

SERVICE EMPLOYEES BENEFIT FUND

PO Box 1240, Syracuse, NY 13201

Phone (315) 218-6513 Fax (315) 701-0686

Dental Schedule of Benefits**Calendar year maximum \$1,500 per person/No deductible**

<u>Procedure Code</u>	<u>Description</u>	<u>Effective 1/1/2023 Reimbursement</u>
<u>DIAGNOSTIC & PREVENTIVE</u>		
0120	Periodic Oral Exam	\$32
0140	Limited Oral Evaluation	\$35
0145	Oral Evaluation for patient under 3 years old	\$30
0150	Comprehensive Oral Evaluation	\$40
0160	Detailed Extensive Oral Evaluation-Problem	\$35
0170	Re-evaluation, Limited, Problem Focused	\$35
0180	Comprehensive Periodontal Evaluation	\$40
0210	Intraoral - Complete Series of Radiographic Images	\$90
0220	Intraoral-Periapical, 1st Film	\$15
0230	Intraoral-Periapical, Additional Films	\$11
0240	Intraoral-Occlusal Film	\$20
0250	Extra-Oral X-ray - 2D projection Radiographic Image	\$29
0270	Bitewing X-ray-Single Film	\$16
0272	Bitewings - Two Films	\$22
0273	Bitewings - Three Films	\$24
0274	Bitewings - Four Films	\$40
0277	Vertical Bitewing 7-8 Films	\$50
0330	Panoramic Image	\$62
1110	Adult Prophylaxis	\$65
1120	Child Prophylaxis	\$47
1206	Topical Application of Fluoride Varnish	\$30
1208	Topical Application of Fluoride -Excluding Varnish	\$25
1351	Sealant - Per Tooth	\$43
1354	Interim Caries Arresting Medicament	\$30
1510	Space Maintainer - Fixed Unilateral	\$116
1516	Space Maintainer Fixed -Bilateral, Maxillary	\$174
1517	Space Maintainer Fixed -Bilateral, Mandibular	\$174
1520	Space Maintainer - Removable Unilateral	\$85
1526	Space Maintainer- Removable - Bilateral, Maxillary	\$85
1527	Space Maintainer- Removable - Bilateral, Mandibular	\$85
1557	Remove Space Maintainer	\$19

RESTORATIONS		
2140	Amalgam - One Surface	\$65
2150	Amalgam - Two Surfaces	\$87
2160	Amalgam - Three Surfaces	\$108
2161	Amalgam - Four or More Surfaces	\$142
2330	Resin Based Composite - One Surface, Anterior	\$78
2331	Resin Based Composite - Two Surfaces, Anterior	\$110
2332	Resin Based Composite - Three Surfaces, Anterior	\$124
2335	Resin Based Composite - Four or More Surfaces, Anterior	\$145
2390	Resin Based Composite - Crown	\$131
2391	Resin Based Composite - One Surface, Posterior	\$84
2392	Resin Based Composite - Two Surfaces, Posterior	\$100
2393	Resin Based Composite - Three Surfaces, Posterior	\$120
2394	Resin Based Composite - Four or More Surfaces, Posterior	\$145
2510	Inlay Metallic - One Surface	\$225
2520	Inlay Metallic - Two Surfaces	\$300
2530	Inlay Metallic - Three or More Surfaces	\$395
2542	Onlay Metallic - Two Surfaces	\$300
2543	Onlay Metallic - Three Surfaces	\$395
2544	Onlay Metallic - Four or More Surfaces	\$420
2610	Inlay Porcelain/Ceramic, One Surface	\$225
2620	Inlay Porcelain/Ceramic, Two Surfaces	\$300
2630	Inlay Porcelain/Ceramic, Three or More Surfaces	\$395
2642	Onlay Porcelain/Ceramic, Two Surfaces	\$300
2643	Onlay Porcelain/Ceramic, Three Surfaces	\$395
2644	Onlay Porcelain/Ceramic, Four or More Surfaces	\$420
2650	Inlay Resin Based Composite - One Surface	\$225
2651	Inlay Resin Based Composite - Two Surfaces	\$300
2652	Inlay Resin Based Composite - Three or More Surfaces	\$395
2662	Onlay Resin Based Composite - Two Surfaces	\$225
2663	Onlay Resin Based Composite - Three Surfaces	\$300
2664	Onlay Resin Based Composite - Four or More Surfaces	\$395

CROWN RESTORATION		
2710	Crown - Resin Based Composite	\$290
2720	Crown - Resin/High Noble Metal	\$493
2721	Crown - Resin/Base Metal	\$493
2722	Crown - Resin/Noble Metal	\$493
2740	Crown - Porcelain/Ceramic Substrate	\$668
2750	Crown - Porcelain/High Noble Metal	\$648
2751	Crown - Porcelain/Base Metal	\$620
2752	Crown - Porcelain/Noble Metal	\$648
2780	Crown - 3/4 Cast High Noble Metal	\$580
2781	Crown - 3/4 Cast Predominantly Base Metal	\$580
2782	Crown - 3/4 Cast Noble Metal	\$580
2783	Crown - 3/4 Porcelain/Ceramic	\$580
2790	Crown - Full Cast High Noble Metal	\$580
2791	Crown - Full Cast Base Metal	\$580
2792	Crown - Full Cast Noble Metal	\$580
2910	Re-cement Inlay, Onlay or Veneer	\$25
2915	Re-cement Cast or Prefab Post & Core	\$25
2920	Re-cement Crown	\$58
2929	Prefab. Porcelain/Ceramic Crown-Primary Tooth	\$130
2930	Prefab. Stainless Steel Crown, Primary	\$140
2931	Prefab. Stainless Steel Crown, Permanent	\$116
2932	Prefabricated Resin Crown	\$116
2933	Prefabricated Stainless Steel Crown Resin	\$130
2940	Protective Restoration	\$50
2941	Interim Therapeutic Restoration, Primary Tooth	\$70
2949	Restorative Foundation for an Indirect Resoration	\$75
2950	Core Buildup, Inc. Any Pins	\$128
2951	Pin Retention/-Per Tooth Plus Restoration	\$29
2952	Post and Core in Addition to Crown	\$210
2953	Each Additional Indirectly Fabricated Post	\$10
2954	Prefabricated Post & Core in Addition to Crown	\$162
2957	Each Additional Fabricated Post -Same Tooth	\$50
2960	Labial Veneer - Laminate - Chairside	BR
2961	Labial Veneer/Resin Laminate - Lab	BR
2962	Labial Veneer/Porcelain Laminate - Lab	BR
2971	Additional Proc for New Crown -Partial Framework	\$40
2980	Crown Repair necessitated by material failure	\$40
2982	Onlay Repair	\$40

ENDODONTICS		
3220	Therapeutic Pulpotomy	\$87
3221	Pulpal Debridement	\$87
3230	Pulpal Therapy- Anterior Primary Tooth	\$174
3240	Pulpal Therapy- Posterior Primary Tooth	\$240
3310	Root Canal Therapy - Anterior Tooth	\$450
3320	Root Canal Therapy - Bicuspid Tooth	\$570
3330	Root Canal Therapy - Molar	\$720
3332	Incomplete Endodontic Therapy	\$100
3333	Internal Root Repair	\$100
3346	Retreatment - Root Canal Therapy - Anterior Tooth	\$275
3347	Retreatment - Root Canal Therapy - Bicuspid Tooth	\$375
3348	Retreatment - Root Canal Therapy - Molar	\$450
3351	Apexification/Recalcification - Initial Visit	\$87
3352	Apexification/Recalcification - Interim Visit	\$87
3353	Apexification/Recalcification- Final Visit	\$116
3410	Apicoectomy - Anterior Tooth	\$210
3421	Apicoectomy - Bicuspid, 1st Root	\$217
3425	Apicoectomy - Molar, 1st Root	\$232
3426	Apicoectomy - Each Additional Root	\$72
3430	Retrograde Filling - Per Root	\$125
3450	Root Amputation - Per Root	\$210
3460	Endodontic Endosseous Implant	N/C
3470	Intention Replant Including Splint	N/C
3920	Hemisection - Not including Root Canal Therapy	\$75
3950	Canal Preparation for Post or Dowels	N/C

PERIODONTICS		
4210	Gingivectomy/Gingivoplasty - Four or more contiguous teeth	\$225
4211	Gingivectomy/gingivoplasty - One to three contiguous teeth	\$85
4240	Gingival Flap Surgery - Four or more contiguous teeth	\$135
4241	Gingival Flap Surgery - One to three contiguous teeth	\$75
4245	Apically Positioned Flap	\$50
4249	Crown Lengthening -Hard tissue	\$250
4260	Osseous Surgery - Four or more contiguous teeth	\$550
4261	Osseous Surgery - One to three contiguous teeth	\$350
4263	Bone Replacement Graft-First Site Quadrant	\$150
4264	Bone Replacement Graft Additional Site	\$75
4265	Biological Materials	N/C
4266	Guided Tissue Regeneration, Resorbable Barrier, per site	\$150
4267	Guided Tissue Regeneration, Nonresorbable Barrier, per site	\$150
4268	Surgical Revision Procedure, Per tooth	\$150
4270	Pedicle Soft Tissue Graft Procedure	\$150
4273	Autogenous Tissue Graft Procedure	\$300
4274	Distal/Proximal Wedge Procedure	BR
4277	Free Soft Tissue Graft, First Tooth	\$366
4278	Free Soft Tissue Graft, Each Additional Tooth	\$123
4320	Provisional Splinting - Intracoronal	BR
4321	Provisional Splinting - Extracoronal	BR
4341	Perio/Scaling and Root Planning - Four or more teeth per quad	\$135
4342	Perio/Scaling and Root Planning - One to three teeth per quad	\$76
4346	Scaling- Moderate or Severe Gingival Inflammation	\$68
4355	Full Mouth Debridement for Comprehensive Evaluation	\$75
4381	Localized Delivery of Antimicrobial Agents	N/C
4910	Periodontal Maintenance	\$72
4921	Gingival Irrigation-Per Quadrant	N/C

REMOVABLE PROSTHODONTICS		
5110	Complete Denture - Maxillary	\$880
5120	Complete Denture - Mandibular	\$880
5130	Immediate Denture - Maxillary	\$900
5140	Immediate Denture - Mandibular	\$900
5211	Maxillary Partial Denture - Resin Base	\$600
5212	Mandibular Partial Denture - Resin Base	\$600
5213	Maxillary Partial Denture - Metal Frame/Resin Base	\$900
5214	Mandibular Partial Denture -Metal Frame/Resin base	\$900
5225	Maxillary Partial Denture-Flex Base	\$685
5226	Mandibular Partial Denture -Flex base	\$685
5410	Adjust Complete Denture - Maxillary	\$25
5411	Adjust Complete Denture - Mandibular	\$25
5421	Adjust Partial Denture - Maxillary	\$25
5422	Adjust Partial Denture - Mandibular	\$25
5511	Repair Broken Complete Denture Base-Mandibular	\$87
5512	Repair Broken Complete Denture Base-Maxillary	\$87
5520	Repair Missing or Broken Teeth - Complete Denture	\$58
5611	Repair Resin Denture Base-Mandibular	\$87
5612	Repair Resin Denture Base-Maxillary	\$87
5621	Repair Cast Framework-Mandibular	\$174
5622	Repair Cast Framework-Maxillary	\$174
5630	Repair or Replace Broken Clasp - Per Tooth	\$174
5640	Replace Broken Teeth - per tooth	\$87
5650	Add Tooth to Existing Partial Denture	\$87
5660	Add Clasp to Existing Partial Denture - Per Tooth	\$145
5670	Replace Teeth and Acrylic on Cast Metal Framework-Maxillary	\$75
5671	Replace Teeth and Acrylic on Cast Metal Framework-Mandibular	\$75
5710	Rebase Complete Denture - Maxillary	\$232
5711	Rebase Complete Denture - Mandibular	\$232
5720	Rebase Partial Denture - Maxillary	\$174
5721	Rebase Partial Denture -Mandibular	\$174
5730	Reline Full Denture - Maxillary (Chairside)	\$145
5731	Reline Full Denture - Mandibular (Chairside)	\$145
5740	Reline Partial Denture - Maxillary (Chairside)	\$116
5741	Reline Partial Denture - Mandibular (Chairside)	\$116
5750	Reline Full Upper (Lab)	\$232
5751	Reline Complete Denture - Mandibular (Lab)	\$232

FIXED PROSTHODONTICS

5750	Reline Complete Denture - Maxillary (Lab)	\$232
5760	Reline Partial Denture - Maxillary (Lab)	\$174
5761	Reline Partial Denture -Mandibular (Lab)	\$174
5850	Tissue Condition - Maxillary	\$29
5851	Tissue Condition - Mandibular	\$29
5862	Precision Attachment - By Report	BR
5867	Replace Semi-Precision or Precision Attachment	BR
6056	Prefabricated Abutment	N/C
6058	Abutment Supported Porc/Ceramic Crown	\$800
6059	Abutment Supported PFM High Noble Metal	\$800
6060	Abutment Supported PFM Base Metal	\$800
6061	Abutment Supported PFM Noble Metal	\$800
6062	Abutment Supported Cast Crown High Noble	\$600
6063	Abutment Supported Cast Crown Base Metal	\$600
6064	Abutment Supported Cast Crown Noble Metal	\$600
6065	Implant Supported Porcelain/Ceramic Crown	\$800
6066	Implant Supported PFM Crown	\$800
6068	Abutment Supported Retainer - FPD	\$600
6104	Bone Graft At time Of Implant	\$70
6110	Implant/Abutment Supported Removable Denture	\$725
6113	Implant Denture Partial Mandibular	\$685
6210	Pontic - Cast High Noble Metal	\$500
6211	Pontic - Cast Predominantly Base Metal	\$500
6212	Pontic - Cast Noble Metal	\$500
6114	Implant/Abutment Supported Fixed Denture - Upper	\$725
6240	Pontic - Porcelain Fused to High Noble Metal	\$567
6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$525
6242	Pontic - Porcelain Fused to Noble Metal	\$500
6245	Pontic- Porcelain/Ceramic	\$625
6250	Pontic - Resin with High Noble Metal	\$500
6251	Pontic - Resin with Predominantly Base Metal	\$500
6252	Pontic - Resin with Noble Metal	\$500
6545	Retainer - Cast Metal	\$189
6610	Retainer Onlay- Cast High Noble Metal - 2 Surfaces	\$500
6720	Retainer Crown- Resin with High Noble Metal	\$500
6721	Retainer Crown- Resin with Predominantly Base Metal	\$500
6722	Retainer Crown- Resin with Noble Metal	\$500
6740	Retainer Crown - Porcelain/Ceramic	\$625
6750	Retainer Crown-Porcelain Fused to High Noble Metal	\$678
6751	Retainer Crown- Porcelain Fused to Base Metal	\$600
6752	Retainer Crown- Porcelain Fused to Noble Metal	\$600

FIXED PROSTHODONTICS con't

6780	Retainer Crown - 3/4 Cast High Noble Metal	\$500
6790	Retainer Crown - Full Cast High Noble Metal	\$500
6791	Retainer Crown - Full Cast Predominantly Base Noble Metal	\$500
6792	Retainer Crown - Full Cast Noble Metal	\$500
6930	Re-cement Fixed Partial Denture	\$58
6950	Precision Attachment	N/C
6980	Fixed Partial Denture Repair	\$50

ORAL SURGERY

7111	Extraction, Coronal Remnants -Deciduous Tooth	\$75
7140	Extraction - Erupted Tooth or Exposed Root	\$114
7210	Surgical Removal of Erupted Tooth	\$169
7220	Removal of Impacted Tooth - Soft Tissue	\$275
7230	Removal of Impacted Tooth -Partially Bony	\$330
7240	Removal of Impacted Tooth - Completely Bony	\$420
7241	Removal of Impacted Tooth - Completely Bony Unusual	\$429
7250	Surgical Removal of Residual Tooth Roots	\$137
7251	Coronectomy-Intentional Partial Tooth Removal	\$100
7280	Surgical Access of an Unerupted Tooth	\$290
7282	Mobilization of Erupted Tooth	\$50
7283	Placement of Device for Impacted Tooth Eruption	\$50
7285	Incisional Biopsy of Oral Tissue - Hard	\$116
7286	Incisional Biopsy of Oral Tissue - Soft	\$87
7290	Surgical Repositioning of Teeth	\$145
7291	Transseptal Fiberotomy	\$30
7310	Alveoplasty - Four or More Teeth w/ Extraction	\$110
7311	Alveoplasty - One to Three Teeth w/ Extraction	\$108
7320	Alveoplasty - Four or More Teeth w/out Extraction	\$145
7321	Alveoplasty - One to Three Teeth w/out Extraction	\$75
7410	Excision of Benign Lesion Up to 1.25 cm	\$101
7411	Excision of Benign Lesion > 1.25 cm	\$101
7412	Excision of Benign Lesion, Complicated	\$101
7440	Excision of Malignant Tumor up to 1.25 cm	\$101
7441	Excision of Malignant Tumor > 1.25 cm	\$101
7450	Removal Odontogenic Cyst Tumor up to 1.25 cm	\$87
7451	Removal Odontogenic Cyst Tumor > 1.25 cm	\$87
7460	Removal of Nonodontogenic Cyst Tumor up to 1.25 cm	\$101

ORAL SURGERY con't		
7461	Removal of Nonodontogenic Cyst Tumor > 1.25 cm	\$101
7465	Destruction of Lesion- by Physical or Chemical	\$25
7471	Removal of Lateral Exocytosis	\$130
7510	Incision & Drainage of Abscess - Intraoral Soft Tissue	\$72
7511	Incision/Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$30
7520	Incision/Drainage of Abscess -Extraoral Soft Tissue	\$174
7521	Incision/Drainage of Abscess -Extraoral Soft Tissue - Complicated	\$75
7530	Removal of Foreign Body from Mucosa, Skin or Tissue	BR
7540	Removal of Reaction Producing Foreign Body	BR
7910	Suture of Small Wound up to 5 cm	\$116
7911	Complicated Suture; up to 5 cm	\$145
7912	Complicated Suture; > 5 cm	BR
7953	Bone Replacement Graft for Ridge Preservation	\$250
7960	Frenulectomy	\$203
7961	Buccal/Labial Frenectomy	\$203
7962	Lingual Frenectomy	\$203
7970	Excision of Hyperplastic Tissue	\$232
7971	Excision of Pericoronal Gingiva	\$72
ADJUNCTIVE SERVICES		
9110	Palliative Treatment of Pain (Emergency)	\$40
9210	Local Anesthesia - No Surgery	N/C
9211	Regional Block Anesthesia	N/C
9222	General Anesthesia - First 15 minutes	\$113
9223	General Anesthesia - 15 minute increments	\$138
9230	Inhalation of Nitrous Oxide/Analgesia	N/C
9239	Intravenous Sedation - First 15 minutes	\$95
9243	Intravenous Sedation - 15 minute increments	\$95
9248	Non-Intravenous Conscious Sedation	N/C
9310	Consultation	\$87
9430	Office Visit for Observation	\$21
9440	Office Visit After Hours	\$30
9610	Therapeutic Parenteral Drug	BR
9630	Drugs or Medicaments Dispensed in the office	N/C
9944	Occlusal Guard - Hard Appliance, Full Arch	\$100 - BR
9945	Occlusal Guard - Soft Appliance, Full Arch	\$100 - BR
9945	Occlusal Guard - Hard Appliance, Partial Arch	\$100 - BR
9951	Occlusal Adjustment - Limited	\$25
9952	Occlusal Adjustment - Complete	\$55

There is no missing tooth clause or waiting periods.

LIMITATIONS:

Exams - Limited to two per calendar year, per person

X-rays - Full mouth x-rays or Panorex are limited to one per three year period

X-rays - Bitewings limited to four per 12 month period

Prophylaxis - Limited to two per calendar year, per person

Fluorides - Limited to two per calendar year, per child to age 19

Sealants - Application is for posterior teeth only, once in a three-year period, for children to age 14

Periodontal Scaling - Limited to each quad once per calendar year (2 quads per visit)

Full Mouth Debridement - Limited to once per calendar year

Periodontal Prophylaxis*- Limited to twice per calendar year in addition to prophylaxis

*with prior Periodontal treatment

Periodontal surgery in same area limited to once per three-year period

Replacement dentures and partials within a five-year period

EXCLUSIONS:

Infection Control

Temporary Prosthetics

Adjunctive Pre-Diagnostic Testing

Pulp Vitality Tests

Pulp Caps

Diagnostic Casts

Adult Fluorides

Sealants for children 14 years and over

Orthodontics

Bleaching

Cosmetic Services

Tooth Implants and any related services

Duplicate prosthetics within a five-year period

Oral Hygiene Instruction

Dietary Instruction or Educational Programs

Completion of Form

Experimental Services

Provisional Crown

Tooth Transplantation

11/23/22