

Faculty Association of Suffolk Community College Benefit Fund

Dental Claim Office

253 West 35th Street, 12th Floor - New York, NY 10001-1907

SCHEDULE OF DENTAL ALLOWANCES

Comprehensive benefits for eligible members, spouses, and dependent children.

Pre-Authorization required for dental services amounting to \$600 or more.

MAXIMUM PER PLAN YEAR

Active Member: \$2,750 per individual **Retired Member:** \$500 per family **Retired Member (Enhanced Plan):** \$2,750 per individual

Special Benefits (in addition to Maximum per Plan Year) for Active Members and Retirees with Enhanced Plan

Periodontal Benefit: (codes 4210 – 4910) up to \$2,000 yearly maximum

Implant Benefit: (codes 6010, 6040 & 6050 only) Payable up to \$2000 per tooth with a lifetime maximum of \$3500.

Orthodontic Benefit: code 8080 or 8090, procedures 8462, 8660, 8670 and 8680, according to schedule up to \$5,991 lifetime maximum

PLAN YEAR: September 1 - August 31

EFFECTIVE: March 1, 2017

ADA	Description	Allowance	Freq.
0120*	Periodic Oral Examination	50.00	2/1
0140*	Oral Examination - Limited	60.00	2/1
0150*	Oral Examination - Comprehensive	70.00	1/1
0180	Comprehensive periodontal evaluation – new or established patient	70.00	2/1
0210	Intraoral - complete series - including bitewings (once every 3 plan years)	74.00	1/3
0220	Intraoral, Periapical, first film	13.00	
0230	Intraoral, Periapical, each additional film	12.00	
0240	Intraoral, Occlusal film	25.00	2/3
0270	Bitewings, single film	12.00	2/1
0272	Bitewings, two films	22.00	2/1
0274	Bitewings, four films	33.00	2/1
0330	Panoramic film (once every 3 plan years)	70.00	1/3
0340	Cephalometric Film	56.00	1/1
0460	Pulp Vitality Test	41.00	1/1
0470	Diagnostic Casts, upper and/or lower	37.00	1/L
1110	Prophylaxis - Adult	75.00	2/1
1120	Prophylaxis - Child – under 13 years of age	50.00	2/1
1206	Flouride - Child -	23.00	2/1
1208	Flouride - Adult	21.00	2/1
1351	Sealants, for newly erupted molars only - per tooth, for dependent children to age 16	40.00	2/L
1510	Space Maintainer - Fixed - Unilateral	75.00	1/L
1515	Space Maintainer - Fixed - Bilateral	120.00	1/L
1520	Space Maintainer - Removable - Unilateral	95.00	1/L
1525	Space Maintainer - Removable - Bilateral	150.00	1/L
1550	Recementation of Space Maintainer	24.00	1/1
2140	Amalgam - 1 Surface, primary or permanent	70.00	1/1
2150	Amalgam - 2 Surfaces, primary or permanent	95.00	1/1
2160	Amalgam - 3 Surfaces, primary or permanent	115.00	1/1
2161	Amalgam - 4 or more Surfaces, primary or permanent	135.00	1/1
2330	Resin - 1 Surface, Anterior	100.00	1/1
2331	Resin - 2 Surfaces, Anterior	125.00	1/1
2332	Resin - 3 Surfaces, Anterior	165.00	1/1
2335	Resin - 4 or more Surfaces or involving Incisal Angle (anterior)	200.00	1/1
2391	Resin-based composite - 1 Surface, Posterior	100.00	1/1
2392	Resin-based composite -2 Surfaces, Posterior	125.00	1/1
2393	Resin-based composite – 3 Surfaces, Posterior	165.00	1/1
2394	Resin-based composite - 4 or more Surfaces, Posterior	200.00	1/1
2510	Inlay - Metallic - 1 Surface	120.00	1/5
2520	Inlay - Metallic - 2 Surfaces	195.00	1/5
2530	Inlay - Metallic - 3 Surfaces	240.00	1/5
2542	Onlay – Metallic – 2 Surfaces	150.00	1/5
2543	Onlay - Metallic - 3 Surfaces	400.00	1/5
2544	Onlay - Metallic – 4 or more Surfaces	400.00	1/5
2610	Inlay - Porcelain/Ceramic - 1 Surface	150.00	1/5
2620	Inlay - Porcelain/Ceramic - 2 Surfaces	210.00	1/5
2630	Inlay - Porcelain/Ceramic - 3 Surfaces	450.00	1/5
2642	Onlay - Porcelain/Ceramic - 2 Surfaces	225.00	1/5

ADA	Description	Allowance	Freq.
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2643	Onlay - Porcelain/Ceramic - 3 Surfaces	325.00	1/5
2644	Onlay - Porcelain/Ceramic - 4 or more Surfaces	475.00	1/5
2662	Onlay - Composite/Resin - 2 Surfaces (Lab)	175.00	1/5
2663	Onlay - Composite/Resin - 3 Surfaces (Lab)	200.00	1/5
2664	Onlay - Composite/Resin - 4 or more Surfaces	475.00	1/5
2710	Crown - Resin (laboratory)	150.00	1/5
2720	Crown - Resin with high noble metal	400.00	1/5
2721	Crown - Resin with predominantly base metal	400.00	1/5
2722	Crown - Resin with noble Metal	400.00	1/5
2740	Crown - Porcelain/Ceramic Substrate	450.00	1/5
2750	Crown - Porcelain fused to high noble metal	700.00	1/5
2751	Crown - Porcelain fused to predominantly base metal	700.00	1/5
2752	Crown - Porcelain fused to noble metal	700.00	1/5
2790	Crown - Full Cast high noble metal	500.00	1/5
2791	Crown - Full Cast predominantly base metal	500.00	1/5
2792	Crown - Full Cast noble metal	500.00	1/5
2910	Recement inlay	45.00	1/1
2920	Recement crown	55.00	1/1
2940	Sedative filling	60.00	1/L
2950	Crown Buildup, including any pins	120.00	1/L
2951	Pin Retention-per tooth	25.00	1/L
2952	Cast post and core in addition to crown	225.00	1/5
2954	Prefabricated post and core in add. to crown	200.00	1/5
2960	Labial Vaneer (laminate) - chairside	325.00	1/3
2961	Labial Vaneer (resin laminate) - lab	250.00	1/5
2962	Labial Vaneer (porcelain laminate) - lab	700.00	1/5
3110	Pulp cap - direct (exclud. final restoration)	18.00	1/1
3120	Pulp cap - indirect (exclud. final restoration)	25.00	1/1
3220	Therapeutic pulpotomy (exclud. final restoration)	76.00	1/L
3310	Anterior Root Canal (exclud. final restoration)	500.00	1/L
3320	Bicuspid Root Canal (exclud. final restoration)	700.00	1/L
3330	Molar Root Canal (exclud. final restoration)	800.00	1/L
3346	Retreatment-RCT (Anterior)	350.00	1/L
3347	Retreatment-RCT (Bicuspid)	450.00	1/L
3348	Retreatment-RCT (Molar)	800.00	1/L
3410	Apicoectomy/Periradicular surgery - anterior	350.00	1/L
3421	Apicoectomy/Periradicular surgery - bicuspid (1 st root)	425.00	1/L
3425	Apicoectomy/Periradicular surgery, molar (1 st root)	475.00	1/L
3426	Apicoectomy/ Periradicular surgery, each additional root	200.00	1/L
3430	Retrograde filling - per root	112.00	1/L
3920	Hemisection (including any root removal) - not including RCT	50.00	1/L
4210	Gingivectomy or Gingivoplasty - 4 or more teeth per quadrant	215.00	1/4
4211	Gingivectomy or Gingivoplasty - 1-3 teeth per quadrant	129.00	1/4
4249	Crown lengthening, hard or soft tissue	340.00	1/4
4260	Osseous Surgery - 4 or more teeth per quadrant	800.00	1/4
4261	Osseous Surgery - 1-3 teeth per quadrant	600.00	1/4
4263	Bone replacement graft - 1 st site in quadrant	300.00	1/4
4264	Bone replacement graft - each add'l site in quadrant	220.00	1/4
4270	Pedicle Soft Tissue Graft	250.00	1/4
4271	Free Soft Tissue Graft (including donor site)	512.00	1/4
4341	Periodontal Scaling & Root Planning - 4 or more teeth per quadrant	75.00	4/1
4342	Periodontal Scaling & Root Planning - 1-3 teeth per quadrant	45.00	4/1
4381	Chemotherapeutic agents	50.00	4/1
4910	Periodontal Maintenance Procedures (following active therapy)	125.00	2/1
5110	Complete upper dentures	900.00	1/5
5120	Complete lower dentures	900.00	1/5
5130	Immediate upper dentures	900.00	1/5
5140	Immediate lower dentures	900.00	1/5
5211	Partial upper denture - resin base (includ. clasps, rests & teeth)	525.00	1/5
5212	Partial lower denture - resin base (includ. clasps, rests & teeth)	525.00	1/5
5213	Partial upper denture - cast metal base w/resin saddles (includ. clasps, rests & teeth)	757.00	1/5
5214	Partial lower denture - cast metal base w/ resin saddles (includ. clasps, rests & teeth)	757.00	1/5
5281	Removable unilateral partial denture - one piece cast metal (including clasps & pontics)	210.00	1/5
5410	Adjust Complete Denture (upper)	15.00	1/1
5411	Adjust Complete Denture (lower)	15.00	1/1
5421	Adjustment, Partial Denture (upper)	15.00	1/1
5422	Adjustment, Partial Denture (lower)	15.00	1/1
5510	Repair Broken Complete Denture Base	35.00	1/1
5520	Replace Missing or Broken Teeth - Complete Denture, first tooth	35.00	1/1
5610	Repair resin saddle or base	88.00	1/1
5620	Repair cast framework	74.00	1/1

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5630	Repair or replace broken clasp	118.00	1/1
5640	Replace broken teeth - per tooth	68.00	1/1
5650	Add tooth to existing partial denture.....	65.00	1/L
5660	Add clasp to existing partial denture.....	56.00	1/L
5730	Reline complete upper denture (chairside).....	65.00	1/3
5731	Reline complete lower denture (chairside).....	65.00	1/3
5740	Reline upper partial denture (chairside).....	65.00	1/3
5741	Reline lower partial denture (chairside).....	65.00	1/3
5750	Reline complete upper denture (laboratory).....	115.00	1/3
5751	Reline complete lower denture (laboratory).....	115.00	1/3
5760	Reline upper partial denture (laboratory).....	115.00	1/3
5761	Reline lower partial denture (laboratory).....	115.00	1/3
5820	Temporary Partial - Stayplate Denture (upper).....	125.00	1/5
5821	Temporary Partial - Stayplate Denture (lower).....	150.00	1/5
5850	Tissue Conditioning - per denture	45.00	1/3
5860	Overdenture, complete, by report	375.00	1/5
6010	Surgical placement of implant body: endosteal implant	**	
6040	Surgical placement: eposteal implant.....	**	
6050	Surgical placement: transosteal implant.....	**	
6053	Implant/abutment supported removable denture for completely edentulous arch.....	114.00	1/5
6054	Implant/abutment supported removable denture for partially edentulous arch.....	114.00	1/5
6056	Prefabricated abutment.....	175.00	1/5
6057	Custom abutment	850.00	1/5
6058	Abutment supported porcelain/ceramic crown.....	850.00	1/5
6059	Abutment supported porcelain fused to metal crown (high noble metal).....	850.00	1/5
6060	Abutment supported porcelain fused to metal crown (predominantly base metal).....	850.00	1/5
6061	Abutment supported porcelain fused to metal crown (noble metal).....	850.00	1/5
6062	Abutment supported cast metal crown (high noble metal)	850.00	1/5
6063	Abutment supported cast metal crown (predominantly base metal)	850.00	1/5
6064	Abutment supported cast metal crown (noble metal)	850.00	1/5
6065	Implant supported porcelain/ceramic crown	850.00	1/5
6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	850.00	1/5
6067	Implant supported metal crown (titanium, titanium alloy, high noble metal).....	850.00	1/5
6068	Abutment supported retainer for porcelain/ceramic FPD.....	850.00	1/5
6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal).....	850.00	1/5
6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).....	850.00	1/5
6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal).....	850.00	1/5
6072	Abutment supported retainer for cast metal FPD (high noble metal).....	850.00	1/5
6073	Abutment supported retainer for cast metal FPD (predominantly base metal).....	850.00	1/5
6074	Abutment supported retainer for cast metal FPD (noble metal)	850.00	1/5
6075	Implant supported retainer for ceramic FPD.....	850.00	1/5
6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	850.00	1/5
6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal).....	850.00	1/5
6210	Pontic - cast high noble metal.....	335.00	1/5
6211	Pontic - cast predominantly base metal.....	335.00	1/5
6212	Pontic - cast noble metal.....	335.00	1/5
6240	Pontic - porcelain fused to high noble metal	700.00	1/5
6241	Pontic - porcelain fused to predominantly base metal	700.00	1/5
6242	Pontic - porcelain fused to noble metal	700.00	1/5
6250	Pontic - resin with high noble metal	355.00	1/5
6251	Pontic - resin with predominantly base metal	355.00	1/5
6252	Pontic - resin with noble metal	355.00	1/5
6545	Retainer - cast metal for acid etched fixed prosthesis	165.00	1/5
6610	Repair broken facing with slotted or other facing	56.00	1/1
6720	Crown - resin with high noble metal.....	355.00	1/5
6721	Crown - resin with predominantly base metal.....	355.00	1/5
6722	Crown - resin with noble metal.....	355.00	1/5
6750	Crown - porcelain fused to high noble metal	700.00	1/5
6751	Crown - porcelain fused to predominantly base metal.....	700.00	1/5
6752	Crown - porcelain fused to noble metal	700.00	1/5
6780	Crown - 3/4 cast high noble metal	390.00	1/5
6790	Crown - full cast high noble metal.....	410.00	1/5
6791	Crown - full cast predominantly base metal.....	355.00	1/5
6792	Crown - full cast noble metal.....	355.00	1/5
6930	Recement Bridge.....	75.00	1/1
6940	Stress Breaker	110.00	1/5
6950	Precision Attachment	125.00	1/5
6972	Prefabricated post and core in addition to bridge retainer	85.00	1/5
7111	Extraction – coronal remnants – deciduous tooth.....	114.00	1/L
7140	Extraction – erupted tooth or exposed root	130.00	1/L
7210	Surgical removal of erupted tooth requiring elevation mucoperiosteal flap and removal of bone and/or section of tooth.....	200.00	1/L
7220	Removal of impacted tooth - soft tissue.....	250.00	1/L
7230	Removal of impacted tooth - partially bony	350.00	1/L
ADA	Description	Allowance	Freq.

7240	Removal of impacted tooth - completely bony.....	400.00	1/L
7241	Removal of impacted tooth - completely bony with unusual surgical complications	350.00	1/L
7250	Surgical removal of residual roots (cutting procedure).....	200.00	1/L
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons including orthodontic attachments).....	250.00	1/L
7281	Surgical exposure of impacted or unerupted tooth to aid eruption.....	100.00	1/L
7285	Biopsy of oral tissue - hard.....	250.00	1/1
7286	Biopsy of oral tissue - soft.....	250.00	1/1
7310	Alveoloplasty in conjunction with extractions - per quadrant.....	98.00	1/L
7320	Alveoloplasty not in conjunction with extractions - per quadrant.....	125.00	1/5
7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm.....	250.00	1/L
7451	Removal of odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	150.00	1/L
7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.....	50.00	1/L
7461	Removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.....	75.00	1/L
7510	Incision and drainage of abscess - intraoral soft tissue.....	150.00	1/1
7520	Incision and drainage of abscess - extraoral soft tissue	45.00	1/1
7953	Bone Replacement graft for ridge preservation – per site.....	300.00	1/4
8080	Comprehensive Orthodontic Treatment of the adolescent dentition (Once Lifetime)	900.00	1/L
8090	Comprehensive Orthodontic Treatment of the adult dentition (Once Lifetime).....	900.00	1/L
8220	Fixed appliance therapy (Once Lifetime).....	300.00	1/L
8660	Pre-Orthodontic treatment visit	131.00	1/L
8670	Periodic orthodontic treatment (24 Months Lifetime).....	150.00	24/L
8680	Orthodontic Retention (removal of appliances, construction & placement of retainers - 1 each - top & bottom).....	200.00	1/L
8681	Removable Orthodontic Retainer Adjustment	55.00	2/L
9110	Palliative (emergency) treatment of dental pain - minor procedures.....	60.00	1/1
9223	deep sedation/general anesthesia - each 15 minute increment.....	100.00	/Session
9243	deep sedation/general anesthesia - each 15 minute increment.....	100.00	/Session
9310	Professional Consultation by Specialist	100.00	2/1
9940	Occlusal guards	223.00	1/L
9951	Occlusal Adjustment (limited).....	60.00	1/4
9952	Occlusal Adjustment (complete)	170.00	1/4

Benefits listed under S.A. will be available when services are rendered by board eligible or board certified specialists.

Freq. = Frequency Limit Abbreviations:

- 1/1 Once Per Plan Year
- 2/1 Two Times Per Plan Year
- 4/1 Four Treatments Per Plan Year
- 1/3 Once Per 3 Plan Years
- 2/3 Two Times Per 3 Plan Years
- 1/4 Once Per 4 Plan Years
- 1/5 Once Per 5 Plan Years
- 1/L Once Per Patient Lifetime
- 2/L Twice Per Patient Lifetime (once for primary tooth, once for permanent tooth)
- 12/L Twelve Times Per Patient Lifetime
- 24/L Twenty-Four Times Per Patient Lifetime

***For out of network services rendered to eligible dependent children under age 19, these procedures, will be reimbursed at charges up to 100% of the reasonable and customary allowance at the same frequency limitation*

**** Implants: Payable up to \$2000 per tooth with a lifetime maximum of \$3500.**