

Schedule of Dental Benefits
MANHASSET EDUCATION ASSOCIATION TRUST FUND

DENTAL CLAIM OFFICE 253 WEST 35TH STREET, 12TH FLOOR - NEW YORK, N.Y. 10001-1907 (212) 505-5050

Comprehensive Benefits for eligible members, spouses and dependent children.

3 COLUMN FEE SCHEDULE

1: Member allowable 2: spouse allowable 3: Dependent children allowable

EFFECTIVE: October 15, 2018

BENEFIT YEAR: Jan. 1 - Dec. 31

		Member	Spouse	Children			Member	Spouse	Children
0120	Periodic oral examination	60.00	20.00	25.00	2750	Crown - porcelain fused to high noble metal*	800.00	0.00	0.00
0140	Limited oral evaluation - problem focused.....	55.00	50.00	35.00	2751	Crown - porcelain fused to predominantly base metal*	800.00	0.00	0.00
0150	Comprehensive oral evaluation	90.00	50.00	45.00	2752	Crown - porcelain fused to noble metal*	800.00	0.00	0.00
0210	Intraoral - complete series - inc. bitewings (once/3 years).....	82.00	70.00	60.00	2790	Crown - full cast high noble metal*.....	400.00	0.00	0.00
0220	Intraoral, Periapical, first film.00.....	10.00	10.00	6.00	2791	Crown - full cast predominantly base metal*.....	400.00	0.00	0.00
0230	X-rays, each additional film	8.00	8.00	4.00	2792	Crown - full cast noble metal*	400.00	0.00	0.00
0240	Intraoral – Occlusal film.....	9.00	9.00	9.00	2910	Recement inlay, onlay or partial coverage restoration	14.00	0.00	0.00
0270	Bitewings, single film (4 films/year - any combination)	8.00	6.00	6.00	2920	Recenent Crown.....	50.00	0.00	0.00
0272	Bitewings, two films (4 films/year - any combination	16.00	12.00	12.00	2952	Cast post and core in addition to crown*	250.00	0.00	0.00
0274	Bitewings, four films (4 films/ year - any combination).....	32.00	24.00	24.00	2954	Prefabricated post and core in add. to crown*	200.00	0.00	0.00
0330	Panoramic film (once every 3 years)	82.00	56.00	48.00	3110	Pulp Cap Dir (Excluding Final Restoration)	11.20	0.00	0.00
0470	Diagnostic casts.....	50.00	50.00	50.00	3220	Therapu Pulpotomy (Excluding Final Restoration).....	50.00	50.00	0.00
1110	Prophylaxis -	100.00	65.00	25.00	3310	Anterior Root Canal (exclud. final restoration).....	450.00	300.00	0.00
1120	Prophylaxis - Child (twice/calendar year - under age 14).....	0.00	0.00	25.00	3320	Bicuspid Root Canal (exclud. final restoration).....	700.00	400.00	0.00
1206	Topical app. of fluoride excl. prophy - child (twice/cal. yr.)	0.00	0.00	25.00	3330	Molar Root Canal (exclud. final restoration)	800.00	500.00	0.00
1208	Topical app. Of fluoride excl. prophy - adult (twice/cal. yr.)	0.00	0.00	25.00	3346	Retreatment of previous root canal therapy-anterior	450.00	100.00	0.00
1351	Sealant per Tooth	0.00	0.00	50.00	3347	Retreatment of previous root canal therapy –bicuspid	700.00	100.00	0.00
2140	Amalgam - 1 surface, permanent.....	100.00	60.00	40.00	3348	Retreatment of previous root canal therapy –molar.....	800.00	100.00	0.00
2150	Amalgam - 2 surfaces, permanent	125.00	75.00	50.00	3410	Apicoectomy/Periradicular surgery - anterior	225.00	0.00	0.00
2160	Amalgam - 3 surfaces, permanent	150.00	90.00	60.00	3421	Apicoectomy/Periradicular surgery - bicuspid (first root)	275.00	0.00	0.00
2161	Amalgam - 4 or more surfaces, permanent	175.00	100.00	65.00	3425	Apicoectomy/Periradicular surgery - molar (first root)	325.00	0.00	0.00
2330	Resin, 1 surface, anterior.....	125.00	70.00	45.00	3426	Apicoectomy/Periradicular surgery - add root	128.00	0.00	0.00
2331	Resin, 2 surfaces, anterior	150.00	80.00	70.00	3430	Retrograde Filling - per root.....	100.00	0.00	0.00
2332	Resin, 3 surfaces, anterior	175.00	95.00	80.00	4210	Gingivectomy or Gingivoplasty –4+ teeth per quad.....	150.00	100.00	.00
2335	Resin, 4 or more surf. or involving incisal angle (anterior)	195.00	105.00	90.00	4211	Gingivectomy or Gingivoplasty – 1-3 teeth per quad.....	75.00	25.00	0.00
2391	Resin-based composite – 1 surface, posterior	125.00	70.00	45.00	4240	Gingival Flap procedure, including root planning 4 or more..	250.00	250.00	0.00
2392	Resin-based composite – 2 surfaces, posterior.....	150.00	80.00	70.00	4241	Gingival Flap procedure, including root planning 1-3 teeth ...	150.00	150.00	0.00
2393	Resin-based composite – 3 surfaces, posterior.....	175.00	95.00	80.00	4260	Osseous surgery - 4+ teeth per quad.....	500.00	540.00	0.00
2394	Resin-based composite – 4 or more surfaces	195.00	105.00	80.00	4261	Osseous surgery - 1-3 teeth per quad.....	186.00	186.00	0.00
2510	Inlay - metallic - one surface	54.00	0.00	0.00	4263	Bone replacement graft – first site.....	150.00	60.00	0.00
2520	Inlay - metallic - two surfaces.....	200.00	0.00	0.00	4264	Bone replacement graft – each additional site.....	75.00	0.00	0.00
2530	Inlay - metallic - 3 or more surfaces	350.00	0.00	0.00	4270	pedicle soft tissue graft procedure	50.00	50.00	0.00
2720	Crown - resin with high noble metal*.....	125.00	0.00	0.00	4271	free soft tissue graft procedure	200.00	150.00	0.00
2721	Crown - resin with predominantly base metal*.....	115.00	0.00	0.00	4341	Perio scaling & root planing – 4+ teeth per quad	30.00	30.00	0.00
2722	Crown - resin with noble metal*	120.00	0.00	0.00	4342	Perio scaling & root planing – 1-3 teeth per quad	18.00	18.00	0.00
2740	Crown - porcelain /ceramic substrate*.....	400.00	0.00	0.00					

(Note: any combination codes 4341 & 4342 limit 8/cal. year)

*** Crowns and dentures can only be replaced every 5 years**

4381	Localized delivery of chemotherapeutic agents via controlled release vehicle into diseased crevicular tissue per tooth	144.00	100.00	0.00
4910	Perio maintenance proc. (following active therapy 2/yr)	100.00	60.00	0.00
5110	Complete denture - maxillary*	750.00	750.00	0.00
5120	Complete denture - mandibular*	750.00	750.00	0.00
5130	Immediate Denture - Maxillary	750.00	750.00	0.00
5140	Immediate Denture - Mandibular	750.00	750.00	0.00
5211	Maxillary partial denture - resin base (including any conventional clasps, rests & teeth)*	750.00	750.00	0.00
5212	Mandibular partial denture - resin base (including any conventional clasps, rests & teeth)*	750.00	750.00	0.00
5213	Maxillary partial denture - cast metal framework w/resin denture bases (incl. any conventional clasps, rests & teeth* ...	900.00	750.00	0.00
5214	Mandibular partial denture - cast metal framework w/resin denture bases (incl. any conventional clasps, rests & teeth* ...	900.00	750.00	0.00
5281	Removable unilateral partial denture - one piece cast metal (including clasps & pontics)*	750.00	750.00	0.00
5510	Repair n Broken complete denture base	13.70	0.00	0.00
5520	Replace broken or missing teeth	20.70	0.00	0.00
5630	Repair or replace broken clasp	25.20	0.00	0.00
5640	Replace broken teeth - per tooth	25.20	0.00	0.00
5650	Add tooth to existing partial denture	25.20	0.00	0.00
5660	Add clasp to existing partial denture	36.00	0.00	0.00
5710	Reline complete maxillary denture	61.20	0.00	0.00
5711	Reline complete mandibular denture	61.20	0.00	0.00
5720	Rebase maxillary partial denture	61.20	0.00	0.00
5721	rebase mandibular partial denture	61.20	0.00	0.00
5730	Reline complete maxillary denture (chairside)	38.70	0.00	0.00
5731	Reline complete mandibular denture (chairside)	37.70	0.00	0.00
5740	Reline maxillary partial denture (chairside)	38.70	0.00	0.00
5741	Reline mandibular partial denture (chairside)	38.70	0.00	0.00
5750	Reline complete maxillary denture (laboratory)	61.20	0.00	0.00
5751	Reline complete mandibular denture (laboratory)	61.20	0.00	0.00
5760	Reline maxillary partial denture (laboratory)	61.20	0.00	0.00
5761	Reline mandibular partial denture (laboratory)	61.20	0.00	0.00
6210	Pontic - cast high noble metal*	400.00	0.00	0.00
6211	Pontic - cast predominantly base metal*	400.00	0.00	0.00
6212	Pontic - cast noble metal*	400.00	0.00	0.00
6240	Pontic - porcelain fused to high noble metal*	800.00	0.00	0.00
6242	Pontic - porcelain fused to noble metal*	800.00	0.00	0.00
6250	Pontic - resin with high noble metal*	400.00	0.00	0.00
6251	Pontic - resin with predominantly base metal*	400.00	0.00	0.00
6252	Pontic - resin with noble metal*	400.00	0.00	0.00
6545	Retainer - cast metal for resin bonded fixed prosthesis	400.00	0.00	0.00
6720	Crown - resin with high noble metal *	400.00	0.00	0.00
6721	Crown - resin with predominantly base metal*	400.00	0.00	0.00
6722	Crown - resin with noble metal*	400.00	0.00	0.00

6750	Crown - porcelain fused to high noble metal*	800.00	0.00	0.00
6751	Crown - porcelain fused to predominantly base metal*	800.00	0.00	0.00
6752	Crown - porcelain fused to noble metal*	800.00	0.00	0.00
6780	Crown - 3/4 cast high noble metal*	400.00	0.00	0.00
6790	Crown - full cast high noble metal*	400.00	0.00	0.00
6791	Crown - full cast predominantly base metal*	400.00	0.00	0.00
6792	Crown - full cast noble metal*	400.00	0.00	0.00
6930	Recement fixed partial denture	76.00	0.00	0.00
7111	Coronal remnants - deciduous tooth (extraction)	88.00	88.00	0.00
7140	Extraction, erupted tooth or exposed root	100.00	100.00	0.00
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	225.00	193.00	0.00
7220	Removal of impacted tooth - soft tissue	250.00	200.00	0.00
7230	Removal of impacted tooth - partially bony	300.00	250.00	0.00
7240	Removal of impacted tooth - completely bony	300.00	280.00	0.00
7241	Removal of impacted tooth - completely bony with unusual surgical complications	280.00	280.00	0.00
7250	Surgical removal of residual tooth roots (cutting procedure)	55.00	55.00	0.00
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	35.00	35.00	0.00
7285	Biopsy of oral tissue	100.00	100.00	0.00
7286	Biopsy of oral tissue soft	100.00	100.00	0.00
7310	Alveoloplasty in conjunction with extractions 4 or more	50.00	0.00	0.00
7320	Alveoloplasty not in conjunction with extractions	50.00	0.00	0.00
7410	excision of benign lesion up to 1.25	50.00	0.00	0.00
7440	Excision of malignant tumor	50.00	0.00	0.00
7441	Excision of malignant tumor - lesion greater than 1.25	50.00	0.00	0.00
7450	Removal of odontogenic cyst or tumor - up to 1.25 cm	50.00	0.00	0.00
7451	Removal of odontogenic cyst or tumor - over 1.25cm	50.00	0.00	0.00
7460	Removal of nonodontogenic cyst or tumor - up to 1.25 cm	50.00	0.00	0.00
7461	Removal of nonodontogenic cyst or tumor - over 1.25 cm	50.00	0.00	0.00
7510	Incision and drainage of abscess intraoral soft tissue	100.00	0.00	0.00
7520	Incision and drainage of abscess - extraoral soft tissue	35.00	0.00	0.00
7550	Partial ostectomy/sequestrectomy for removal of bone	175.00	0.00	0.00
7610	Maxilla - open reduction	200.00	0.00	0.00
7620	Maxilla - closed reduction	200.00	0.00	0.00
7630	Mandible - open reduction	200.00	0.00	0.00
7640	Mandible - closed reduction	200.00	0.00	0.00
7710	Maxilla - open reduction	200.00	0.00	0.00
7720	Maxilla- closed reduction	200.00	0.00	0.00
7730	Mandible - open reduction	200.00	0.00	0.00
7740	Mandible - closed reduction	200.00	0.00	0.00
8080	Comprehensive ortho treatment - adolescent dentition	0.00	0.00	855.00
8090	Comprehensive ortho treatment - adult dentition	1020.00	0.00	855.00
	(Note: 8080 <u>or</u> 8090 once per lifetime - not both)			
8660	Pre-orthodontic treatment visit (once per lifetime)	150.00	0.00	150.00
8670	Periodic Ortho treatment visit (24 months lifetime)	100.00	0.00	100.00

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9110	Palliative (emergency) treatment	60.0035.00.....	35.00
9222	Deep sedation/general anesthesia - first 30 minutes.....	170.000.00.....	0.00
9223	Deep sedation/general anesthesia-each additional 15 minutes.	150.000.00.....	0.00
9239	intravenous moderate (conscious) sedation/analgesia first 15			
	Minutes	150.000.00.....	0.00
9310	Consultation	75.0035.00.....	35.00
9940	Occlusal guard by report	300.00175.00.....	0.00

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