

## SCCEA WELFARE FUND

### Network: Sccea Welfare Fund and Metrodent Premier

This document is a brief description of the program. In cases of discrepancy the dental program document will control.

|                                 |  |
|---------------------------------|--|
| <b>Eligibility</b>              | <ul style="list-style-type: none"> <li>* All Active and Retiree members covered under the Suffolk County Court Employees Association Welfare Fund.</li> <li>* Eligible dependents include spouses, unmarried children who have not yet attained their 26th birthday.</li> </ul>  |
| <b>Plan Year</b>                | <ul style="list-style-type: none"> <li>* January - December</li> </ul>   |
| <b>Plan Maximums</b>            | <ul style="list-style-type: none"> <li>* <b>Personal Maximum:</b> \$2,500.00</li> <li>* <b>Family Max Maximum:</b> NONE</li> </ul>   |
| <b>Plan Deductibles</b>         | <ul style="list-style-type: none"> <li>* NONE</li> </ul>   |
| <b>Plan Limitations</b>         | <ul style="list-style-type: none"> <li>* <b>Exam Limitations</b> 2 per 1 years</li> <li>* <b>Prophy Limitations</b> 2 per 1 years</li> <li>* <b>Require Age 26 Letter</b> 26</li> <li>* <b>Dependent Coverage Until End Of Month</b> 26</li> <li>* <b>Number Of Months On Prosthetic Limit</b> 1 per 60 Months</li> <li>* <b>Dependents Covered To Age</b> 26</li> <li>* <b>Student Dependents Covered To Age</b> 26</li> <li>* <b>Implant Attachments</b> 4 per Lifetime</li> <li>* <b>Implants-Number</b> 4 per Lifetime</li> <li>* <b>Diagnostic And Preventative Fms/Panorex Limit</b> 1 per 36 Months</li> <li>* <b>1 Curretage Per Visit</b> 2 per Day</li> </ul>  |
| <b>Pre-Treatment Review</b>     | <ul style="list-style-type: none"> <li>* This process is recommended for your benefit as it will give the dentist and plan member a better understanding of the dental coverage for a proposed treatment plan before the work begins and expenses are incurred. Please note- a pretreatment review estimate is not a promise of payment. Work must be done while the patient is still eligible.</li> <li>* Pre-op periapical x-rays required for crowns, veneers, inlays and extractions</li> <li>* Periodontal charting and x-rays are required for surgical periodontal procedures</li> <li>* Pre-op periapical x-rays of the entire arch are required for fixed bridgework and removable bridgework</li> </ul>  |
| <b>Permissable Charges</b>      | <ul style="list-style-type: none"> <li>* <b>Covered and reimbursable services, no co-payment:</b> No surcharge permitted</li> <li>* <b>Covered and reimbursable services, with co-payment:</b> Established co-payment only</li> <li>* <b>Covered but not reimbursable services:</b> Schedule allowance plus established co-payment</li> <li>* <b>Non Covered services:</b> Your usual charge for that service</li> </ul>   |
| <b>Coordination of Benefits</b> | <ul style="list-style-type: none"> <li>* If the patient is eligible for benefits under more than one group dental plan, you are entitled to collect benefits available through both plans. The total may not exceed your usual charge and payments from the other plan must first be applied to reduce or eliminate co-payments, deductibles, or charges levied due to maximums.</li> </ul>  |
| <b>How to File a Claim</b>      | <ul style="list-style-type: none"> <li>* <b>Electronic Claims (Payor ID: CX076):</b> To submit through your Practice Management Software and Clearinghouse use Payor ID: CX076.</li> <li>* <b>Online Claims:</b> You can also submit claims electronically using asonet.com for immediate processing, including information about limitations, deductibles, and maximums. To setup an account call 516-394-9494.</li> <li>* <b>Paper Claims:</b> Computer generated, ADA, and universal claim forms are accepted. . You may use your office software or clearinghouse to upload x-rays and attachments. . You may also upload x-rays and attachments directly to ASO via asonet.com.<br/>Mail claims to ASO/SIDS<br/>Dept V4 ,<br/>303 Merrick Road Suite 300 ,<br/>Lynbrook , NY 11563</li> </ul> |

For up to date detailed information, including member eligibility, please access our website at:

[asonet.com](http://asonet.com)

If you have any questions regarding the operation of this program please contact ASO at:

**800-537-1238**



**SCCEA WELFARE FUND**  
**Sccea Welfare Fund and Metrodent Premier**  
**Plan Schedule (In Network)**



| Code  | Description  | Maximum Charge | Plan Payment | Specialist Allowance | In-Network CoPayment | Pre Auth Req. | Max Applies | Deduct Applies |
|-------|--|----------------|--------------|----------------------|----------------------|---------------|-------------|----------------|
| D0120 | Periodic Oral Examination<br>2 per 1 years   | \$24.00        | \$24.00      |                      | \$0.00               | Y             | Y           | Y              |
| D0140 | Limited Oral Evaluation<br>2 per 1 years   | \$24.00        | \$24.00      |                      | \$0.00               | N             | Y           | Y              |
| D0150 | Comprehensive Oral Examination<br>2 per 1 years                                      | \$30.00        | \$30.00      |                      | \$0.00               | Y             | Y           | Y              |
| D0160 | Detailed Oral Evaluation<br>2 per 1 years  | \$30.00        | \$30.00      |                      | \$0.00               | Y             | Y           | Y              |
| D0170 | Re-Evaluation-Limited<br>2 per 1 years   | \$25.00        | \$25.00      |                      | \$0.00               | Y             | Y           | Y              |
| D0180 | Comprehensive Periodontal Eval<br>2 per 1 years                                      | \$30.00        | \$30.00      |                      | \$0.00               | Y             | Y           | Y              |
| D0210 | X-Rays-Full Mouth<br>1 per 36 months   | \$60.00        | \$60.00      |                      | \$0.00               | N             | Y           | Y              |
| D0220 | Periapical X-Ray First Film<br>5 per 1 Calendar Year                                 | \$10.00        | \$10.00      |                      | \$0.00               | N             | Y           | Y              |
| D0230 | X-Ray Periapical -Additional   | \$6.00         | \$6.00       |                      | \$0.00               | N             | Y           | Y              |
| D0240 | OCclusal Film  | \$15.00        | \$15.00      |                      | \$0.00               | N             | Y           | Y              |
| D0250 | Xray-Extraoral   | \$35.00        | \$35.00      |                      | \$0.00               | N             | Y           | Y              |
| D0270 | X-Ray 1 Bitewing   | \$10.00        | \$10.00      |                      | \$0.00               | N             | Y           | Y              |
| D0272 | X-Rays 2 Bitewings   | \$16.00        | \$16.00      |                      | \$0.00               | N             | Y           | Y              |
| D0273 | X-Rays 3 Bitewings   | \$22.00        | \$22.00      |                      | \$0.00               | N             | Y           | Y              |
| D0274 | X-Rays 4 Bitewings<br>1 per 1 Calendar Year  | \$28.00        | \$28.00      |                      | \$0.00               | N             | Y           | Y              |
| D0290 | X-Ray Ant. Post. Or Lateral  | \$25.00        | \$25.00      |                      | \$0.00               | N             | Y           | Y              |
| D0320 | Tmj Film   | \$30.00        | \$30.00      |                      | \$0.00               | N             | Y           | Y              |
| D0321 | Tmj Film<br>1 per 12 months  | \$45.00        | \$45.00      |                      | \$0.00               | N             | Y           | Y              |
| D0330 | Panoramic Film<br>1 per 36 months  | \$50.00        | \$50.00      |                      | \$0.00               | N             | Y           | Y              |
| D0340 | Cephalometric Film   | \$50.00        | \$50.00      |                      | \$0.00               | N             | Y           | Y              |
| D0350 | Oral/Facial Images   | \$25.00        | \$25.00      |                      | \$0.00               | N             | Y           | Y              |
| D0364 | Cone Beam Ct Capture-Less Than Whole Jaw<br>1 per 36 months                          | \$300.00       | \$200.00     |                      | \$100.00             | N             | Y           | Y              |
| D0367 | Cone Beam Ct - Both Jaws<br>1 per 36 months  | \$300.00       | \$200.00     |                      | \$100.00             | N             | Y           | Y              |
| D0382 | Cone Beam Ct Image Capture With Field Of View Of O<br>1 per 36 months                | \$300.00       | \$200.00     |                      | \$100.00             | N             | Y           | Y              |
| D0383 | Cone Beam Ct<br>1 per 36 months  | \$300.00       | \$200.00     |                      | \$100.00             | N             | Y           | Y              |
| D0460 | Pulp Vitality Test   | \$20.00        | \$20.00      |                      | \$0.00               | N             | Y           | Y              |
| D0470 | Diagnostic Casts   | \$40.00        | \$40.00      |                      | \$0.00               | N             | Y           | Y              |
| D1110 | Prophylaxis<br>2 per 1 years<br>Not Covered Until 16 if younger convert to D1120     | \$60.00        | \$60.00      |                      | \$0.00               | Y             | Y           | Y              |
| D1120 | Prophylaxis-Child<br>2 per 1 years<br>Covered Until Age 16 if older convert to D1110 | \$45.00        | \$45.00      |                      | \$0.00               | N             | Y           | Y              |
| D1206 | Topical Fluoride Varnish<br>2 per 1 Calendar Year<br>Covered Until Age 16            | \$20.00        | \$20.00      |                      | \$0.00               | Y             | Y           | Y              |
| D1208 | Topical Application Fluoride<br>2 per 1 Calendar Year<br>Covered Until Age 16        | \$20.00        | \$20.00      |                      | \$0.00               | Y             | Y           | Y              |
| D1351 | Sealant<br>1 per Lifetime<br>Covered Until Age 16                                    | \$25.00        | \$25.00      |                      | \$0.00               | Y             | Y           | Y              |
| D1510 | Space Maintainer-Fixed<br>1 per 24 months  | \$190.00       | \$190.00     |                      | \$0.00               | N             | Y           | Y              |
| D1516 | Space Maintainer – Fixed – Bilateral, Maxillary<br>1 per 24 months                   | \$225.00       | \$225.00     |                      | \$0.00               | N             | Y           | Y              |
| D1517 | Space Maintainer – Fixed – Bilateral, Mandibular<br>1 per 24 months                  | \$225.00       | \$225.00     |                      | \$0.00               | N             | Y           | Y              |
| D1551 | Re-Cement Or Re-Bond Bilateral Space Maintainer –                                    | \$40.00        | \$40.00      |                      | \$0.00               | N             | Y           | Y              |
| D1552 | Re-Cement Or Re-Bond Bilateral Space Maintainer –                                    | \$40.00        | \$40.00      |                      | \$0.00               | N             | Y           | Y              |
| D1553 | Re-Cement Or Re-Bond Unilateral Space Maintainer –                                   | \$40.00        | \$40.00      |                      | \$0.00               | N             | Y           | Y              |
| D2140 | Amalgam One Surface -Permanent Or Primary  | \$55.00        | \$55.00      |                      | \$0.00               | N             | Y           | Y              |
| D2150 | Amalgam Two Surfaces-Permanent Or Primary  | \$70.00        | \$70.00      |                      | \$0.00               | N             | Y           | Y              |
| D2160 | Amalgam Three Surfaces-Perm Or Prime   | \$80.00        | \$80.00      |                      | \$0.00               | N             | Y           | Y              |

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| D2161 | Amalgam-Four Or More Surfaces Perm Or Prim             | \$95.00        | \$95.00      |                      | \$0.00               | N             | Y           | Y              |
| D2330 | Resin - One Surface                                    | \$60.00        | \$60.00      |                      | \$0.00               | N             | Y           | Y              |
| D2331 | Resin - Two Surfaces                                   | \$80.00        | \$80.00      |                      | \$0.00               | N             | Y           | Y              |
| D2332 | Resin Three Or More Surfaces                           | \$90.00        | \$90.00      |                      | \$0.00               | N             | Y           | Y              |
| D2335 | Resin-4+ Srf Or Incisal Edge                           | \$100.00       | \$100.00     |                      | \$0.00               | N             | Y           | Y              |
| D2391 | Resin 1 Surface Posterior                              | \$165.00       | \$165.00     |                      | \$0.00               | N             | Y           | Y              |
| D2392 | Resin-2 Surfaces,Posterior                             | \$185.00       | \$185.00     |                      | \$0.00               | N             | Y           | Y              |
| D2393 | Resin-3 Surfaces,Post.                                 | \$200.00       | \$200.00     |                      | \$0.00               | N             | Y           | Y              |
| D2394 | Resin-4 Or More Srf-Post                               | \$200.00       | \$200.00     |                      | \$0.00               | N             | Y           | Y              |
| D2510 | Inlay-Metallic -One Surface<br>1 per 60 months         | \$200.00       | \$200.00     |                      | \$0.00               | N             | Y           | Y              |
| D2520 | Inlay Metallic -Two Surfaces<br>1 per 60 months        | \$275.00       | \$275.00     |                      | \$0.00               | N             | Y           | Y              |
| D2530 | Inlay-Metallic-Three Or More S<br>1 per 60 months      | \$325.00       | \$325.00     |                      | \$0.00               | N             | Y           | Y              |
| D2542 | Onlay-Metallic 2 Surface<br>1 per 60 months            | \$315.00       | \$315.00     |                      | \$0.00               | N             | Y           | Y              |
| D2543 | Onlay-Metallic 3 Surface                               | \$365.00       | \$365.00     |                      | \$0.00               | N             | Y           | Y              |
| D2610 | Inlay-Porcelain 1 Surface<br>1 per 60 months           | \$200.00       | \$200.00     |                      | \$0.00               | N             | Y           | Y              |
| D2620 | Inlay-Porcelain 2 Surfaces<br>1 per 60 months          | \$275.00       | \$275.00     |                      | \$0.00               | N             | Y           | Y              |
| D2630 | Inlay-Porcelain-3 Or More Surf<br>1 per 60 months      | \$325.00       | \$325.00     |                      | \$0.00               | N             | Y           | Y              |
| D2642 | Onlay-Porcelain/Ceramic 2 Surface<br>1 per 60 months   | \$315.00       | \$315.00     |                      | \$0.00               | N             | Y           | Y              |
| D2643 | Onlay-Porcelain/Cera,Ic 3 Surface<br>1 per 60 months   | \$365.00       | \$365.00     |                      | \$0.00               | N             | Y           | Y              |
| D2710 | Crown-Resin (Laboratory)<br>1 per 60 months            | \$450.00       | \$450.00     |                      | \$0.00               | N             | Y           | Y              |
| D2720 | Crown Resin With Metal<br>1 per 60 months              | \$550.00       | \$550.00     |                      | \$0.00               | N             | Y           | Y              |
| D2740 | Crown – Porcelain/Ceramic Substrate<br>1 per 60 Months | \$550.00       | \$550.00     |                      | \$0.00               | N             | Y           | Y              |
| D2750 | Crown-Porc.Fused To Metal<br>1 per 60 months           | \$625.00       | \$625.00     |                      | \$0.00               | N             | Y           | Y              |
| D2751 | Crown-Porc.Fused To Base Metal<br>1 per 60 months      | \$575.00       | \$575.00     |                      | \$0.00               | N             | Y           | Y              |
| D2752 | Crown-Porc.Fused To Noble Meta<br>1 per 60 months      | \$625.00       | \$625.00     |                      | \$0.00               | N             | Y           | Y              |
| D2783 | Crown-3/4 Porcelain/Ceramic<br>1 per 60 months         | \$525.00       | \$525.00     |                      | \$0.00               | N             | Y           | Y              |
| D2790 | Crown-Full Cast Metal<br>1 per 60 months               | \$500.00       | \$500.00     |                      | \$0.00               | N             | Y           | Y              |
| D2791 | Crown-Full Cast Base Metal<br>1 per 60 months          | \$500.00       | \$500.00     |                      | \$0.00               | N             | Y           | Y              |
| D2792 | Crown-Full Cast Noble Metal<br>1 per 60 months         | \$500.00       | \$500.00     |                      | \$0.00               | N             | Y           | Y              |
| D2810 | Crown (3/4 Cast)<br>1 per 60 months                    | \$525.00       | \$525.00     |                      | \$0.00               | N             | Y           | Y              |
| D2910 | Recement Inlay<br>1 per 12 months                      | \$50.00        | \$50.00      |                      | \$0.00               | N             | Y           | Y              |
| D2915 | Recement Post & Core<br>1 per 12 months                | \$40.00        | \$40.00      |                      | \$0.00               | N             | Y           | Y              |
| D2920 | Recement Crown<br>1 per 12 months                      | \$50.00        | \$50.00      |                      | \$0.00               | N             | Y           | Y              |
| D2930 | Prefabricated Ss Crown-Primary                         | \$100.00       | \$100.00     |                      | \$0.00               | N             | Y           | Y              |
| D2940 | Protective Restoration                                 | \$40.00        | \$40.00      |                      | \$0.00               | N             | Y           | Y              |
| D2950 | Crown Build-Up<br>1 per 60 months                      | \$75.00        | \$75.00      |                      | \$0.00               | N             | Y           | Y              |
| D2951 | Pin Support Per Tooth                                  | \$25.00        | \$25.00      |                      | \$0.00               | N             | Y           | Y              |
| D2952 | Cast Post & Core<br>1 per 60 months                    | \$160.00       | \$160.00     |                      | \$0.00               | N             | Y           | Y              |
| D2954 | Prefab Post & Core<br>1 per 60 months                  | \$120.00       | \$120.00     |                      | \$0.00               | N             | Y           | Y              |
| D2955 | Post Removal<br>1 per Lifetime                         | \$75.00        | \$75.00      |                      | \$0.00               | N             | Y           | Y              |
| D2962 | Porcelain Laminate<br>1 per 60 months                  | \$400.00       | \$400.00     |                      | \$0.00               | N             | Y           | Y              |
| D2980 | Repair Broken Crown Facing<br>1 per 24 months          | \$100.00       | \$100.00     |                      | \$0.00               | N             | Y           | Y              |

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| D3110 | Pulp Cap-Direct   | \$20.00        | \$20.00      |                      | \$0.00               | N             | Y           | Y              |
| D3120 | Pulp Cap-Indirect   | \$20.00        | \$20.00      |                      | \$0.00               | N             | Y           | Y              |
| D3220 | Vital Pulpotomy   | \$80.00        | \$80.00      |                      | \$0.00               | N             | Y           | Y              |
| D3310 | Root Canal Therapy-Anterior Tooth<br>1 per Lifetime         | \$350.00       | \$350.00     | \$400.00             | \$0.00               | N             | Y           | Y              |
| D3320 | Root Canal Therapy-Bicuspid Tooth<br>1 per Lifetime         | \$500.00       | \$500.00     | \$600.00             | \$0.00               | N             | Y           | Y              |
| D3330 | Root Canal Therapy-Molar Tooth<br>1 per Lifetime            | \$700.00       | \$700.00     | \$800.00             | \$0.00               | N             | Y           | Y              |
| D3347 | Retreatment Of Rct - Bicuspid<br>1 per Lifetime             | \$650.00       | \$650.00     | \$750.00             | \$0.00               | N             | Y           | Y              |
| D3348 | Retreatment Rct-Molar<br>1 per Lifetime                     | \$850.00       | \$850.00     | \$950.00             | \$0.00               | N             | Y           | Y              |
| D3410 | Apicoectomy-First Root<br>1 per Lifetime                    | \$250.00       | \$250.00     | \$375.00             | \$0.00               | N             | Y           | Y              |
| D3421 | Apico.-Premolar-First Root<br>1 per Lifetime                | \$250.00       | \$250.00     | \$375.00             | \$0.00               | N             | Y           | Y              |
| D3425 | Apico.-Molar-First Root<br>1 per 99 years                   | \$250.00       | \$250.00     | \$375.00             | \$0.00               | N             | Y           | Y              |
| D3426 | Apicoectomy-Each Additional Rt<br>1 per 99 years            | \$150.00       | \$150.00     | \$200.00             | \$0.00               | N             | Y           | Y              |
| D3430 | Retrograde Filling<br>1 per Lifetime                        | \$100.00       | \$100.00     | \$125.00             | \$0.00               | N             | Y           | Y              |
| D3450 | Root Resection<br>1 per Lifetime                            | \$350.00       | \$350.00     |                      | \$0.00               | N             | Y           | Y              |
| D3920 | Hemisection<br>1 per Lifetime                               | \$350.00       | \$350.00     |                      | \$0.00               | N             | Y           | Y              |
| D4210 | Gingivectomy Or Gingivoplasty<br>1 per 36 months            | \$250.00       | \$250.00     |                      | \$0.00               | N             | Y           | Y              |
| D4211 | Gingivectomy One To Three Teeth-Per Quad<br>1 per 36 months | \$150.00       | \$150.00     |                      | \$0.00               | N             | Y           | Y              |
| D4260 | Osseous Surgery-Per Quadrant<br>1 per 36 months             | \$600.00       | \$600.00     |                      | \$0.00               | N             | Y           | Y              |
| D4261 | Osseous Surgery 1 -3 Teeth<br>1 per 36 months               | \$360.00       | \$360.00     |                      | \$0.00               | N             | Y           | Y              |
| D4263 | Osseous Graft- Per Site<br>1 per 36 months                  | \$150.00       | \$150.00     |                      | \$0.00               | N             | Y           | Y              |
| D4264 | Osseous Graft-Addtional<br>1 per 36 months                  | \$100.00       | \$100.00     |                      | \$0.00               | N             | Y           | Y              |
| D4265 | Bio Materials To Aid Regen<br>1 per 36 months               | \$150.00       | \$150.00     |                      | \$0.00               | N             | Y           | Y              |
| D4266 | Guided Tissue Regen-Resorb<br>1 per 36 months               | \$225.00       | \$225.00     |                      | \$0.00               | N             | Y           | Y              |
| D4267 | Guided Tissue Regen-Nonresorb<br>1 per 36 months            | \$275.00       | \$275.00     |                      | \$0.00               | N             | Y           | Y              |
| D4270 | Pedicle Soft Tissue Grafts<br>1 per 36 Months               | \$275.00       | \$275.00     |                      | \$0.00               | N             | Y           | Y              |
| D4277 | Free Soft Tissue Graft<br>1 per 36 months                   | \$275.00       | \$275.00     |                      | \$0.00               | N             | Y           | Y              |
| D4322 | Splint - Intra-Coronal; Natural Teeth Or Prostheti          |                | \$0.00       |                      | UCR                  | N             | Y           | Y              |
| D4323 | Splint - Extra-Coronal; Natural Teeth Or Prostheti          |                | \$0.00       |                      | UCR                  | N             | Y           | Y              |
| D4341 | Perio Treatment Per Quad                                    | \$75.00        | \$75.00      |                      | \$0.00               | N             | Y           | Y              |
| D4342 | Scaling-Root Planing 1 To 3 Teeth<br>4 per 1 years          | \$45.00        | \$45.00      |                      | \$0.00               | N             | Y           | Y              |
| D4355 | Full Mouth Debridement                                      | \$45.00        | \$45.00      |                      | \$0.00               | N             | Y           | Y              |
| D4910 | Periodontal Maintenance<br>2 per 1 Calendar Year            | \$85.00        | \$85.00      |                      | \$0.00               | N             | Y           | Y              |
| D4921 | Gingival Irrigation - Per Quadrant                          | \$5.00         | \$5.00       |                      | \$0.00               | N             | Y           | Y              |
| D5110 | Complete Upper Denture<br>1 per 60 months                   | \$725.00       | \$725.00     |                      | \$0.00               | N             | Y           | Y              |
| D5120 | Complete Lower Denture<br>1 per 60 months                   | \$725.00       | \$725.00     |                      | \$0.00               | N             | Y           | Y              |
| D5130 | Immediate Full Upper Denture<br>1 per 99 months             | \$725.00       | \$725.00     |                      | \$0.00               | N             | Y           | Y              |
| D5140 | Immediate Full Lower Denture<br>1 per 99 years              | \$725.00       | \$725.00     |                      | \$0.00               | N             | Y           | Y              |
| D5211 | Upper Partial-Acrylic Base W/C<br>1 per 60 months           | \$550.00       | \$550.00     |                      | \$0.00               | N             | Y           | Y              |
| D5212 | Lower Partial Acrylic W/Clasps<br>1 per 60 months           | \$550.00       | \$550.00     |                      | \$0.00               | N             | Y           | Y              |
| D5213 | Upper Partial - Cast Metal<br>1 per 60 months               | \$750.00       | \$750.00     |                      | \$0.00               | N             | Y           | Y              |



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| D5214 | Lower Partial - Cast Metal<br>1 per 60 months                     | \$750.00       | \$750.00     |                      | \$0.00               | N             | Y           | Y              |
| D5282 | Removable Unilateral Partial Denture Maxiillary                   | \$250.00       | \$250.00     |                      | \$0.00               | N             | Y           | Y              |
| D5283 | Removable Unilateral Partial Denture-Mandibular                   | \$250.00       | \$250.00     |                      | \$0.00               | N             | Y           | Y              |
| D5410 | Adjust Complete Denture-Upper                                     | \$75.00        | \$75.00      |                      | \$0.00               | N             | Y           | Y              |
| D5411 | Adjust Complete Denture-Lower                                     | \$75.00        | \$75.00      |                      | \$0.00               | N             | Y           | Y              |
| D5420 | Adjust Partial Upper Denture                                      | \$75.00        | \$75.00      |                      | \$0.00               | N             | Y           | Y              |
| D5421 | Adjust Partial Upper Denture                                      | \$75.00        | \$75.00      |                      | \$0.00               | N             | Y           | Y              |
| D5422 | Adjust Partial Denture-Lower                                      | \$75.00        | \$75.00      |                      | \$0.00               | N             | Y           | Y              |
| D5511 | Repair Broken Complete Denture Base, Mandibular                   | \$100.00       | \$100.00     |                      | \$0.00               | N             | Y           | Y              |
| D5512 | Repair Broken Complete Denture Base, Maxillary                    | \$100.00       | \$100.00     |                      | \$0.00               | N             | Y           | Y              |
| D5520 | Replace Broken Tth In Denture                                     | \$100.00       | \$100.00     |                      | \$0.00               | N             | Y           | Y              |
| D5611 | Repair Resin Partial Denture Base, Mandibular                     | \$110.00       | \$110.00     |                      | \$0.00               | N             | Y           | Y              |
| D5612 | Repair Resin Partial Denture Base, Maxillary                      | \$110.00       | \$110.00     |                      | \$0.00               | N             | Y           | Y              |
| D5621 | Repair Cast Partial Framework, Mandibular                         | \$125.00       | \$125.00     |                      | \$0.00               | N             | Y           | Y              |
| D5622 | Repair Cast Partial Framework, Maxillary                          | \$125.00       | \$125.00     |                      | \$0.00               | N             | Y           | Y              |
| D5629 | Replace Broken Tooth  | \$60.00        | \$60.00      |                      | \$0.00               | N             | Y           | Y              |
| D5630 | Repair Or Replace Broken Clasp                                    | \$100.00       | \$100.00     |                      | \$0.00               | N             | Y           | Y              |
| D5640 | Replace Broken Tooth  | \$100.00       | \$100.00     |                      | \$0.00               | N             | Y           | Y              |
| D5650 | Add Tooth To Denture  | \$100.00       | \$100.00     |                      | \$0.00               | N             | Y           | Y              |
| D5660 | Add Clasp To Exist Part Dent                                      | \$105.00       | \$105.00     |                      | \$0.00               | N             | Y           | Y              |
| D5730 | Reline Complete Maxillary Denture (Chairside)<br>1 per 12 months  | \$120.00       | \$120.00     |                      | \$0.00               | N             | Y           | Y              |
| D5731 | Reline Complete Mandibular Denture (Chairside)<br>1 per 12 months | \$120.00       | \$120.00     |                      | \$0.00               | N             | Y           | Y              |
| D5740 | Reline Maxillary Partial Denture (Chairside)<br>1 per 12 months   | \$120.00       | \$120.00     |                      | \$0.00               | N             | Y           | Y              |
| D5741 | Reline Mandibular Partial Denture (Chairside)<br>1 per 12 months  | \$120.00       | \$120.00     |                      | \$0.00               | N             | Y           | Y              |
| D5750 | Reline Upper Denture-Lab<br>1 per 12 months                       | \$165.00       | \$165.00     |                      | \$0.00               | N             | Y           | Y              |
| D5751 | Reline Comp Lower Denture-Lab<br>1 per 12 months                  | \$165.00       | \$165.00     |                      | \$0.00               | N             | Y           | Y              |
| D5760 | Reline Partial Upper-Lab<br>1 per 12 months                       | \$150.00       | \$150.00     |                      | \$0.00               | N             | Y           | Y              |
| D5761 | Reline Partial Lower-Lab.<br>1 per 12 months                      | \$150.00       | \$150.00     |                      | \$0.00               | N             | Y           | Y              |
| D5850 | Tissue Conditioning-Maxillary                                     | \$40.00        | \$40.00      |                      | \$0.00               | N             | Y           | Y              |
| D5851 | Tissue Conditioning Lower   | \$40.00        | \$40.00      |                      | \$0.00               | N             | Y           | Y              |
| D6010 | Endosteal Implant<br>1 per 99 years<br>4 IN A LIFE TIME           | \$1,200.00     | \$600.00     |                      | \$600.00             | N             | Y           | Y              |
| D6030 | Endosseous Implant<br>1 per 99 years<br>4 PER LIFETIME            | \$1,200.00     | \$600.00     |                      | \$600.00             | N             | Y           | Y              |
| D6056 | Prefabricated Abutment<br>4 per Lifetime                          | \$350.00       | \$200.00     |                      | \$150.00             | N             | Y           | Y              |
| D6057 | Custom Abutment<br>4 per Lifetime                                 | \$550.00       | \$275.00     |                      | \$275.00             | N             | Y           | Y              |
| D6058 | Abutment Supported Porc/Cer Cr<br>1 per 60 months                 | \$700.00       | \$500.00     |                      | \$200.00             | N             | Y           | Y              |
| D6059 | Abutment Supported Porc/Met Cr<br>1 per 60 months                 | \$700.00       | \$500.00     |                      | \$200.00             | N             | Y           | Y              |
| D6060 | Abut Supported Crwn-Base Metal<br>1 per 60 months                 | \$700.00       | \$500.00     |                      | \$200.00             | N             | Y           | Y              |
| D6061 | Abutment Supported Crown<br>1 per 60 months                       | \$600.00       | \$500.00     |                      | \$100.00             | N             | Y           | Y              |
| D6062 | Abutment Sup Cast High Nobel<br>1 per 60 months                   | \$700.00       | \$500.00     |                      | \$200.00             | N             | Y           | Y              |
| D6063 | Abutment Supported Base Metal<br>1 per 60 months                  | \$600.00       | \$500.00     |                      | \$100.00             | N             | Y           | Y              |
| D6064 | Abutment Supp Cast Noble Cr<br>1 per 60 months                    | \$700.00       | \$500.00     |                      | \$200.00             | N             | Y           | Y              |
| D6065 | Implant Supported Porc/Cer Cr<br>1 per 60 months                  | \$1,000.00     | \$500.00     |                      | \$500.00             | N             | Y           | Y              |
| D6066 | Implant Sup Porc/High Nobel<br>1 per 60 months                    | \$1,000.00     | \$500.00     |                      | \$500.00             | N             | Y           | Y              |
| D6067 | Implant Supp High Noble Metl<br>1 per 60 months                   | \$1,000.00     | \$500.00     |                      | \$500.00             | N             | Y           | Y              |
| D6080 | Implant Maintenance Procedures<br>1 per 12 months                 | \$75.00        | \$75.00      |                      | \$0.00               | N             | Y           | Y              |



**SCCEA WELFARE FUND**  
**Sccea Welfare Fund and Metrodent Premier**  
**Plan Schedule (In Network)**



| Code  | Description  | Maximum Charge | Plan Payment | Specialist Allowance | In-Network CoPayment | Pre Auth Req. | Max Applies | Deduct Applies |
|-------|--|----------------|--------------|----------------------|----------------------|---------------|-------------|----------------|
| D6104 | Bone Graft At Time Of Implant Placement<br>1 per Lifetime            | \$300.00       | \$150.00     |                      | \$150.00             | N             | Y           | Y              |
| D6240 | Pontic Porc Fused To Metal<br>1 per 60 months                        | \$550.00       | \$550.00     |                      | \$0.00               | N             | Y           | Y              |
| D6241 | Pontic-Porc.Fused To Base Meta<br>1 per 60 months                    | \$525.00       | \$525.00     |                      | \$0.00               | N             | Y           | Y              |
| D6242 | Pontic-Porc.Fused To Noble Met<br>1 per 60 months                    | \$525.00       | \$525.00     |                      | \$0.00               | N             | Y           | Y              |
| D6245 | Pontic-Porcelain/Ceramic<br>1 per 60 months                          | \$550.00       | \$550.00     |                      | \$0.00               | N             | Y           | Y              |
| D6250 | Pontic Resin With Metal<br>1 per 60 months                           | \$500.00       | \$500.00     |                      | \$0.00               | N             | Y           | Y              |
| D6545 | Maryland Bridge Retainer<br>1 per 60 months                          | \$275.00       | \$275.00     |                      | \$0.00               | N             | Y           | Y              |
| D6720 | Abutment Resin With Metal<br>1 per 60 months                         | \$550.00       | \$550.00     |                      | \$0.00               | N             | Y           | Y              |
| D6740 | Abutment-Porcelain Jacket<br>1 per 60 months                         | \$550.00       | \$550.00     |                      | \$0.00               | N             | Y           | Y              |
| D6750 | Abutment-Porc. Fused To Metal<br>1 per 60 months                     | \$625.00       | \$625.00     |                      | \$0.00               | N             | Y           | Y              |
| D6751 | Abutment-Porc.Fused To Base Me<br>1 per 60 months                    | \$575.00       | \$575.00     |                      | \$0.00               | N             | Y           | Y              |
| D6752 | Abutment-Porc.Fused To Noble M<br>1 per 60 months                    | \$625.00       | \$625.00     |                      | \$0.00               | N             | Y           | Y              |
| D6780 | Abutment-3/4 Cast<br>1 per 60 months                                 | \$450.00       | \$450.00     |                      | \$0.00               | N             | Y           | Y              |
| D6790 | Abutment Full Cast Metal<br>1 per 60 months                          | \$500.00       | \$500.00     |                      | \$0.00               | N             | Y           | Y              |
| D6930 | Recement Bridge<br>1 per 12 months                                   | \$65.00        | \$65.00      |                      | \$0.00               | N             | Y           | Y              |
| D6950 | Precision Attachment   | \$125.00       | \$125.00     |                      | \$0.00               | N             | Y           | Y              |
| D7111 | Extraction Of Coronal Remains  | \$65.00        | \$65.00      |                      | \$0.00               | N             | Y           | Y              |
| D7140 | Extraction Erupted Tooth Or Exposed Root                             | \$70.00        | \$70.00      |                      | \$0.00               | N             | Y           | Y              |
| D7210 | Surgical Extraction<br>1 per 99 months                               | \$125.00       | \$125.00     |                      | \$0.00               | N             | Y           | Y              |
| D7220 | Removal-Soft Tissue Impacted   | \$175.00       | \$175.00     |                      | \$0.00               | N             | Y           | Y              |
| D7230 | Removal-Partial Bony Impacted  | \$250.00       | \$250.00     |                      | \$0.00               | N             | Y           | Y              |
| D7240 | Removal-Complete Bony Impacted                                       | \$300.00       | \$300.00     |                      | \$0.00               | N             | Y           | Y              |
| D7250 | Removal Of Residual Roots  | \$150.00       | \$150.00     |                      | \$0.00               | N             | Y           | Y              |
| D7280 | Surg.Exp-Imp/Unerup(For Ortho)                                       | \$200.00       | \$200.00     |                      | \$0.00               | N             | Y           | Y              |
| D7281 | Surg.Exp-Imp/Unerup(Aid Erupt)                                       | \$65.00        | \$65.00      |                      | \$0.00               | N             | Y           | Y              |
| D7286 | Biopsy Soft Tissue   | \$125.00       | \$125.00     |                      | \$0.00               | N             | Y           | Y              |
| D7310 | Alveolectomy   | \$175.00       | \$175.00     |                      | \$0.00               | N             | Y           | Y              |
| D7311 | Alveoplasty W/Ext Per Qd-1 To 3 Teeth<br>1 per 99 years              | \$105.00       | \$105.00     |                      | \$0.00               | N             | Y           | Y              |
| D7320 | Alveolectomy-Per Quad.-No Ext  | \$140.00       | \$140.00     |                      | \$0.00               | N             | Y           | Y              |
| D7410 | Excision-Lesion-Up To 1.25 Cm  | \$125.00       | \$125.00     |                      | \$0.00               | N             | Y           | Y              |
| D7450 | Cyst/Tumor Removal < 1.25 Cm   | \$150.00       | \$150.00     |                      | \$0.00               | N             | Y           | Y              |
| D7451 | Cyst Or Tumor Rem- > 1.25 Cm   | \$175.00       | \$175.00     |                      | \$0.00               | N             | Y           | Y              |
| D7472 | Removal Of Torus Palantinus  | \$250.00       | \$250.00     |                      | \$0.00               | N             | Y           | Y              |
| D7510 | Incision And Drainage  | \$75.00        | \$75.00      |                      | \$0.00               | N             | Y           | Y              |
| D7953 | Bone Graft-Ridge Preservation  | \$300.00       | \$150.00     |                      | \$150.00             | N             | Y           | Y              |
| D7961 | Buccal/Labial Frenectomy (Frenulectomy)                              | \$150.00       | \$150.00     |                      | \$0.00               | N             | Y           | Y              |
| D7962 | Lingual Frenectomy (Frenulectomy)                                    | \$150.00       | \$150.00     |                      | \$0.00               | N             | Y           | Y              |
| D8035 | Active Ortho Visits  | \$125.00       | \$125.00     |                      | \$0.00               | N             | N           | Y              |
| D8045 | Passive Ortho 3 Per 9 Months   | \$375.00       | \$375.00     |                      | \$0.00               | N             | N           | Y              |
| D8060 | Interceptive Ortho Tx Transitional Dentition<br>1 per Lifetime       | \$270.00       | \$270.00     |                      | \$0.00               | N             | N           | N              |
| D8080 | Initial Ortho App-Adolescent<br>1 per Lifetime                       | \$750.00       | \$750.00     |                      | \$0.00               | N             | N           | N              |
| D8090 | Initial Ortho App-Adult<br>1 per Lifetime                            | \$750.00       | \$750.00     |                      | \$0.00               | N             | N           | N              |
| D8210 | Removable Appliance Therapy<br>1 per 99 years                        | \$270.00       | \$270.00     |                      | \$0.00               | N             | N           | Y              |
| D8670 | Active Ortho Treat Per Month<br>24 per Lifetime                      | \$125.00       | \$125.00     |                      | \$0.00               | N             | N           | N              |
| D8680 | Ortho Retention (Remov App, Constr/Place Retainer)<br>1 per Lifetime | \$125.00       | \$125.00     |                      | \$0.00               | N             | N           | Y              |
| D8681 | Removable Orthodontic Retainer Adjustment<br>3 per Lifetime          | \$125.00       | \$125.00     |                      | \$0.00               | N             | N           | Y              |



**SCCEA WELFARE FUND**  
**Sccea Welfare Fund and Metrodent Premier**  
**Plan Schedule (In Network)**

| Code  | Description   | Maximum Charge | Plan Payment | Specialist Allowance | In-Network CoPayment | Pre Auth Req. | Max Applies | Deduct Applies |
|-------|---|----------------|--------------|----------------------|----------------------|---------------|-------------|----------------|
| D9110 | Palliative Treatment  | \$40.00        | \$40.00      |                      | \$0.00               | N             | Y           | Y              |
| D9120 | Fixed Partial Dent Sectioning                                     | \$40.00        | \$40.00      |                      | \$0.00               | N             | Y           | Y              |
| D9222 | Deep Sedation/General Anesthesia – First 15 Minute<br>1 per 1 Day | \$85.00        | \$85.00      |                      | \$0.00               | N             | Y           | Y              |
| D9223 | Deep Sedation/General Anesthesia - Each 15 Minute<br>1 per 1 Day  | \$85.00        | \$85.00      |                      | \$0.00               | N             | Y           | Y              |
| D9230 | Analgesia   | \$50.00        | \$50.00      |                      | \$0.00               | N             | Y           | Y              |
| D9239 | Intravenous Moderate (Conscious) Sedation/Analgesi<br>1 per 1 Day | \$85.00        | \$85.00      |                      | \$0.00               | N             | Y           | Y              |
| D9243 | Intravenous Moderate (Conscious)-15 Min<br>1 per 1 Day            | \$85.00        | \$85.00      |                      | \$0.00               | N             | Y           | Y              |
| D9310 | Specialist Consultation<br>2 per 12 months                        | \$50.00        | \$50.00      | \$65.00              | \$0.00               | N             | Y           | Y              |
| D9944 | Occlusal Guard – Hard Appliance, Full Arch<br>1 per 36 Months     | \$150.00       | \$150.00     |                      | \$0.00               | N             | Y           | Y              |
| D9945 | Occlusal Guard – Soft Appliance, Full Arch<br>1 per 36 Months     | \$150.00       | \$150.00     |                      | \$0.00               | N             | Y           | Y              |
| D9951 | Occlusal Adjustment-Limited                                       | \$45.00        | \$45.00      |                      | \$0.00               | N             | Y           | Y              |
| D9952 | Occlusal Adjustment-Complete                                      | \$60.00        | \$60.00      |                      | \$0.00               | N             | Y           | Y              |