

GREAT NECK TEACHERS ASSOCIATION BENEFIT TRUST FUND

Dental Program

c/o Daniel H. Cook Associates, Inc.
253 West 35th Street, 12th Floor
New York, NY 10001-1907
(212) 505-5050

Comprehensive Benefits for active members, their eligible spouses and dependents.

Pre-authorization required for any course of treatment including implant, crown or bridgework.

***Crown and bridgework payable once every 5 years.**

\$2,250.00 maximum per person per calendar year for member, spouse and each eligible dependent.

Orthodontic Lifetime Maximum of \$4,005.00 per eligible person – see codes 8080-8670 (not included in yearly maximum)

Implant Benefit: ** 100% of scheduled fee up to the \$2,000.00 lifetime maximum per person (includes codes 6010, 6040 & 6050 only)
(Codes 6053-6077 included in the regular \$2,250.00 yearly maximum.)

EFFECTIVE: January 2015

BENEFIT YEAR: Jan. 1 - Dec. 31

<p>0120 Periodic Oral Evaluation (twice per calendar year)..... 30.00</p> <p>0140 Limited Oral Evaluation (once every 6 months) 41.00</p> <p>0150 Comprehensive Oral Evaluation (twice per calendar year) 44.00</p> <p>0210 Intraoral - complete series - including bitewings 81.00</p> <p>0220 Intraoral, Periapical, first film 12.00</p> <p>0230 Intraoral, Periapical, each additional film 8.00</p> <p>0240 Intraoral, Occlusal film 10.00</p> <p>0250 Extraoral x-ray, first film 9.00</p> <p>0260 Extraoral x-ray, each additional film 8.00</p> <p>0270 Bitewings, single film 12.00</p> <p>0272 Bitewings, two films 21.00</p> <p>0274 Bitewings, four films (once every 12 months) 33.00</p> <p>0290 Posterior-Anterior or lateral skull and facial bone survey film 28.00</p> <p>0321 Temporomandibular joint films, by report..... 48.00</p> <p>0330 Panoramic film 67.00</p> <p>0415 Collection of microorganisms for culture & sensitivity..... 34.00</p> <p>0460 Pulp vitality tests..... 20.00</p> <p>0470 Diagnostic casts 60.00</p> <p>1110 Prophylaxis – Adult (twice per calendar year) 64.00</p> <p>1120 Prophylaxis – Child to age 12 (twice per calendar year) 40.00</p> <p>1203 Topical application of fluoride – child to age 12..... 25.00</p> <p>1204 Topical application of fluoride - adult 28.00</p> <p>1351 Sealant – per tooth (under 16) 32.00</p> <p>1510 Space Maintainer - fixed - unilateral 93.00</p> <p>1515 Space Maintainer - fixed - bilateral 149.00</p> <p>1520 Space Maintainer - removable - unilateral 142.00</p> <p>1525 Space Maintainer - removable - bilateral 117.00</p> <p>1550 Re-cementation of space maintainer..... 22.00</p> <p>2140 Amalgam - 1 surface, primary or permanent 52.00</p> <p>2150 Amalgam - 2 surfaces, primary or permanent 61.00</p> <p>2160 Amalgam - 3 surfaces, primary or permanent 77.00</p> <p>2161 Amalgam - 4 or more surfaces, primary or permanent 80.00</p> <p>2330 Composite filling, 1 surface, anterior 55.00</p> <p>2331 Composite filling Resin, 2 surfaces, anterior 76.00</p> <p>2332 Composite filling Resin, 3 surfaces, anterior 98.00</p> <p>2335 Composite filling, 4 + surf. or - involv. incisal angle (anterior) 107.00</p> <p>2391 Composite filling, 1 surface, posterior 55.00</p> <p>2392 Composite filling, 2 surfaces, posterior 76.00</p> <p>2393 Composite filling, 3 surfaces, posterior 98.00</p> <p>2394 Composite filling, 4 surfaces, posterior 98.00</p> <p>2410 Gold foil restoration – 1 surface 27.00</p> <p>2420 Gold foil restoration – 2 surfaces 60.00</p> <p>2430 Gold foil restoration – 3 surfaces 90.00</p> <p>2510 Inlay - metallic - 1 surface* 150.00</p> <p>2520 Inlay - metallic - 2 surfaces* 225.00</p> <p>2530 Inlay - metallic - 3 surfaces* 321.00</p> <p>2610 Inlay – porcelain/ceramic – 1 surface* 250.00</p> <p>2620 Inlay – porcelain/ceramic – 2 surfaces* 318.00</p> <p>2630 Inlay – porcelain/ceramic – 3 or more surfaces* 382.00</p> <p>2642 Onlay - Porcelain/Ceramic - 2 Surfaces* 318.00</p>	<p>2643 Onlay - Porcelain/Ceramic - 3 Surfaces* 382.00</p> <p>2644 Onlay – porcelain/ceramic – 4 or more surfaces* 461.00</p> <p>2710 Crown – resin –based composite (indirect)* 131.00</p> <p>2720 Crown - resin with high noble metal* 273.00</p> <p>2721 Crown - resin with predominantly base metal* 240.00</p> <p>2722 Crown - resin with noble metal* 246.00</p> <p>2740 Crown - porcelain/ceramic substrate* 395.00</p> <p>2750 Crown - porcelain fused to high noble metal* 490.00</p> <p>2751 Crown - porcelain fused to predominantly base metal* 395.00</p> <p>2752 Crown - porcelain fused to noble metal* 471.00</p> <p>2790 Crown - full cast high noble metal* 400.00</p> <p>2791 Crown - full cast predominantly base metal* 350.00</p> <p>2792 Crown - full cast noble metal* 375.00</p> <p>2910 Recement inlay 19.00</p> <p>2920 Recement crown 20.00</p> <p>2930 Prefabricated stainless steel crown – primary tooth 67.00</p> <p>2931 Prefabricated stainless steel crown – permanent tooth 67.00</p> <p>2940 Sedative filling 35.00</p> <p>2950 Core buildup, including any pins 63.00</p> <p>2951 Pin retention, per tooth, addition w/restoration 19.00</p> <p>2952 Cast post and core in addition to crown 167.00</p> <p>2954 Prefabricated post and core in add. to crown 151.00</p> <p>2980 Crown repair by report 77.00</p> <p>3110 Pulp cap - direct (excluding final restoration) 34.00</p> <p>3120 Pulp cap - indirect (excluding final restoration) 26.00</p> <p>3220 Therapeutic Pulpotomy 67.00</p> <p>3310 Anterior Root Canal (exclud. final restoration) 400.00</p> <p>3320 Bicuspid Root Canal (exclud. final restoration) 510.00</p> <p>3330 Molar Root Canal (exclud. final restoration) 608.00</p> <p>3346 Retreatment of previous root canal therapy – anterior 125.00</p> <p>3347 Retreatment of previous root canal therapy – bicuspid 175.00</p> <p>3348 Retreatment of previous root canal therapy – molar 608.00</p> <p>3351 Apexification/recalcification – initial visit 45.00</p> <p>3410 Apicoectomy/Periradicular surgery - anterior 179.00</p> <p>3421 Apicoectomy/Periradicular surgery - bicuspid (first root) 244.00</p> <p>3425 Apicoectomy/Periradicular surgery - molar (first root) 450.00</p> <p>3426 Apicoectomy/Periradicular surgery - add root 185.00</p> <p>3430 Retrograde Filling - per root 103.00</p> <p>3450 Root amputation – per root 93.00</p> <p>3910 Surgical procedure for isolation of tooth with rubber dam 50.00</p> <p>3920 Hemisection 92.00</p> <p>4210 Gingivectomy or Gingivoplasty – 4 + teeth (per quad) 161.00</p> <p>4211 Gingivectomy or Gingivoplasty – 1-3 teeth (per quad) 97.00</p> <p>4240 Gingival flap procedure, incl. root planing - 4 + teeth (per quad) 200.00</p> <p>4241 Gingival flap procedure, incl. root planing - 1-3 teeth (per quad) 120.00</p> <p>4249 Crown Lengthening 275.00</p> <p>4260 Osseous Surgery (incl. flap entry & clos.) – 4+ teeth (per quad) 508.00</p> <p>4261 Osseous Surgery (incl. flap entry & clos.) – 1-3 teeth (per quad) 274.20</p> <p>4263 Bone replacement graft - 1st site in quadrant 224.00</p> <p>4264 Bone replacement graft - each add'l site in quadrant 150.00</p>
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4270	Pedicle soft tissue graft procedure.....	300.00	6074	Abutment supported retainer for cast metal FPD*	490.00
4271	Free soft tissue graft procedure	300.00	6075	Implant supported retainer for ceramic FPD*.....	490.00
4342	Perio scaling & root planing – 1-3 teeth (per quadrant).....	25.20	6076	Implant supported retainer for porcelain/metal FPD*	490.00
4381	Localized delivery of antimicrobial agents	78.00	6077	Implant supported retainer for cast metal FPD*	490.00
4910	Perio maintenance procedures (following active therapy).....	92.00	6210	Pontic - cast high noble metal*.....	329.00
4920	Unscheduled dressing change	22.00	6211	Pontic - cast predominantly base metal*.....	314.00
5110	Complete upper dentures*	810.00	6212	Pontic - cast noble metal*	323.00
5120	Complete lower dentures*.....	810.00	6240	Pontic - porcelain fused to high noble metal*	490.00
5130	Immediate upper dentures*.....	810.00	6241	Pontic - porcelain fused to predominantly base metal*	395.00
5140	Immediate lower dentures*	810.00	6242	Pontic - porcelain fused to noble metal*	471.00
5211	Partial upper denture resin base (incl. clasps, rests & teeth)*.....	510.00	6250	Pontic - resin with high noble metal*	259.00
5212	Partial lower denture resin base (incl. clasps, rests & teeth)*.....	510.00	6251	Pontic - resin with predominantly base metal*	231.00
5213	Partial upper denture - cast metal base*.....	510.00	6252	Pontic - resin with noble metal*.....	244.00
5214	Partial lower denture- cast metal base*	510.00	6720	Crown - resin with high noble metal*.....	230.00
5281	Removable unilateral partial denture - one piece*	510.00	6721	Crown - resin with predominantly base metal*.....	210.00
5410	Adjust complete denture - upper	28.00	6722	Crown - resin with noble metal*	220.00
5411	Adjust complete denture - lower	28.00	6750	Crown - porcelain fused to high noble metal*	490.00
5421	Adjust partial denture - upper	19.00	6751	Crown - porcelain fused to predominantly base metal*	395.00
5422	Adjust partial denture - lower.....	19.00	6752	Crown - porcelain fused to noble metal*	471.00
5610	Repair resin denture base.....	41.00	6780	Crown - 3/4 cast high noble metal*	210.00
5620	Repair cast framework	52.00	6790	Crown - full cast high noble metal*.....	341.00
5630	Repair or replace broken clasp	29.00	6791	Crown - full cast predominantly base metal*.....	266.00
5640	Replace broken teeth - per tooth.....	34.00	6792	Crown - full cast noble metal*.....	289.00
5650	Add tooth to existing partial denture	54.00	6930	Recement fixed partial denture.....	43.00
5660	Add clasp to existing partial denture	83.00	6940	Stress breaker.....	66.00
5710	Rebase complete maxillary denture.....	108.00	7111	Extraction, coronal remnants – deciduous tooth	57.00
5711	Rebase complete mandibular denture.....	108.00	7140	Extraction – erupted tooth/exposed root	118.00
5720	Rebase maxillary partial denture	150.00	7210	Surgical removal of erupted tooth.....	175.00
5721	Rebase mandibular partial denture	150.00	7220	Removal of impacted tooth - soft tissue.....	218.00
5730	Reline complete maxillary denture (chairside).....	83.00	7230	Removal of impacted tooth - partially bony.....	230.00
5731	Reline complete mandibular denture (chairside)	83.00	7240	Removal of impacted tooth - completely bony.....	316.00
5740	Reline maxillary partial denture (chairside).....	76.00	7241	Removal of impacted tooth – completely bony /complications	353.00
5741	Reline mandibular partial denture (chairside).....	76.00	7250	Surgical removal of residual roots (cutting procedure)	175.00
5750	Reline complete maxillary denture (laboratory).....	108.00	7260	Oroantral fistula closure.....	200.00
5751	Reline complete mandibular denture (laboratory).....	108.00	7270	Tooth replantation.....	125.00
5760	Reline maxillary partial denture (laboratory)	116.00	7280	Surgical access of an unerupted tooth.....	218.00
5761	Reline mandibular partial denture (laboratory).....	116.00	7285	Biopsy of oral tissue - hard.....	42.00
5810	Interim complete denture (maxillary).....	174.00	7286	Biopsy of oral tissue - soft.....	150.00
5811	Interim complete denture (mandibular)	174.00	7310	Alveoloplasty in conjunction with extractions per quad.....	86.00
5820	Interim partial denture (maxillary)	167.00	7320	Alveoloplasty without extractions - per quad.....	104.00
5821	Interim partial denture (mandibular)	167.00	7340	Vestibuloplasty – ridge extension.....	131.00
5850	Tissue conditioning, maxillary	45.00	7350	Vestibuloplasty – ridge extension (complicated).....	150.00
5851	Tissue conditioning, mandibular	45.00	7410	Excision of benign lesion up to 1.25 cm.....	118.00
5860	Overdenture - complete, by report.....	370.00	7411	Excision of benign lesion over 1.25 cm.....	175.00
5861	Overdenture - partial, by report.....	370.00	7440	Excision of malignant tumor up to 1.25 cm.....	130.00
6010	Surgical placement of implant body: endosteal implant**.....	2000.00	7441	Excision of malignant tumor over 1.25 cm	150.00
6040	Surgical placement: eposteal implant**	2000.00	7450	Removal of benign odontogenic cyst/tumor up to 1.25 cm	130.00
6050	Surgical placement: transosteal implant**	2000.00	7451	Removal of benign odontogenic cyst/tumor over 1.25 cm	150.00
6053	Implant/abutment supported removable denture for completely edentulous arch*.....	167.00	7460	Removal of benign nonodontogenic cyst/tumor up to 1.25 cm	130.00
6054	Implant/abutment supported removable denture for partially edentulous arch*	167.00	7461	Removal of benign nonodontogenic cyst/tumor over 1.25 cm.....	150.00
6056	Prefabricated abutment – includes placement*.....	151.00	7510	Incision & drainage of abscess - intraoral soft tissue	86.00
6057	Custom abutment - includes placement*	167.00	7520	Incision & drainage of abscess - extraoral	30.00
6058	Abutment supported porcelain/ceramic crown*	490.00	7955	Repair Max'facial tiss defect	388.00
6059	Abutment supported porcelain/(high noble)/metal crown*	490.00	7971	Excision of periocoronary gingiva	150.00
6060	Abutment supported porcelain (predominantly base) metal crown*	490.00	8080	Comprehensive orthodontic treatment of adolescent dentition.....	1000.00
6061	Abutment supported porcelain/(noble) metal crown*	490.00	8090	Comprehensive orthodontic treatment of adult dentition	1000.00
6062	Abutment supported cast (high noble) metal crown*.....	490.00	8660	Pre-orthodontic treatment visit	125.00
6063	Abutment supported cast (predominantly base) metal crown*.....	490.00	8670	Periodic orthodontic treatment	120.00
6064	Abutment supported cast (noble) metal crown*	490.00	9110	Palliative (emergency) treatment of dental pain	46.00
6065	Implant supported porcelain/ceramic crown*	490.00	9220	General anesthesia - first 30 minutes.....	200.00
6066	Implant supported porcelain/metal crown*.....	490.00	9221	General anesthesia - each add. 15 minutes	50.00
6067	Implant supported metal crown*	490.00	9240	Intravenous Sedation.....	30.00
6068	Abutment supported retainer for porcelain/ceramic FPD*.....	490.00	9241	Intravenous conscious sedation – first 30 minutes	200.00
6069	Abutment supported retainer for porcelain/metal FPD*	490.00	9242	Intravenous conscious sedation – each add. 15 minutes.....	75.00
6070	Abutment supported retainer for porcelain/metal FPD*	490.00	9310	Professional consultation by specialist.....	66.00
6071	Abutment supported retainer for porcelain/metal FPD*	490.00	9940	Occlusal guard by report	186.00
6072	Abutment supported retainer for cast metal FPD*.....	490.00	9952	Occlusal adjustment complete.....	135.00
6073	Abutment supported retainer for cast metal FPD*.....	490.00			