

Schedule of Dental Benefits
NEW YORK STATE COURT CLERKS ASSOCIATION
SECURITY BENEFITS FUND & RETIREE FUND

DENTAL CLAIM OFFICE
253 WEST 35th STREET, 12th FLOOR - NEW YORK, N.Y. 10001-1907
(212) 505-5050

Comprehensive Benefits for eligible members, spouses and dependent children.

Maximum \$2,750 per calendar year per person (as of 1/1/2009)

Pre-Authorization required for dental services amounting to \$500 or more.

All fees in effect by January 1, 2017

0120	Periodic Oral Evaluation (twice per year).....	40.00	2642	Onlay – Metallic – 2 surfaces*.....	400.00
0140	Limited Oral Evaluation – problem focused (twice per year).....	30.00	2710	Crown - Resin (laboratory)*.....	150.00
0150	Comprehensive Oral Examination (twice per year).....	45.00	2720	Crown - Resin with high noble metal*.....	200.00
0210	Intraoral - complete series - incl. bitewings (pnce every 3 yrs).....	55.00	2721	Crown - Resin with predominantly base metal*.....	200.00
0220	Intraoral, Periapical, first film.....	8.00	2722	Crown - Resin with noble metal*.....	200.00
0230	Intraoral, Periapical, each additional film.....	8.00	2740	Crown - Porcelain/ceramic substrate*.....	200.00
0240	Intraoral, Occlusal film.....	15.00	2750	Crown - Porcelain fused to high noble metal*.....	550.00
0250	Extraoral, first film.....	20.00	2751	Crown - Porcelain fused to predominantly base metal*.....	500.00
0270	Bitewings, single film.....	8.00	2752	Crown - Porcelain fused to noble metal*.....	525.00
0272	Bitewings, two films.....	13.00	2780	Crown – ¾ cast high noble metal.....	125.00
0274	Bitewings, four films (twice per year).....	21.00	2781	Crown – ¾ cast predominately base metal.....	125.00
0310	Sialography.....	39.00	2782	Crown – ¾ cast noble metal.....	125.00
0321	Temporomandibular joint film.....	20.00	2790	Crown - Full Cast high noble metal*.....	450.00
0330	Panoramic film (once every 3 years).....	55.00	2791	Crown - Full Cast predominantly base metal*.....	175.00
0340	Cephalometric film.....	20.00	2792	Crown - Full Cast noble metal*.....	200.00
0460	Pulp vitality test.....	6.50	2910	Recement inlay.....	20.00
0470	Diagnostic casts.....	13.00	2920	Recement crown.....	20.00
1110	Prophylaxis - Adult (twice per year).....	60.00	2932	Prefabricated resin crown.....	32.50
1120	Prophylaxis - child to age 12 (twice per year).....	45.00	2940	Sedative filling.....	37.00
1206	Topical fluoride varnish excl. prophy - child (twice/year).....	20.00	2950	Core buildup - including any pins.....	75.00
1208	Topical application of fluoride excl. prophy - adult (twice/year).....	30.00	2952	Cast post and core in addition to crown.....	175.00
1351	Sealant - per tooth.....	35.00	2954	Prefabricated post and core in add. to crown.....	140.00
1510	Space Maintainer - fixed - unilateral.....	75.00	3110	Pulp cap - direct (excluding final restoration).....	30.00
1515	Space Maintainer - fixed - bilateral.....	75.00	3120	Pulp cap - indirect (excluding final restoration).....	30.00
1520	Space Maintainer - removable - unilateral.....	75.00	3220	Therapeutic Pulpotomy.....	50.00
1525	Space Maintainer - removable - bilateral.....	75.00	3310	Anterior Root Canal (exclud. final restoration).....	350.00
2140	Amalgam - 1 surface, permanent.....	55.00	3320	Bicuspid Root Canal (exclud. final restoration).....	400.00
2150	Amalgam - 2 surfaces, permanent.....	70.00	3330	Molar Root Canal (exclud. final restoration).....	600.00
2160	Amalgam - 3 surfaces, permanent.....	85.00	3346	Retreatment of previous root canal therapy –anterior.....	350.00
2161	Amalgam - 4 or more surfaces, permanent.....	105.00	3347	Retreatment of previous root canal therapy –bicuspid.....	400.00
2330	Resin, 1 surface, anterior.....	65.00	3348	Retreatment of previous root canal therapy – molar.....	600.00
2331	Resin, 2 surfaces, anterior.....	85.00	3410	Apicoectomy/Periradicular surgery - anterior.....	200.00
2332	Resin, 3 surfaces, anterior.....	105.00	3421	Apicoectomy/Periradicular surgery - bicuspid (first root).....	210.00
2335	Resin, 4 or more surface or involving incisal angle (anterior).....	125.00	3425	Apicoectomy/Periradicular surgery - molar (first root).....	400.00
2391	Resin, 1 surface, posterior - permanent.....	65.00	3426	Apicoectomy (each additional root).....	200.00
2392	Resin, 2 surfaces, posterior - permanent.....	85.00	3430	Retrograde Filling - per root.....	100.00
2393	Resin, 3 or more surfaces, posterior - permanent.....	105.00	3450	Root Amputation - per root.....	50.00
2394	Resin-based composite 4 or more surfaces.....	115.00	4210	Gingivectomy or Gingivoplasty - per quadrant.....	200.00
2510	Inlay - metallic - 1 surface*.....	125.00	4211	Gingivectomy or Gingivoplasty – 1-3 teeth per quad.....	120.00
2520	Inlay - metallic - 2 surfaces*.....	150.00	4240	Gingival flap procedure, incl. root planing - per quadrant.....	200.00
2530	Inlay - metallic - 3 or more surfaces*.....	175.00	4241	Gingival flap procedure – 1-3 teeth per quad.....	120.00
2542	Onlay – Metallic – 2 surfaces*.....	400.00	4249	Clinical crown lengthening - hard tissue.....	235.00
2610	Inlay - porcelain/ceramic - 1 surface*.....	60.00	4260	Osseous Surgery (incl. flap entry & clos.) per quadrant.....	400.00
2620	Inlay - porcelain/ceramic - 2 surfaces*.....	95.00	4261	Osseous Graft - single site.....	130.00
2630	Inlay - porcelain/ceramic - 3 surfaces*.....	115.00	4263	Bone replacement graft – 1 st site in quadrant.....	130.00
			4264	Bone replacement graft – each additional site in quadrant.....	130.00
			4265	Biologic materials to aid in soft & osseous tissue regeneration.....	130.00

* Crowns and dentures can only be replaced every 5 years

** Implant procedures are paid as follows: \$1,000 paid per tooth for any combination of the listed procedures (6010, 6040 & 6050) - **\$3,000 Lifetime Maximum**

*** Peri Scaling and Root Planning 4+ teeth per quadrant, once every 3 years

4266	Guided tissue regeneration – resorbable barrier, per site.....	130.00	6720	Crown - resin with high noble metal*.....	200.00
4267	Guided tissue regeneration – nonresorbable barrier, per site.....	130.00	6721	Crown - resin with predominantly base metal*.....	200.00
4270	Pedicle soft tissue graft procedure.....	52.00	6722	Crown - resin with noble metal*.....	200.00
4277	Free soft tissue graft procedure (incl. Donor site surgery).....	200.00	6750	Crown - porcelain fused to high noble metal*.....	550.00
4341	Perio scaling & root planing - per quadrant***.....	50.00	6751	Crown - porcelain fused to predominantly base metal*.....	500.00
4342	Perio scaling & root planing - 1-3 teeth per quad***.....	30.00	6752	Crown - porcelain fused to noble metal*.....	525.00
4381	Actisite – 4 Times per Year.....	100.00	6780	Crown - 3/4 cast high noble metal*.....	300.00
4910	Perio maintenance procedures (following active therapy).....	50.00	6790	Crown - full cast high noble metal*.....	200.00
5110	Complete upper dentures*.....	700.00	6791	Crown - full cast predominantly base metal*.....	200.00
5120	Complete lower dentures*.....	700.00	6792	Crown - full cast noble metal *.....	200.00
5130	Immediate upper dentures*.....	700.00	6930	Recreation fixed partial denture.....	45.00
5140	Immediate lower dentures*.....	700.00	7111	Extraction coronal remnants – deciduous tooth.....	60.00
5211	Partial upper denture resin base (incl. clasps, rests & teeth)*.....	900.00	7140	Extraction , erupted tooth or exposed root.....	53.00
5212	Partial lower denture resin base (incl. clasps, rests & teeth)*.....	900.00	7210	Extraction of erupted tooth, incl. local anesthesia.....	125.00
5213	Partial upper denture - cast metal base w/resin saddles (incl. clasps, rests & teeth)*.....	900.00	7220	Removal of impacted tooth - soft tissue.....	200.00
5214	Partial lower denture - cast metal base w/ resin saddles (incl. clasps, rests & teeth)*.....	900.00	7230	Removal of impacted tooth - partially bony.....	225.00
5281	Removable unilateral partial denture - one piece cast metal (including clasps & pontics)*.....	500.00	7240	Removal of impacted tooth - completely bony.....	325.00
5610	Repair resin denture base.....	40.00	7241	Extraction - impacted tooth w/ unusual difficulty.....	335.00
5620	Repair cast framework.....	55.00	7250	Surgical removal of residual roots (cutting procedure).....	100.00
5630	Repair or replace broken clasp.....	25.00	7260	Oroantral fistula closure.....	125.00
5640	Replace broken teeth - per tooth.....	35.00	7270	Tooth reimplantation.....	115.00
5650	Add tooth to existing partial denture.....	50.00	7272	Tooth transplantation.....	115.00
5660	Add clasp to existing partial denture.....	45.50	7280	Surg. exposure of impacted/unerupted tooth - ortho.....	100.00
5730	Reline complete upper denture (chairside).....	70.00	7285	Biopsy of oral tissue - hard.....	40.00
5731	Reline complete lower denture (chairside).....	70.00	7286	Biopsy of oral tissue - soft.....	40.00
5740	Reline upper partial denture (chairside).....	70.00	7290	Surgical repositioning of teeth.....	65.00
5741	Reline lower partial denture (chairside).....	70.00	7310	Alveoloplasty in conjunction with extractions - per quad.....	110.00
5750	Reline complete upper denture (laboratory).....	70.00	7320	Alveoloplasty without extractions - per quad.....	50.00
5751	Reline complete lower denture (laboratory).....	70.00	7410	Excision of benign lesion up to 1.25 cm.....	75.00
5760	Reline upper partial denture (laboratory).....	70.00	7411	Excision of benign lesion greater than 1.25 cm.....	75.00
5761	Reline lower partial denture (laboratory).....	70.00	7413	Excision of malignant lesion up to 1.25 cm.....	75.00
6010	Surgical placement of implant body: endosteal implant**.....		7414	Excision of malignant lesion greater than 1.25 cm.....	75.00
6040	Surgical placement: epostael implant**.....		7440	Excision of malignant tumor - lesion diameter up to 1.25cm.....	75.00
6050	Surgical placement: transosteal implant**.....		7441	Excision of malignant tumor greater than 1.25cm.....	75.00
6056	Prefabricated abutment.....	140.00	7450	Removal of benign odontogenic cyst/tumor up to 1.25 cm.....	150.00
6057	Custom abutment – includes placement.....	700.00	7451	Removal of benign odontogenic cyst/tumor greater than 1.25cm.....	150.00
6058	Abutment supported porcelain/ceramic crown.....	450.00	7460	Removal of benign nonodontogenic cyst/tumor up to 1.25cm.....	150.00
6059	Abutment supported porcelain-fused to metal crown.....	700.00	7461	Removal of benign nonodontogenic cyst/tumor greater than 1.25cm.....	150.00
6060	Abutment supported porcelain fused to metal crown.....	450.00	7510	Incision & drainage of abscess - intraoral soft tissue.....	87.00
6061	Abutment supported porcelain fused to metal crown.....	700.00	7610	Maxilla - open reduction.....	425.00
6062	Abutment supported cast metal crown.....	450.00	7620	Maxilla - closed reduction.....	300.00
6063	Abutment supported cast metal crown.....	450.00	7630	Mandible - open reduction.....	425.00
6064	Abutment supported cast metal crown.....	450.00	7640	Mandible - closed reduction.....	325.00
6065	Implant supported porcelain/ceramic crown.....	450.00	7650	Malar/zygomatic arch - open reduction.....	425.00
6066	Implant supported porcelain fused to metal crown.....	700.00	7660	Malar/zygomatic arch - closed reduction.....	200.00
6067	Implant supported metal crown.....	450.00	7670	Alveolus - stabilization of teeth.....	160.00
6068	Abutment supported retainer for porcelain/ceramic FPD.....	450.00	7680	Facial bones - complicated reduction.....	575.00
6069	Abutment supported retainer for porcelain fused to metal FPD.....	450.00	7960	Frenulectomy.....	140.00
6070	Abutment supported retainer for porcelain fused to metal FPD.....	450.00	8070	Comprehensive orthodontic treatment of the transitional dentition.....	715.00
6071	Abutment supported retainer for porcelain fused to metal FPD.....	450.00	8080	Comprehensive orthodontic treatment of the adolescent dentition.....	900.00
6072	Abutment supported retainer for cast metal FPD.....	450.00	8210	Removable appliance therapy.....	100.00
6073	Abutment supported retainer for cast metal FPD.....	450.00	8670	Periodic orthodontic treatment visit - per month (24 per lifetime).....	100.00
6074	Abutment supported retainer for cast metal FPD.....	450.00	8660	Pre-orthodontic treatment visit.....	142.00
6075	Implant supported retainer for ceramic FPD.....	450.00	8680	Orthodontic retention limit \$300 (\$150 each upper and lower).....	150.00
6076	Implant supported retainer for porcelain fused to metal FPD.....	450.00	9110	Palliative (emergency) treatment of dental pain.....	35.00
6077	Implant supported retainer for cast metal FPD.....	450.00	9223	Deep sedation/general anesthesia –each 15 minute increment.....	50.00
6210	Pontic - cast high noble metal*.....	100.00	9230	Analgesia.....	25.00
6211	Pontic - cast predominantly base metal*.....	100.00	9243	Intravenous moderate (conscious) sedation each 15 minute.....	50.00
6212	Pontic - cast noble metal*.....	100.00	9310	Professional consultation by specialist.....	50.00
6240	Pontic - porcelain fused to high noble metal*.....	550.00	9940	Occlusal guards.....	100.00
6241	Pontic - porcelain fused to predominantly base metal*.....	500.00	9951	Occlusal adjustment - limited.....	35.00
6242	Pontic - porcelain fused to noble metal*.....	525.00			
6250	Pontic - resin with high noble metal*.....	200.00			
6251	Pontic - resin with predominantly base metal*.....	200.00			
6252	Pontic - resin with noble metal*.....	200.00			
6545	Retainer - cast metal for resin bonded fixed prosthesis*.....	600.00			

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