
The
**Bethlehem Central Teachers'
Association**

Dental Care Plan

October 1, 2009 – September 30, 2010

Administered by:
Delta Dental of New York
One Delta Drive
Mechanicsburg, PA 17055
(717) 766-8500
(800) 932-0783

Client Name: BETHLEHEM CENTRAL TEACHERS' ASSOCIATION

Group No.: 2220 - SUBLOCATIONS 0001, 0002, 1999 & 2999

BENEFIT HIGHLIGHTS FOR DELTA DENTAL PREMIER – TABLE OF ALLOWANCE

The Delta Dental Premier® table plan provides you great dental benefits at a reasonable cost. With a table of allowance plan, you know in advance exactly how much the plan covers for each dental service. Just refer to the table of allowances listed inside to see how much the plan covers for each dental service. You are responsible for the share of the dentist's fee not covered by the allowance.*

A table of allowance program allows you the freedom to visit any licensed dentist; however, there are advantages to visiting a Delta Dental network dentist instead of a non-Delta Dental dentist. Since Premier dentists agree to accept our determination of fees as payment in full, you will usually have lower out-of-pocket costs when you visit a Premier dentist. With a Premier dentist, you'll only be responsible for the difference between Delta Dental's table allowance and the dentist's approved amount.* Non-Delta dental dentists may balance bill you up to their entire submitted amount. **

Delta Dental offers you what no other dental plan can – The Delta Dental DifferenceSM. Here's what makes us a leading provider of dental benefits:

- **Exceptional Cost Savings** – Our networks protect enrollees from balance billing and prevent dentists from charging more by “unbundling” services that should be billed as one service. Your costs are usually lowest when you visit a Delta Dental PPO dentist.
- **Guaranteed Coinsurance/Copayment** – Delta Dental dentists agree to accept our determination of fees. They won't balance bill over Delta Dental's approved amount.
- **Professional Treatment Standards** – Delta Dental reviews utilization patterns and office practices to ensure that Delta Dental dentists meet professional standards for safety and quality of care.

* Patient's share also includes any remaining deductible, any amount over the annual maximum and any services your plan does not cover.

** If you visit a non-Delta Dental dentist, we will send Delta Dental's share of the table allowance directly to you. You are responsible for paying the non-Delta Dental dentist's total fee.

WHO'S ELIGIBLE	Primary enrollee, spouse and eligible dependent children to age 19 or to age 23 if dependent is full-time student
DEDUCTIBLES	\$50 per person, \$150 per family per plan year
DEDUCTIBLE WAIVED FOR DIAGNOSTIC & PREVENTIVE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ANNUAL MAXIMUM	The maximum benefit paid per plan year is \$1000 per person



Delta Dental of New York

Customer Service www.deltadentalins.com
800-932-0783 (Business Hours: 8 am to 8 pm ET)

Claims Address
One Delta Drive, Mechanicsburg, PA 17055

The information contained herein is not intended or designed to replace or serve as an Evidence of Coverage or Summary Plan Description for the program. If you have specific questions regarding benefit structure, limitations or exclusions, consult your company's benefits representative.

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DIAGNOSTIC

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
0120	periodic oral evaluation - established patient	37.00
0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	37.00
0150	comprehensive oral evaluation - new or established patient	40.00
0180	comprehensive periodontal evaluation - new or established patient	40.00
0210	intraoral - complete series (including bitewings)	55.00
0220	intraoral - periapical first film	16.00
0230	intraoral - periapical each additional film	15.00
0270	bitewing - single film	17.00
0272	bitewings - two films	28.00
0273	bitewings - three films	37.00
0274	bitewings - four films	46.00
0330	panoramic film	42.00
9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	50.00

PREVENTIVE

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
1110	prophylaxis - adult	65.00
1120	prophylaxis - child	45.00
1351	sealant - per tooth	36.00
1515	space maintainer - fixed - bilateral	85.00
B/R	space maintainer-fixed-metal or acrylic type	65.00

BASIC RESTORATIVE

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
2140	amalgam - one surface, primary or permanent	65.00
2150	amalgam - two surfaces, primary or permanent	75.00
2160	amalgam - three surfaces, primary or permanent	80.00
2161	amalgam - four or more surfaces, primary or permanent	90.00
2330	resin-based composite - one surface, anterior	90.00
2331	resin-based composite - two surfaces, anterior	115.00
2332	resin-based composite - three surfaces, anterior	140.00
2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	155.00
2390	resin-based composite crown, anterior	130.00
2391	resin-based composite - one surface, posterior	100.00
2392	resin-based composite - two surfaces, posterior	135.00
2393	resin-based composite - three surfaces, posterior	155.00
2394	resin-based composite - four or more surfaces, posterior	230.00
2951	pin retention - per tooth, in addition to restoration	30.00
B/R	additional pin-reinforced	12.00

Note: This document represents codes and nomenclature excerpted from the version of Current Dental Terminology (CDT) in effect at the date of this printing. CDT coding and nomenclature are the copyright of the American Dental Association, and have been accepted as the standard for data transmission purposes under federal Administrative Simplification regulations. For the purposes of this document, Delta Dental's administration of Benefits, Limitations and Exclusions under this Contract will at all times be based on the then-current version of CDT.

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MAJOR RESTORATIVE

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
2510	inlay - metallic - one surface	138.00
2520	inlay - metallic - two surfaces	200.00
2530	inlay - metallic - three or more surfaces	235.00
2720	crown - resin with high noble metal	263.00
2740	crown - porcelain/ceramic substrate	325.00
2750	crown - porcelain fused to high noble metal	420.00
2751	crown - porcelain fused to predominantly base metal	420.00
2752	crown - porcelain fused to noble metal	420.00
2780	crown - 3/4 cast high noble metal	200.00
2790	crown - full cast high noble metal	325.00
2794	crown - titanium	325.00

B/R = By Report

ORAL SURGERY

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	105.00
7210	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	60.00
7220	removal of impacted tooth - soft tissue	115.00
7230	removal of impacted tooth - partially bony	140.00
7240	removal of impacted tooth - completely bony	165.00
7241	removal of impacted tooth - completely bony, with unusual surgical complications	180.00
7250	surgical removal of residual tooth roots (cutting procedure)	135.00
7260	oroantral fistula closure	150.00
7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	120.00
7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or	120.00
7285	biopsy of oral tissue - hard (bone, tooth)	45.00
7286	biopsy of oral tissue - soft	40.00
7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	30.00
7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	18.00
7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	50.00
7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	30.00
7340	vestibuloplasty - ridge extension (secondary epithelialization)	150.00
7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	150.00
7440	excision of malignant tumor - lesion diameter up to 1.25 cm	60.00
7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	60.00
7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	60.00
7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	60.00
7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	60.00
7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	60.00
7610	maxilla - open reduction (teeth immobilized, if present)	380.00
7620	maxilla - closed reduction (teeth immobilized, if present)	380.00
7630	mandible - open reduction (teeth immobilized, if present)	380.00
7640	mandible - closed reduction (teeth immobilized, if present)	380.00
7650	malar and/or zygomatic arch - open reduction	380.00
7660	malar and/or zygomatic arch - closed reduction	380.00
7670	alveolus - closed reduction, may include stabilization of teeth	380.00
7671	alveolus - open reduction, may include stabilization of teeth	380.00
7680	facial bones - complicated reduction with fixation and multiple surgical approaches	380.00

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<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
7710	maxilla - open reduction	450.00
7720	maxilla - closed reduction	450.00
7730	mandible - open reduction	450.00
7740	mandible - closed reduction	450.00
7750	malar and/or zygomatic arch - open reduction	450.00
7760	malar and/or zygomatic arch - closed reduction	450.00
7770	alveolus - open reduction stabilization of teeth	450.00
7771	alveolus, closed reduction stabilization of teeth	450.00
7780	facial bones - complicated reduction with fixation and multiple surgical approaches	450.00
9220	deep sedation/general anesthesia - first 30 minutes	115.00
9221	deep sedation/general anesthesia - each additional 15 minutes	35.00
9241	intravenous conscious sedation/analgesia - first 30 minutes	150.00
9242	intravenous conscious sedation/analgesia - each additional 15 minutes	45.00

ENDODONTICS

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
3110	pulp cap - direct (excluding final restoration)	10.00
3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	20.00
3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	20.00
3310	anterior (excluding final restoration)	285.00
3320	bicuspid (excluding final restoration)	285.00
3330	molar (excluding final restoration)	335.00
3346	retreatment of previous root canal therapy - anterior	285.00
3347	retreatment of previous root canal therapy - bicuspid	285.00
3348	retreatment of previous root canal therapy - molar	335.00

NON-SURGICAL PERIODONTICS

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
4341	periodontal scaling and root planing - four or more teeth per quadrant	12.50
4342	periodontal scaling and root planing - one to three teeth per quadrant	12.50
4910	periodontal maintenance	65.00

SURGICAL PERIODONTICS

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
4210	gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	110.00
4211	gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	85.00
4240	gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	110.00
4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	150.00
4263	bone replacement graft - first site in quadrant	190.00
4270	pedicle soft tissue graft procedure	110.00
4271	free soft tissue graft procedure (including donor site surgery)	125.00

PROSTHODONTICS

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
5110	complete denture - maxillary	410.00
5120	complete denture - mandibular	410.00
5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	435.00
5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	435.00
5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	435.00
5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	435.00

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<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	326.00
5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	326.00
B/R	maxillary or mandibular partial denture (without clasps)	210.00
B/R	duplicate maxillary or mandibular complete denture (acrylic)	130.00
5510	repair broken complete denture base	30.00
5520	replace missing or broken teeth - complete denture (each tooth)	30.00
5610	repair resin denture base	30.00
5620	repair cast framework	45.00
5630	repair or replace broken clasp	45.00
5640	replace broken teeth - per tooth	30.00
5650	add tooth to existing partial denture	35.00
5660	add clasp to existing partial denture	50.00
5670	replace all teeth and acrylic on cast metal framework (maxillary)	95.00
5671	replace all teeth and acrylic on cast metal framework (mandibular)	95.00
5710	rebase complete maxillary denture	65.00
5711	rebase complete mandibular denture	60.00
5720	rebase maxillary partial denture	60.00
5721	rebase mandibular partial denture	60.00
5730	reline complete maxillary denture (chairside)	100.00
5731	reline complete mandibular denture (chairside)	100.00
5740	reline maxillary partial denture (chairside)	100.00
5741	reline mandibular partial denture (chairside)	100.00
5750	reline complete maxillary denture (laboratory)	100.00
5751	reline complete mandibular denture (laboratory)	100.00
5760	reline maxillary partial denture (laboratory)	100.00
5761	reline mandibular partial denture (laboratory)	100.00
6210	pontic - cast high noble metal	160.00
6214	pontic - titanium	160.00
6240	pontic - porcelain fused to high noble metal	210.00
6241	pontic - porcelain fused to predominantly base metal	210.00
6242	pontic - porcelain fused to noble metal	210.00
B/R	true pontic	135.00
6602	inlay - cast high noble metal, two surfaces	175.00
6603	inlay - cast high noble metal, three or more surfaces	193.00
6604	inlay - cast predominantly base metal, two surfaces	175.00
6605	inlay - cast predominantly base metal, three or more surfaces	195.00
6606	inlay - cast noble metal, two surfaces	175.00
6607	inlay - cast noble metal, three or more surfaces	195.00
6624	inlay - titanium	193.00
B/R	inlay-gold	200.00
6720	crown - resin with high noble metal	210.00
6721	crown - resin with predominantly base metal	210.00
6722	crown - resin with noble metal	210.00
6750	crown - porcelain fused to high noble metal	260.00
6751	crown - porcelain fused to predominantly base metal	260.00
6752	crown - porcelain fused to noble metal	260.00
6780	crown - 3/4 cast high noble metal	160.00
6781	crown - 3/4 cast predominantly base metal	160.00
6782	crown - 3/4 cast noble metal	160.00
B/R	replace broken pin or facing	45.00

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