

# Faculty Association of Suffolk Community College Benefit Fund

## Dental Claim Office

1040 Avenue of the Americas, 24<sup>th</sup> Floor - New York, NY 10018

### SCHEDULE OF DENTAL ALLOWANCES

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

**Pre-Authorization required for a course of treatment including  
Crowns, Bridgework, Implants, Osseous Surgery amounting \$1000 or more.**

#### MAXIMUM PER PLAN YEAR

**Active Member:** \$3,250 per individual **Retired Member (Enhanced Plan):**\$3,250 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 \$4,000 for Active Members and Retirees with Enhanced Plan.

**Orthodontic Benefit:** code 8080 or 8090, procedures 8220, 8660, 8670, 8681 and 8680(upper and Lower) according to schedule up to \$6,351 lifetime maximum

PLAN YEAR: September 1 - August 31

EFFECTIVE: January 1, 2024

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 .....	23.00	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
1516	Space Maintainer –fixed – bilateral maxillary .....	120.00	1/1
1517	Space Maintainer Fixed Bilateral Mand.....	120.00	1/1
1520	Space Maintainer - Removable - Unilateral .....	95.00	1/L
1526	Space Maintainer –removable bilateral, maxillary .....	150.00	1/1
1527	Space Maintainer – removable bilateral, Mandibular.....	150.00	1/1
1551	Re-cement or re-bond bilateral space maintainer-maxillary.....	24.00	1/1
1552	Re-cement or re-bond bilateral space maintainer – mandibular.....	24.00	1/1
2140	Amalgam - 1 Surface, primary or permanent.....	100.00	1/1
2150	Amalgam - 2 Surfaces, primary or permanent .....	125.00	1/1
2160	Amalgam - 3 Surfaces, primary or permanent .....	145.00	1/1
2161	Amalgam - 4 or more Surfaces, primary or permanent .....	155.00	1/1
2330	Resin - 1 Surface, Anterior.....	160.00	1/1
2331	Resin - 2 Surfaces, Anterior .....	200.00	1/1
2332	Resin - 3 Surfaces, Anterior .....	250.00	1/1
2335	Resin - 4 or more Surfaces or involving Incisal Angle (anterior) .....	300.00	1/1
2391	Resin-based composite - 1 Surface, Posterior .....	160.00	1/1
2392	Resin-based composite -2 Surfaces, Posterior .....	200.00	1/1
2393	Resin-based composite – 3 Surfaces, Posterior.....	250.00	1/1
2394	Resin-based composite - 4 or more Surfaces, Posterior .....	300.00	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.
2643	Onlay - Porcelain/Ceramic - 3 Surfaces .....	325.00	1/5
2644	Onlay - Porcelain/Ceramic - 4 or more Surfaces.....	675.00	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 - Composit/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.....	900.00	1/5
2750	Crown - Porcelain fused to high noble metal .....	900.00	1/5
2751	Crown - Porcelain fused to predominantly base metal .....	900.00	1/5
2752	Crown - Porcelain fused to noble metal .....	900.00	1/5
2790	Crown - Full Cast high noble metal .....	900.00	1/5
2791	Crown - Full Cast predominantly base metal .....	900.00	1/5
2792	Crown - Full Cast noble metal.....	900.00	1/5
2910	Recement inlay.....	85.00	1/1
2920	Recement crown.....	85.00	1/1
2930	Prefab Ststl Crown Primary Tooth.....	300.00	1/1
2940	Sedative filling .....	90.00	1/L
2950	Crown Buildup, including any pins .....	170.00	1/L
2951	Pin Retention-per tooth .....	25.00	1/L
2952	Cast post and core in addition to crown .....	310.00	1/5
2954	Prefabricated post and core in add. to crown .....	310.00	1/5
2960	Labial Vaneer (laminare) - chairside.....	325.00	1/3
2961	Labial Vaneer (resin laminate) - lab.....	250.00	1/5
2962	Labial Vaneer (porcelain laminate) - lab .....	750.00	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) .....	800.00	1/L
3320	Bicuspid Root Canal (exclud. final restoration) .....	1000.00	1/L
3330	Molar Root Canal (exclud. final restoration).....	1000.00	1/L
3346	Retreatment-RCT (Anterior) .....	600.00	1/L
3347	Retreatment-RCT (Bicuspid).....	850.00	1/L
3348	Retreatment-RCT (Molar) .....	1000.00	1/L
3410	Apicoectomy/Periradicular surgery - anterior .....	700.00	1/L
3421	Apicoectomy/Periradicular surgery - bicuspid (1 <sup>st</sup> root) .....	425.00	1/L
3425	Apicoectomy/Periradicular surgery, molar (1 <sup>st</sup> root) .....	800.00	1/L
3426	Apicoectomy/ Periradicular surgery, each additional root .....	300.00	1/L
3430	Retrograde filling - per root .....	175.00	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 .....	500.00	1/4
4260	Osseous Surgery - 4 or more teeth per quadrant .....	1200.00	1/4
4261	Osseous Surgery - 1-3 teeth per quadrant .....	1000.00	1/4
4263	Bone replacement graft - 1 <sup>st</sup> site in quadrant .....	300.00	1/4
4264	Bone replacement graft - each add'l site in quadrant.....	250.00	1/4
4270	Pedicle Soft Tissue Graft.....	250.00	¼
4277	Free soft tissue graft procedure (includ, recipient and donor surgical sites) each add'l contiguous tooth.....	512.00	1/1
4341	P'dpmta; sca;omg & Root Plan/quad.....	100.00	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.....	1000.00	1/5
5120	Complete lower dentures .....	1000.00	1/5
5130	Immediate upper dentures .....	1000.00	1/5
5140	Immediate lower dentures .....	1000.00	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, r ests & teeth) .....	1000.00	1/5
5214	Partial lower denture - cast metal base w/ resin saddles (includ. clasps, rests & teeth) .....	1000.00	1/5
5282	Removable unilateral partial denture one piece cast metal (including clasps and teeth) Maxillary.....	210.00	1/5
5283	Removable unilateral partial denture one piece cast metal ( Including clasps and teeth) Mandibular.....	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
5511	Repair broken complete dentures base mandibular .....	35.00	1/1
5512	Repair broken complete dentures base maxillar.....	35.00	1/1
5520	Replace Missing or Broken Teeth - Complete Denture, first tooth.....	35.00	1/1
5611	Repair resin partial denture base, mandibular .....	88.00	1/1

ADA	Description	Allowance	Freq.
5612	Repair resin partial denture base, maxillary .....	100.00	1/1
5621	Repair resin partial framework mandibular.....	74.00	1/1
5622	Repair resin partial framework maxillary.....	74.00	1/1
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) .....	250.00	1/5
5821	Temporary Partial - Stayplate Denture (lower) .....	150.00	1/5
5850	Tissue Conditioning - per denture .....	45.00	1/3

IMPLANT BENEFIT: (codes 6010, 6040 & 6050 only) Payable up to \$2000 per tooth with a lifetime maximum of \$4,000 for Active Members and Retirees with Enhanced Plan.

6010	Surgical placement of implant body: endosteal implant .....		
6040	Surgical placement: eosteal implant .....		
6050	Surgical placement: transosteal implant .....		
6056	Prefabricated abutment.....	500.00	1/5
6057	Custom abutment .....	900.00	1/5
6058	Abutment supported porcelain/ceramic crown.....	1000.00	1/5
6059	Abutment supported porcelain fused to metal crown (high noble metal).....	1000.00	1/5
6060	Abutment supported porcelain fused to metal crown (predominantly base metal).....	1000.00	1/5
6061	Abutment supported porcelain fused to metal crown (noble metal).....	1000.00	1/5
6062	Abutment supported cast metal crown (high noble metal) .....	1000.00	1/5
6063	Abutment supported cast metal crown (predominantly base metal) .....	1000.00	1/5
6064	Abutment supported cast metal crown (noble metal) .....	1000.00	1/5
6065	Implant supported porcelain/ceramic crown .....	1000.00	1/5
6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) .....	1000.00	1/5
6067	Implant supported metal crown (titanium, titanium alloy, high noble metal).....	1000.00	1/5
6068	Abutment supported retainer for porcelain/ceramic FPD .....	1000.00	1/5
6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal) .....	1000.00	1/5
6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) .....	1000.00	1/5
6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal).....	1000.00	1/5
6072	Abutment supported retainer for cast metal FPD (high noble metal).....	1000.00	1/5
6073	Abutment supported retainer for cast metal FPD (predominantly base metal).....	1000.00	1/5
6074	Abutment supported retainer for cast metal FPD (noble metal) .....	1000.00	1/5
6075	Implant supported retainer for ceramic FPD .....	1000.00	1/5
6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) .....	1000.00	1/5
6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal).....	1000.00	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 .....	900.00	1/5
6241	Pontic - porcelain fused to predominantly base metal .....	900.00	1/5
6242	Pontic - porcelain fused to noble metal.....	900.00	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 .....	900.00	1/5
6751	Crown - porcelain fused to predominantly base metal.....	900.00	1/5
6752	Crown - porcelain fused to noble metal .....	900.00	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	Recent partial denture.....	75.00	1/5
6940	Stress Breaker .....	110.00	1/5
6950	Precision Attachment .....	125.00	1/5
7111	Extraction - coronal remnants - deciduous tooth.....	114.00	1/L
7140	Extraction - erupted tooth or exposed root .....	200.00	1/L
7210	Surgical removal of erupted tooth requiring elevation mucoperiosteal flap and removal of bone and/or section of tooth .....	275.00	1/L
7220	Removal of impacted tooth - soft tissue.....	325.00	1/L

7230	Removal of impacted tooth - partially bony .....	500.00	1/L
7240	Removal of impacted tooth - completely bony.....	550.00	1/L
ADA	Description	Allowance	Freq
7241	Removal of impacted tooth - completely bony with unusual surgical complications .....	700.00	1/L
7250	Surgical removal of residual roots (cutting procedure).....	250.00	1/L
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons including orthodontic attachments) .....	250.00	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 .....	350.00	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 .....	300.00	1/1
7520	Incision and drainage of abscess - extraoral soft tissue .....	45.00	1/1
7953	Bone Replacement graft for ridge preservation – per site.....	400.00	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 .....	85.00	12/L
9110	Palliative (emergency) treatment of dental pain - minor procedures.....	100.00	1/1
9222	deep sedation general anesthesia.....	300.00	.3 units/visit combined
9223	deep sedation/general anesthesia - each 15-minute increment.....	300.00	.3 units/visit combined
9239	Intravenous moderate (conscious) sedation/analgesia –first 15 minutes .....	300.00	.3 units/visit combined
9243	deep sedation/general anesthesia - each 15 minute increment.....	300.00	.3 units/visit combined
9310	Professional Consultation by Specialist .....	150.00	.2/1
9944	Occlusal guard – hard appliances, full arch .....	375.00	1/1
9945	Occlusal guard – soft appliance, full arch .....	375.00	1/1
9946	Occlusal guard – hard appliance, partial arch .....	375.00	1/1
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*