

**Service
Employees
Benefit
Fund**

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DENTAL SCHEDULE OF BENEFITS - SUMMARY

SEBF dental plans have no deductibles and will reimburse up to \$1,500 annually, per person.

BASIC and COMPREHENSIVE PLANS (include the following)

<u>Procedure Code</u>		<u>Reimbursement</u>
Preventive and Diagnostic Services		
<u>Examinations – 2 per year</u>		
0110	Initial Oral Exam	\$21
0120	Periodic Oral Exam	\$18
0130	Emergency	\$20
<u>Prophylaxis (Cleanings) – 2 per year</u>		
1120	Child Prophylaxis – under age 12	\$28
1110	Adult Prophylaxis – 12 years and older	\$38
1203	Fluoride Treatment (up to age 19) – 2 per year	\$16
1351	Sealants (up to age 14)	\$20
<u>Space Maintainers</u>		
1515	Fixed - bilateral	\$112
1525	Removable - bilateral	\$85
<u>Radiographs (X-Rays)</u>		
0210	Intra-Oral, Complete Series	\$40
0220	Intra-Oral, Single First Film	\$8
0230	Intra-Oral, Each Additional	\$6
0272	Bitewings – two films	\$14
0274	Bitewings – four films	\$26
0330	Panoramic – one per three year period	\$38
Basic Services		
<u>Restorations (Fillings)</u>		
2140	Amalgam One Surface	\$40
2150	Amalgam Two Surfaces	\$50
2160	Amalgam Three Surfaces	\$59
2161	Amalgam Four Surfaces	\$59
2330	Composite One Surface	\$50
2331	Composite Two Surfaces	\$60
2332	Composite Three Surfaces	\$68
<u>Oral Surgery – Extractions</u>		
7140	Simple Extraction	\$47
7210	Surgical Extraction	\$100
7220	Soft Tissue Impaction	\$125
7230	Partial Bony Impaction	\$200
7240	Full Bony Impaction	\$250

Procedure Code

Reimbursement

Periodontics (treatment of gums and supporting structures of teeth)

4910	Periodontal Prophylaxis	\$50
4341	Perio-Scaling/Planing Per Quadrant	\$50
4210	Gingivectomy per Quadrant	\$225
4260	Osseous Surgery per Quadrant	\$350

Endodontics – Root Canals

3310	RCT – One Canal	\$225
3320	RCT – Two Canals	\$300
3330	RCT – Three Canals	\$450
3220	Pulpotomy	\$70
3410	Apicoectomy Single Procedure	\$210

Adjunctive Services

9110	Palliative Treatment	\$25
9220	General Anesthesia (first 30 minutes)	\$225
9310	Consultation	\$38

BASIC PLAN COVERAGE ENDS HERE

COMPREHENSIVE PLAN ONLY (includes all previous procedures PLUS the following)

Major Prosthetic Services - Five year replacement limitation

Crowns and Inlays

2740	Porcelain Crown	\$250
2750	Porcelain to Metal Crown	\$440
2790	Full Cast Metal Crown	\$350
2952	Post and Core	\$100
2530	Inlay Metallic Three or More Surfaces	\$325

Bridge Crowns

6240	Porcelain to High Noble Metal Pontic	\$350
6750	Porcelain to High Noble Metal Crown	\$425
6751	Porcelain to Base Metal Crown	\$425
6752	Porcelain to Noble Metal Crown	\$425

Other Crown Services

2920	Recement Crown	\$25
2910	Recement Inlay	\$25
2950	Core Build-Up/Including Any Pins	\$50
6930	Recement Bridge	\$35

Removable Prosthetics – Dentures

5110	Complete Upper Denture	\$420
5120	Complete Lower Denture	\$420
5214	Lower Partial Denture/Resin Base	\$540
5213	Upper Partial Denture/Resin Base	\$540
5750	Reline Full Upper Denture (Lab)	\$130
5730	Reline Full Upper Denture (Office)	\$90
5510	Repair Broken Full Denture Base	\$45
5640	Replace One Broken Tooth on Denture	\$50
5650	Add Tooth to Existing Partial Denture	\$50