

**HUDSON VALLEY COMMUNITY COLLEGE
DENTAL BENEFITS PLAN**

SCHEDULE OF ALLOWANCES

PLAN ADMINISTERED BY DELTA DENTAL

Effective January 1, 2015

Annual Maximum for all services - \$1200

CODE	DENTAL PROCEDURE	CLASS	
DIAGNOSTIC			
Clinical Oral Examinations (Not more than one examination of either type in a 6 consecutive month period)			
0120	PERIODIC ORAL EXAMINATION	1	\$29.00
0140	LIMITED ORAL EXAM - PROBLEM FOCUSED	1	\$29.00
0150	COMPHRENSIVE ORAL EVALUATION	1	\$38.65
Radiographs (includes examination and diagnosis)			
0210	INTRAORAL FMS & BITEWINGS - limited to one series in a 36 conseacutive month period	1	\$58.00
0220	INTRAORAL SINGLE FIRST FILM	1	\$6.44
0230	INTRAORAL EACH ADDITIONAL FILM	1	\$6.44
0240	INTRAORAL, OCCLUSAL, SGL FILM	1	\$19.33
0250	EXTRAORAL, SGL, FIRST FILM	1	\$12.88
0260	EXTRAORAL EACH ADDITIONAL FILM	1	\$12.88
0270	BITEWING - SINGLE FILM **	1	\$11.27
0272	XRAYS-BITEWINGS-2 FILMS**	1	\$19.33
0274	X-RAYS-BITEWINGS-4 FILMS**	1	\$35.43
	**Bitewings are limited to one service in a 6 consecutive month period.		
0290	POSTERIOR-ANTERIOR OR LATERAL SKULL/FACI	1	\$58.00
0321	TMJ JOINT SINGLE FILM/PER FILM	1	\$58.00
0330	PANOREX-MAX/MAND SINGLE FILM - limited to one service in a 36 consecutive month period.	1	\$58.00
0340	CEPHALOMETRIC FILM SERIES	1	\$48.32
PREVENTATIVE			
Dental Prophylaxis, not more than one in a 6 consecutive month period)			
1110	PROPHYLAXIS-ADULT 'OVER 14'	1	\$58.00
1120	PROPHYLAXIS-CHILD 'UNDER 14'	1	\$38.65
Fluoride Treatments (limited to one service in a 12 month consecutive month period to persons under 19)			
1203	TOPICAL APPLICATION OF FLUORIDE - CHILD	1	\$28.99
Space Maintainers (to replace prematurely lost teeth of dependent child under age 14)			
1510	SPACE MAINT, FIXED BAND TYPE	1	\$144.95
1515	SPACE MAINT, FIXED, S S CROWN TYPE	1	\$193.26
1525	SPACE MAINT - REMOVABLE	1	\$96.63
RESTORATIVE			
Amalgam Restorations (inc. polishing)			
2110	AMALGAM ONE SURFACE DECIDUOUS	2	\$58.00
2120	AMALGAM 2 SURFACE DECIDUOUS	2	\$77.30
2130	AMALGAM 3 SURFACE DECIDUOUS	2	\$96.63
2131	AMALGAM 4 SURFACE PRIMARY	2	\$96.63
2140	AMALGAM ONE SURFACE PERMANENT	2	\$58.00
2150	AMALGAM TWO SURFACE PERMANENT	2	\$77.30
2160	AMALGAM THREE SURFACE PERMANENT	2	\$96.63
Composite Restorations			
2330	COMPOSITE RESIN ONE SURFACE	2	\$67.64
2331	COMPOSITE RESIN TWO SURFACE	2	\$87.00
2332	COMPOSITE RESIN THREE SURFACE	2	\$96.63
2335	RESIN-FOUR OR MORE SURFACES OR INCISAL ANGLE	2	\$77.30

CODE	DENTAL PROCEDURE	CLASS	
2337	RESIN - BASED COMPOSIT CROWN ANT-PERM	2	\$67.64
2385	RESIN - ONE SURFACE POSTERIOR PERMANENT	2	\$67.64
2386	RESIN - TWO SURFACES POSTERIOR PERMANENT	2	\$87.00
2387	RESIN-THREE OR MORE SURFACES POSTERIOR	2	\$96.63
Gold Foil Restorations			
2410	GOLD FOIL ONE SURFACE	2	\$67.64
2420	GOLD FOIL TWO SURFACES	2	\$87.00
2430	GOLD FOIL THREE SURFACES	2	\$96.63
Gold Inlay Restorations			
2520	INLAY GOLD TWO SURFACE	2	\$144.95
2530	INLAY GOLD THREE SURFACE	2	\$193.26
2542	INLAY GOLD THREE SURFACE	2	\$96.63
2710	PLASTIC ACRYLIC CROWN	3	\$125.62
2720	PLASTIC WITH METAL CROWN	3	\$360.75
2721	CROWN-PLASTIC TO NON-PRECIOUS METAL	3	\$360.75
2722	CROWN-PLASTIC TO SEMI-PRECIOUS METAL	3	\$360.75
2740	PORCELAIN CROWN	3	\$360.75
2750	PORCELAIN WITH METAL CROWN	3	\$360.75
2751	CROWN-PORCELAIN TO NON-PRECIOUS METAL	3	\$360.75
2752	CROWN PORCELAIN - SEMI PRECIOUS METAL	3	\$360.75
2780	CROWN PORCELAIN - SEMI PRECIOUS METAL	3	\$360.75
2790	GOLD FULL CAST CROWN	3	\$289.89
2791	NON-PRECIOUS METAL (FULL CAST)	3	\$360.75
2792	SEMI-PRECIOUS METAL (FULL CAST)	3	\$360.75
2910	RECEMENT INLAYS-PER TOOTH	3	\$67.64
2920	RECEMENT CROWNS-PER TOOTH	3	\$67.64
2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY	3	\$116.00
2950	CORE BUILDUP INCLUDING ANY PINS	3	\$106.29
2951	PIN RETENTION-PER TOOTH, IN ADD TO RESTORATION	3	\$29.00
2952	CAST POST AND CORE IN ADDITION TO CROWN	3	\$96.63
2954	PREFABRICATED POST AND CORE IN ADD CROWN	3	\$183.60
3220	THERAPEUTIC PULPOTOMY (EXC FINAL RESTOR)	2	\$96.63
Root Canal Therapy (includes treatment plan, clinical procedures and follow-up care but excludes final restoration)			
3310	ONE CANAL TRADITIONAL	2	\$338.21
3320	TWO CANALS TRADITIONAL	2	\$434.84
3330	THREE CANALS-TRADITIONAL	2	\$531.47
3346	RETREATMENT - ANTERIOR	2	\$338.21
3347	RETREATMENT - BICUSPID	2	\$434.84
3348	RETREATMENT - MOLAR	2	\$531.47
Periapical Services			
3410	APICOECTOMY - SEPARATE PROCEDURE	2	\$270.57
3421	APICOECTOMY - BICUSPID 1ST ROOT	2	\$270.57
3425	APICOECTOMY - MOLAR 1ST ROOT	2	\$270.57
3426	APIOECTOMY/PERIRADICULAR SURGERY EA ADD	2	\$96.63
3450	ROOT RESECTION-PER ROOT	2	\$473.49
3920	HEMISECTION	2	\$96.63
PERIODONTICS			
Surgical Services (including usual post-operative services; only one of the following services is covered per quadrant)			
4210	GINGIVECTOMY GINGIVOPLASTY PER QUAD	2	\$260.90
4220	GINGIVAL CURETTAGE PER QUAD	2	\$164.27
4240	GINGIVAL FLAP PROCEDURE	2	\$483.15
4250	MUCOGINGIVAL SURG PER QUAD	2	\$483.15
4260	OSS SURG FLAP PER QUAD	2	\$483.15
4263	OSSEOUS SURGERY W/FLAP & CLOSURES EXTANT	2	\$483.15
4264	OSSEOUS SURGERY W/FLAP & CLOSURE TOOTH	2	\$483.15

CODE	DENTAL PROCEDURE	CLASS	
4270	PEDICLE, SOFT TISSUE GRAFTS	2	\$483.15
4271	FREE, SOFT TISSUE GRAFTS	2	\$483.15
4341	PERIO SCALING/ROOT PLANING-PER QUADRANT	2	\$77.30
4910	PERIODONTAL MAIN PROCED (FOLLOW ACTIVE)	2	\$135.28

PROSTHODONTICS - REMOVABLE

Benefits for dentures and partial dentures include adjustments within 6 months after installation)

Complete Dentures - including six months postdelivery care

5110	COMPLETE UPPER DENTURE	3	\$386.52
5120	COMPLETE LOWER	3	\$386.52
5130	IMMEDIATE UPPER	3	\$241.58
5140	IMMEDIATE UPPER	3	\$241.58

Partial Dentures - includeing six months postdelivery care

5211	DENTURE-PART UPPER W/OUT CLASPS, ACRYLIC BASE	3	\$277.01
5212	DENTURE-PART LOWER W/OUT CLASPS, ACRYLIC BASE	3	\$277.01
5213	UPPER PARTIAL-CAST METAL BASE W/RESIN BASE	3	\$409.07
5214	LOWER PARTIAL-CAST METAL BASE W/RESIN BASE	3	\$409.07
5281	REMOV. UNILAT PART DENTURE-1 PIECE CAST METAL	3	\$309.22

Repairs to Dentures

5510	REPAIR BROKEN COMPLETE DENTURE BASE	3	\$87.00
5520	REPLACE MISSING OR BROKEN TEETH (COMPLETE)	3	\$96.63
5610	REPAIR PART DENTURE-NO TEETH DAMAGE	3	\$87.00
5620	REPAIR DENT REPLACE 1 BROKEN TOOTH	3	\$54.76
5630	REPAIR OR REPLACE BROKEN CLASP	3	\$144.95
5640	REPL BKN TEETH ON PARTIAL DENT PER TOOTH	3	\$96.63
5650	ADD TOOTH/PAR REPL EXT TOOTH NO CLASP	3	\$96.63
5660	ADD TOOTH/PAR REPL EXT TOOTH WITH CLASP	3	\$135.28

Denture Relining

5710	REBASE COMPLETE MAXILLARY DENTURE	3	\$309.22
5711	REBASE COMPLETE LOWER DENTURE	3	\$309.22
5720	DENTURE-DUP UP/LOW PARTIAL /JUMP CASE	3	\$309.22
5721	REBASE LOWER PARTIAL DENTURE	3	\$309.22
5730	DENTURE RELINE, COMPLETE 'OFFICE'	3	\$145.00
5731	RELIN COMPLETE LOWER DENTURE (CHAIRSIDE)	3	\$145.00
5740	DENTURE RELINE, PARTIAL 'OFFICE'	3	\$145.00
5741	RELIN LOWER PARTIAL DENTURE (CHAIRSIDE)	3	\$145.00
5750	DENTURE RELINE, COMPLETE 'LAB'	3	\$193.26
5751	RELIN COMPLETE LOWER DENTURE (LAB)	3	\$193.26
5760	DENTURE RELINE, PARTIAL 'LAB'	3	\$193.26
5761	RELIN LOWER PARTIAL DENTURE (LAB)	3	\$193.26

PROSTHODONTICS - FIXED (each abutment and each pontic

constitutes a unit in a bridge)

5931	OBTURATOR PROSTHESIS, SURGICAL	3	\$386.52
5932	OBTURATOR PROSTHESIS, DEFINITIVE	3	\$386.52
5933	OBTURATOR PROSTHESIS, MODIFICATION	3	\$386.52

Bridge Pontics

6210	PONTIC-CAST GOLD	3	\$174.00
6211	PONTIC-CAST PREDOMINANTLY BASE METAL	3	\$174.00
6212	PONTIC - CAST NOBLE METAL	3	\$193.26
6240	PONTIC-PORCELAIN FUSED TO METAL	3	\$193.26
6241	PONTIC-PORCELAIN FUSED TO PREDOM BASE METAL	3	\$193.26
6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	3	\$193.26
6250	PONTIC-RESIN WITH HIGH NOBLE METAL	3	\$193.26
6251	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	3	\$193.26
6252	PONTIC-PLASTIC RESIN WITH NOBLE METAL	3	\$193.26

Retainers

6520	INLAY- METALLIC-TWO SURFACES	3	\$145.00
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CODE	DENTAL PROCEDURE	CLASS	
6530	INLAY-METALLIC-THREE OR MORE SURFACES	3	\$193.26
6543	ONLAY-METALLIC-THREE SURFACES	3	\$116.00
6545	RETAINER-CAST METAL FOR ACID ETCH FIXED	3	\$116.00
<u>Crowns</u>			
6720	CROWN - RESIN W/HIGH NOBLE METAL	3	\$318.88
6721	CROWN - RESIN W/PREDOMINANTLY BASE METAL	3	\$289.89
6722	CROWN - RESIN W/NOBLE METAL	3	\$289.89
6750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	3	\$367.20
6751	CROWN - PORCELAIN FUSED TO PREDOM BASE METAL	3	\$289.89
6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	3	\$289.89
6780	CROWN - 3/4 CAST HIGH NOBLE METAL	3	\$212.59
6790	CROWN - FULL CAST HIGH NOBLE METAL	3	\$289.89
6791	CROWN FULL CAST PREDOMINANTLY BASE METAL	3	\$289.89
6792	CROWN FULL CAST NOBLE METAL	3	\$289.89
<u>Other Prosthetic Services</u>			
6930	RECEMENT BRIDGE	3	\$58.00
6950	PRECISION ATTACHMENT	3	\$193.26
<u>ORAL SURGERY</u>			
<u>Simple extractions</u> (includes local anesthesia and routine postoperative care)			
7110	SINGLE TOOTH	2	\$58.00
7120	EXTRACTION SIMPLE EACH ADDITIONAL	2	\$58.00
7210	SURGICAL REMOVAL ERUPTED TOOTH	2	\$96.63
7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	2	\$193.26
7230	REMOVAL IMPACTED TOOTH PARTIALLY BONY	2	\$241.58
7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	2	\$289.89
7241	REMOVAL OF IMPACTED TOOTH COMPLETELY BONY	2	\$328.54
7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	2	\$96.63
7260	ORAL ANTRAL FISTULA CLOS &/OR ROOT REC	2	\$386.52
<u>Other Surgical Procdures</u>			
7270	TOOTH REPLANTATION	2	\$96.63
7280	SURG EXPOS IMPACT TOOTH ORTHO RESONS	2	\$96.63
7285	BIOPSY OF ORAL TISSUE-HARD	2	\$96.63
7286	BIOPSY-ORAL TISSUE-SOFT	2	\$96.63
<u>Alevoplasty</u> (surgical preparation of ridge for dentures)			
7310	ALVEOLOPLASTY IN CONJUNCTION W/EXTRACTION	2	\$96.63
7320	ALVEOLOPLASTY NOT IN CONJUNCTION W/EXTRACTION	2	\$193.26
7340	VESTIBULOPLASTY-RIDGE EXTENSION	2	\$193.26
<u>OTHER SERVICES</u>			
7450	RMVL OF ODONT CYST/TUMOR UP TO 1/ INCH	2	\$145.00
7460	RMVL OF NONODONT CYST/TUMOR UP TO 1/2"	2	\$145.00
7510	INCISION & DRAINAGE ABSCESS EXTRAORAL	2	\$67.64
7520	I & D ABSCESS EXTRAORAL	2	\$48.32
7560	MAXIL SINUSOTOMY FOR RMVL TOOTH FRAG/ FB	2	\$145.00
7610	MAXILLA - OPEN REDUCTION	2	\$869.68
7620	MAXILLA - CLOSED REDUCTION	2	\$579.78
7630	MANDIBLE - OPEN REDUCTION	2	\$869.68
7640	MANDIBLE CLOSED REDUCTION	2	\$676.41
7650	FRACT SMPL MALAR OR ZYG ARCH OPRED	2	\$579.78
7660	FRACT SMPL MALAR OR ZYG ARCH CLRED	2	\$193.26
7810	OPEN REDUCTION OF DISLOCATION	2	\$289.89
7820	CLOSED REDUCTION OF DISLOCATION	2	\$145.00
7960	FRENULECTOMY-SEP PROC	2	\$77.30
<u>Emergency Treatment</u>			
9110	PALLIATIVE TREATMENT-MINOR	1	\$29.00
9310	CONSULTATION - PER SESSION	1	\$67.64
<u>Anesthesia</u>			

CODE	DENTAL PROCEDURE	CLASS	
9220	ANESTHESIA-GENERAL FIRST 30 MINUTES	2	\$193.26
Miscellaneous Procedures			
9410	VISIT-HOUSE CALL	1	\$38.65
9420	HOSPITAL CALL	2	\$38.65