Dental prophylaxis, child-under age 12 ..... $ 79.00
Fluoride *(2 per calendar year)* ..... $ 37.00
Sealants, child-under age 19, per tooth
covered on bicuspids and molars in the permanent dentition only *(1 per 3 years)* ..... $ 53.00
Space maintainers, child-under age 19
(1 per tooth per lifetime)
Unilateral space maintainer $148.00
Bilateral space maintainer $208.00

RESTORATIVE (Fillings)

Amalgam Restorations

(1 per each 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 $142.00
Amalgam, two surfaces ..... $ 167.00
Amalgam, three surfaces $205.00
Amalgam, four or more surfaces $205.00

Resin-Based Composite Restorations

(1 per each surface per tooth per 12 month period)
Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of materials called resin-based composites.

PERMANENT OR PRIMARY TEETH (Anterior)
Resin based, one surface $165.00
Resin based, two surfaces ..... $ 195.00
Resin based, three surfaces $225.00
Resin based, four or more surfaces $225.00

PERMANENT OR PRIMARY TEETH (Posterior)
Resin based, one surface ..... $ 167.00
Resin based, two surfaces $200.00
Resin based, three surfaces $240.00
Resin based, four or more surfaces $240.00

RESTORATIVE (Crowns and Inlays/Onlays)

Crowns and inlays/onlays are covered for the restoration of permanent teeth which, as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite filling. The treatment plan must be accompanied by radiographs and will be professionally reviewed for necessity and appropriateness of the planned treatment taking into account the exclusions and limitations of the plan. Any type of crown restoration that has been in place for 12 months is considered permanent and subject to the frequency limitation. Benefits are payable upon insertion of the crown or inlay/onlay.

Pre-op radiographs are required for the review of this procedure.

Crowns *(1 per tooth per 5 years)*

Resin *(permanent, anterior teeth only)* $170.00
Resin fused to metal $440.00
Porcelain/Ceramic $900.00
Porcelain fused to metal $900.00
3/4 cast metal $550.00
Full cast metal $710.00

Implant/Abutment Supported Crowns

(1 per implant per 10 years)
Implant/abutment supported, porc/ceramic $900.00
Implant/abutment supported, porc fused to metal $900.00
Implant/abutment supported, full cast metal $710.00

Inlays/Onlays *(1 per tooth per 5 years)*

Inlay/onlay, one surface $250.00
Inlay/onlay, two surfaces $370.00
Inlay/onlay, three or more surfaces $382.00

Other Restorative Services

Recement crown, implant crown
(1 per crown per calendar year) ..... $ 80.00
Stainless steel crown, deciduous teeth only
(1 per tooth per 3 years) ..... $ 87.00
Core buildup, including pins
(1 per tooth per lifetime) ..... $ 82.00
Pin retention, per tooth *(1 per calendar year)* ..... $ 33.00
Post and core, cast or prefabricated, per tooth
(1 per 5 years) $180.00

ENDODONTICS (Root Canal Therapy)

(1 per tooth per lifetime) Benefits for root canal therapy are limited to permanent teeth and are payable upon completion.

Root canal therapy, anterior $875.00
Root canal therapy, bicuspid $925.00
Root canal therapy, molar $1,070.00

Other Endodontic/Periradicular Services

Pulpotomy, deciduous teeth only
(1 per tooth per lifetime) $100.00

Horizon Plan *continued...*

Apicoectomy, 1st root *(1 per tooth per lifetime)*
Anterior $670.00
Bicuspid $730.00
Molar $770.00
Apicoectomy, each additional root $340.00
(General Anesthesia/IV Sedation covered with Apicoectomy)
Retrograde filling, per root, in conjunction with apicoectomy *(1 per tooth per lifetime)* $200.00

PERIODONTICS

Gingivectomy, Osseous Surgery and Bone Replacement Graft 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 x-rays and periodontal charting.*** *Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. The allowance for gingivectomy and osseous surgery will be made on a quadrant or sextant basis. Periodontic benefits are not usually paid for procedures performed on patients under 19 years of age. Exceptions can be made based on documented medical necessity. There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.*

Gingivectomy or gingivoplasty, per quadrant *(1 per 5 years)* $425.00
Osseous surgery, per quadrant *(1 per 5 years)* $800.00
Bone replacement graft, per tooth (D4263) *(1 per 5 years)* $300.00
Periodontal scaling and root planing, per quadrant *(2 per calendar year)* $140.00
Periodontal maintenance procedure *(3 per calendar year, outside annual maximum)*, either prophylaxis ***or*** D4346 or D4910 ..... $100.00

PROSTHODONTICS (Removable)

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 a permanent denture is not inserted prior to 12 months, the interim denture will be considered a permanent denture. This plan will pay for no other installation within the next ***5 or 10*** *year period. Benefits are payable only upon insertion of denture. Allowance includes post-delivery care, relines and adjustments for 6 months.*

Complete Dentures *(1 per 5 years)*

Full upper or lower denture, permanent/immediate $950.00
Full upper or lower denture, interim $275.00

Partial Dentures *(1 per 5 years)*

Partial upper or lower denture, permanent $950.00
Unilateral partial upper or lower denture, permanent $410.00
Interim partial dentures, upper or lower, anterior teeth only $275.00

Implant/Abutment Supported Dentures *(1 per 10 years)*

A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant denture and accept the $1,125.00 as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
Implant/abutment supported full upper or lower denture, permanent ..... $ 1,125.00
Implant/abutment supported partial upper or lower denture, permanent ..... $ 1,125.00

Repairs to Complete Dentures

Replace missing or broken teeth *(limited to 4 per calendar year)* ..... $ 70.00

Repairs to Partial Dentures

Repair, replace or add clasp to existing partial denture *(limited to 4 per calendar year)* ..... $ 70.00
Replace or add tooth to existing partial denture *(limited to 4 per calendar year)* ..... $ 70.00

Rebase Complete Denture *(1 per 2 years)*

Rebase, upper or lower $251.00

Reline of Dentures, upper or lower *(1 per 3 years)*

Reline complete denture $225.00
Reline partial denture $225.00

Other Removable Prosthetic Services

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D5862 ..... $380.00

PROSTHODONTICS (Fixed)

Services are limited to permanent teeth replacement. ***The treatment plan must be accompanied by radiographs*** *and 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.*

Pontics *(1 per unit per 5 or 10 years)*

Cast metal $600.00
Porcelain fused to metal $800.00
Porcelain/Ceramic $800.00
Resin fused to metal $400.00

Abutment Crowns For Fixed Bridge Retainers *(1 per tooth per 5 years)*

3/4 cast metal $550.00
Full cast metal $710.00
Porcelain fused to metal $900.00
Porcelain/Ceramic $900.00
Resin fused to metal $440.00
Retainer for Maryland-type bridge $385.00

Implant/Abutment Supported Crowns for Fixed Bridge Retainers *(1 per implant per 10 years, including pontics part of implant fixed bridge retainer)*

Implant/abutment supported, cast metal $710.00
Implant/abutment supported, porc fused to metal $900.00
Implant/abutment supported, porcelain/ceramic $900.00

Other Fixed Partial Denture Services

Recement bridge, implant bridge *(1 per bridge per calendar year)* ..... $ 90.00

Other Fixed Prosthetic Services

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D6950 ..... $380.00

ORAL SURGERY (Extractions) *(1 per tooth per lifetime)*

Extract coronal remnants, primary tooth $120.00
Erupted tooth or exposed root $165.00
Surgical removal $225.00
Soft tissue impaction $345.00

Horizon Plan *continued...*

Partial bony impaction $455.00
Full bony impaction $560.00
Surgical removal of residual roots $205.00

Other Oral Surgical Procedures

Surgical Placement of Implant Body (D6010:
1 per tooth position per 10 years)

- **Post–op Radiographs are required for the payment of this procedure.** Benefits are payable upon insertion.
- An allowance will be provided for the surgical placement of the Implant Body. The plan will not pay for a replacement within the next 10 year period.
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant body procedure and accept the $1,075.00 per implant benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the surgical implant body will be outside of the member's annual plan maximum.
- A tooth or teeth currently having a prosthetic (denture, partial denture, crown, inlay-only) placed within the last 5 years and is/are being replaced by a covered **Implant/Abutment Supported Prosthetic** would be subject to the 5 year replacement rule.
- Implant/Abutment Supported Prosthetics - (Removable Dentures, Fixed Dentures, Fixed Partial Dentures/Retainers & Single Crowns) will be subject to a 10 year replacement rule.
- **Implant Body** *(per tooth position, 2 teeth per calendar year)* $1,075.00
  Supporting Structures *(1 per implant position per 10 years, 2 per calendar year)*
  Prefabricated Abutment (D6056) $350.00
  Custom Abutment (D6057) $350.00
  Semi-precision Abutment (D6191) $350.00
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant abutment and accept the $350.00 per implant abutment benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the implant abutments will be outside of the member's annual plan maximum.

Bone graft at time of implant placement (D6104)
There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.
(1 per implant position per 10 years) $395.00
Surgical access of an unerupted tooth
(1 per tooth per lifetime) $275.00
Biopsy of oral tissue, hard or soft *(tissue removal)* $195.00
Alveoloplasty in conjunction with extractions, per quadrant *(1 per lifetime)* $205.00
Alveoloplasty not in conjunction with extractions, per quadrant *(1 per 5 years)* $205.00
Removal of odontogenic cyst or tumor $230.00
Removal of exostosis or torus, per site $300.00
Incision and drainage (intraoral) *(1 per tooth per calendar year) (General anesthesia/IV sedation not covered with this procedure)* $150.00
Frenulectomy *(3 per lifetime)* $285.00
Excision of lesion *(1 per calendar year)* $230.00
Bone replacement graft for ridge preservation (D7953)
(1 per tooth per lifetime) $300.00

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. (*1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D6192 ..... $380.00

ORTHODONTICS

This plan does not cover adult orthodontics; appliances must be in place before age 19. Provided for employees under age 19 and unmarried dependent children enrolled in the plan.

Limited orthodontic treatment $515.00
(Once per lifetime, prior to and not in the same month as comprehensive treatment. Additional appliances and office visits are the responsibility of the member.)
Comprehensive orthodontic treatment, appliance insertion *(once per lifetime)* $1,050.00
Periodic orthodontic treatment visit $170.00
(Following a comprehensive appliance insertion, a benefit is provided for 24 completed active monthly treatment visits per life. Treatment visits beyond 24 months are the responsibility of the member, at the Fund allowance rate, when treatment is provided by a participating provider.)
Passive treatment *(one treatment benefit per lifetime following comprehensive treatment, includes retainers)* $400.00

ADJUNCTIVE GENERAL SERVICES

General anesthesia/deep sedation -each 15 minute increment with a maximum benefit of $440.00
(per covered oral surgery visit) $205.00
or
Intravenous sedation -each 15 minute increment with a maximum benefit of $440.00
(per covered oral surgery visit) $205.00
Palliative (emergency) treatment of dental pain
(2 per calendar year) ..... $ 85.00

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Sunrise Plan





DIAGNOSTIC SERVICES

CONSULTATION *(1 per calendar year)* $122.00

Clinical Oral Evaluation (Examination)

(3 evaluations per calendar year, outside annual maximum)

Periodic, detailed, limited, oral child evaluation .... $ 64.00

Comprehensive oral and periodontal evaluation .... $ 69.00

Dental Radiographs

Intraoral complete series, including bitewings
(1 per 3 years) ..... $ 137.00

or

Panoramic *(1 per 3 years)* ..... $ 137.00

There is a 3 year limitation for complete series and/or panoramic radiographs. Periapical and bitewing x-rays are not covered if performed within the same 12 month period as a complete series. Periapical x-rays are not covered within the same 12 month period as a panoramic image.

Periapical x-ray, each image
(Maximum 10 per calendar year) ..... $ 22.00

Bitewing x-rays *(Maximum 4 per calendar year)*
- One ..... $ 32.00
- Two ..... $ 48.00
- Three ..... $ 53.00
- Four ..... $ 70.00

Occlusal image *(2 per 3 years)* ..... $ 25.00

Cone beam CT images
(limited, mandibular, maxillary or both jaws)
(1 per 5 years) $265.00

PREVENTIVE SERVICES

Prophylaxis (Adult and Child)
(3 per calendar year, outside maximum)
- **Dental prophylaxis, adult-12 yrs and over** ..... $ 97.00
- **Dental prophylaxis, child-under age 12** ..... $ 77.00

Fluoride *(2 per calendar year)* ..... $ 35.00

Sealants, child-under age 19, per tooth
covered on bicuspids and molars in the permanent dentition only *(1 per 3 years)* ..... $ 51.00

Space maintainers, child-under age 19
(1 per tooth per lifetime)
- **Unilateral space maintainer** $145.00
- **Bilateral space maintainer** $190.00

RESTORATIVE (Fillings)

Amalgam Restorations

(1 per each 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** $132.00
- **Amalgam, two surfaces** $154.00
- **Amalgam, three surfaces** $189.00
- **Amalgam, four or more surfaces** $189.00

Resin-Based Composite Restorations

(1 per each surface per tooth per 12 month period)
Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of materials called resin-based composites.

PERMANENT OR PRIMARY TEETH (Anterior)
- **Resin based, one surface** $156.00
- **Resin based, two surfaces** $186.00
- **Resin based, three surfaces** $216.00
- **Resin based, four or more surfaces** $216.00

PERMANENT OR PRIMARY TEETH (Posterior)
- **Resin based, one surface** ..... $ 161.00
- **Resin based, two surfaces** ..... $ 191.00
- **Resin based, three surfaces** ..... $ 227.00
- **Resin based, four or more surfaces** ..... $ 227.00

RESTORATIVE (Crowns and Inlays/Onlays)

Crowns and inlays/onlays are covered for the restoration of permanent teeth which, as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite filling. The treatment plan must be accompanied by radiographs and will be professionally reviewed for necessity and appropriateness of the planned treatment taking into account the exclusions and limitations of the plan. Any type of crown restoration that has been in place for 12 months is considered permanent and subject to the frequency limitation. Benefits are payable upon insertion of the crown or inlay/onlay.

Pre-op radiographs are required for the review of this procedure.

Crowns *(1 per tooth per 5 years)*

- **Resin** *(permanent, anterior teeth only)* $155.00
- **Resin fused to metal** $415.00
- **Porcelain/Ceramic** $855.00
- **Porcelain fused to metal** $855.00
- **3/4 cast metal** $525.00
- **Full cast metal** $700.00

Implant/Abutment Supported Crowns

(1 per implant per 10 years)

Implant/abutment supported, porc/ceramic $855.00

Implant/abutment supported, porc fused to metal $855.00

Implant/abutment supported, full cast metal $700.00

Inlays/Onlays *(1 per tooth per 5 years)*

- **Inlay/onlay, one surface** $243.00
- **Inlay/onlay, two surfaces** $293.00
- **Inlay/onlay, three or more surfaces** ..... $ 307.00

Other Restorative Services

Recement crown, implant crown
(1 per crown per calendar year) ..... $ 40.00

Stainless steel crown, deciduous teeth only
(1 per tooth per 3 years) ..... $ 83.00

Core buildup, including pins
(1 per tooth per lifetime) ..... $ 80.00

Pin retention, per tooth *(1 per calendar year)* ..... $ 22.00

Post and core, cast or prefabricated, per tooth
(1 per 5 years) $154.00

ENDODONTICS (Root Canal Therapy)

(1 per tooth per lifetime) Benefits for root canal therapy are limited to permanent teeth and are payable upon completion.

- **Root canal therapy, anterior** $750.00
- **Root canal therapy, bicuspid** $800.00
- **Root canal therapy, molar** $925.00

Other Endodontic/Periradicular Services

Pulpotomy, deciduous teeth only
(1 per tooth per lifetime) ..... $ 76.00

Apicoectomy, 1st root *(1 per tooth per lifetime)*
- Anterior $510.00
- Bicuspid $515.00
- Molar $250.00

Sunrise Plan *continued...*

Apicoectomy, each additional root $250.00
(General Anesthesia/IV Sedation covered with Apicoectomy)
Retrograde filling, per root, in conjunction with apicoectomy *(1 per tooth per lifetime)* $150.00

PERIODONTICS

Gingivectomy, Osseous Surgery and Bone Replacement Graft 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 x-rays and periodontal charting.*** *Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. The allowance for gingivectomy and osseous surgery will be made on a quadrant or sextant basis. Periodontic benefits are not usually paid for procedures performed on patients under 19 years of age. Exceptions can be made based on documented medical necessity. There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.*

Gingivectomy or gingivoplasty, per quadrant *(1 per 5 years)* $375.00
Osseous surgery, per quadrant *(1 per 5 years)* $725.00
Bone replacement graft, per tooth (D4263) *(1 per 5 years)* $275.00
Periodontal scaling and root planing, per quadrant *(2 per calendar year)* $120.00
Periodontal maintenance procedure *(3 per calendar year, outside annual maximum)*, either prophylaxis ***or*** D4346 or D4910 ..... $ 97.00

PROSTHODONTICS (Removable)

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 a permanent denture is not inserted prior to 12 months, the interim denture will be considered a permanent denture. This plan will pay for no other installation within the next ***5 or 10*** *year period. Benefits are payable only upon insertion of denture. Allowance includes post-delivery care, relines and adjustments for 6 months.*

Complete Dentures *(1 per 5 years)*

Full upper or lower denture, permanent/immediate $910.00
Full upper or lower denture, interim $240.00

Partial Dentures *(1 per 5 years)*

Partial upper or lower denture, permanent $910.00
Unilateral partial upper or lower denture, permanent $375.00
Interim partial dentures, upper or lower, anterior teeth only $240.00

Implant/Abutment Supported Dentures *(1 per 10 years)*

A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant denture and accept the $1,010.00 as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
Implant/abutment supported full upper or lower denture, permanent $1,010.00
Implant/abutment supported partial upper or lower denture, permanent $1,010.00

Repairs to Complete Dentures

Replace missing or broken teeth *(limited to 4 per calendar year)* ..... $ 70.00

Repairs to Partial Dentures

Repair, replace or add clasp to existing partial denture *(limited to 4 per calendar year)* ..... $ 70.00
Replace or add tooth to existing partial denture *(limited to 4 per calendar year)* ..... $ 70.00

Rebase Complete Denture *(1 per 2 years)*

Rebase, upper or lower $247.00

Reline of Dentures, upper or lower *(1 per 2 years)*

Reline complete denture $210.00
Reline partial denture $210.00

Other Removable Prosthetic Services

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D5862 ..... $350.00

PROSTHODONTICS (Fixed)

Services are limited to permanent teeth replacement. ***The treatment plan must be accompanied by radiographs*** *and 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.*

Pontics *(1 per unit per 5 or 10 years)*

Cast metal $555.00
Porcelain fused to metal $725.00
Porcelain/Ceramic $725.00
Resin fused to metal $325.00

Abutment Crowns For Fixed Bridge Retainers *(1 per tooth per 5 years)*

3/4 cast metal $525.00
Full cast metal $700.00
Porcelain fused to metal $855.00
Porcelain/Ceramic $855.00
Resin fused to metal $415.00
Retainer for Maryland-type bridge $280.00

Implant/Abutment Supported Crowns for Fixed Bridge Retainers *(1 per implant per 10 years, including pontics part of implant fixed bridge retainer)*

Implant/abutment supported, cast metal $700.00
Implant/abutment supported, porc fused to metal $855.00
Implant/abutment supported, porcelain/ceramic $855.00

Other Fixed Partial Denture Services

Recement Bridge, Implant Bridge *(1 per bridge per calendar year)* ..... $ 80.00

Other Fixed Prosthetic Services

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D6950 ..... $350.00

ORAL SURGERY (Extractions) *(1 per tooth per lifetime)*

Extract coronal remnants, primary tooth $100.00
Erupted tooth or exposed root $139.00
Surgical removal $200.00
Soft tissue impaction $300.00
Partial bony impaction $395.00
Full bony impaction $500.00
Surgical removal of residual roots $190.00

Sunrise Plan *continued...*

Other Oral Surgical Procedures

Surgical Placement of Implant Body (D6010:
1 per tooth position per 10 years)

- **Post–op Radiographs are required for the payment of this procedure.** Benefits are payable upon insertion.
- An allowance will be provided for the surgical placement of the Implant Body. The plan will not pay for a replacement within the next 10 year period.
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant body procedure and accept the $1,035.00 per implant benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the surgical implant body will be outside of the member's annual plan maximum.
- A tooth or teeth currently having a prosthetic (denture, partial denture, crown, inlay-only) placed within the last 5 years and is/are being replaced by a covered **Implant/Abutment Supported Prosthetic** would be subject to the 5 year replacement rule.
- Implant/Abutment Supported Prosthetics - (Removable Dentures, Fixed Dentures, Fixed Partial Dentures/Retainers & Single Crowns) will be subject to a 10 year replacement rule.
- **Implant Body** *(per tooth position, 2 teeth per calendar year)* $1,035.00
  Supporting Structures *(1 per implant position per 10 years, 2 per calendar year)*
  Prefabricated Abutment (D6056)..... $280.00
  Custom Abutment (D6057) $280.00
  Semi-precision Abutment (D6191)..... $280.00
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant abutment and accept the $280.00 per implant abutment benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the implant abutments will be outside of the member's annual plan maximum.

Bone graft at time of implant placement (D6104)
There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.
(1 per implant position per 10 years)..... $380.00
Surgical access of an unerupted tooth
(1 per tooth per lifetime)..... $250.00
Biopsy of oral tissue, hard or soft *(tissue removal)*..... $180.00
Alveoloplasty in conjunction with extractions, per quadrant *(1 per lifetime)*..... $160.00
Alveoloplasty not in conjunction with extractions, per quadrant *(1 per 5 years)* $160.00
Removal of odontogenic cyst or tumor..... $200.00
Removal of exostosis or torus, per site..... $220.00
Incision and drainage (intraoral) *(1 per tooth per calendar year) (General anesthesia/IV sedation not covered with this procedure)* $135.00
Frenulectomy *(3 per lifetime)* $240.00
Excision of lesion *(1 per calendar year)* $200.00
Bone replacement graft for ridge preservation (D7953)
(1 per tooth per lifetime)..... $270.00
Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. (*1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D6192..... $350.00

ORTHODONTICS

This plan does not cover adult orthodontics; appliances must be in place before age 19. Provided for employees under age 19 and unmarried dependent children enrolled in the plan.

Limited orthodontic treatment..... $500.00
(Once per lifetime, prior to and not in the same month as comprehensive treatment. Additional appliances and office visits are the responsibility of the member.)
Comprehensive orthodontic treatment, appliance insertion *(once per lifetime)* $1,000.00
Periodic orthodontic treatment visit $160.00
(Following a comprehensive appliance insertion, a benefit is provided for 24 completed active monthly treatment visits per life. Treatment visits beyond 24 months are the responsibility of the member, at the Fund allowance rate, when treatment is provided by a participating provider.)
Passive treatment *(one treatment benefit per lifetime following comprehensive treatment, includes retainers)*..... $350.00

ADJUNCTIVE GENERAL SERVICES

General anesthesia/deep sedation -each 15 minute increment with a maximum benefit of $360.00
(per covered oral surgery visit)..... $180.00
or
Intravenous sedation -each 15 minute increment with a maximum benefit of $360.00
(per covered oral surgery visit)..... $180.00
Palliative (emergency) treatment of dental pain
(2 per calendar year)..... $ 85.00

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EBF Member Plus Plan





DIAGNOSTIC SERVICES

CONSULTATION *(1 per calendar year)* $100.00

Clinical Oral Evaluation (Examination)

(3 evaluations per calendar year, outside annual maximum)

Evaluation - periodic, comprehensive, limited or detailed ..... $ 31.00

Dental Radiographs

Intraoral complete series, including bitewings *(1 per 3 years)* ..... $ 70.00

or

Panoramic *(1 per 3 years)* ..... $ 70.00

There is a 3 year limitation for complete series and/or panoramic radiographs. Periapical and bitewing x-rays are not covered if performed within the same 12 month period as a complete series. Periapical x-rays are not covered within the same 12 month period as a panoramic image.

Periapical x-ray, each image *(Maximum 10 per calendar year)* ..... $ 8.00

Bitewing x-ray, each image *(Maximum 4 per calendar year)* ..... $ 8.00

Occlusal image *(2 per 3 years)* ..... $ 21.00

PREVENTIVE SERVICES

Prophylaxis (Adult and Child)
(3 per calendar year, outside maximum)

- **Dental prophylaxis, adult-12 yrs and over** ..... $ 65.00
- **Dental prophylaxis, child-under age 12** ..... $ 50.00

Fluoride, child-under age 19 *(2 per calendar year)* ..... $ 15.00

Sealants, child-under age 19, per tooth covered on bicuspids and molars in the permanent dentition only *(1 per 3 years)* ..... $ 23.00

Space maintainers, child-under age 19
(1 per tooth per lifetime)

- **Unilateral space maintainer** ..... $ 70.00
- **Bilateral space maintainer** $140.00

RESTORATIVE (Fillings)

Amalgam Restorations

(1 per each 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** ..... $ 72.00
- **Amalgam, two surfaces** ..... $ 87.00
- **Amalgam, three surfaces** $102.00
- **Amalgam, four or more surfaces** $102.00

Resin-Based Composite Restorations

(1 per each surface per tooth per 12 month period)
Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of materials called resin-based composites.

PERMANENT OR PRIMARY TEETH (Anterior or Posterior)

- **Resin based, one surface** ..... $ 80.00
- **Resin based, two surfaces** ..... $ 92.00
- **Resin based, three surfaces** $110.00
- **Resin based, four or more surfaces** $110.00

RESTORATIVE (Crowns and Inlays/Onlays)

Crowns and inlays/onlays are covered for the restoration of permanent teeth which, as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite filling. The treatment plan must be accompanied by radiographs and will be professionally reviewed for necessity and appropriateness of the planned treatment taking into account the exclusions and limitations of the plan. Any type of crown restoration that has been in place for 12 months is considered permanent and subject to the frequency limitation. Benefits are payable upon insertion of the crown or inlay/onlay.

Pre-op radiographs are required for the review of this procedure.

Crowns *(1 per tooth per 5 years)*

- **Resin** *(permanent, anterior teeth only)* ..... $ 147.00
- **Resin fused to metal** ..... $ 357.00
- **Porcelain/Ceramic** $650.00
- **Porcelain fused to metal** $650.00
- **3/4 cast metal** $425.00
- **Full cast metal** $545.00

Implant/Abutment Supported Crowns

(1 per implant per 10 years)

- **Implant/abutment supported, porc/ceramic** $650.00
- **Implant/abutment supported, porc fused to metal** $650.00
- **Implant/abutment supported, full cast metal** $545.00

Inlays/Onlays *(1 per tooth per 5 years)*

- **Inlay/onlay, one surface** $243.00
- **Inlay/onlay, two surfaces** $293.00
- **Inlay/onlay, three or more surfaces** ..... $ 307.00

Other Restorative Services

Recement crown, implant crown *(1 per crown per calendar year)* ..... $ 28.00

Stainless steel crown, deciduous teeth only *(1 per tooth per 3 years)* ..... $ 56.00

Pin retention, per tooth *(1 per calendar year)* ..... $ 20.00

Post and core, cast or prefabricated, per tooth *(1 per 5 years)* $100.00

ENDODONTICS (Root Canal Therapy)

(1 per tooth per lifetime) Benefits for root canal therapy are limited to permanent teeth and are payable upon completion.

- **Root canal therapy, anterior** $450.00
- **Root canal therapy, bicuspid** $475.00
- **Root canal therapy, molar** $565.00

Other Endodontic/Periradicular Services

Pulpotomy, deciduous teeth only *(1 per tooth per lifetime)* ..... $ 55.00

Apicoectomy, 1st root *(1 per tooth per lifetime)* $380.00

Apicoectomy, each additional root $120.00

(General Anesthesia/IV Sedation covered with Apicoectomy)

Retrograde filling, per root, in conjunction with apicoectomy *(1 per tooth per lifetime)* $100.00

PERIODONTICS

Gingivectomy, Osseous Surgery and Bone Replacement Graft 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 x-rays and periodontal charting.*** *Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. The allowance for gingivectomy and osseous surgery will be*

made on a quadrant or sextant basis. Periodontic benefits are not usually paid for procedures performed on patients under 19 years of age. Exceptions can be made based on documented medical necessity. There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.

Gingivectomy or gingivoplasty, per quadrant *(1 per 5 years)* $300.00
Osseous surgery, per quadrant *(1 per 5 years)* $525.00
Bone replacement graft, per tooth (D4263) *(1 per 5 years)* $250.00
Periodontal scaling and root planing, per quadrant *(2 per calendar year, limited to 2 quadrants per visit)* ..... $ 90.00
Periodontal maintenance procedure *(3 per calendar year, outside annual maximum)*, either prophylaxis ***or*** D4346 or D4910 ..... $ 65.00

PROSTHODONTICS (Removable)

*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 a permanent denture is not inserted prior to 12 months, the interim denture will be considered a permanent denture. This plan will pay for no other installation within the next **5 or 10** year period. Benefits are payable only upon insertion of denture. Allowance includes post-delivery care, relines and adjustments for 6 months.*

Complete Dentures *(1 per 5 years)*

Full upper or lower denture, permanent/immediate $650.00
Full upper or lower denture, interim $166.00

Partial Dentures *(1 per 5 years)*

Partial upper or lower denture, permanent $650.00
Unilateral partial upper or lower denture, permanent $300.00
Partial upper or lower denture, interim *(anterior teeth only)* $144.00

Implant/Abutment Supported Dentures *(1 per 10 years)*

A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant denture and accept the $650.00 as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.

Implant/abutment supported full upper or lower denture, permanent $650.00
Implant/abutment supported partial upper or lower denture, permanent $650.00

Repairs to Complete Dentures

Replace missing or broken teeth *(limited to 4 per calendar year)* ..... $ 50.00

Repairs to Partial Dentures

Repair, replace or add clasp to existing partial *(limited to 4 per calendar year)* ..... $ 55.00
Replace or add tooth to existing partial *(limited to 4 per calendar year)* ..... $ 50.00

Rebase Complete Denture *(1 per 2 years)*

Rebase, upper or lower $164.00

Reline of Dentures, upper or lower *(1 per 2 years)*

Reline complete denture $150.00
Reline partial denture $150.00

PROSTHODONTICS (Fixed)

*Services are limited to permanent teeth replacement. **The treatment plan must be accompanied by radiographs** and 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.*

Pontics *(1 per unit per 5 or 10 years)*

Full cast metal $400.00
Porcelain fused to metal $500.00
Porcelain/Ceramic $500.00
Resin fused to metal $300.00

Abutment Crowns For Fixed Bridge Retainers *(1 per tooth per 5 years)*

3/4 cast metal $425.00
Full cast metal $545.00
Porcelain fused to metal $650.00
Porcelain/Ceramic $650.00
Resin fused to metal $357.00
Retainer for Maryland-type bridge $230.00

Implant/Abutment Supported Crowns for Fixed Bridge Retainers *(1 per implant per 10 years, including pontics part of implant fixed bridge retainer)*

Implant/abutment supported, cast metal $545.00
Implant/abutment supported, porc fused to metal $650.00
Implant/abutment supported, porcelain/ceramic $650.00

Other Fixed Partial Denture Services

Recement Bridge, Implant Bridge *(1 per bridge per calendar year)* ..... $ 40.00

ORAL SURGERY (Extractions) *(1 per tooth per lifetime)*

Extract coronal remnants, primary tooth ..... $ 80.00
Erupted tooth or exposed root ..... $ 90.00
Surgical removal $125.00
Soft tissue impaction $225.00
Partial bony impaction $240.00
Full bony impaction $300.00
Surgical removal of residual roots $125.00

Other Oral Surgical Procedures

Surgical Placement of Implant Body (D6010: 1 per tooth position per 10 years)

- **Post–op Radiographs are required for the payment of this procedure.** Benefits are payable upon insertion.
- An allowance will be provided for the surgical placement of the Implant Body. The plan will not pay for a replacement within the next 10 year period.
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant body procedure and accept the $500.00 per implant benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the surgical implant body will be outside of the member's annual plan maximum.
- A tooth or teeth currently having a prosthetic (denture, partial denture, crown, inlay-only) placed within the last 5 years and is/are being replaced by a covered **Implant/Abutment Supported Prosthetic** would be subject to the 5 year replacement rule.
- Implant/Abutment Supported Prosthetics - (Removable Dentures, Fixed Dentures, Fixed Partial Dentures/Retainers & Single Crowns) will be subject to a 10 year replacement rule.

Implant Body *(per tooth position, 2 teeth per calendar year)* $500.00
Supporting Structures *(1 per implant position per 10 years, 2 per calendar year)*

EBF Member Plus Plan *continued...*

Prefabricated Abutment (D6056)..... $125.00
Custom Abutment (D6057) $125.00

- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant abutment and accept the $125.00 per implant abutment benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the implant abutments will be outside of the member's annual plan maximum.

Biopsy of oral tissue, hard or soft *(tissue removal)*..... $ 110.00
Alveoloplasty in conjunction with extractions, per quadrant *(1 per lifetime)*..... $150.00
Alveoloplasty not in conjunction with extractions, per quadrant *(1 per 5 years)* $150.00
Removal of odontogenic cyst or tumor $200.00
Removal of exostosis or torus, per site..... $200.00
Incision and drainage (intraoral) *(1 per tooth per calendar year) (General anesthesia/IV sedation not covered with this procedure)* $125.00
Frenulectomy *(3 per lifetime)* $200.00
Excision of lesion *(1 per calendar year)* $200.00
Bone graft at time of implant placement (D6104)
There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953
(1 per tooth position per 10 years)..... $350.00
Bone replacement graft for ridge preservation (D7953)
(1 per tooth per lifetime)..... $250.00

ORTHODONTICS

This plan does not cover adult orthodontics; appliances must be in place before age 19. Provided for employees under age 19 and unmarried dependent children enrolled in the plan.

Limited orthodontic treatment..... $300.00
(Once per lifetime, prior to and not in the same month as comprehensive treatment. Additional appliances and office visits are the responsibility of the member.)
Comprehensive orthodontic treatment, appliance insertion *(once per lifetime)* $650.00
Periodic orthodontic treatment visit ..... $ 80.00
(Following a comprehensive appliance insertion, a benefit is provided for 24 completed active monthly treatment visits per life. Treatment visits beyond 24 months are the responsibility of the member, at the Fund allowance rate, when treatment is provided by a participating provider.)
Passive orthodontic treatment *(one treatment benefit per lifetime following comprehensive treatment, includes retainers)*.... $300.00

ADJUNCTIVE GENERAL SERVICES

General anesthesia/deep sedation -each 15 minute increment with a maximum benefit of $200.00
(per covered oral surgery visit)..... $100.00
or
Intravenous sedation -each 15 minute increment with a maximum benefit of $200.00
(per covered oral surgery visit)..... $100.00
Palliative (emergency) treatment of dental pain
(2 per calendar year)..... $ 40.00

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Retiree Plan



DIAGNOSTIC SERVICES

CONSULTATION *(1 per calendar year)* ..... $ 115.00

Clinical Oral Evaluation (Examination)

(3 evaluations per calendar year, outside annual maximum)

Periodic, detailed, limited, oral child evaluation .... $ 50.00

Comprehensive oral and periodontal evaluation .... $ 52.00

Dental Radiographs

Intraoral complete series, including bitewings
(1 per 3 years) $100.00

or

Panoramic *(1 per 3 years)* $100.00

There is a 3 year limitation for complete series and/or panoramic radiographs. Periapical and bitewing x-rays are not covered if performed within the same 12 month period as a complete series. Periapical x-rays are not covered within the same 12 month period as a panoramic image.

Periapical x-ray, each image
(Maximum 10 per calendar year) ..... $ 15.00

Bitewing x-rays *(Maximum 4 per calendar year)*
- One ..... $ 15.00
- Two ..... $ 28.00
- Three ..... $ 35.00
- Four ..... $ 48.00

Occlusal image *(2 per 3 years)* ..... $ 23.00

Cone beam CT images
(limited, mandibular, maxillary or both jaws)
(1 per 5 years) $200.00

Tests & Laboratory Examinations

Pulp vitality test *(1 per tooth per calendar year)* .... $ 38.00

PREVENTIVE SERVICES

Prophylaxis (Adult and Child)
(3 per calendar year, outside maximum)
- **Dental prophylaxis, adult-12 yrs and over** ..... $ 80.00
- **Dental prophylaxis, child-under age 12** ..... $ 63.00

Fluoride *(2 per calendar year)* ..... $ 20.00

Sealants, child-under age 19, per tooth
covered on bicuspids and molars in the permanent dentition only *(1 per 3 years)* ..... $ 30.00

Space maintainers, child-under age 19
(1 per tooth per lifetime)
- **Unilateral space maintainer** ..... $ 97.00
- **Bilateral space maintainer** $146.00

RESTORATIVE (Fillings)

Amalgam Restorations

(1 per each 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** ..... $ 85.00
- **Amalgam, two surfaces** $100.00
- **Amalgam, three or more surfaces** $130.00

Resin-Based Composite Restorations

(1 per each surface per tooth per 12 month period)
Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of materials called resin-based composites.

PERMANENT OR PRIMARY TEETH (Anterior)
- **Resin based, one surface** ..... $ 115.00
- **Resin based, two surfaces** $140.00
- **Resin based, three surfaces** $160.00
- **Resin based, four or more surfaces** $160.00

PERMANENT OR PRIMARY TEETH (Posterior)
- **Resin based, one surface** $125.00
- **Resin based, two surfaces** $155.00
- **Resin based, three surfaces** $170.00
- **Resin based, four or more surfaces** $170.00

RESTORATIVE (Crowns and Inlays/Onlays)

Crowns and inlays/onlays are covered for the restoration of permanent teeth which, as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite filling. The treatment plan must be accompanied by radiographs and will be professionally reviewed for necessity and appropriateness of the planned treatment taking into account the exclusions and limitations of the plan. Any type of crown restoration that has been in place for 12 months is considered permanent and subject to the frequency limitation. Benefits are payable upon insertion of the crown or inlay/onlay.

Pre-op radiographs are required for the review of this procedure.

Crowns *(1 per tooth per 5 years)*

- **Resin** *(permanent, anterior teeth only)* $200.00
- **Resin fused to metal** $490.00
- **Porcelain/Ceramic** $800.00
- **Porcelain fused to metal** $800.00
- **3/4 cast metal** $400.00
- **Full cast metal** $625.00

Implant/Abutment Supported Crowns

(1 per implant per 10 years)
- **Implant/abutment supported, porc/ceramic** $800.00
- **Implant/abutment supported, porc fused to metal** $800.00
- **Implant/abutment supported, full cast metal** $625.00

Inlays/Onlays *(1 per tooth per 5 years)*

- **Inlay/onlay, one surface** $178.00
- **Inlay/onlay, two surfaces** $208.00
- **Inlay/onlay, three or more surfaces** $250.00

Other Restorative Services

Recement crown, implant crown
(1 per crown per calendar year) ..... $ 37.00

Stainless steel crowns, deciduous teeth only
(1 per tooth per 3 years) ..... $ 80.00

Core buildup, including pins
(1 per tooth per lifetime) ..... $ 65.00

Pin retention, per tooth *(1 per calendar year)* ..... $ 22.00

Post and core, cast or prefabricated, per tooth
(1 per 5 years) $135.00

ENDODONTICS (Root Canal Therapy)

(1 per tooth per lifetime) Benefits for root canal therapy are limited to permanent teeth and are payable upon completion.

- **Root canal therapy, anterior** $650.00
- **Root canal therapy, bicuspid** $700.00
- **Root canal therapy, molar** $850.00

Other Endodontic/Periradicular Services

Pulpotomy, deciduous teeth only
(1 per tooth per lifetime) ..... $ 75.00

Apicoectomy, 1st root *(1 per tooth per lifetime)*
- Anterior $475.00
- Bicuspid $485.00
- Molar $550.00

Apicoectomy, each additional root $210.00
(General Anesthesia/IV Sedation covered with Apicoectomy)
Retrograde filling, per root, in conjunction with apicoectomy *(1 per tooth per lifetime)* $120.00

PERIODONTICS

Gingivectomy, Osseous Surgery and Bone Replacement Graft 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 x-rays and periodontal charting.*** *Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. The allowance for gingivectomy and osseous surgery will be made on a quadrant or sextant basis. Periodontic benefits are not usually paid for procedures performed on patients under 19 years of age. Exceptions can be made based on documented medical necessity. There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.*

Gingivectomy or gingivoplasty, per quadrant *(1 per 5 years)* $320.00
Osseous surgery, per quadrant *(1 per 5 years)* $625.00
Bone replacement graft, per tooth (D4263) *(1 per 5 years)* $275.00
Periodontal scaling and root planing, per quadrant *(2 per calendar year)* $100.00
Periodontal maintenance procedure *(3 per calendar year, outside annual maximum)*, either prophylaxis ***or*** D4346 or D4910 ..... $ 80.00

PROSTHODONTICS (Removable)

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 a permanent denture is not inserted prior to 12 months, the interim denture will be considered a permanent denture. This plan will pay for no other installation within the next ***5 or 10*** *year period. Benefits are payable only upon insertion of denture. Allowance includes post-delivery care, relines and adjustments for 6 months.*

Complete Dentures *(1 per 5 years)*

Full upper or lower denture, permanent/immediate $775.00
Full upper or lower denture, interim $200.00

Partial Dentures *(1 per 5 years)*

Partial upper or lower denture, permanent $775.00
Unilateral partial upper or lower denture, permanent $325.00
Interim partial dentures, upper or lower *(anterior teeth only)* $200.00

Implant/Abutment Supported Dentures *(1 per 10 years)*

A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant denture and accept the $925.00 as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
Implant/abutment supported full upper or lower denture, permanent $925.00
Implant/abutment supported partial upper or lower denture, permanent $925.00

Repairs to Complete Dentures

Replace missing or broken teeth *(limited to 4 per calendar year)* ..... $ 60.00

Repairs to Partial Dentures

Repair, replace or add clasp to existing partial *(limited to 4 per calendar year)* ..... $ 60.00
Replace or add tooth to existing partial *(limited to 4 per calendar year)* ..... $ 60.00

Rebase Complete Denture *(1 per 2 years)*

Rebase, upper or lower $235.00

Reline of Dentures, upper or lower *(1 per 2 years)*

Reline complete denture $160.00
Reline partial denture $160.00

Other Removable Prosthetic Services

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D5862 ..... $325.00

PROSTHODONTICS (Fixed)

Services are limited to permanent teeth replacement. ***The treatment plan must be accompanied by radiographs*** *and 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.*

Pontics *(1 per unit per 5 or 10 years)*

Cast metal $475.00
Porcelain fused to metal $600.00
Porcelain/Ceramic $600.00
Resin fused to metal $275.00

Abutment Crowns For Fixed Bridge Retainers *(1 per tooth per 5 years)*

3/4 cast metal $400.00
Full cast metal $625.00
Porcelain fused to metal $800.00
Porcelain/Ceramic $800.00
Resin fused to metal $490.00
Retainer for Maryland-type bridge $260.00

Implant/Abutment Supported Crowns for Fixed Bridge Retainers *(1 per implant per 10 years, including pontics part of implant fixed bridge retainer)*

Implant/abutment supported, cast metal $625.00
Implant/abutment supported, porc fused to metal $800.00
Implant/abutment supported, porcelain/ceramic $800.00

Other Fixed Partial Denture Services

Recement Bridge, Implant Bridge *(1 per bridge per calendar year)* ..... $ 65.00

Other Fixed Prosthetic Services

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. *(1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D6950 ..... $325.00

ORAL SURGERY (Extractions) *(1 per tooth per lifetime)*

Extract coronal remnants, primary tooth ..... $ 75.00
Erupted tooth or exposed root $130.00
Surgical removal $175.00
Soft tissue impaction $225.00
Partial bony impaction $330.00
Full bony impaction $440.00
Surgical removal of residual roots $180.00

Other Oral Surgical Procedures

Surgical Placement of Implant Body (D6010:
1 per tooth position per 10 years)

- **Post–op Radiographs are required for the payment of this procedure.** Benefits are payable upon insertion.
- An allowance will be provided for the surgical placement of the Implant Body. The plan will not pay for a replacement within the next 10 year period.
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant body procedure and accept the $750.00 per implant benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the surgical implant body will be outside of the member's annual plan maximum.
- A tooth or teeth currently having a prosthetic (denture, partial denture, crown, inlay-only) placed within the last 5 years and is/are being replaced by a covered **Implant/Abutment Supported Prosthetic** would be subject to the 5 year replacement rule.
- Implant/Abutment Supported Prosthetics - (Removable Dentures, Fixed Dentures, Fixed Partial Dentures/Retainers & Single Crowns) will be subject to a 10 year replacement rule.
- **Implant Body** *(per tooth position, 2 teeth per calendar year)* $750.00
  Supporting Structures *(1 per implant position per 10 years, 2 per calendar year)*
  Prefabricated Abutment (D6056) $200.00
  Custom Abutment (D6057) $200.00
  Semi-precision Abutment (D6191) $200.00
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant abutment and accept the $200.00 per implant abutment benefit as an **allowance** against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The allowance for the implant abutments will be outside of the member's annual plan maximum.

Bone graft at time of implant placement (D6104)
There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.
(1 per implant position per 10 years) $350.00
Biopsy of oral tissue, hard or soft *(tissue removal)* $125.00
Alveoloplasty in conjunction with extractions, per quadrant *(1 per lifetime)* $145.00
Alveoloplasty not in conjunction with extractions, per quadrant *(1 per 5 years)* $115.00
Removal of odontogenic cyst or tumor $185.00
Removal of exostosis or torus, per site $210.00
Incision and drainage (intraoral) *(1 per tooth per calendar year) (General anesthesia/IV sedation not covered with this procedure)* $130.00
Frenulectomy *(3 per lifetime)* $220.00
Excision of lesion *(1 per calendar year)* $185.00
Bone replacement graft for ridge preservation (D7953)
(1 per tooth per lifetime) $280.00
Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. (*1 per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.)*
D6192 ..... $325.00

ADJUNCTIVE GENERAL SERVICES

General anesthesia/deep sedation -each 15 minute increment with a maximum benefit of $350.00
(per covered oral surgery visit) $175.00
or
Intravenous sedation -each 15 minute increment with a maximum benefit of $350.00
(per covered oral surgery visit) $175.00
Palliative (emergency) treatment of dental pain
(2 per calendar year) ..... $ 75.00

***

Customer Service & Website

www.cseaebf.com

CUSTOMER SERVICE HELP LINE

(800) 323-2732 | 9am-4pm

Please supply the following information when contacting our customer service help line:

- Patient Name
- Date of Birth
- CSEA Employee Benefit Fund ID Number

We do not provide our member information to outsourced agencies or third-party call centers unless a signed Business Associate Agreement (BAA) is received. The BAA must be signed by both the dental office and the third party administrator and will be reviewed by CSEA EBF to ensure that it complies with HIPPA guidelines. A simple letter of authorization is not sufficient.

Please allow 2 to 4 weeks for claims and 4 to 6 weeks for predeterminations before checking on the status.



DENTAL PROVIDER PORTAL

Have secure access to eligibility verification, history, explanation of benefits, plan information, dental plan frequency limits and check/register information.

If you have not yet signed up, please request access by emailing: **providers@cseaebf.org**.

Reason for submission (Please ✓ one):

☐ Statement of Actual Completed Services

☐ Pretreatment Estimate/Predetermination ☐ EPSDT/Title XIX

DENTAL CLAIM FORM

www.cseaebf.com 800-323-2732

Claim Address: PO Box 489 Latham NY 12110-0489

Payer ID: CX054

CSEA EMPLOYEE BENEFIT FUND

MEMBER INFORMATION

Subscriber's Name _____ (First Name, Middle, Last Name)

Date of Birth (mm/dd/ccyy) _____

☐ Male ☐ Female (Check one) ☐ Other

Subscriber's EBF ID Number _____

Street Address _____

City _____ State _____ Zip _____

PATIENT INFORMATION

Patient's Name _____ (First Name, Middle, Last Name)

Date of Birth (mm/dd/ccyy) _____

☐ Male ☐ Female (Check one) ☐ Other

Relationship to Subscriber (Check one)

☐ Self ☐ Spouse ☐ Dependent Child ☐ Other

OTHER COVERAGE INFORMATION

Is other Dental coverage available? (Check one) ☐ Yes ☐ No

Name of Company _____

Other Dental Company Claim Address _____

City _____ State _____ Zip _____

Other Payer ID _____

Effective Date _____

Policyholder's Name _____ (First Name, Middle, Last Name)

Date of Birth (mm/dd/ccyy) _____

☐ Male ☐ Female (Check one) ☐ Other

ID Number _____ Plan/Group Number _____

Patient Relationship to Member (Check one)

☐ Self ☐ Spouse ☐ Dependent Child ☐ Other

RECORD OF SERVICES PROVIDED

	Procedure Date (MM/DD/CCYY)	Tooth Number(s) or Letter(s)	Tooth Surface	Procedure Code	Qty	Description	Fee
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Diagnosis Code List Qualifier ☐☐ (ICD-10 = AB)

Diagnosis Code(s) A _____ C _____

Primary diagnosis in "A" B _____ D _____

Other Fees

Total Fee

MEMBER AUTHORIZATION

I hereby certify that the dated procedures have been completed.

X _____

Please issue payment directly to the dental entity below.
(Leave this field blank for the payment to be sent to the member.)

X _____

ADDITIONAL INFORMATION

Place of Treatment ☐ (e.g. 11=office; 22=O/P Hospital)
(Use "Place of Service Codes for Professional Claims")

Enclosures? (Yes/No) _____

Is treatment for orthodontics? (Yes/No) _____

Months of Treatment _____

Date of insertion? (mm/dd/ccyy) _____

Replacement of prosthesis (Yes/No) _____

Date of prior placement? (mm/dd/ccyy) _____

Treatment Resulting from: Occupational Illness/Injury ☐ Auto Accident ☐ Other Accident ☐

BILLING DENTIST OR DENTAL ENTITY (NAME AND ADDRESS)

(Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

Dentist/Dental Entity Name _____

Address _____

City _____ State _____ Zip _____

NPI	License #	TIN or SSN

Phone Number	Additional Provider ID

TREATING DENTIST AUTHORIZATION

Treating Dentist Sign Below

X _____

Date (mm/dd/ccyy) _____

NPI	License Number

Address, City, State, Zip

Phone Number	Additional Provider ID



CSEA
NEW YORK
Employee Benefit Fund

Dental Provider Guide

800-323-2732
www.cseaebf.com

JULY 2026