



**Local 812 Health Fund  
Group #812**

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

**Annual maximum** \$1,500.00 individual, **No deductible.**

**Ortho Lifetime max** \$1,800.00 (dependents up to age 19) Appliance \$450, Monthly \$56.25 for 24 months.

**Pre-Authorizations:**

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

**In Network:**

Preventive, Basic and Major work paid at 100% of the Sele-Dent fee schedule less co-pay.

**Out of Network:**

Provider will be reimbursed according to Fund's fee schedule, balance billed to member.

**FREQUENCIES:**

- **Examination:** No frequency
- **Prophylaxis:** once every 6 months
- **Panoramic X-Rays:** No frequency
- **Full Mouth:** once every 3 years
- **Bitewings:** once every 6 months
- **Fluoride:** No frequency (up to age 19)
- **Sealants:** No frequency, no age limit
- **Perio scaling:** No frequency, all four quads same day
- **Perio maint:** No frequency
- **Space Maintainers:** No frequency, no age limit
- **Major work:** 5 years replacement on major
- **Missing Tooth:** Covered

**Exclusions:**

- **Implants and Veneers:** Not covered
- **Arrestin:** Not covered
- **Early Oral Cancer Test:** Not covered

**SCROLL DOWN FOR COMPLETE CO-PAY INFORMATION**

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**LOCAL 812 CO-PAYS**

<b>PROC CODE</b>	<b>EXPLANATION CODES</b>	<b>CO-PAYS</b>
	<b>DIAGNOSTIC &amp; PREVENTIVE SERVICES</b>	
0120	Oral Examination - Periodic	\$5.00
0140	Oral Examination - Limited	\$5.00
0150	Oral Examination - Comprehensive	\$5.00
0160	Oral Evaluation - Detailed & Extensive	\$18.00
0180	Periodontal Evaluation	\$5.00
0240	X-rays - Intraoral Occlusal	\$3.00
0250	X-rays - Extraoral, 1 Film	\$13.00
0260	X-rays - Extraoral, Each Add'l Film	\$14.00
0270	X-rays - Bitewing, 1	\$1.00
0290	X-rays - Skull & Facial Bone Survey	\$6.00
0310	Sialography	\$36.00
0322	Tomographic Survey	\$375.00
0330	X-rays - Panoramic	\$5.00
0431	Test for Mucosal Abnormalities	\$50.00
0460	Pulp Vitality Tests	\$10.00
0470	Diagnostic/Study Models	\$5.00
0490	Miscellaneous Test/Lab	\$15.00
1110	Prophylaxis - Adult	\$3.00
1120	Prophylaxis - Child	\$4.00
1206	Topical application of fluoride varnish	\$4.00
1208	Topical application of fluoride - excluding varnish	\$4.00
1351	Sealant - per Tooth	\$2.00
1515	Space Maintainer - Fixed, Bilateral	\$25.00
1525	Space Maintainer - Removable, Bilateral	\$23.75
	<b>RESTORATIVE DENTISTRY</b>	
2140	Amalgam - Metallic, 1 Surface	\$4.00
2150	Amalgam - Metallic, 2 Surface	\$6.00
2160	Amalgam - Metallic, 3 Surface	\$7.00
2161	Amalgam - Metallic, 4+ Surface	\$9.00
2330	Anterior Resin - Composite, 1 Surface	\$8.00
2331	Anterior Resin - Composite, 2 Surfaces	\$15.00
2332	Anterior Resin - Composite, 3 Surfaces	\$44.00
2390	Anterior Resin - Composite, Crown	\$17.00
2391	Posterior Resin - Composite, 1 Surface	\$17.00
2392	Posterior Resin - Composite, 2 Surfaces	\$29.00
2393	Posterior Resin - Composite, 3 Surfaces	\$49.00
2394	Posterior Resin - Composite, 4+ Surfaces	\$55.00
2510	Inlay - Metallic, 1 Surface	\$80.00
2520	Inlay - Metallic, 2 Surface	\$60.00
2530	Inlay - Metallic, 3+ Surface	\$70.00
2544	Onlay - Metallic, 4+ Surfaces	\$37.50
2740	Crown - Porcelain/Ceramic, Full	\$50.00

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<b>RESTORATIVE DENTISTRY</b>		
2750	Crown- Porcelain/HNM	\$136.00
2751	Crown - Porcelain fused to predom base metal	\$136.00
2752	Crown - Poercelain/Noble	\$136.00
2782	Crown - 3/4 Cast, Noble	\$73.00
2790	Crown - Full Cast, HNM	\$120.00
2792	Crown - Full Cast, Noble	\$100.00
2930	Crown - Stainless Steel, Prefab, Prim	\$24.00
2932	Crown - Resin-Based, Prefab	\$9.50
2950	Core Buildup, include any pins	\$14.00
2951	Pin Retention	\$26.00
2952	Post & Core Added to Crown	\$5.00
2954	Prefabricated Post & Core	\$25.00
<b>ROOT CANAL THERAPY</b>		
3320	Root Canal Therapy - Bicuspid	\$29.00
3330	Root Canal Therapy - Molar	\$56.00
3331	Root Canal Treatment - Obstruction	\$43.75
3347	Retreat Root Canal - Bicuspid	\$29.00
3348	Retreat Root Canal - Molar	\$56.00
3410	Apicoectomy - Anterior	\$17.50
3421	Apicoectomy - Bicuspid, 1st Root	\$10.00
3425	Apicoectomy - Molar, 1st Root	\$20.00
3426	Apicoectomy - Each Add'l Root	\$130.00
3430	Retrograde Filling - per Root	\$29.00
3450	Root Amputation - per Root	\$50.00
3920	Hemisection w/o Root Canal	\$70.00
<b>PERIODONTICS</b>		
4210	Gingivectomy - per Quad	\$75.00
4211	Gingivectomy - 1-3 Teeth	\$65.00
4260	Osseous Surgery w/Flap - per Quad	\$109.00
4261	Osseous Surgery w/Flap - 1-3 Teeth	\$102.50
4263	Bone replace graft - 1st Site	\$37.50
4264	Bone replace graft - Each Add'l Site	\$37.50
4266	Resorbable Barrier	\$18.75
4267	Nonresorbable Barrier	\$37.50
4270	Graft - Soft Tissue, Pedicle	\$45.00
4275	Soft Tissue Allograft	\$15.00
4910	Periodontal Maintenance	\$24.00
<b>PROSTHETICS REMOVABLE</b>		
5110	Denture - Complete, Maxillary	\$110.00
5120	Denture - Complete, Mandibular	\$110.00
5130	Denture - Immediate, Maxillary	\$120.00

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	<b>PROSTHETICS REMOVABLE</b>	
5140	Denture - Immediate, Mandibular	\$120.00
5211	Partial Denture - Resin Base, Maxillary	\$60.00
5212	Partial Denture - Resin Base, Mandibular	\$60.00
5213	Partial Denture - Metal Base, Maxillary	\$60.00
5214	Partial Denture - Metal Base, Mandibular	\$60.00
5225	Partial Denture - Flexible Base, Maxillary	\$60.00
5226	Partial Denture - Flexible Base, Mandibular	\$60.00
5281	Partial Denture - Unilateral, Removable	\$41.25
5410	Adjust Denture - Complete, Maxillary	\$37.00
5411	Adjust Denture - Complete, Mandibular	\$9.50
5421	Adjust Denture - Partial, Maxillary	\$9.50
5422	Adjust Denture - Partial, Mandibular	\$7.00
5510	Repair Denture Base - Complete	\$8.00
5610	Repair Resin Denture Base	\$16.25
5630	Repair/Replace Broken Clasp	\$32.00
5650	Add Tooth to Existing Partial	\$11.00
5660	Add Clasp to Existing Partial	\$32.00
5670	Replace Upper Teeth/Acrylic	\$9.00
5710	Rebase Denture - Complete, Maxillary	\$95.00
5711	Rebase Denture - Complete, Mandibular	\$95.00
5720	Rebase Denture - Partial, Maxillary	\$41.25
5721	Rebase Denture - Partial, Mandibular	\$41.25
5730	Reline Denture - Complete, Maxillary	\$1.00
5731	Reline Denture - Complete, Mandibular	\$1.00
5760	Reline Denture - Partial, Maxillary, Lab	\$2.00
5761	Reline Denture - Partial, Mandibular, Lab	\$2.00
	<b>PROSTHETICS FIXED BRIDGES</b>	
6240	Pontic - Porcelain/HNM	\$15.00
6241	Pontic - Porcelain/Base Metal	\$15.00
6242	Pontic - Porcelain/Noble	\$15.00
6250	Pontic -Resin/HNM	\$40.00
6750	Retainer Crown - Porcelain/HNM	\$136.00
6751	Retainer Crown - Porcelain/Base	\$55.00
6752	Retainer Crown - Porcelain/Noble	\$145.00
6780	Retainer Crown - 3/4 Cast HNM	\$45.00
6790	Retainer Crown - Full Cast HNM	\$120.00
6792	Retainer Crown - Full Cast Noble	\$155.00
6930	Recement Fixed Partial Denture	\$4.00
6940	Stress Breaker	\$9.50
6950	Precision Attachment	\$13.75

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<b>PROC CODE</b>	<b>EXPLANATION CODES</b>	<b>CO-PAYS</b>
	<b>ORAL SURGERY</b>	
7111	Remove Coronal Remnants	\$8.75
7140	Extraction - Routine	\$35.00
7210	Extraction - Surgical	\$73.00
7220	Impacted Tooth - Remove ST	\$69.00
7230	Impacted Tooth - Remove PB	\$92.00
7240	Impacted Tooth - Remove CB	\$156.00
7250	Remove Residual Tooth Roots	\$21.00
7260	Oroantral Fistula Closure	\$75.00
7270	Stabilization of Evulsed Tooth	\$75.00
7271	Implantation	\$41.25
7272	Tooth Transplantation	\$50.00
7280	Access Unerupted Tooth	\$13.75
7290	Surgical Repositioning of Teeth	\$45.00
7310	Alveoloplasty w/Extract (4-8)	\$63.00
7311	Alveoloplasty w/Extract (1-3)	\$22.50
7320	Alveoloplasty (4-8)	\$55.00
7340	Vestibuloplasty - Secondary	\$15.00
7350	Vestibuloplasty	\$20.50
7410	Excise Ben. Lesion (<1.25 cm)	\$15.00
7411	Excise Ben. Lesion (>1.25 cm)	\$15.00
7412	Excise Complex Benign Lesion	\$20.50
7413	Excise Mal. Lesion (<1.25 cm)	\$20.50
7414	Excise Mal. Lesion (>1.25 cm)	\$20.50
7415	Excise Complex Malignant Lesion	\$20.50
7440	Excise Mal. Tumor (<1.25 cm)	\$20.50
7441	Excise Mal. Tumor (>1.25 cm)	\$27.50
7450	Remove Ben. OG Cyst (<1.25 cm)	\$31.25
7451	Remove Ben. OG Cyst (>1.25 cm)	\$45.00
7460	Remove Ben. NO Cyst (<1.25 cm)	\$25.00
7461	Remove Ben. NO Cyst (>1.25 cm)	\$47.50
7472	Remove Torus Palatinus	\$20.50
7473	Remove Torus Mandibularis	\$27.50
7480	Ostectomy - Partial	\$47.50
7485	Reduce Osseous Tuberosity	\$47.50
	<b>ANESTHESIA</b>	
9210	Anesthesia - Local w/o Surgery	\$3.75
9211	Anesthesia - Regional Block	\$7.00
9212	Trigeminal Division Block	\$9.50
9223	Deep sedation/general anesthesia each 15 min	\$41.00
9230	Inhalation of nitrous oxide/analgesia	\$41.00
9243	Intravenous mod (conscious) sedation/analgesia each	\$41.00

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	<b>ADJUNCTIVE GENERAL SERVICES</b>	
9310	Professional Consultation	\$55.00
9450	Detailed Treatment Planning	\$18.75
9910	Desensitizing Medicament	\$7.50
9911	Desensitizing Resin	\$8.00
9951	Occlusal Adjustment - Limited	\$40.00
9952	Occlusal Adjustment - Complete	\$115.00