

Greenburgh Teachers Federation Welfare Fund Self-Insured Dental Services Fee Schedule

	MAXIMUM CHARGE		MAXIMUM CHARGE
		V-PERIODONTICS	
I-DIAGNOSTIC		GINGIVECTOMY-PER QUADRANT	187.50
ORAL EXAM	31.25	OSSEOUS SURGERY-PER QUAD	687.50 *
FULL MOUTH OR PANORAMIC X-RAYS	68.75	OSSEOUS GRAFT-SINGLE SITE	187.50
PERIAPICAL OR BITEWING (1ST FILM)	8.75	OSSEOUS GRAFT-PER QUADRANT	375.00
Each Additional	15.00	FREE SOFT TISSUE GRAFT	250.00
OCCLUSAL FILM	25.00	MUCOGINGIVAL PROCEDURE	375.00
EXTRAORAL-(FIRST OR LATERAL)	17.50	RT SCALING & GINGIVAL CURETTAGE per quad	87.50
POSTERIOR-ANTERIOR FILM	50.00	RT SCALING & GINGIVAL CURETTAGE-per visit	125.00
TEMPOROMANDIBULAR FILM	50.00	OCCLUSAL ADJUSTMENT-limited	31.25
CEPHALOMETRIC FILM	50.00	OCCLUSAL ADJUSTMENT-complete	62.50
		SPLINTING-intracoronal or extracoronal	156.25
II-PREVENTIVE		DELIV. OF CHEMOTHERAPEUTIC AGENTS-per quad.	187.50
PROPHYLAXIS-ADULT	75.00	PERIODONTAL MAINTENANCE	100.00
PROPHYLAXIS-CHILD	43.75	PERIODONTAL APPLIANCE	250.00
FLOURIDE EXCL. PROPHY	18.75		
SPACE MAINTAINER	231.25	VI-PROSTHODONTICS	
SEALANT-PER TOOTH	31.25	COMPLETE OR IMMEDIATE DENTURE	750.00 *
SEALANT-MAXIMUM PER QUADRANT	62.50	PARTIAL ACRYLIC-NO CLASPS	437.50 *
PALLIATIVE-EMERGENCY TRT	50.00	PARTIAL ACRYLIC-WITH CLASPS & RESTS	606.25 *
CONSULTATION BY A SPECIALIST	56.25	PARTIAL CAST BASE	812.50 *
HOME OR HOSPITAL VISIT	27.50	UNILATERAL PARTIAL DENTURE	250.00 *
		DENTURE ADJUSTMENT	31.25
III-RESTORATIVE		REPAIR COMP DENT BASE	81.25
AMALGAM - 1 SRF PRIMARY	62.50	REPLC MISS/BRKN TTH-COM DENT	62.50
AMALGAM - 2 SRF PRIMARY	87.50	REPLACE BROKEN FACING	87.50
AMALGAM - 3 OR MORE SRF PRIMARY	100.00	REPAIR CAST FRAMEWORK	87.50
AMALGAM - 1 SRF PERMANENT	62.50	REPAIR OR REPLACE BROKEN CLASP	93.75
AMALGAM - 2 SRF PERMANENT	87.50	ADD TTH TO EXISTING PART DENT	93.75
AMALGAM - 3 SRF PERMANENT	100.00	ADD CLASP TO EXISTING PART DENT	112.50
AMALGAM - 4 OR MORE SRF PERMANENT	112.50	RELIN COMPLETE DENTURE-CHAIR	125.00
RESIN-1 SURFACE	81.25	RELIN PARTIAL DENTURE-CHAIR	93.75
RESIN-2 SURFACE	112.50	RELIN COMPLETE DENTURE-LAB	168.75
RESIN-3 SURFACE	125.00	RELIN PARTIAL DENTURE-LAB	156.25
RESIN-4 OR MORE SURF.INVOLVING INCISAL	162.50	TISSUE CONDITIONING	75.00
RESIN-maximum per tooth	162.50	IMPLANT-subperiosteal or endosseous	937.50 *
METALLIC OR PORCELAIN INLAY-1 SRF	250.00 *	PONTIC-CAST METAL PONTIC-	437.50 *
METALLIC OR PORCELAIN INLAY-2 SRF	312.50 *	RESIN WITH METAL PONTIC-	500.00 *
METALLIC OR PORCELAIN INLAY-3 SRF	437.50 *	PORCELAIN WITH METAL	562.50 *
ONLAY	125.00	CAST METL RETNR-ACID ETCH BRIDGE	481.25 *
CROWN ACRYLIC JACKET CROWN	218.75	ABUTMENT-PORCELAIN WITH METAL	593.75 *
PORCELAIN JACKET CROWN-	506.25 *	ABUTMENT-PLASTIC WITH METAL	481.25 *
ACRYLIC WITH METAL CROWN-	500.00 *	ABUTMENT-FULL CAST OR 3/4 CAST	481.25 *
PORCELAIN WITH METAL	593.75 *	RECEMENT BRIDGE	62.50
GOLD FULL CAST CROWN OR 3/4 CAST	481.25 *		
PREFAB SS CROWN-PRIMARY	100.00	VII-ORAL SURGERY	
RECEMENT CROWN OR INLAY	43.75	SIMPLE EXTRACTION	93.75
PIN RETENTION-PER TOOTH	50.00	SURGICAL EXTRACTION	118.75
CAST POST AND CORE	187.50	IMPACTION-SOFT TISSUE	218.75 *
PREFAB POST AND CORE	125.00	IMPACTION-PARTIAL BONY	281.25 *
LABIAL VENEER	437.50 *	IMPACTION-COMPLETE BONY	375.00 *
		REMOVAL OF EXOSTOSIS	225.00
IV-ENDODONTICS		SURGICAL ROOT RECOVERY	125.00
PULP CAP, DIRECT	25.00	BIOPSY OF ORAL TISSUE	62.50
VITAL PULPOTOMY	112.50	ALVEOPLASTY-PER QUAD	112.50
ROOT CANAL THERAPY-1 CANAL	468.75 *	CYST REMOVAL< 125CM	90.00
ROOT CANAL THERAPY-2 CANALS	531.25 *	CYST REMOVAL> 125CM	90.00
ROOT CANAL THERAPY-3 CANALS	593.75 *	INCISION & DRAINAGE INTRAORAL	62.50
ROOT CANAL THERAPY-4 OR MORE CANALS	625.00 *	FRENULECTOMY	123.75
APICOECTOMY-FIRST ROOT	350.00	SURGICAL EXPOSURE OF IMPACTED	
APICOECTOMY-MAXIMUM PER TOOTH	500.00	OR UNERUPTED TOOTH	187.50 *
RETROGRADE FILLING PER ROOT	93.75	GENERAL ANESTHESIA OR IV SEDATION	187.50 *
ROOT RESECTION OR HEMISECTION	125.00	VIII-ORTHODONTIC TREATMENT	
		DIAG. & INITIAL INSERTION	280.00
		MONTHLY TREATMENT-PER MONTH	30.00
		REMOVABLE APPLIANCE	250.00

• The Plan will pay \$100 less than the allowance indicated when these services are provided to spouses or dependents. At the time of service the spouse or dependent will be required to pay a \$100 co-payment for these procedures.