

Schedule of Dental Benefits

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

Pre-authorization is not required – however it is highly recommended in the case of crown and bridgework and implant related services

Comprehensive Benefits for eligible members, spouses and dependent children.

The maximum the Plan will pay toward covered expenses is \$2,500 per family per policy year

All prosthetic services are payable ONCE every five years.

Lifetime orthodontic maximum of up to \$3,100 per person (includes up to \$700 for diagnosis & initial appliance & \$100 per month (up to 24 consecutive months) for active treatment

Lifetime maximum of up to \$4,000 for implants (includes ADA codes 6010, 6040, 6050 only)

EFFECTIVE DATE: 03/01/2021

DEADLINE FOR FILING CLAIMS: 90 days

BENEFIT YEAR: July 1 - June 30

<p>0120 Periodic Oral Examination (2 per year) 40.00</p> <p>0140 Emergency Oral Examination 35.00</p> <p>0150 Comprehensive Oral Examination (2 per year)..... 50.00</p> <p>0210 Intraoral - complete series including bitewings every 3 yrs.. 90.00</p> <p>0220 Intraoral, Periapical, first film..... 5.00</p> <p>0230 Intraoral, Periapical, each additional film..... 4.00</p> <p>0240 Intraoral, Occlusal film 8.00</p> <p>0270 Bitewings, single film 5.00</p> <p>0272 Bitewings, two films 10.00</p> <p>0274 Bitewings, four films 20.00</p> <p>0321 Temporomandibular joint films, by report..... 14.00</p> <p>0330 Panoramic film – every 3 years..... 90.00</p> <p>0415 Bacteriologic studies for determination of pathologic agents 15.00</p> <p>1110 Prophylaxis – Adult (2 per year)..... 50.00</p> <p>1120 Prophylaxis – Child (2 per year)..... 30.00</p> <p>1206 Topical application of fluoride (2 per year) 15.00</p> <p>1208 Topical application of fluoride-inc-lprophy adult(2 per year)20.00</p> <p>1351 Sealant - per tooth..... 25.00</p> <p>1510 Space Maintainer - Fixed - Unilateral..... 40.00</p> <p>1516 Space Maintainer fixed bilateral maxillary 45.00</p> <p>1517 Space Maintainer – fixed bilateral mandibular 45.00</p> <p>1520 Space Maintainer - Removable - Unilateral 45.00</p> <p>1526 Space Maintainer - Removable – Bilateral maxillary..... 45.00</p> <p>1527 Space maintainer – removable bilateral mandubilar 45.00</p> <p>2140 Amalgam - 1 Surface, Permanent..... 65.00</p> <p>2150 Amalgam - 2 Surfaces, Permanent 80.00</p> <p>2160 Amalgam - 3 Surfaces, Permanent..... 97.00</p> <p>2161 Amalgam - 4 or More Surfaces, Permanent 107.00</p> <p>2330 Resin, 1 Surface, Anterior..... 80.00</p> <p>2331 Resin, 2 Surfaces, Anterior 91.00</p> <p>2332 Resin, 3 Surfaces, Anterior 125.00</p> <p>2335 Resin, 4 or more surf. or -involv. Incisal Angle (anterior)... 135.00</p> <p>2391 Resin, 1 Surface, Posterior - Permanent 85.00</p> <p>2392 Resin, 2 Surfaces, Posterior - Permanent 91.00</p> <p>2393 Resin, 3 or More Surfaces, Posterior - Permanent 125.00</p> <p>2394 Resin Based composit 4 or more posterior 135.00</p> <p>2510 Inlay - Metallic - 1 Surface 100.00</p> <p>2520 Inlay - Metallic - 2 Surfaces..... 150.00</p> <p>2530 Inlay - Metallic - 3 Surfaces..... 200.00</p> <p>2610 Inlay - Porcelain/Ceramic - 1 Surface 100.00</p> <p>2620 Inlay - Porcelain/Ceramic - 2 surfaces 150.00</p> <p>2630 Inlay - Porcelain/ Ceramic - 3 or more surfaces..... 200.00</p> <p>2642 Onlay - Porcelain/Ceramic - 2 surfaces..... 100.00</p> <p>2643 Onlay - Porcelain/Ceramic - 3 surfaces..... 150.00</p> <p>2644 Onlay - Porcelain/Ceramic - 4 or more surfaces 200.00</p> <p>2710 Crown - Resin (laboratory) 120.00</p> <p>2720 Crown - Resin with high noble metal 140.00</p> <p>2721 Crown - Resin with base metal 140.00</p> <p>2722 Crown - resin with noble metal..... 140.00</p> <p>2740 Crown - Porcelain/Ceramic substrate..... 500.00</p>	<p>2750 Crown - Porcelain fused to high noble metal 700.00</p> <p>2751 Crown - Porcelain fused to predominantly base metal 700.00</p> <p>2752 Crown - Porcelain fused to noble metal..... 700.00</p> <p>2790 Crown - Full Cast high noble metal..... 700.00</p> <p>2791 Crown - Full Cast predominantly base metal..... 700.00</p> <p>2792 Crown - Full Cast noble metal..... 700.00</p> <p>2910 Recement inlay 10.00</p> <p>2920 Recement crown 20.00</p> <p>2930 Prefabricated stainless steel crown - primary..... 100.00</p> <p>2931 Prefabricated stainless steel crown - permanent 100.00</p> <p>2952 Cast post and core in addition to crown 200.00</p> <p>2954 Prefabricated post and core in add. to crown..... 200.00</p> <p>3110 Pulp Cap - Direct..... 30.00</p> <p>3120 Pulp Cap - Indirect 20.00</p> <p>3220 Therapeutic Pulpotomy..... 22.00</p> <p>3310 Anterior Root Canal (exclud. final restoration) 400.00</p> <p>3320 Bicuspid Root Canal (exclud. final restoration) 500.00</p> <p>3330 Molar Root Canal (exclud. final restoration)..... 600.00</p> <p>3346 Root canal re-treatment, anterior 400.00</p> <p>3347 Root canal re-treatment, bicuspid 500.00</p> <p>3348 Root canal re-treatment, molar 600.00</p> <p>3410 Apicoectomy/Periradicular surgery - anterior..... 215.00</p> <p>3421 Apicoectomy/Periradicular surgery – bicuspid (1st root).... 215.00</p> <p>3425 Apicoectomy/Periradicular surgery – molar (1st root) 215.00</p> <p>3426 Apicoectomy/Periradicular surgery (ea. add'l root)..... 125.00</p> <p>3430 Retrograge filling - per root..... 100.00</p> <p>4210 Gingivectomy or Gingivoplasty - per quadrant..... 100.00</p> <p>4211 Gingivectomy or Gingivoplasty - per tooth 30.00</p> <p>4240 Gingival flap procedure, incl. root planing – per quadrant.. 200.00</p> <p>4241 Gingival flap procedure – 1-3 teeth per quadrant 120.00</p> <p>4249 Clinical crown lengthening - hard tissue 200.00</p> <p>4260 Osseous Surgery (incl. flap entry & clos.) per quadrant 500.00</p> <p>4261 Osseous Surgery – 1-3 teeth per quadrant 250.00</p> <p>4263 Bone replacement graft - first site in quadrant..... 200.00</p> <p>4264 Bone replacement graft - each additional site in quadrant... 125.00</p> <p>4270 Pedicle soft tissue graft procedure 275.00</p> <p>4341 Perio scaling & root planing - per quadrant (every 3 years).. 50.00</p> <p>4342 Perio scaling & Root planning – 1-3 teeth (every 3 years).... 30.00</p> <p>4910 Perio maint. proc.-following active therapy (2 per year) 70.00</p> <p>5110 Complete upper dentures..... 500.00</p> <p>5120 Complete lower dentures..... 500.00</p> <p>5130 Immediate upper dentures..... 500.00</p> <p>5140 Immediate lower dentures..... 500.00</p> <p>5211 Partial upper denture resin base incl. clasps, rests & teeth .. 625.00</p> <p>5212 Partial lower denture resin base incl. clasps, rests & teeth .. 625.00</p> <p>5213 Partial upper denture - cast metal base w/resin saddles (incl. clasps, rests & teeth) 625.00</p> <p>5214 Partial lower denture - cast metal base w/ resin saddles (incl. clasps, rests & teeth) 625.00</p> <p>5282 Removable unilateral partial denture - one piece cast metal maxillary..... 300.00</p>
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5283	Removable unilateral partial denture one piece cast metal including Clasps and teet mandibular	300.00	6790	Crown - full cast high noble metal.....	700.00
5611	Repair partial denture base, mandibular.....	22.00	6791	Crown - full cast predominantly base metal	700.00
5612	Repair resin partial denture base, maxillary	22.00	6792	Crown - full cast noble metal.....	700.00
5621	Repair cast framework mandibular	29.00	6930	Recement bridge.....	20.00
5622	Repair cast partial framework, maxillary	29.00	6950	Precision attachment.....	71.00
5630	Repair or replace broken clasp.....	43.00	7111	Extraction, coronal remnants – deciduous tooth.....	100.00
5640	Replace broken teeth - per tooth	22.00	7140	Extraction , erupted tooth or exposed root	125.00
5650	Add tooth to existing partial denture	29.00	7210	Surg. removal of erupted tooth requiring elevation, mucoperiosteal flap and removal of bone and/or section of tooth incl. local anesthesia	150.00
5660	Add clasp to existing partial denture.....	29.00	7220	Removal of impacted tooth - soft tissue incl. anesthesia	200.00
5730	Reline complete upper denture (chairside)	50.00	7230	Removal of impacted tooth - partially bony incl. anesthesia.....	300.00
5731	Reline complete lower denture (chairside).....	50.00	7240	Removal of impacted tooth - completely bony incl. anesthesia	350.00
5740	Reline upper partial denture (chairside).....	50.00	7241	Removal of impacted tooth - completely bony with unusual surgical complications.....	400.00
5741	Reline lower partial denture (chairside).....	50.00	7250	Surgical removal of residual roots (cutting procedure).....	125.00
5750	Reline complete upper denture (laboratory).....	50.00	7260	Oroantral Fistula Closure	50.00
5751	Reline complete lower denture (laboratory).....	50.00	7285	Biopsy of oral tissue - hard.....	24.00
5760	Reline upper partial denture (laboratory).....	50.00	7286	Biopsy of oral tissue - soft	24.00
5761	Reline lower partial denture (laboratory).....	50.00	7291	Transseptal fiberotomy	30.00
6010	Surgical placement of implant body:endosteal implant	*	7310	Alveoloplasty in conjunction with extractions per quad.....	30.00
6040	Surgical placement:eposteal implant.....	*	7320	Alveoloplasty not in conjunction with extractions - per quad	30.00
6050	Surgical placement:transosteal implant.....	*	7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm	36.00
6056	Prefabricated abutment	125.00	7451	Removal of odontogenic cyst or tumor - lesion dimension greater than 1.25 cm	36.00
6057	Custom Abutment.....	800.00	7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	36.00
6058	Abutment supported porcelain/ceramic crown.....	800.00	7461	Removal of nonodontogenic cystor tumor - lesion diameter greater than 1.25 cm.....	36.00
6059	Abutment supported porcelain fused to metal crown.....	800.00	7610	Maxilla - open reduction	211.00
6060	Abutment supported porcelain fused to metal crown.....	800.00	7620	Maxilla - closed reduction	211.00
6061	Abutment supported porcelain fused to metal crown.....	800.00	7630	Mandible - open reduction	211.00
6062	Abutment supported cast metal crown	800.00	7640	Mandible - closed reduction	211.00
6063	Abutment supported cast metal crown	800.00	7710	Fracture - compound, maxilla - open reduction.....	281.00
6064	Abutment supported cast metal crown	800.00	7720	Fracture - compound, maxilla - closed reduction	281.00
6065	Implant supported porcelain/ceramic crown	800.00	7730	Fracture - compound, mandible - open reduction.....	281.00
6066	Implant supported porcelain fused to metal crown	800.00	7740	Fracture - compound, mandible - closed reduction	281.00
6067	Implant supported metal crown.....	800.00	7810	TMJ - open reduction of dislocation.....	25.00
6068	Abutment supported retainer for porcelain/ceramic FPD.....	800.00	7820	TMJ - closed reduction of dislocation	25.00
6069	Abutment supported retainer for porcelain fused to metal FPD.....	800.00	7830	TMJ - manipulation under anesthesia.....	25.00
6070	Abutment supported retainer for porcelain fused to metal FPD.....	800.00	8080	Comp. ortho treatment of the adolescent dentition.....	700.00
6071	Abutment supported retainer for porcelain fused to metal FPD.....	800.00	8090	Comp. ortho treatment of the adult dentition.....	700.00
6072	Abutment supported retainer for cast metal FPD.....	800.00	8670	Periodic orthodontic treatment -per month(24 month max.)	100.00
6073	Abutment supported retainer for cast metal FPD.....	800.00	9110	Palliative (emergency) treatment of dental pain - minor procedure	40.00
6074	Abutment supported retainer for cast metal FPD.....	800.00	9210	Local anesthesia not in conjunction with operative or surgical procedures.....	15.00
6075	Implant supported retainer for ceramic FPD.....	800.00	9222	Deep sedation/general anesthesia first 15 min.....	100.00
6076	Implant supported retainer for porcelain fused to metal FPD.....	800.00	9223	Deep Sedation general anesthesia - each add. 15 minutes...	100.00
6077	Implant supported retainer for cast metal FPD	800.00	9239	Intrafenous moderate sedation first 15 min	100.00
6210	Pontic - cast high noble metal.....	81.00	9243	Intravenous conscious sedation/analgesia- add 15 min.....	100.00
6211	Pontic - cast base metal.....	81.00	9310	Professional Consultation.....	58.00
6212	Pontic - cast noble metal.....	81.00	9944	Occlusal guard hard appliacne.....	100.00
6240	Pontic - porcelain fused to high noble metal.....	700.00	9945	Occlusal guard soft appliance full arch.....	100.00
6241	Pontic - porcelain fused to predominantly base metal	700.00	9945	Occlusal guard hard appliance partial arch.....	100.00
6242	Pontic - porcelain fused to noble metal.....	700.00	9952	Occlusal adjustment - complete.....	10.00
6250	Pontic - resin with high noble metal	150.00			
6251	Pontic - resin with base metal	150.00			
6252	Pontic - resin with noble metal	150.00			
6545	Retainer - cast metal for acid etched fixed prosthesis	400.00			
6720	Crown - resin with high noble metal.....	140.00			
6721	Crown - resin with base metal.....	140.00			
6722	Crown - resin with noble metal.....	140.00			
6750	Crown - porcelain fused to high noble metal	700.00			
6751	Crown - porcelain fused to predominantly base metal	700.00			
6752	Crown - porcelain fused to noble metal	700.00			
6780	Crown - 3/4 cast high noble metal	300.			

* Payable 100% up to the \$4,000 Dental Implant Benefit Maximum