SCHEDULE OF DENTAL BENEFITS

United Teachers of Seaford Local 1780 Benefit Fund

DENTAL PROGRAM

DENTAL CLAIM OFFICE

1040 Avenue of the Americas, 24th Floor, New York, NY 10018-3726
(212) 505-5050

IMPORTANT NOTICE TO PARTICIPATING DENTISTS

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

As of 01/01/2024 the child will be covered up to $500.00 for Diagnostic, Preventive, Restorative (Amalgan Composites)

For her/his dependents, the member 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, 6012, 6040 & 6050)

EFFECTIVE: 01/01/2024 BENEFIT YEAR: Jan. 1 - Dec. 31

0120	Periodic Oral Examination	52.00
0140	Limited Examination	65.00
0150	Comprehensive Examination	65.00
0210	Intraoral - complete series - including bitewings	110.00
0220	Intraoral, Periapical, first film	16.00
0230	Intraoral, Periapical, each additional film	11.00
0240	Intraoral, Occlusal film	11.00
0270	Bitewings, single film	13.00
0272	Bitewings, two films	26.00
0274	Bitewings, four films	43.00
0321	TMJ films	52.00
0330	Panoramic film	91.00
0415	Bacteriologic studies of pathologic agents	20.00
0460	Pulp vitality test	26.00
0470	Diagnostic casts	37.00
1110	Prophylaxis - Adult	91.00
1120	Prophylaxis – Child	91.00
1206	Tropical application of fluoride excl. prophy – child	37.00
1208	Topical application of fluoride excl. prophy - adult	37.00
1510	Space Maintainer - fixed - unilateral	85.00
1516	Space Maintainer – fixed – bilateral, maxillary	85.00
1517	Space Maintainer – fixed – bilateral, mandibular	85.00
1520	Space Maintainer - removable - unilateral	85.00
1526	Space Maintainer – removable – bilateral, maxillary	85.00
1527	Space Maintainer – removable – bilateral, maxillary	85.00
2140	Amalgam - 1 surface, permanent	91.00
2150	Amalgam - 2 surfaces, permanent	111.00
2160	Amalgam - 3 surfaces, permanent	133.00
2161	Amalgam - 4 or more surfaces, permanent	137.00
2330	Composite filling, 1 surface, anterior	137.00
2331	Composite filling Resin, 2 surfaces, anterior	150.00
2332	Composite filling Resin, 3 surfaces, anterior	163.00
2335	Composite filling, 4 + surf. or - involv. incisal angle (anterior)	177.00
2391	Composite filling, 1 surface, posterior	137.00
2392	Composite filling, 2 surfaces, posterior	150.00
2393	Composite filling, 3 surfaces, posterior	163.00
2394	Composite filling, 4 surfaces, posterior	177.00
2510	Inlay - metallic - 1 surface	255.00
2520	Inlay - metallic - 2 surfaces	306.00
2530	Inlay - metallic - 3 surfaces	357.00
2710	Crown - Resin (laboratory)	270.00
2720	Crown - Resin with high noble metal	360.00
2721	Crown - Resin with predominantly base metal	360.00
2722	Crown - Resin with noble metal	360.00
2740	Crown - Porcelain/ceramic substrate	660.00
2750	Crown - Porcelain fused to high noble metal	758.00
2751	Crown - Porcelain fused to predominantly base metal	758.00
2752	Crown - Porcelain fused to noble metal	758.00
2790	Crown - Full Cast high noble metal	420.00
2791	Crown - Full Cast predominantly base metal	420.00
2792	Crown - Full Cast noble metal	420.00
2910	Recement inlay	18.00
2920	Recement crown	30.00
2931	Prefabricated stainless steel crown - permanent	82.00
2940	Sedative filling	30.00
2950	Core buildup, including any pins	120.00
2951	Pin retention, per tooth, addition w/restoration	18.00
2952	Cast post and core in addition to crown	240.00
2954	Prefabricated post and core in add. to crown	215.00
2980	Crown repair by report	96.00
3110	Pulp cap - direct (excluding final restoration)	18.00
3120	Pulp cap - indirect (excluding final restoration)	18.00
3220	Therapeutic Pulpotomy	84.00
3310	Anterior Root Canal (exclud. final restoration)	504.00
3320	Bicuspid Root Canal (exclud. final restoration)	582.00
3330	Molar Root Canal (exclud. final restoration)	654.00
3346	Retreat Previous RCNL Therap-ant	504.00
3347	Retreatment of previous root canal therapy – premolar	582.00
3348	Retreat Previous RCNL Therap-Mol	654.00
3410	Apicoectomy/Periradicular surgery - anterior	162.00
3421	Apicoectomy/Periradicular surgery - bicuspid (first root)	192.00
3425	Apicoectomy/Periradicular surgery - molar (first root)	192.00
3426	Apicoectomy/Periradicular surgery - add root	162.00
3430	Retrograde Filling - per root	179.00

4210	Gingivectomy or Gingivoplasty - per quadrant	179.00
4211	Gingivectomy or Gingivoplasty - per tooth	72.00
4240	Gingival flap procedure, incl. root planing - per quadrant	240.00
4241	Gingival flap procedure incl. rooy planning – 1 to 3 teeth, per quad	120.00
4249	Crown Lengthening	300.00
4260	Osseous Surgery (incl. flap entry & clos.) per quadrant	756.00
4261	Osseous Surgery(incl. elvation of a full thickness flap and closure)	454.00
4263	Bone replacement graft – 1st site in quadrant	360.00
4264	Bone replacement graft - each add'l site in quadrant	144.00
4341	Perio scaling & root planning - per quadrant	72.00
4342	Perio scaling and rot planning – 1 to 3 teeth, per quadrant	32.00
4381	Actisite	180.00
4910	Perio maintenance procedures (following active therapy)	94.00
5110	Complete upper dentures	648.00
5120	Complete lower dentures	648.00
5130	Immediate upper dentures	648.00
5140	Immediate lower dentures	648.00
5211	Partial upper denture resin base (incl. clasps, rests & teeth)	648.00
5212	Partial lower denture resin base (incl. clasps, rests & teeth)	648.00
5213	Partial upper denture - cast metal base w/resin saddles (incl. clasps, rests & teeth)	648.00
5214	Partial lower denture - cast metal base w/ resin saddles (incl. clasps, rests & teeth)	648.00
5282	Removable unilateral partial denture one piece cast mental, maxillary	684.00
5283	Removable unilateral partial denture one piece cast mental, mandibular	684.00
5410	Adjust complete denture - upper	20.00
5411	Adjust complete denture - lower	20.00
5421	Adjust partial denture - upper	20.00
5422	Adjust partial denture - lower	20.00
5611	Repair resin denture base	39.00
5612	Repair resin, partial denture base, maxillary	39.00
5621	Repair cast partial framework, mandibular	39.00
5622	Repair cast partial framework, maxillary	39.00
5630	Repair or replace broken clasp	60.00
5640	Replace broken teeth - per tooth	39.00
5650	Add tooth to existing partial denture	58.00
5660	Add clasp to existing partial denture	72.00
5730	Reline complete upper denture (chairside)	82.00
5731	Reline complete lower denture (chairside)	82.00
5740	Reline upper partial denture (chairside)	82.00
5741	Reline lower partial denture (chairside)	82.00
5750	Reline complete upper denture (laboratory)	120.00
5751	Reline complete lower denture (laboratory)	120.00
5760	Reline upper partial denture (laboratory)	120.00
5761	Reline lower partial denture (laboratory)	120.00

::MEMBER ONLY::

6010	**Surgical Placement of Implant Body: Endosteal implant**	**1250.00**
6012	**Surgical Placement: Interim implant**	**1250.00**
6040	**Surgical Placement: Eposteal implant**	**1250.00**
6050	**Surgical Placement: Transosteal implant**	**1250.00**
6056	Prefabricated abutment	800.00
6057	Custom Abutment	800.00
6058	Abutment supported porcelain/ceramic crown	800.00
6059	Abutment supported porcelain fused to metal crown	800.00
6060	Abutment supported porcelain fused to metal crown	800.00
6061	Abutment supported porcelain fused to metal crown	800.00
6062	Abutment supported cast metal crown	800.00
6063	Abutment supported cast metal crown	800.00
6064	Abutment supported cast metal crown	800.00
6065	Implant supported porcelain/ceramic crown	800.00
6066	Implant supported porcelain fused to metal crown	800.00
6067	Implant supported metal crowns	800.00
6068	Abutment supported retainer for porcelain/ceramic FPD	800.00
6069	Abutment supported retainer for porcelain fused to metal FPD	800.00
6070	Abutment supported retainer for porcelain fused to metal FPD	800.00
6071	Abutment supported retainer for porcelain fused to metal FPD	800.00
6072	Abutment supported retainer for cast metal FPD	800.00
6073	Abutment supported retainer for cast metal FPD	800.00
6074	Abutment supported retainer for cast metal FPD	800.00
6075	Implant supported retainer for ceramic FPD	800.00
6076	Implant supported retainer for porcelain fused to metal FPD	800.00
6077	Implant supported retainer for cast metal FPD	800.00
6210	Pontic - cast high noble metal	420.00
6211	Pontic - cast predominantly base metal	420.00
6212	Pontic - cast noble metal	420.00
6240	Pontic - porcelain fused to high noble metal	758.00
6241	Pontic - porcelain fused to predominantly base metal	758.00
6242	Pontic - porcelain fused to noble metal	758.00
6250	Pontic - resin with high noble metal	360.00
6251	Pontic - resin with predominantly base metal	360.00
6252	Pontic - resin with noble metal	360.00
6720	Crown - resin with high noble metal	360.00
6721	Crown - resin with predominantly base metal	360.00
6722	Crown - resin with noble metal	360.00
6750	Crown - porcelain fused to high noble metal	758.00
6751	Crown - porcelain fused to predominantly base metal	758.00
6752	Crown - porcelain fused to noble metal	758.00
6780	Crown - 3/4 cast high noble metal	360.00
6790	Crown - full cast high noble metal	420.00
6791	Crown - full cast predominantly base metal	420.00
6792	Crown - full cast noble metal	420.00
6930	Recement fixed partial denture	36.00
7140	Extraction – erupted tooth/exposed root	154.00
7210	Extraction of erupted tooth, incl. local anesthesia	208.00
7220	Removal of impacted tooth - soft tissue	269.00
7230	Removal of impacted tooth - partially bony	345.00
7240	Removal of impacted tooth - completely bony	423.00
7241	Extraction - impacted tooth w/ unusual difficulty	500.00
7250	Surgical removal of residual roots (cutting procedure)	154.00
7285	Biopsy of oral tissue - hard	38.00
7286	Biopsy of oral tissue - soft	38.00
7310	Alveoloplasty in conjunction with extractions per quad	120.00
7320	Alveoloplasty without extractions - per quad	120.00
7510	Incision & drainage of abscess - intraoral soft tissue	116.00
7520	Incision & drainage of abscess - extraoral	36.00
7953	Bone replacement graft for ridge preservation – per site	360.00
7971	Excision of periocoronal gingiva	90.00

*** 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	69.00
9222	Deep sedation/general anesthesia first 15 minutes	120.00
9223	Deep sedation/general anesthesia- each 15-minute increment	120.00
9239	Intravenous moderate (conscious) sedation/analgesia first 15 min	120.00
9243	Intravenous moderate (conscious)sedation/analgesia-15 mincrement	120.00
9310	Professional consultation by specialist	80.00
9944	Occlusal guard hard appliance, full arch	225.00
9945	Occlusal guard soft appliance, full arch	225.00
9946	Occlusal guard hard appliance, partial arch	225.00

DENTAL BENEFIT

Maximum: The Fund will cover up to $3,000 per year, per subscriber and $1,500 per year, for spouse. As of 01/01/2024 the child will be covered up to $500.00 for Diagnostic, Preventive, Restorative (Amalgan Composites).

-Prophylaxis (cleaning) allowed 4 times per year.

-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 $500.00 will be paid for orthodontic code 8080 upon initial placement of the orthodontic appliance. Up to $50.00 will be paid per monthly visit (code 8670) up to 24 consecutive months.

-Implants up to $2500.00 lifetime maximum MEMBER ONLY (payable at $1250.00 per implant codes 6010, 6040 & 6050)