

Schedule of Dental Benefits LOCAL 300 - SEIU, AFL-CIO WELFARE FUND

DENTAL CLAIM OFFICE – 253 WEST 35TH STREET, 12TH FLOOR, NEW YORK, NY 10001-1907

Comprehensive Benefits for eligible members, spouses &. Dependent children/Pre-authorization required for dental services \$500 or more

Standard Yearly Maximums -- Active: \$2500 per calendar year per eligible individual - Retiree: \$2000 per calendar year per family

IMPLANT BENEFIT for ACTIVE MEMBERS ONLY: Procedures 6010, 6040 and 6050 are covered up to \$1000 per procedure to a \$2000 Lifetime Maximum. These procedures are not covered under the standard yearly maximum

Procedures 6010- 6077 (excluding codes 6010, 6040 & 6050) covered under the standard yearly maximum for ACTIVE MEMBERS ONLY

Orthodontic benefits for eligible dependent children of ACTIVE MEMBERS ONLY up to age 19

EFFECTIVE: January 1, 2009

POLICY YEAR: Jan.1 - Dec.31

0120	Periodic Oral Examination - twice per calendar year	22.00	2510	Inlay - Metallic - 1 Surface*	20.00
0140	Limited Oral Evaluation - once per calendar year	22.00	2520	Inlay - Metallic - 2 Surfaces*	60.00
0150	Initial Oral Examination - twice per calendar year	26.00	2530	Inlay - Metallic - 3 Surfaces*	75.00
0210	Intraoral - complete series – incl. bitewings (once/ 3 yrs)	42.00	2610	Inlay - Porcelain/Ceramic - 1 Surface*	20.00
0220	Intraoral, Periapical, first film	7.00	2620	Inlay - Porcelain/Ceramic - 2 Surfaces*	20.00
0230	Intraoral, Periapical, each additional film	5.00	2630	Inlay - Porcelain/Ceramic - 3 or more Surfaces*	20.00
0240	Intraoral, occlusal film	5.00	2710	Crown - Resin (laboratory)*	90.00
0270	Bitewings, single film	5.00	2720	Crown - Resin with high noble metal*	125.00
0272	Bitewings, two films	13.00	2721	Crown - Resin with predominantly base metal*	125.00
0274	Bitewings, four films (once every 12 months)	20.00	2722	Crown - Resin with noble metal*	125.00
0290	Posterior-anterior or lateral skull and facial bone survey film	15.00	2740	Crown - Porcelain/ceramic substrate*	120.00
0321	Temporomandibular joint film	15.00	2750	Crown - Porcelain fused to high noble metal*	350.00
0330	Panoramic film - once every 3 years	42.00	2751	Crown - Porcelain fused to predominantly base metal*	300.00
0340	Cephalometric film	15.00	2752	Crown - Porcelain fused to noble metal*	325.00
1110	Prophylaxis - Adult - 2 per calendar year	35.00	2790	Crown - Full Cast high noble metal*	110.00
1120	Prophylaxis - Child - 2 per calendar year	25.00	2910	Recement inlay	8.00
1203	Topical application of fluoride (child) - 2 per calendar year	20.00	2920	Recement crown	8.00
1204	Topical application of fluoride (adult) - 2 per calendar year	20.00	2930	Prefab., stainless steel crown	40.00
1351	Sealant - per tooth	22.00	2931	Prefab., stainless steel crown	50.00
1510	Space Maintainer - fixed - unilateral	50.00	2951	Pin retention - per tooth	7.00
1515	Space Maintainer - fixed - unilateral	50.00	2952	Cast post and core in addition to crown*	125.00
1520	Space Maintainer - removable - unilateral	40.00	2954	Prefabricated post and core in addition to crown*	125.00
1525	Space Maintainer - removable bilateral	40.00	2980	Crown repair, by report	20.00
			3220	Therapeutic pulpotomy	70.00
			3310	Anterior Root Canal (exclud. final restoration) once/lifetime	200.00
			3320	Bicuspid Root Canal (exclud. final restoration) once/lifetime	250.00
			3330	Molar Root Canal (exclud. final restoration) once/lifetime	300.00
			3410	Endo-apicoectomy sep surgical proc - per root	200.00
			3421	Apicoectomy - bicuspid (first root)	250.00
			3425	Apicoectomy - molar (first root)	300.00
			3426	Apicoectomy (each add'l root)	100.00
			3430	Retrograde filling - per root	50.00
			4210	Gingivectomy or Gingivoplasty – 4 or more teeth in quad	175.00
			4211	Gingivectomy or gingivoplasty – 1-3 teeth in quad	105.00
			4240	Gingival flap procedure – 4 or more teeth in quad	105.00
			4241	Gingival flap procedure – 1-3 teeth in quad	63.00
			4260	Osseous Surgery – 4 or more teeth in quad	315.00
			4261	Osseous Surgery – 1-3 teeth per quad	189.00
			4263	Bone replacement graft – 1 st site in quad	100.00
			4271	Free soft tissue graft procedure	200.00
			4341	Perio scaling & root planing – 4 or more teeth in quad	40.00
			4342	Perio scaling & root planing – 1-3 teeth per quad	24.00

Note: \$200 yearly max for any combination of codes 4341 & 4342

* Crowns and Dentures can only be replaced every 8 years.

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4910	Perio maintenance procedures following active therapy	50.00
5110	Complete upper dentures*	400.00
5120	Complete lower dentures*	400.00
5130	Immediate upper dentures*	400.00
5140	Immediate lower dentures*	400.00
5211	Maxillary Partial Denture - Resin Base*	400.00
5212	Mandibular Partial Denture - Resin Base*	400.00
5213	Maxillary Partial Denture - Cast Metal Frame*	400.00
5214	Mandibular Partial Denture - Cast Metal Frame*	400.00
5281	Removable unilateral partial denture)*	400.00
5610	Repair resin saddle or base	50.00
5620	Repair cast framework	50.00
5630	Repair or replace broken clasp	50.00
5640	Replace broken teeth - per tooth	30.00
5650	Add tooth to existing partial denture	50.00
5660	Add clasp to existing partial denture	50.00
5710	Rebase complete maxillary denture	75.00
5711	Rebase complete mandibular denture	75.00
5720	Rebase maxillary partial denture	75.00
5721	Rebase mandibular partial denture	75.00
5730	Reline complete upper denture (chairside)	100.00
5731	Reline complete lower denture (chairside)	100.00
5740	Reline upper partial denture (chairside)	100.00
5741	Reline lower partial denture (chairside)	100.00
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
5931	Obturator prosthesis, surgical	75.00

Note: Procedures (6010 – 6077) covered for ACTIVE MEMBERS ONLY

IMPLANT BENEFIT: (ACTIVE MEMBERS ONLY) Procedures 6010, 6040 and 6050 are covered up to \$1000 per procedure to a \$2000 Lifetime Maximum. These procedures are not covered under the standard yearly maximum

6010	Surgical placement: Endosteal Implant	1000.00
6040	Surgical placement: Eposteal Implant	1000.00
6050	Surgical placement: Transosteal Implant	1000.00

6020	Abutment placement/substitution endosteal implant*	125.00
6056	Prefabricated abutment*	125.00
6057	Custom abutment*	125.00
6058	Abutment supported porcelain/ceramic crown*	350.00
6059	Abutment supported porcelain fused to metal crown*	350.00
6060	Abutment supported porcelain fused to metal crown*	350.00
6061	Abutment supported porcelain fused to metal crown*	350.00
6062	Abutment supported cast metal crown*	350.00
6063	Abutment supported cast metal crown*	350.00
6064	Abutment supported cast metal crown*	350.00
6065	Implant supported porcelain/ceramic crown*	350.00
6066	Implant supported porcelain fused to metal crown*	350.00
6067	Implant supported metal crown*	350.00
6068	Abutment supported retainer for porcelain/ceramic FPD*	350.00
6069	Abutment supported retainer for porcelain/metal FPD*	350.00
6070	Abutment supported retainer for porcelain/metal FPD*	350.00
6071	Abutment supported retainer for porcelain/metal FP*	350.00
6072	Abutment supported retainer for cast metal FPD*	350.00
6073	Abutment supported retainer for cast metal FP*	350.00
6074	Abutment supported retainer for cast metal FPD*	350.00
6075	Implant supported retainer for ceramic FPD*	350.00
6076	Implant supported retainer for porcelain/metal FPD*	350.00
6077	Implant supported retainer for cast metal FPD*	350.00
6210	Pontic - Cast high noble metal*	65.00

6211	Pontic - Cast predominantly base metal*	65.00
6212	Pontic - Cast noble metal*	65.00
6240	Pontic - porcelain fused to high noble metal*	325.00
6241	Pontic - porcelain fused to predominantly base metal*	275.00
6242	Pontic - porcelain fused to noble metal*	300.00
6250	Pontic - Resin with high noble metal*	85.00
6251	Pontic - Resin with predominantly base metal*	85.00
6252	Pontic - Resin with noble metal*	85.00
6720	Crown - Resin with high noble metal*	125.00
6721	Crown - Resin with predominantly base metal*	125.00
6722	Crown - Resin with noble metal*	125.00
6750	Crown - porcelain fused to high noble metal*	350.00
6751	Crown - porcelain fused to predominantly base metal*	300.00
6752	Crown - porcelain fused to noble metal*	325.00
6780	Crown - 3/4 cast high noble metal*	100.00
6790	Crown - full cast high noble metal*	110.00
6791	Crown - full cast predominantly base metal*	110.00
6792	Crown - full cast noble metal*	110.00
6930	Recement fixed partial denture	50.00
7111	Extraction – coronal remnants – deciduous tooth	55.00
7140	Extraction – erupted tooth or exposed root	55.00
7210	Surgical removal of erupted tooth	125.00
7220	Removal of impacted tooth - soft tissue	140.00
7230	Removal of impacted tooth - partially bony	150.00
7240	Removal of impacted tooth - completely bony	230.00
7241	Removal of impacted tooth completely bony/complications	140.00
7250	Surgical removal of residual roots (cutting procedure)	140.00
7260	Oroantral fistula closure	200.00
7280	Surgical access of an unerupted tooth	160.00
7285	Biopsy of oral tissue - hard	20.00
7286	Biopsy of oral tissue - soft	20.00
7310	Alveoplasty in conjunction with extractions - per quad	76.00
7320	Alveoplasty without extractions - per quad	50.00
7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm	50.00
7451	Removal of odontogenic tumor or cyst - lesion diameter greater than 1.25 cm	50.00
7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	50.00
7461	Removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	50.00
7510	Incision & drainage of abscess - intraoral soft tissue	46.00
7520	Incision & drainage of abscess - extraoral soft tissue	20.00
7610	Maxilla - open reduction (teeth immobilized if present)	300.00
7640	Mandible - closed reduction (teeth immobilized if present)	250.00
7660	Malar and/or zygomatic arch - closed reduction	100.00
7710	Maxilla - open reduction	450.00
7730	Mandible - open reduction	450.00
7740	Mandible - closed reduction	325.00
7750	Malar and/or zygomatic arch - open reduction	300.00
7810	Open reduction of dislocation	150.00
7820	Closed reduction of dislocation	75.00
7960	Frenulectomy - separate procedure	35.00

ORTHODONTIC BENEFIT (ACTIVE MEMBERS ONLY)

8080	Comprehensive ortho treatment of transitional dentition	500.00
8090	Comprehensive ortho treatment of adult dentition	500.00
8670	Periodic orthodontic treatment visit	75.00
9110	Palliative (emergency) treatment of dental pain	30.00
9220	General anesthesia - first 30 minutes	90.00
9310	Professional consultation by specialist	45.00
9410	House call	5.00
9420	Hospital call	5.00

* Crowns and Dentures can only be replaced every 3 years.

9951	Occlusal adjustment - limited	25.00
9952	Occlusal adjustment - complete	25.00

**Partial Fee Schedule of the Most Commonly Used Dental
Procedures**

ADA CODE	DESCRIPTION	FREQUENCY LIMITS	MAXIMUM ALLOWANCE
0150	Initial Examination	2/C	26.00
0120	Periodic Examination	2/C	22.00
0210	Full Mouth Series X-Rays	1/3	42.00
1110	Prophylaxis	2/C	35.00
2140	Amalgam Filling 1 surface (perm)	1/1	35.00
2150	Amalgam Filling 2 surface (perm)	1/1	50.00
2160	Amalgam Filling 3 surface (perm)	1/1	70.00
2330	Resin Filling 1 surface (perm)	1/1	50.00
2331	Resin Filling 2 surface (perm)	1/1	60.00
2332	Resin Filling 3 surface (perm)	1/1	80.00
2750	Crown Porcelain High Noble Metal	1/3	350.00
2751	Crown Porcelain Base Metal	1/3	300.00
2752	Crown Porcelain Noble Metal	1/3	325.00
2952	Cast Post & Core	1/3	125.00
2954	Prefabricated Post & Core	1/3	125.00
3310	Root Canal Therapy (1 Canal)	1/L	200.00
3320	Root Canal Therapy (2 Canals)	1/L	250.00
3330	Root Canal Therapy (3 Canals)	1/L	300.00
4210	Gingivectomy or Plasty (Quad)	4/C	175.00
4260	Osseous Surgery (Quad)	4/C	315.00
4341	Perio Scaling & Root Planning (Quad)	\$ 200 Yearly Maximum	40.00
5110	Full Upper Denture	1/3	400.00
5120	Full Lower Denture	1/3	400.00
5211	Upper Partial - Resin Base	1/3	400.00
5212	Lower Partial - Resin Base	1/3	400.00
5213	Upper Partial - Cast Metal Base	1/3	400.00
5214	Lower Partial - Cast Metal Base	1/3	400.00
5281	Partial Dent. Removable Unilateral	1/3	400.00
6240	Pontic Porcelain High Noble Metal	1/3	325.00
6241	Pontic Porcelain Base Metal	1/3	275.00
6242	Pontic Porcelain Noble Metal	1/3	300.00
6750	Crown Porcelain High Noble Metal	1/3	350.00
6751	Crown Porcelain Base Metal	1/3	300.00
6752	Crown Porcelain Noble Metal	1/3	325.00
7110	Extraction Single Tooth	1/L	55.00
7120	Extraction Each add'l Tooth	1/L	50.00
7240	Extract. Complete Bony Impaction	1/L	230.00
7510	Incision & Drainage of Abscess	none	46.00
8460	Orthodontic-		
	Initial Appliance & Diagnosis	1/L	500.00
8461	Orthodontic -		
	Active Treatment per Month	24/L	75.00
9310	Professional Consultation		
	by specialist	2/C	45.00

FREQUENCY LIMIT ABBREVIATIONS

- 4/C Four treatments per calendar year
- 2/C Two times per calendar year
- 1/1 Once per year (12 months)
- 1/3 Once per 3 years (36 months)