

SCHEDULE OF DENTAL BENEFITS

United Teachers of Seaford Local 1780 Benefit Fund

DENTAL PROGRAM

DENTAL CLAIM OFFICE

253 West 35th Street, 12th Floor, New York, NY 10001-1907
(212) 505-5050

IMPORTANT NOTICE TO PARTICIPATING DENTISTS

The Fund pays the scheduled fee to the dentist for members only. This fee will be considered payment in full.

MAXIMUM: The Fund will pay the dentist up to \$3,000 per year, per member and \$1,500 per year, for spouse.

For her/his dependents, the member (not the Fund) will pay the scheduled fee directly to the dentist.

As of 1/1/06 an orthodontic benefit is available for children up to their 19th birthday. The regular member claim form may be used. Benefits are paid directly to the member - they cannot be assigned to the dentist. Up to \$500 will be paid for orthodontic code 8080 upon initial placement of the orthodontic appliance. Up to \$50 will be paid per monthly visit (code 8670) - for up to 24 consecutive months.

Implant Benefit is available to members only up to a \$2500.00 lifetime maximum (payable at \$1250.00 per implant codes 6010, 6040 & 6050)

EFFECTIVE: 01/01/2023

BENEFIT YEAR: Jan. 1 - Dec. 31

Table with 4 columns: Code, Description, Fee, and Code. Lists various dental services and their corresponding fees, such as Periodic Oral Examination (40.00), Composite filling (105.00), and Crown (300.00).

3410	Apicoectomy/Periradicular surgery - anterior.....	135.00
3421	Apicoectomy/Periradicular surgery - bicuspid (first root)	160.00
3425	Apicoectomy/Periradicular surgery - molar (first root)	160.00
3426	Apicoectomy/Periradicular surgery - add root	135.00
3430	Retrograde Filling - per root	149.00
4210	Gingivectomy or Gingivoplasty - per quadrant	148.75
4211	Gingivectomy or Gingivoplasty - per tooth	60.00
4220	Gingival curettage, surgical, per quadrant, by report	70.00
4240	Gingival flap procedure, incl. root planing - per quadrant	200.00
4249	Crown Lengthening	250.00
4250	Mucogingival Surgery - per quadrant	318.00
4260	Osseous Surgery (incl. flap entry & clos.) per quadrant	630.00
4263	Bone replacement graft - 1 st site in quadrant	300.00
4264	Bone replacement graft - each add'l site in quadrant.....	120.00
4271	Free soft tissue graft procedure	300.00
4341	Perio scaling & root planning - per quadrant	60.00
4381	Actisite	150.00
4910	Perio maintenance procedures (following active therapy)	78.00
5110	Complete upper dentures	540.00
5120	Complete lower dentures	540.00
5130	Immediate upper dentures	540.00
5140	Immediate lower dentures	540.00
5211	Partial upper denture resin base (incl. clasps, rests & teeth)	570.00
5212	Partial lower denture resin base (incl. clasps, rests & teeth)	570.00
5213	Partial upper denture - cast metal base w/resin saddles (incl. clasps, rests & teeth)	570.00
5214	Partial lower denture - cast metal base w/ resin saddles (incl. clasps, rests & teeth)	570.00
5281	Removable unilateral partial denture - one piece cast metal (including clasps & pontics)	570.00
5410	Adjust complete denture - upper	16.00
5411	Adjust complete denture - lower	16.00
5421	Adjust partial denture - upper	16.00
5422	Adjust partial denture - lower	16.00
5610	Repair resin denture base.....	32.00
5620	Repair cast framework	32.00
5630	Repair or replace broken clasp	50.00
5640	Replace broken teeth - per tooth	32.00
5650	Add tooth to existing partial denture	48.00
5660	Add clasp to existing partial denture	60.00
5730	Reline complete upper denture (chairside)	68.00
5731	Reline complete lower denture (chairside)	68.00
5740	Reline upper partial denture (chairside)	68.00
5741	Reline lower partial denture (chairside)	68.00
5750	Reline complete upper denture (laboratory)	100.00
5751	Reline complete lower denture (laboratory)	100.00
5760	Reline upper partial denture (laboratory)	100.00
5761	Reline lower partial denture (laboratory).....	100.00
5860	Overdenture - complete, by report	360.00
5861	Overdenture - partial, by report	360.00

6010	Surgical Placement of Implant Body: Endosteal implant	1250.00
6040	Surgical Placement: Eposteal implant	1250.00
6050	Surgical Placement: Transosteal implant	1250.00

6053	Implant/abutment supported removable denture.....	630.00
6054	Implant/abutment supported removable	630.00
6056	Prefabricated abutment	630.00
6057	Custom Abutment	630.00
6058	Abutment supported porcelain/ceramic crown	630.00
6059	Abutment supported porcelain fused to metal crown	630.00
6060	Abutment supported porcelain fused to metal crown	630.00
6061	Abutment supported porcelain fused to metal crown	630.00
6062	Abutment supported cast metal crown	630.00
6063	Abutment supported cast metal crown	630.00
6064	Abutment supported cast metal crown	630.00
6065	Implant supported porcelain/ceramic crown	630.00

6066	Implant supported porcelain fused to metal crown	630.00
6067	Implant supported metal crowns	630.00
6068	Abutment supported retainer for porcelain/ceramic FPD	630.00
6069	Abutment supported retainer for porcelain fused to metal FPD ..	630.00
6070	Abutment supported retainer for porcelain fused to metal FPD ..	630.00
6071	Abutment supported retainer for porcelain fused to metal FPD ..	630.00
6072	Abutment supported retainer for cast metal FPD	630.00
6073	Abutment supported retainer for cast metal FPD	630.00
6074	Abutment supported retainer for cast metal FPD	630.00
6075	Implant supported retainer for ceramic FPD	630.00
6076	Implant supported retainer for porcelain fused to metal FPD	630.00
6077	Implant supported retainer for cast metal FPD	630.00
6210	Pontic - cast high noble metal	350.00
6211	Pontic - cast predominantly base metal	350.00
6212	Pontic - cast noble metal	350.00
6240	Pontic - porcelain fused to high noble metal	631.00
6241	Pontic - porcelain fused to predominantly base metal	631.00
6242	Pontic - porcelain fused to noble metal	631.00
6250	Pontic - resin with high noble metal	300.00
6251	Pontic - resin with predominantly base metal	300.00
6252	Pontic - resin with noble metal	300.00
6520	Inlay - metallic - 2 surfaces	297.50
6530	Inlay - metallic - 3 or more surfaces	382.50
6540	Onlay - metallic - per tooth - in addition to inlay	445.00
6720	Crown - resin with high noble metal	300.00
6721	Crown - resin with predominantly base metal	300.00
6722	Crown - resin with noble metal	300.00
6750	Crown - porcelain fused to high noble metal	631.00
6751	Crown - porcelain fused to predominantly base metal	631.00
6752	Crown - porcelain fused to noble metal	631.00
6780	Crown - 3/4 cast high noble metal.....	300.00
6790	Crown - full cast high noble metal	350.00
6791	Crown - full cast predominantly base metal	350.00
6792	Crown - full cast noble metal	350.00
6930	Recement fixed partial denture	30.00
7140	Extraction – erupted tooth/exposed root	128.00
7120	Extraction - each additional tooth	70.00
7210	Extraction of erupted tooth, incl. local anesthesia	173.00
7220	Removal of impacted tooth - soft tissue	224.00
7230	Removal of impacted tooth - partially bony.....	287.00
7240	Removal of impacted tooth - completely bony	352.00
7241	Extraction - impacted tooth w/ unusual difficulty.....	416.00
7250	Surgical removal of residual roots (cutting procedure)	128.00
7285	Biopsy of oral tissue - hard	31.00
7286	Biopsy of oral tissue - soft	31.00
7310	Alveoloplasty in conjunction with extractions per quad	100.00
7320	Alveoloplasty without extractions - per quad	100.00
7430	Excision of benign tumor up to 1.25 cm	100.00
7431	Excision of benign tumor over 1.25 cm	100.00
7510	Incision & drainage of abscess - intraoral soft tissue	96.00
7520	Incision & drainage of abscess - extraoral	30.00
7971	Excision of periocoronary gingiva	75.00

* Benefit for children only (up to 19th birthday) – see note page 1		
8080	Comprehensive orthodontic treatment – adolescent dentition	500.00
8670	Periodic orthodontic treatment visit (up to 24 consecutive visits)	50.00

9110	Palliative (emergency) treatment of dental pain	57.00
9220	General anesthesia - first 30 minutes	200.00
9221	General anesthesia - each add. 15 minutes	50.00
9240	Intravenous Sedation.....	30.00
9241	Intravenous conscious sedation – first 30 minutes	150.00
9242	Intravenous conscious sedation – each add. 15 minutes	75.00
9310	Professional consultation by specialist	66.00
9940	Occlusal guard by report	186.00