

PROCEDURE	FUND PAYS
Root canal therapy, anterior	.....\$285
Root canal therapy, bicuspid	.....\$325
Root canal therapy, molar	.....\$385

OTHER ENDODONTIC/PERIRADICULAR SERVICES	
Pulpotomy (<i>deciduous teeth only</i>)	.....\$31
Apicoectomy (<i>per tooth</i>)	.....\$100
<i>(General anesthesia covered)</i>	

Retrograde filling (<i>per tooth, in conjunction with apicoectomy</i>)\$50
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PERIODONTICS

Consists of treatment of diseases of the tissues (gums and bone) which support the teeth. Allowances for periodontics include all pre and post-operative care and other diagnostic services. When such services are provided, the allowance shall be made on a quadrant or sextant basis. All periodontal work will be professionally reviewed for necessity and appropriateness of the planned treatment, taking into account the exclusions and limitations of the Plan. The treatment plan must be accompanied by periodontal charting and x-rays.

Benefits will be paid for only the most comprehensive surgical procedure necessary in each site.

Periodontic benefits will not usually be paid for procedures performed on patients under 19 years of age. Exceptions can be made based on documented medical necessity.

Periodontal scaling and root planing, <i>per quadrant (1 per 6 month period)</i>	.....\$20
Gingivectomy, <i>per quadrant (1 per 5 years)</i>	.....\$150
Osseous surgery, <i>per quadrant (1 per 5 years)</i>	.....\$250
Periodontal maintenance procedure <i>(1 per 6 months, prophylaxis or periodontal maintenance procedure)</i>	.....\$55

PROSTHODONTICS (REMOVABLE)

COMPLETE DENTURES (including routine post-delivery care)

*A benefit will be paid for a permanent denture replacing an interim denture after 6 months but no longer than 12 months from the date the interim denture was inserted. If no permanent denture is inserted prior to 12 months, the interim denture will be considered a permanent denture. **The Plan will pay for no other insertion within the next 5 year period.** Benefits are payable **only** upon insertion of denture.*

Full upper or lower denture, permanent	.....\$500
Full upper or lower denture, implant/abutment supported	.....\$500
Full upper or lower denture, interim	.....\$144

PROCEDURE	FUND PAYS
PARTIAL DENTURES (including routine post-delivery care)	
Partial upper or lower denture, permanent	.....\$500
Partial upper or lower denture, implant/abutment supported	.....\$500
Unilateral partial upper or lower denture, permanent	.....\$250
Interim partial dentures, upper or lower (<i>anterior teeth only</i>)	.....\$120

REPAIRS TO FULL/COMPLETE DENTURES	
Repair broken complete denture base	.....\$50
Replace missing or broken teeth (<i>any number</i>)	.....\$50

REPAIRS TO PARTIAL DENTURES	
Repair resin denture base	.....\$50
Repair cast framework	.....\$50
Repair or replace broken clasp	.....\$50
Replace broken teeth (<i>any number</i>)	.....\$50
Add tooth to existing partial denture (<i>any number</i>)	.....\$50
Add clasp to existing partial denture	.....\$50

RELINE OF DENTURES	
<i>Indicated when denture stability is adversely affected due to ridge resorption and supporting tissue changes which are not excessive. No claim will be allowed for more than one reline of the same denture during any 2 year period.</i>	
Reline full denture	.....\$150
Reline partial denture	.....\$150

REBASE FULL DENTURE	
<i>Indicated when denture stability and retention are adversely affected due to excessive bone resorption and other supporting tissue changes and/or deficient denture borders. No benefit will be allowed for more than one rebase of the same denture during any 2 year period.</i>	
Rebase (<i>full denture only</i>)	.....\$235

PROSTHODONTICS (FIXED)

All fixed bridge units will be professionally reviewed for necessity and appropriateness of the planned treatment, taking into account the exclusions and limitations of the Plan. Benefits are payable upon insertion of the fixed bridge. (1 per 5 years).

PONTICS	
Cast metal	.....\$220
Porcelain fused to metal	.....\$400
Porcelain/ceramic	.....\$400
Resin fused to metal	.....\$208

ABUTMENTS (BRIDGE RETAINERS)	
Cast metal, full	.....\$400
Implant/abutment supported, cast metal	.....\$400
Porcelain fused to metal	.....\$525
Implant/abutment supported, porc fused to metal	.....\$525
Porcelain/Ceramic	.....\$440
Implant/abutment supported, porcelain/ceramic	.....\$440

PROCEDURE	FUND PAYS
Resin fused to metal	.....\$440
Retainer for Maryland-type bridge	.....\$120
RECEMENT	
Crown	.....\$30
Bridge	.....\$40

ORAL SURGERY

Allowances for oral surgery include all pre and post operative care and diagnostic services.

EXTRACTIONS (1 per tooth per lifetime)	
Erupted tooth or exposed root	.....\$65
Surgical removal	.....\$85
Soft tissue impaction	.....\$121
Partial bony impaction	.....\$145
Full bony impaction	.....\$225
Residual roots	.....\$65

OTHER SURGICAL PROCEDURES	
Oroantral fistula closure	.....\$240
Biopsy (<i>tissue removal</i>)	.....\$60
Alveoplasty (<i>per quadrant</i>)	.....\$80
Vestibuloplasty	.....\$42
Removal of odontogenic cyst or tumor	.....\$90
Removal of exostosis (<i>per site</i>)	.....\$90
Incision and drainage, <i>intraoral not resolved by tooth extraction</i>	.....\$40
Incision and drainage, <i>extraoral</i>	.....\$50
Fracture of jaw (<i>open reduction</i>)	.....\$420
Fracture of jaw (<i>closed reduction</i>)	.....\$420
Frenulectomy	.....\$100
Excision of hyperplastic tissue (<i>per arch</i>)	.....\$50
Sialolithothomy	.....\$50

ADJUNCTIVE GENERAL SERVICES

General anesthesia (<i>per covered oral surgery visit</i>)	.....\$200
or	
Intravenous sedation (<i>per covered oral surgery visit</i>)	.....\$200
Palliative (emergency) treatment of dental pain (<i>1 per 6 month period, same frequency limit as Limited examination, evaluation</i>)	.....\$25

EXCLUSIONS AND LIMITATIONS

- There is coverage for **replacement of an existing crown, partial or full removable denture or replacement of fixed bridgework** by a new denture or bridgework, or the addition of teeth to an existing partial removable denture or to bridgework to replace extracted natural teeth, but only if the Plan is furnished satisfactory evidence that:
 - The existing denture or bridgework was inserted at least **five** years prior to its replacement and the existing denture or bridgework cannot be made serviceable by a dentist.

- In the case of a **replacement crown**, at least **five** years must have elapsed since the original crown was inserted.
- Retreatment of **periodontal surgery** such as gingivectomy and osseous surgery, is allowed only if **five** years have elapsed since the previous periodontal surgery.
- Fillings** are covered only once per surface per tooth within a **12 month period**.

In addition to the Exclusions and Limitations as stated in the CSEA Employee Benefit Fund Retiree Dental Plan Schedule of Allowances and those listed above, this plan does not cover:

- charges for any type of service or appliance not described in the Schedule of Allowances.
- treatment by other than a licensed dentist or dental hygienist acting within the scope of licensure.
- services and supplies that are primarily cosmetic in nature.
- replacement of a lost or stolen prosthetic appliance.
- duplicate prosthetic appliances or services.
- dentures, crowns, inlays, bridgework or appliances to change or maintain vertical dimension.
- precision or other elaborate attachments or features for dentures, bridgework or any other dental appliances.
- charges for surgical implants.
- any service commenced or appliance furnished before the eligibility date under the Plan, including any appliance which was delivered or inserted prior thereto.
- any appliance which is not finally inserted prior to last date of eligibility.
- splinting.
- treatment covered by Workers' Compensation or similar law.
- charges for expenses which are reimbursable through "no-fault" automobile insurance.
- any benefit that is claimed after a period that exceeds one year from the calendar year in which dental services were rendered.
- temporary dental services which are determined by the Fund to be an integral part of the final dental service rather than a separate service.

COORDINATION OF BENEFITS

Since it is not intended that the patient receive greater benefits than the actual expenses incurred, the amount of benefits payable under the CSEA Employee Benefit Fund Retiree Dental Plan will take into account any coverage the retiree (or eligible dependent) has under other group dental plans. In other words, the benefits under the CSEA Employee Benefit Fund Retiree Dental Plan will be coordinated with the benefits provided by other dental plans. Please remember that you cannot coordinate benefits within the FUND dental plans.

NOTE: Retirees and Dependents (spouse and children) cannot be covered under the CSEA Employee Benefit Fund Retiree Dental Plan, if covered under another FUND Dental Plan.

Birthday Rule

Coordination of benefits regulations state that the primary payer of benefits for dependent children is determined by the parent who has the earlier date by month and day, without regard to the year of birth.

CSEA EMPLOYEE BENEFIT FUND

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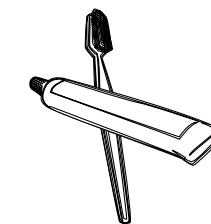
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RETIREE

DENTAL PLAN

SUMMARY PLAN DESCRIPTION



GENERAL INFORMATION

Enrollment

Coverage under the Plans offered by the CSEA Employee Benefit Fund (FUND) is not automatic. You must first ENROLL yourself and your dependents in the FUND. There is one enrollment form which enrolls you in the CSEA Employee Benefit Fund Retiree Dental Plan. This must be filled out even if you have previously had dental benefits with the CSEA Employee Benefit Fund. If you have not already done so, you can obtain a retiree enrollment form by calling the FUND at **(800) 323-2732**, or **(518) 782-1500**.

Enrollment in the plan does not vest any right in the covered retiree except the right to receive benefits under the plan only so long as payments have been received by the FUND. The payments will be due monthly. **If there has been non-payment of the premium for 60 days, benefits will be terminated and there will be no reinstatement in the plan.**

Who Is Eligible?

You are eligible for the CSEA Employee Benefit Fund Retiree Dental Plan if you meet all of the following criteria:

- You were previously covered by a FUND dental plan.
- Your previous employer has signed a retiree language side letter to its contract with the FUND.
- You have had continuous dental coverage, through a date, not more than 90 days prior to enrolling.

You are **not** eligible for the CSEA Employee Benefit Fund Retiree Dental Plan if:

- You are covered under another FUND Dental Plan as a member or a dependent.

Termination of coverage in the CSEA Employee Benefit Fund Retiree Dental Plan results in non-eligibility for future coverage.

Premiums will be reevaluated annually.

NOTE: A Retiree cannot obtain coverage for himself/herself or dependents if covered under another FUND Dental Plan as a dependent. Dependents (spouse and children) cannot be covered under the Retiree Dental Plan if covered under another FUND Dental Plan.

Dependents

Your dependents become eligible the same time you do.

You must notify the FUND promptly of changes in dependent status to ensure that new dependents receive the appropriate coverage and to avoid the responsibility for charges incurred by an individual after he or she has ceased to be your dependent.

Dependents Include:

- Spouse, provided he or she is not legally separated from you.
- Unmarried children, under the age of 19, including legally adopted children, and stepchildren who permanently reside with you.
- Legal wards, under the age of 19, who permanently reside with you pursuant to a court order awarding legal guardianship to you, and are supported by you and your spouse.
- Child or ward described above, regardless of age, who is incapable of self support by reason of mental or physical disability, provided he or she became so disabled prior to reaching the age of 19.
- Child or ward described above, under the age of 25 who is a full time student (minimum of 12 undergraduate or 6 graduate hours) enrolled in a regionally accredited college or university and working toward a Bachelor's Degree, Master's Degree or Associate's Degree. Technical courses of short duration do not qualify, even if a diploma is awarded. The FUND requires that current student status be provided annually by a letter or statement from the college's Registrar's Office or completion of Student Status Form available from the FUND.

NOTE: Our Student Status Form is used only to update/validate the FUND dependent eligibility file. Your Health Insurance carrier may require different or additional evidence of dependent student enrollment. We suggest that you obtain a letter of student enrollment from the school registrar to avoid delays in processing health insurance claims for your child.

Appeal Procedure

If you feel that you did not receive full benefits, you may appeal to the Director of the FUND.

Send a letter to the Director explaining why you feel you did not get the full amount to which you were entitled.

Include copies of any supporting documentation. Additional information and radiographs may be requested.

All appeals must be submitted within **60 days** of the determination being appealed.

This procedure is **not** designed to cover clerical mistakes on claims, which may be corrected by a phone call to the FUND.

Nor is it meant for services clearly not covered by the Plan or for exemptions or waivers of plan restrictions or limitations.

CSEA Employee Benefit Fund Website

Find the most up to date information on your dental benefits by visiting our website at www.cseabf.com

Save valuable time by printing copies of books, dental provider listings and forms commonly used.

DENTAL PLAN How To Use This Plan

- You may use any licensed dentist for dental care.

- A participating provider listing is available. There are over 1400 participating dental offices in New York State that accept the fee schedule as payment in full for covered services.

- If you would like a copy of our current participating Dentist Directory call us at (800) EBF-CSEA. The listing is continually subject to change. It is important to verify participating status prior to each treatment visit.

- If you choose a non-participating dentist and are charged more than the amount listed under the Schedule of Allowances, you must pay the difference.

- A universal American Dental Association (ADA) claim form, available through your dental providers, or a CSEA Employee Benefit Fund claim form, which may be obtained from the FUND, must be used to submit for completed services. Claims should be submitted within 30 days of work completion. No benefits will be allowed for services that are claimed after a period that exceeds one year from the calendar year in which dental services were rendered.

The FUND does not recommend that you use any particular dentist, either participating or non-participating.

MAXIMUM DENTAL PLAN BENEFIT

- **\$1500.00** annual maximum of covered services is available to each member and dependent.

- Maximum is on a **calendar year** basis (January through December).

- Those who are about to undergo extensive dental treatment should discuss those plans with the dentist beforehand. There are often less expensive alternatives available which will provide high quality dental care.

Pre-Authorization of Benefits

- Whenever the estimated cost of a recommended dental treatment exceeds **\$250.00**, we advise the submission of the treatment plan before the work begins.

- Use a dental claim form for this submission and include related x-rays.

- After review, the FUND will notify the member and the dentist of the benefits payable based on the treatment plan.

- In determining the amount of benefits payable, consideration will be given to alternate procedures that will accomplish a professionally acceptable result.

- If the member and the dentist agree to a more expensive method of treatment than that pre-authorized by the FUND, the amount exceeding the pre-authorization will not be paid by the FUND, even if it would otherwise be a covered service. **Example:** If your dentist submitted a pre-authorization for a crown which would cost \$525.00 and review by our dental consultants determined that an amalgam restoration would produce an acceptable result, the FUND would pay the \$80.00 amalgam filling benefit. If the member decided to have the crown made, he or she would pay the difference of \$445.00 (\$525.00 minus \$80.00).

- Work done exceeding \$250.00 without the submission of pre-authorization first, will be reviewed utilizing the alternate treatment provision.

- We strongly recommend that whenever you are discussing your treatment plan with your dentist, you clearly understand what is being proposed. If we recommend alternate benefits, you should also discuss this with your dentist.

A pre-authorization is not a guarantee of benefits. Payment is always subject to eligibility at the time of service and depends on the plan schedule and maximum in effect on the date services are rendered and the actual primary coverage allowance, if applicable.

CSEA EBF RETIREE DENTAL PLAN SCHEDULE OF ALLOWANCES FOR COVERED SERVICES

PROCEDURE	FUND PAYS
DIAGNOSTIC SERVICES	
Examination - periodic, comprehensive, detailed, (only 1 exam per 6 months)	\$25
LIMITED EXAMINATION (evaluation) (same frequency limitation as Palliative treatment) . . .	\$ 25.00
Dental Radiographs	
Intraoral complete series, including bitewings	\$41 or
Panoramic, with or without bitewings.....	\$41
<i>There is a 3 year limitation for full series and panoramic radiographs. Periapical and bitewing radiographs are not covered if performed during the same 12 month period as a full series or panoramic film.</i>	
Intraoral periapical film - each film	\$6 (Maximum 10 per 12 month period)
Bitewing x-ray - each film	\$8 (Maximum 4 per 12 month period)

PREVENTIVE SERVICES

Prophylaxis, adult-14 and over	\$55
Prophylaxis, child-under age 14	\$45
<i>Prophylaxis consists of scaling, cleaning and polishing the teeth. (1 per 6 month period)</i>	
Fluoride (under age 19).....	\$12 (1 per 6 month period)
Sealants (under age 19) per tooth	\$25
<i>Covered on bicuspid and molars in the permanent dentition. (1 per 3 years)</i>	
Space maintainers (under age 19) (covered 1 per 3 years)	
Unilateral space maintainer	\$97
Bilateral space maintainer	\$146

RESTORATIVE FILLINGS

*Fillings are covered **once per surface per tooth within a 12 month period.***

AMALGAM RESTORATIONS

Includes tooth preparation, all adhesives, liners and bases and polishing.

PERMANENT OR PRIMARY TEETH

Amalgam-one surface.....	\$60
Amalgam-two surfaces	\$80
Amalgam-three or more surfaces.....	\$96

PROCEDURE	FUND PAYS
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RESIN-BASED COMPOSITE RESTORATIONS

Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of materials included in the group called resin-based composites.

PERMANENT OR PRIMARY TEETH

One surface - anterior or posterior tooth.....	\$60
Two surfaces - anterior or posterior tooth.....	\$80
Three surfaces - anterior or posterior tooth.....	\$96
Four or more surfaces or involving incisal angle - anterior or posterior tooth	\$96
Pin retention - per tooth.....	\$20

RESTORATIVE - CROWNS AND INLAYS / ONLAYS

*These services are limited to permanent teeth as scheduled. Crowns and inlays are covered for the restoration of the teeth which, as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-bonded composite filling. Crowns and inlays/onlays will be professionally reviewed for necessity and appropriateness of the planned treatment taking into account the exclusions and limitations of the Plan. Benefits are payable **only** upon insertion of the crown or inlay/onlay.*

CROWNS (1/5 years)	
Resin (permanent, anterior teeth only).....	\$200
Resin fused to metal	\$440
Porcelain/Ceramic	\$440
Implant/abutment supported, porc/ceram.....	\$440
Porcelain fused to metal.....	\$525
Implant/abutment supported, porc fused to metal	\$525
Full cast metal	\$400
Implant/abutment supported, full cast metal.....	\$400
3/4 cast metal	\$280
Stainless steel (deciduous teeth only)	\$80 (1/3 years)
INLAYS/ONLAYS (1/5 years)	
inlay/onlay, one surface	\$178
inlay/onlay, two surfaces	\$208
inlay/onlay, three or more surfaces	\$250
Post and Core, cast or prefabricated.....	\$100 (per tooth)

ENDODONTICS

ROOT CANAL THERAPY

*This procedure consists of the removal of all pulp contents and filling the pulp canals of teeth having damaged pulps. Allowances for endodontics include all pre and post-operative care as well as x-rays and other diagnostic services. This service is limited to permanent teeth. Benefits are payable **only** upon completion of root canal therapy. **This benefit is allowed once per tooth per lifetime.***