DUTCHESSEmployee Benefit Fund

PROSTHODONTICS (REMOVABLE)
A benefit will be paid for a permanent partial denture replacing an interim denture after 6 months but no longer than 12 months from the date the interim denture was inserted. The Plan will pay for no other installation within the next 5 years. Benefits are payable upon insertion. Allowance includes all relines and adjustments for 6 months.

COMPLETE DENTURES (1 per year) $700.00
Full upper or lower denture (permanent) $700.00
Full upper or lower denture implant/abutment supported $700.00
PARTIAL DENTURES (1 per year) $700.00
Partial upper or lower denture, permanent $700.00
Partial upper or lower denture, implant/abutment supported $700.00
Unilateral partial upper or lower denture, permanent $350.00
Partial upper or lower denture, interim (anterior teeth only) $180.00

ADJUSTMENT TO DENTURES (after six months of insertion) (1 per year)

Full or Partial denture adjustment $50.00
REPAIRS TO FULL/COMPLETE DENTURES
Repair broken complete denture base (1 per year) $75.00
Replace missing or broken teeth (1 per year) $52.00
REPAIRS TO PARTIAL DENTURES
Repair broken complete denture base (1 per year) $75.00
Repair cast framework (1 per year) $75.00
Repair or replace broken clasps (1 per year) $32.00
Replace broken teeth (1 per year) $33.00
Add tooth to existing partial denture (1 per bridge) $85.00
Add clasps to existing partial denture (1 per year) $85.00
RENEW FULL DENTURE, Full denture only (1 per 2 years) (Once per lifetime)
Rebase-process of refitting a denture by replacing the base material $295.00
Reline or Dentrures upper or lower (1 per 3 years) $200.00
Reline—process of resurfacing the tissue side of a denture with new base material $200.00
Reline full denture, chairside or laboratory $200.00
Reline partial denture, chairside or laboratory $200.00
OTHER REMOVABLE PROSTHETIC SERVICES
Tissue conditioning, per denture $180.00

ABUTMENTS (Fixed Bridge Retainers) Inlays/Onlays
(1 per 5 years)

Inlay/Onlay, two surfaces $420.00
Inlay/Onlay, three or more surfaces $440.00
Retainer for Maryland-Style bridge $265.00

ABUTMENTS (Fixed Bridge Retainers) Crowns
(1 per 5 years)
3/4 cast metal $475.00
Cast metal, full $570.00
Implant/abutment supported, cast metal $570.00
Porcelain fused to metal $670.00
Implant/abutment supported, porc fused to metal $670.00
Porcelain/Ceramic $670.00
Porcelain/Abutment supported, porc/eramic $670.00
Resin fused to metal $410.00

OTHER FIXED PARTIAL DENTURE SERVICES
Recement bridge (1 per year) $40.00
Stress breaker (1 per year) $50.00
Precision attachment (1 per year) $115.00

ORAL SURGERY
Extractions (1 tooth per lifetime) $85.00
Extract crown remnants, primary tooth $85.00
Crowned or exposed root $120.00
Surgical removal $140.00
Soft tissue impaction $180.00
Partial bony impaction $265.00
Full bony impaction $330.00
Surgical removal of residual roots $140.00

OTHER ORAL SURGERY PROCEDURES
Surgical access of an unerupted tooth $145.00
(Once per lifetime)
Biopsy, oral tissue, hard or soft-tissue removal (1 per year) $100.00
Alveoplasty in conjunction with extractions, per quadrant (1 per year) $125.00
Alveoplasty not in conjunction with extractions, per quadrant (1 per year) $125.00
Incision and drainage, intrasoral (1 per year) $75.00
(General anesthesia/IV sedation not covered with this procedure)
Frenulectomy (1 per life) $150.00

ORTHODONTICS PROCEDURES
Provided for employees and unenrolled dependent children enrolled in the Plan. This plan includes adult orthodontics.

Lifeline orthodontic maximum - $267.00
Limited/Interceptive/Appliance Therapy including adjustment per year (per lifetime) $300.00
Orthodontic appliance appliance insertion $100.00
Periodic orthodontic treatment visit (24 months per lifetime) $66.00
Orthodontic retention, per visit (12 months per lifetime per visit) $24.00

ADJUNCTIVE GENERAL SERVICES
Palliative (emergency) treatment of dental pain (1 per year, same frequency limit as Limited (max $500 per visit)) $41.00
General anesthesia (per covered oral surgery visit) $200.00
Or
Intravenous sedation (per covered oral surgery visit) $200.00
Ambulatory sedation, limited ($1 per 4 years) $35.00
Ambulatory sedation, complete (per 4 years) $140.00

EXCLUSIONS AND LIMITATIONS
Replacement of Crowns and Prosthetic Appliances
There is coverage for replacement of an existing crown, partial or full removable denture or replacement of fixed bridgework by a new denture or bridgework, or the addition of teeth to an existing partial removable denture or to bridgework to replace extracted natural teeth, but only if the existing denture or bridgework is satisfactory
Exclusions:
The CSEA Dutchess Dental Plan Schedule of Allowances and those listed above, this Plan does not cover:
• charges for any type of service or appliance not described in schedule of allowances.
• treatment by other than a licensed dentist or dental hygienist acting within the scope of licensure.
• services and supplies that are primarily cosmetic in nature.
• replacement of a lost or stolen prosthetic appliance.
• duplicate prosthetic appliances or services.
• charges for surgical implants.
• tooth extractions.
• dental, trauma, inpatient, or emergency hospital care.
• charges for any type of service or appliance not described in schedule of allowances.
Coordination of Benefits
Enrollment
The purpose of coordination of benefits is to pay the lesser of:
• the charges for the same treatment covered by a separate carrier.

Coordination of Benefits
Enrollment
The purpose of coordination of benefits is to pay the lesser of:
• the charges for the same treatment covered by a separate carrier.

Coordination of Benefits
Enrollment
The purpose of coordination of benefits is to pay the lesser of:
• the charges for the same treatment covered by a separate carrier.

Coordination of Benefits
Enrollment
The purpose of coordination of benefits is to pay the lesser of:
• the charges for the same treatment covered by a separate carrier.

Coordination of Benefits
Enrollment
The purpose of coordination of benefits is to pay the lesser of:
• the charges for the same treatment covered by a separate carrier.

Coordination of Benefits
Enrollment
The purpose of coordination of benefits is to pay the lesser of:
• the charges for the same treatment covered by a separate carrier.

Coordination of Benefits
Enrollment
The purpose of coordination of benefits is to pay the lesser of:
• the charges for the same treatment covered by a separate carrier.

Coordination of Benefits
Enrollment
The purpose of coordination of benefits is to pay the lesser of:
• the charges for the same treatment covered by a separate carrier.

Coordination of Benefits
Enrollment
The purpose of coordination of benefits is to pay the lesser of:
• the charges for the same treatment covered by a separate carrier.

Coordination of Benefits
Enrollment
The purpose of coordination of benefits is to pay the lesser of:
• the charges for the same treatment covered by a separate carrier.

Coordination of Benefits
Enrollment
The purpose of coordination of benefits is to pay the lesser of:
• the charges for the same treatment covered by a separate carrier.

Coordination of Benefits
Enrollment
The purpose of coordination of benefits is to pay the lesser of:
• the charges for the same treatment covered by a separate carrier.

Coordination of Benefits
Enrollment
The purpose of coordination of benefits is to pay the lesser of:
• the charges for the same treatment covered by a separate carrier.

Coordination of Benefits
Enrollment
The purpose of coordination of benefits is to pay the lesser of:
• the charges for the same treatment covered by a separate carrier.

Coordination of Benefits
Enrollment
The purpose of coordination of benefits is to pay the lesser of:
• the charges for the same treatment covered by a separate carrier.
DENTAL BENEFIT PLAN

Who is Eligible

• If you are a full-time employee in a CSEA represented bargaining unit that has negotiated with your employer for Fund coverage.

Part-Time Or Seasonal Employee

• If your collective bargaining agreement includes coverage for part-time or seasonal employees, your dependents become eligible the date you time you do.

You must notify the Fund promptly of changes in dependent status to ensure that new dependents receive the appropriate coverage.

Note: A dependent who is divorced or legally separated from the spouse of the employee is eligible to continue Fund coverage as an "individual after he or she has ceased to be your dependent."

Dependants Include:

• Your spouse, provided he or she is not legally separated from you. Spouse includes a person of the same sex to whom the guardianship to you.

• Any child or ward described above under the age of 19.

• Any child or ward described above under the age of 25 who is a full time student.

DIAGNOSTIC SERVICES

Examination, periodic, comprehensive or detailed (2 exams per calendar year) .......... $240.00.

Limitation: If the dental is done to a more expensive method of treatment than that pre-authorized by the Benefit Fund, the amount exceeding the pre-authorization will not be paid by the Fund.

After review, the Benefit Fund will notify the member and the dentist of the benefits payable based upon the treatment plan.

In determining the amount of benefits payable, consideration will be given to alternate procedures that will accomplish a professionally acceptable result.

If you feel that you did not receive full payment for covered services, whether payment is made in full and must provide proof of specialty status to the Fund.

We strongly recommend that whenever you are discussing your treatment plan with your dentist, you clearly understand what is being proposed. If you recommend alternative benefits, you should receive the same benefits to which you are entitled under your collective bargaining unit agreement.

A pre-authorization is not a guarantee of benefits. Payment is always subject to eligibility at the time of service.

CSEA EFBD DENTAL FUND SCHEDULE OF ALLOWANCES COVERED SERVICE

DIAGNOSTIC SERVICES

Examination, periodic, comprehensive or detailed (2 exams per calendar year) .......... $240.00.

Limitation: If the dental is done to a more expensive method of treatment than that pre-authorized by the Benefit Fund, the amount exceeding the pre-authorization will not be paid by the Fund.

After review, the Benefit Fund will notify the member and the dentist of the benefits payable based upon the treatment plan.

In determining the amount of benefits payable, consideration will be given to alternate procedures that will accomplish a professionally acceptable result.

If you feel that you did not receive full payment for covered services, whether payment is made in full and must provide proof of specialty status to the Fund.

We strongly recommend that whenever you are discussing your treatment plan with your dentist, you clearly understand what is being proposed. If you recommend alternative benefits, you should receive the same benefits to which you are entitled under your collective bargaining unit agreement.

A pre-authorization is not a guarantee of benefits. Payment is always subject to eligibility at the time of service.

CSEA EFBD DENTAL FUND SCHEDULE OF ALLOWANCES COVERED SERVICE

DIAGNOSTIC SERVICES

Examination, periodic, comprehensive or detailed (2 exams per calendar year) .......... $240.00.

Limitation: If the dental is done to a more expensive method of treatment than that pre-authorized by the Benefit Fund, the amount exceeding the pre-authorization will not be paid by the Fund.

After review, the Benefit Fund will notify the member and the dentist of the benefits payable based upon the treatment plan.

In determining the amount of benefits payable, consideration will be given to alternate procedures that will accomplish a professionally acceptable result.

If you feel that you did not receive full payment for covered services, whether payment is made in full and must provide proof of specialty status to the Fund.

We strongly recommend that whenever you are discussing your treatment plan with your dentist, you clearly understand what is being proposed. If you recommend alternative benefits, you should receive the same benefits to which you are entitled under your collective bargaining unit agreement.

A pre-authorization is not a guarantee of benefits. Payment is always subject to eligibility at the time of service.

CSEA EFBD DENTAL FUND SCHEDULE OF ALLOWANCES COVERED SERVICE

DIAGNOSTIC SERVICES

Examination, periodic, comprehensive or detailed (2 exams per calendar year) .......... $240.00.

Limitation: If the dental is done to a more expensive method of treatment than that pre-authorized by the Benefit Fund, the amount exceeding the pre-authorization will not be paid by the Fund.

After review, the Benefit Fund will notify the member and the dentist of the benefits payable based upon the treatment plan.

In determining the amount of benefits payable, consideration will be given to alternate procedures that will accomplish a professionally acceptable result.

If you feel that you did not receive full payment for covered services, whether payment is made in full and must provide proof of specialty status to the Fund.

We strongly recommend that whenever you are discussing your treatment plan with your dentist, you clearly understand what is being proposed. If you recommend alternative benefits, you should receive the same benefits to which you are entitled under your collective bargaining unit agreement.

A pre-authorization is not a guarantee of benefits. Payment is always subject to eligibility at the time of service.

CSEA EFBD DENTAL FUND SCHEDULE OF ALLOWANCES COVERED SERVICE

DIAGNOSTIC SERVICES

Examination, periodic, comprehensive or detailed (2 exams per calendar year) .......... $240.00.

Limitation: If the dental is done to a more expensive method of treatment than that pre-authorized by the Benefit Fund, the amount exceeding the pre-authorization will not be paid by the Fund.

After review, the Benefit Fund will notify the member and the dentist of the benefits payable based upon the treatment plan.

In determining the amount of benefits payable, consideration will be given to alternate procedures that will accomplish a professionally acceptable result.

If you feel that you did not receive full payment for covered services, whether payment is made in full and must provide proof of specialty status to the Fund.

We strongly recommend that whenever you are discussing your treatment plan with your dentist, you clearly understand what is being proposed. If you recommend alternative benefits, you should receive the same benefits to which you are entitled under your collective bargaining unit agreement.

A pre-authorization is not a guarantee of benefits. Payment is always subject to eligibility at the time of service.

CSEA EFBD DENTAL FUND SCHEDULE OF ALLOWANCES COVERED SERVICE

DIAGNOSTIC SERVICES

Examination, periodic, comprehensive or detailed (2 exams per calendar year) .......... $240.00.

Limitation: If the dental is done to a more expensive method of treatment than that pre-authorized by the Benefit Fund, the amount exceeding the pre-authorization will not be paid by the Fund.

After review, the Benefit Fund will notify the member and the dentist of the benefits payable based upon the treatment plan.

In determining the amount of benefits payable, consideration will be given to alternate procedures that will accomplish a professionally acceptable result.

If you feel that you did not receive full payment for covered services, whether payment is made in full and must provide proof of specialty status to the Fund.

We strongly recommend that whenever you are discussing your treatment plan with your dentist, you clearly understand what is being proposed. If you recommend alternative benefits, you should receive the same benefits to which you are entitled under your collective bargaining unit agreement.

A pre-authorization is not a guarantee of benefits. Payment is always subject to eligibility at the time of service.

CSEA EFBD DENTAL FUND SCHEDULE OF ALLOWANCES COVERED SERVICE

DIAGNOSTIC SERVICES

Examination, periodic, comprehensive or detailed (2 exams per calendar year) .......... $240.00.

Limitation: If the dental is done to a more expensive method of treatment than that pre-authorized by the Benefit Fund, the amount exceeding the pre-authorization will not be paid by the Fund.

After review, the Benefit Fund will notify the member and the dentist of the benefits payable based upon the treatment plan.

In determining the amount of benefits payable, consideration will be given to alternate procedures that will accomplish a professionally acceptable result.

If you feel that you did not receive full payment for covered services, whether payment is made in full and must provide proof of specialty status to the Fund.

We strongly recommend that whenever you are discussing your treatment plan with your dentist, you clearly understand what is being proposed. If you recommend alternative benefits, you should receive the same benefits to which you are entitled under your collective bargaining unit agreement.

A pre-authorization is not a guarantee of benefits. Payment is always subject to eligibility at the time of service.

CSEA EFBD DENTAL FUND SCHEDULE OF ALLOWANCES COVERED SERVICE

DIAGNOSTIC SERVICES

Examination, periodic, comprehensive or detailed (2 exams per calendar year) .......... $240.00.

Limitation: If the dental is done to a more expensive method of treatment than that pre-authorized by the Benefit Fund, the amount exceeding the pre-authorization will not be paid by the Fund.

After review, the Benefit Fund will notify the member and the dentist of the benefits payable based upon the treatment plan.

In determining the amount of benefits payable, consideration will be given to alternate procedures that will accomplish a professionally acceptable result.

If you feel that you did not receive full payment for covered services, whether payment is made in full and must provide proof of specialty status to the Fund.

We strongly recommend that whenever you are discussing your treatment plan with your dentist, you clearly understand what is being proposed. If you recommend alternative benefits, you should receive the same benefits to which you are entitled under your collective bargaining unit agreement.

A pre-authorization is not a guarantee of benefits. Payment is always subject to eligibility at the time of service.