



PROFESSIONAL DENTAL CARE



## Hauppauge Union Free School District Group #120

### Summary of Benefit for Full-Time Members:

**Annual maximum** \$1,500.00 individual, **Deductible** \$50.00 individual & \$150.00 family on Basic & Major Services only.

**Adult Ortho Lifetime max** \$1,000.00 Appliance & monthly at %50 (cut-off at age 65)

**Proof of Enrollment:** Handled by Fund up to age 26

### Pre-Authorizations:

Any claims over \$300.00 must be pre-authorized.

### In Network:

Preventive paid at 100% of the Sele-Dent fee schedule. All Basic and Major services are billed according to the Sele-Dent fee schedule. The difference between the Sele-Dent fee schedule and the Hauppauge UFSD fee schedule balance is the co-pay.

### Out of Network:

Preventive 100% of usual and customary; Basic and Major based on Hauppauge UFSD fee schedule, member pays balance.

### FREQUENCIES:

- **No limitations or frequencies on preventive & basic services** (exam, prophylaxis, full-mouth series, panoramic x-rays)
- **Fluoride:** No frequency and no age limit
- **Sealants:** No frequency up to age 16
- **Perio:** No frequency, all four quads same day
- **Major work:** 5 years replacement on major
- **Missing Tooth:** Covered
- **Implants:** mandatory pre-authorization

### Exclusions:

- **Veneers:** Not covered

## Scroll down for Complete Co-Pay Amounts

### Mailing Address:

One Huntington Quadrangle, Suite 1503  
Melville, NY 11747

Toll Free: (800) 520 - 3368

Phone: (516) 887 - 7566

Fax: (516) 887 - 7896



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Hauppauge Union Free School District
Group #120
Co-Pay Amounts

Table with 5 columns: PROC CODE, EXPLANATION CODES, SELE-DENT FEES, PLAN FEES, CO-PAYS. Lists various dental procedures and their associated costs.

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5411	Adjust Denture - Complete, Mandibular	\$38.00	\$20.00	\$18.00
5421	Adjust Denture - Partial, Maxillary	\$38.00	\$14.40	\$23.60
5730	Reline Denture - Complete, Maxillary	\$85.00	\$72.00	\$13.00
5731	Reline Denture - Complete, Mandibular	\$85.00	\$72.00	\$13.00
5741	Dent Reline Comp Lower	\$62.00	\$51.20	\$10.80
6240	Bridge Porce/Metal	\$265.00	\$257.60	\$7.40
6250	Pontic -Resin/HNM	\$265.00	\$204.80	\$60.20
6720	Bridge Plastic/Metal	\$265.00	\$229.60	\$35.40
6740	Crown Porcelain/Ceramic	\$225.00	\$212.80	\$12.20
6750	Retainer Crown - Porcelain/HNM	\$330.00	\$280.00	\$50.00
6790	Crown Gold Full Cast	\$275.00	\$229.60	\$45.40
6930	Recement Fixed Partial Denture	\$25.00	\$23.20	\$1.80
7111	Remove Coronal Remnants	\$35.00	\$24.00	\$11.00
7140	Extraction - Routine	\$65.00	\$33.60	\$31.40
7210	Extraction - Surgical	\$100.00	\$33.60	\$66.40
7220	Impacted Tooth - Remove ST	\$110.00	\$57.60	\$52.40
7230	Impacted Tooth - Remove PB	\$160.00	\$92.00	\$68.00
7240	Impacted Tooth - Remove CB	\$245.00	\$140.00	\$105.00
7250	Remove Residual Tooth Roots	\$65.00	\$40.00	\$25.00
7281	Expose Compact Complete	\$135.00	\$40.00	\$95.00
7285	Biopsy Hard Tissue	\$55.00	\$40.00	\$15.00
7310	Alveoloplasty w/Extract (4-8)	\$90.00	\$51.20	\$38.80
7320	Alveoloplasty (4-8)	\$135.00	\$57.60	\$77.40
7420	Radical Excision >5"	\$82.00	\$68.00	\$14.00
7431	Exc Ben Tumor >5"	\$150.00	\$96.00	\$54.00
7450	Odo Cyst <5"	\$125.00	\$81.60	\$43.40
7451	Odo Cyst >5"	\$180.00	\$144.00	\$36.00
7460	Non Odo Cyst <5"	\$100.00	\$88.00	\$12.00
7461	Non Odo Cyst >5"	\$190.00	\$92.00	\$98.00
7510	Rad Incis Intra Oral	\$65.00	\$28.80	\$36.20
7520	Rad Incis Extra Oral	\$142.00	\$25.00	\$117.00
7970	Exc Hyper Tissue	\$205.00	\$68.00	\$137.00
9110	Palliative Treatment	\$18.00	\$16.80	\$1.20
9223	Deep sedation/general anesthesia each 15 min	\$75.00	\$19.20	\$55.80
9243	Intravenous moderate sedation each 15 min	\$75.00	\$38.40	\$36.60
9310	Consultation	\$75.00	\$27.00	\$48.00
9940	Occlusal Guard	\$150.00	\$100.00	\$50.00
9951	Occlusal Adjustment - Limited	\$60.00	\$48.00	\$12.00
9952	Occlusal Adjustment - Complete	\$135.00	\$96.00	\$39.00

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