

GREAT NECK TEACHERS ASSOCIATION BENEFIT TRUST FUND

Dental Program

c/o The Preferred Group

P O Box 15136

Albany, New York 12212

Phone (866) 989-8997 Fax (866) 539-1394

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

Pre-authorization required for any course of treatment \$500 on implants, crowns, bridgework and Orthodontic age 19 and over.

***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: October 2017

BENEFIT YEAR: Jan. 1 - Dec.

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0120	Periodic Oral Evaluation (twice per calendar year).....	30.00	2643	Onlay - Porcelain/Ceramic - 3 Surfaces*.....	382.00
0140	Limited Oral Evaluation (once every 6 months).....	41.00	2644	Onlay – porcelain/ceramic – 4 or more surfaces*.....	461.00
0150	Comprehensive Oral Evaluation (twice per calendar year)	44.00	2710	Crown – resin –based composite (indirect)*.....	131.00
0210	Intraoral - complete series - including bitewings.....	81.00	2720	Crown - resin with high noble metal*.....	273.00
0220	Intraoral, Periapical, first film.....	12.00	2721	Crown - resin with predominantly base metal*.....	240.00
0230	Intraoral, Periapical, each additional film.....	8.00	2722	Crown - resin with noble metal*.....	246.00
0240	Intraoral, Occlusal film.....	10.00	2740	Crown - porcelain/ceramic substrate*.....	395.00
0250	Extraoral x-ray, first film.....	9.00	2750	Crown - porcelain fused to high noble metal*.....	490.00
0260	Extraoral x-ray, each additional film.....	8.00	2751	Crown - porcelain fused to predominantly base metal*.....	395.00
0270	Bitewings, single film.....	12.00	2752	Crown - porcelain fused to noble metal*.....	471.00
0272	Bitewings, two films.....	21.00	2790	Crown - full cast high noble metal*.....	400.00
0274	Bitewings, four films (once every 12 months).....	33.00	2791	Crown - full cast predominantly base metal*.....	350.00
0290	Posterior-Anterior or lateral skull and facial bone survey film.....	28.00	2792	Crown - full cast noble metal*.....	375.00
0321	Temporomandibular joint films, by report.....	48.00	2910	Recement inlay.....	19.00
0330	Panoramic film (one every 36 months).....	67.00	2920	Recement crown.....	20.00
0415	Collection of microorganisms for culture & sensitivity.....	34.00	2930	Prefabricated stainless steel crown – primary tooth.....	67.00
0460	Pulp vitality tests.....	20.00	2931	Prefabricated stainless steel crown – permanent tooth.....	67.00
0470	Diagnostic casts.....	60.00	2940	Sedative filling.....	35.00
1110	Prophylaxis – Adult (twice per calendar year).....	64.00	2950	Core buildup, including any pins.....	63.00
1120	Prophylaxis – Child to age 12 (twice per calendar year).....	40.00	2951	Pin retention, per tooth, addition w/restoration.....	19.00
1203	Topical application of fluoride – child to age 12 (twice cal year).....	25.00	2952	Cast post and core in addition to crown.....	167.00
1204	Topical application of fluoride – adult (twice cal year).....	28.00	2954	Prefabricated post and core in add. to crown.....	151.00
1351	Sealant – per tooth (under 16).....	32.00	2980	Crown repair by report.....	77.00
1510	Space Maintainer - fixed - unilateral.....	93.00	3110	Pulp cap - direct (excluding final restoration).....	34.00
1515	Space Maintainer - fixed - bilateral.....	149.00	3120	Pulp cap - indirect (excluding final restoration).....	26.00
1520	Space Maintainer - removable - unilateral.....	142.00	3220	Therapeutic Pulpotomy.....	67.00
1525	Space Maintainer - removable - bilateral.....	117.00	3310	Anterior Root Canal (exclud. final restoration).....	400.00
1550	Re-cementation of space maintainer.....	22.00	3320	Bicuspid Root Canal (exclud. final restoration).....	510.00
2140	Amalgam - 1 surface, primary or permanent.....	52.00	3330	Molar Root Canal (exclud. final restoration).....	608.00
2150	Amalgam - 2 surfaces, primary or permanent.....	61.00	3346	Retreatment of previous root canal therapy – anterior.....	125.00
2160	Amalgam - 3 surfaces, primary or permanent.....	77.00	3347	Retreatment of previous root canal therapy – bicuspid.....	175.00
2161	Amalgam - 4 or more surfaces, primary or permanent.....	80.00	3348	Retreatment of previous root canal therapy – molar.....	608.00
2330	Composite filling, 1 surface, anterior.....	55.00	3351	Apexification/recalcification – initial visit.....	45.00
2331	Composite filling Resin, 2 surfaces, anterior.....	76.00	3410	Apicoectomy/Periradicular surgery - anterior.....	179.00
2332	Composite filling Resin, 3 surfaces, anterior.....	98.00	3421	Apicoectomy/Periradicular surgery - bicuspid (first root).....	244.00
2335	Composite filling, 4 + surf. or - involv. incisal angle (anterior).....	107.00	3425	Apicoectomy/Periradicular surgery - molar (first root).....	450.00
2391	Composite filling, 1 surface, posterior.....	55.00	3426	Apicoectomy/Periradicular surgery - add root.....	185.00
2392	Composite filling, 2 surfaces, posterior.....	76.00	3430	Retrograde Filling - per root.....	103.00
2393	Composite filling, 3 surfaces, posterior.....	98.00	3450	Root amputation – per root.....	93.00
2394	Composite filling, 4 surfaces, posterior.....	98.00	3910	Surgical procedure for isolation of tooth with rubber dam.....	50.00
2410	Gold foil restoration – 1 surface.....	27.00	3920	Hemisection.....	92.00
2420	Gold foil restoration – 2 surfaces.....	60.00	4210	Gingivectomy or Gingivoplasty – 4 + teeth (per quad).....	161.00
2430	Gold foil restoration – 3 surfaces.....	90.00	4211	Gingivectomy or Gingivoplasty – 1-3 teeth (per quad).....	97.00
2510	Inlay - metallic - 1 surface*.....	150.00	4240	Gingival flap procedure, incl. root planing - 4 + teeth (per quad).....	200.00
2520	Inlay - metallic - 2 surfaces*.....	225.00	4241	Gingival flap procedure, incl. root planing - 1-3 teeth (per quad).....	120.00
2530	Inlay - metallic - 3 surfaces*.....	321.00	4249	Crown Lengthening.....	275.00
2610	Inlay – porcelain/ceramic – 1 surface*.....	250.00	4260	Osseous Surgery (incl. flap entry & clos.) – 4+ teeth (per quad).....	508.00
2620	Inlay – porcelain/ceramic – 2 surfaces*.....	318.00	4261	Osseous Surgery (incl. flap entry & clos.) – 1-3 teeth (per quad).....	274.20
2630	Inlay – porcelain/ceramic – 3 or more surfaces*.....	382.00	4260 & 4261	limited to one quad per 5 years	
2642	Onlay - Porcelain/Ceramic - 2 Surfaces*.....	318.00	4263	Bone replacement graft - 1 st site in quadrant.....	224.00

4264	Bone replacement graft - each add'l site in quadrant	150.00	6074	Abutment supported retainer for cast metal FPD*	490.00
4270	Pedicle soft tissue graft procedure	300.00	6075	Implant supported retainer for ceramic FPD*	490.00
4271	Free soft tissue graft procedure	300.00	6076	Implant supported retainer for porcelain/metal FPD*	490.00
4342	Perio scaling & root planing - 1-3 teeth (per quadrant)	25.20	6077	Implant supported retainer for cast metal FPD*	490.00
4381	Localized delivery of antimicrobial agents	78.00	6210	Pontic - cast high noble metal*	329.00
4910	Perio maintenance procedures (after active therapy) twice per year ..	92.00	6211	Pontic - cast predominantly base metal*	314.00
4920	Unscheduled dressing change	22.00	6212	Pontic - cast noble metal*	323.00
5110	Complete upper dentures*	810.00	6240	Pontic - porcelain fused to high noble metal*	490.00
5120	Complete lower dentures*	810.00	6241	Pontic - porcelain fused to predominantly base metal*	395.00
5130	Immediate upper dentures*	810.00	6242	Pontic - porcelain fused to noble metal*	471.00
5140	Immediate lower dentures*	810.00	6250	Pontic - resin with high noble metal*	259.00
5211	Partial upper denture resin base (incl. clasps, rests & teeth)*	510.00	6251	Pontic - resin with predominantly base metal*	231.00
5212	Partial lower denture resin base (incl. clasps, rests & teeth)*	510.00	6252	Pontic - resin with noble metal*	244.00
5213	Partial upper denture - cast metal base*	510.00	6720	Crown - resin with high noble metal*	230.00
5214	Partial lower denture- cast metal base*	510.00	6721	Crown - resin with predominantly base metal*	210.00
5281	Removable unilateral partial denture - one piece*	510.00	6722	Crown - resin with noble metal*	220.00
5410	Adjust complete denture - upper	28.00	6750	Crown - porcelain fused to high noble metal*	490.00
5411	Adjust complete denture - lower	28.00	6751	Crown - porcelain fused to predominantly base metal*	395.00
5421	Adjust partial denture - upper	19.00	6752	Crown - porcelain fused to noble metal*	471.00
5422	Adjust partial denture - lower	19.00	6780	Crown - 3/4 cast high noble metal*	210.00
5610	Repair resin denture base	41.00	6790	Crown - full cast high noble metal*	341.00
5620	Repair cast framework	52.00	6791	Crown - full cast predominantly base metal*	266.00
5630	Repair or replace broken clasp	29.00	6792	Crown - full cast noble metal*	289.00
5640	Replace broken teeth - per tooth	34.00	6930	Recement fixed partial denture	43.00
5650	Add tooth to existing partial denture	54.00	6940	Stress breaker	66.00
5660	Add clasp to existing partial denture	83.00	7111	Extraction, coronal remnants - deciduous tooth	57.00
5710	Rebase complete maxillary denture	108.00	7140	Extraction - erupted tooth/exposed root	118.00
5711	Rebase complete mandibular denture	108.00	7210	Surgical removal of erupted tooth	175.00
5720	Rebase maxillary partial denture	150.00	7220	Removal of impacted tooth - soft tissue	218.00
5721	Rebase mandibular partial denture	150.00	7230	Removal of impacted tooth - partially bony	230.00
5730	Reline complete maxillary denture (chairside)	83.00	7240	Removal of impacted tooth - completely bony	316.00
5731	Reline complete mandibular denture (chairside)	83.00	7241	Removal of impacted tooth - completely bony /complications	353.00
5740	Reline maxillary partial denture (chairside)	76.00	7250	Surgical removal of residual roots (cutting procedure)	175.00
5741	Reline mandibular partial denture (chairside)	76.00	7260	Oroantral fistula closure	200.00
5750	Reline complete maxillary denture (laboratory)	108.00	7270	Tooth replantation	125.00
5751	Reline complete mandibular denture (laboratory)	108.00	7280	Surgical access of an unerupted tooth	218.00
5760	Reline maxillary partial denture (laboratory)	116.00	7285	Biopsy of oral tissue - hard	42.00
5761	Reline mandibular partial denture (laboratory)	116.00	7286	Biopsy of oral tissue - soft	150.00
5810	Interim complete denture (maxillary)	174.00	7310	Alveoplasty in conjunction with extractions per quad	86.00
5811	Interim complete denture (mandibular)	174.00	7320	Alveoplasty without extractions - per quad	104.00
5820	Interim partial denture (maxillary)	167.00	7340	Vestibuloplasty - ridge extension	131.00
5821	Interim partial denture (mandibular)	167.00	7350	Vestibuloplasty - ridge extension (complicated)	150.00
5850	Tissue conditioning, maxillary	45.00	7410	Excision of benign lesion up to 1.25 cm	118.00
5851	Tissue conditioning, mandibular	45.00	7411	Excision of benign lesion over 1.25 cm	175.00
5860	Overdenture - complete, by report	370.00	7440	Excision of malignant tumor up to 1.25 cm	130.00
5861	Overdenture - partial, by report	370.00	7441	Excision of malignant tumor over 1.25 cm	150.00
6010	Surgical placement of implant body: endosteal implant**	2000.00	7450	Removal of benign odontogenic cyst/tumor up to 1.25 cm	130.00
6040	Surgical placement: eposteal implant**	2000.00	7451	Removal of benign odontogenic cyst/tumor over 1.25 cm	150.00
6050	Surgical placement: transosteal implant**	2000.00	7460	Removal of benign nonodontogenic cyst/tumor up to 1.25 cm	130.00
6053	Implant/abutment supported removable denture for completely edentulous arch*	167.00	7461	Removal of benign nonodontogenic cyst/tumor over 1.25 cm	150.00
6054	Implant/abutment supported removable denture for partially edentulous arch*	167.00	7510	Incision & drainage of abscess - intraoral soft tissue	86.00
6056	Prefabricated abutment - includes placement*	151.00	7520	Incision & drainage of abscess - extraoral	30.00
6057	Custom abutment - includes placement*	167.00	7955	Repair Max' facial tiss defect	388.00
6058	Abutment supported porcelain/ceramic crown*	490.00	7971	Excision of periocoronal gingiva	150.00
6059	Abutment supported porcelain/(high noble)metal crown*	490.00	8080	Comprehensive orthodontic treatment of adolescent dentition	1000.00
6060	Abutment supported porcelain (predominantly base) metal crown* ..	490.00	8090	Comprehensive orthodontic treatment of adult dentition	1000.00
6061	Abutment supported porcelain/(noble) metal crown*	490.00	8660	Pre-orthodontic treatment visit	125.00
6062	Abutment supported cast (high noble) metal crown*	490.00	8670	Periodic orthodontic treatment	120.00
6063	Abutment supported cast (predominantly base) metal crown*	490.00	9110	Palliative (emergency) treatment of dental pain	46.00
6064	Abutment supported cast (noble) metal crown*	490.00	9220	General anesthesia - first 30 minutes	200.00
6065	Implant supported porcelain/ceramic crown*	490.00	9221	General anesthesia - each add. 15 minutes	50.00
6066	Implant supported porcelain/metal crown*	490.00	9240	Intravenous Sedation	30.00
6067	Implant supported metal crown*	490.00	9241	Intravenous conscious sedation - first 30 minutes	200.00
6068	Abutment supported retainer for porcelain/ceramic FPD*	490.00	9242	Intravenous conscious sedation - each add. 15 minutes	75.00
6069	Abutment supported retainer for porcelain/metal FPD*	490.00	9310	Professional consultation by specialist	66.00
6070	Abutment supported retainer for porcelain/metal FPD*	490.00	9940	Occlusal guard by report	186.00
6071	Abutment supported retainer for porcelain/metal FPD*	490.00	9952	Occlusal adjustment complete	135.00
6072	Abutment supported retainer for cast metal FPD*	490.00			
6073	Abutment supported retainer for cast metal FPD*	490.00			