

Suffolk County Superior Officers Association Benefit Fund
GG-522A
Out-of-Network Fee Schedule - Specialist

ADA Code	Description	Schedule Fee
120	PERIODIC ORAL EXAM	\$29.00
140	LIMITED EXAM	\$30.00
150	COMPREHENSIVE ORAL EVALUATION	\$29.00
160	EXTENSIVE ORAL EXAM - PROBLEM	\$30.00
170	REEVALUATION - LIMITED	\$25.00
171	REEVALUATION - POST OP	\$25.00
180	COMPREHENSIVE PERIO EXAM	\$30.00
210	COMPLETE SERIES X-RAYS	\$58.00
220	PERIAPICAL - SINGLE FILM	\$14.00
230	PERIAPICAL - ADDITIONAL FILM	\$7.00
240	OCCLUSAL FILM	\$17.00
270	BITEWING - SINGLE FILM	\$14.00
272	BITEWINGS - TWO FILMS	\$17.00
273	BITEWINGS - THREE FILMS	\$24.00
274	BITEWINGS - FOUR FILMS	\$29.00
277	VERTICAL BITEWINGS	\$29.00
330	PANORAMIC FILM	\$40.00
340	CEPHALOMETRIC X-RAY	\$58.00
470	DIAGNOSTIC MODELS	\$30.00
1110	PROPHYLAXIS - ADULT	\$58.00
1120	PROPHYLAXIS - CHILD	\$58.00
1206	TROPICAL FLUORIDE VARNISH	\$15.00
1208	TOPICAL FLUORIDE - CHILD	\$15.00
1351	SEALANT- PER TOOTH	\$43.00
1352	PREVENTIVE RESIN RESTORATION	\$43.00
1353	SEALANT REPAIR - PER TOOTH	\$21.50
1354	INTERIM CARIES ARRESTING MEDIC	\$43.00
1510	SPACE MAINTAINER FIXED - UNILATERAL	\$116.00
1516	SPACE MAINTANER FIXED - UPPER	\$130.00
1517	SPACE MAINTANER FIXED - LOWER	\$130.00
1520	SPACE MAINTANER REMOVEABLE - UNILATERAL	\$110.00
1526	SPACE MAINTAINER REMOVEABLE - UPPER	\$165.00
1527	SPACE MAINTAINER REMOVEABLE - LOWER	\$165.00
1550	RECEMENT SPACE MAINTAINER	\$25.00
1575	DISTAL SHOE SPACE MAINTAINER	\$116.00
2140	AMALGAM - ONE SURFACE PRIM/PERM	\$55.00
2150	AMALGAM - TWO SURFACE PRIM/PERM	\$84.00
2160	AMALGAM - THREE SURFACE PRIM/PERM	\$106.00
2161	AMALGAM - FOUR SURFACE PRIM/PERM	\$106.00
2330	RESIN BASE COMP - 1 SURFACE - ANTERIOR	\$70.00

**Suffolk County Superior Officers Association Benefit Fund
GG-522A**

Out-of-Network Fee Schedule - Specialist

ADA Code	Description	Schedule Fee
2331	RESIN BASE COMP - 2 SURFACE - ANTERIOR	\$87.00
2332	RESIN BASE COMP - 3 SURFACE - ANTERIOR	\$108.00
2335	RESIN BASE COMP - 4/MORE INCISAL	\$145.00
2391	RESIN BASE COMP - 1 SURFACE - POSTERIOR	\$70.00
2392	RESIN BASE COMP - 2 SURFACE - POSTERIOR	\$87.00
2393	RESIN BASE COMP - 3 SURFACE - POSTERIOR	\$108.00
2394	RESIN BASE COMP - 4/MORE POSTERIOR	\$145.00
2510	INLAY - METALLIC - 1 SURFACE	\$125.00
2520	INLAY - METALLIC - 2 SURFACES	\$175.00
2530	INLAY - METALLIC - 3/MORE SURFACES	\$225.00
2610	INLAY - PORCELAIN/CERAMIC - 1 SURFACE	\$125.00
2620	INLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$175.00
2630	INLAY - PORCELAIN/CERAMIC - 3 OR MORE SURFACES	\$225.00
2642	ONLAY PORCELAIN/CERAMIC TWO SURFACE	\$125.00
2643	ONLAY PORCELAIN/CERAMIC THREE SURFACE	\$175.00
2644	ONLAY PORCELAIN/CERAMIC FOUR OR MORE SURFACE	\$225.00
2710	CROWN RESIN	\$290.00
2720	CROWN - RESIN/HIGH NOBLE METAL	\$493.00
2721	CROWN - RESIN/BASE METAL	\$493.00
2722	CROWN - RESIN/NOBLE METAL	\$493.00
2740	CROWN - PORCELAIN/CERAMIC	\$580.00
2750	CROWN - PORCELAIN/HIGH NOBLE METAL	\$580.00
2751	CROWN - PORCELAIN/BASE METAL	\$580.00
2752	CROWN - PORCELAIN/NOBLE METAL	\$580.00
2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$350.00
2781	CROWN - 3/4 CAST BASE METAL	\$350.00
2782	CROWN - 3/4 CAST NOBLE METAL	\$350.00
2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$350.00
2790	CROWN - FULL CAST HIGH NOBLE METAL	\$580.00
2791	CROWN - FULL CAST BASE METAL	\$435.00
2792	CROWN - FULL CAST NOBLE METAL	\$580.00
2910	RECEMENT INLAY	\$25.00
2920	RECEMENT CROWN	\$43.00
2921	REATTACHMENT OF TOOTH FRAGMENT	\$43.00
2930	PREFAB STAINLESS STEEL CROWN - PRIM	\$120.00
2932	PREFAB RESIN CROWN	\$125.00
2950	CORE BUILD - UP INCLUDING PINS	\$75.00
2951	PIN RETENTION - PER TOOTH	\$29.00
2952	POST AND CORE IN ADDITION TO CROWN	\$145.00
2954	PREFAB POST AND CORE IN ADDITION TO CROWN	\$145.00

Suffolk County Superior Officers Association Benefit Fund GG-522A

Out-of-Network Fee Schedule - Specialist

ADA Code	Description	Schedule Fee
2960	LABIAL VENEER (RESIN) OFFICE	\$300.00
2961	LABIAL VENEER (RESIN) LAB	\$300.00
2962	LABIAL VENEER (PORCELAIN LAMINATE) - LAB	\$300.00
2980	CROWN REPAIR BY REPORT	\$100.00
3110	DIRECT PULP CAP	\$30.00
3120	INDIRECT PULP CAP	\$30.00
3220	VITAL PULPOTOMY	\$60.00
3310	ROOT CANAL ONE - ANTERIOR	\$325.00
3320	ROOT CANAL TWO - BICUSPID	\$370.00
3330	ROOT CANAL THREE - MOLAR	\$485.00
3346	RETREATMENT ROOT CANAL - ANTERIOR	\$325.00
3347	RETREATMENT ROOT CANAL - BICUSPID	\$370.00
3348	RETREATMENT ROOT CANAL - MOLAR	\$485.00
3410	APICOECTOMY - ANTERIOR	\$350.00
3421	APICOECTOMY - BICUSPID FIRST ROOT	\$500.00
3425	APICOECTOMY - MOLAR FIRST ROOT	\$500.00
3426	APICOECTOMY - EACH ADD'L ROOT	\$300.00
3427	PERIRADICULAR SURGERY W/O APICO	\$350.00
3430	RETROGRADE AMALGAM - PER ROOT	\$100.00
3450	ROOT AMPUTATION - PER ROOT	\$100.00
3920	HEMISECTION	\$100.00
4210	GINGIVECTOMY - PER QUAD	\$440.00
4211	GINGIVECTOMY - PER TOOTH	\$90.00
4240	GINGIVAL FLAP CURETTAGE - PER QUAD	\$325.00
4241	GINGIVAL FLAP CURETTAGE - PER TOOTH	\$120.00
4249	CROWN LENGTHENING	\$295.00
4260	OSSEOUS SURGERY - PER QUAD	\$433.00
4261	OSSEOUS SURGERY - PER TOOTH	\$162.00
4263	OSSEOUS GRAFT - 1ST SITE IN QUAD	\$350.00
4270	SOFT TISSUE GRAFT - PEDICLE	\$225.00
4277	FREE GINGIVAL GRAFT	\$350.00
4278	FREE SOFT TISSUE GRAFT	\$350.00
4341	PERIODONTAL SCALING - PER QUAD	\$58.00
4342	PERIODONTAL SCALING - PER TOOTH	\$29.00
4346	SCALING W/ INFLAMATION	\$69.60
4355	FULL MOUTH DEBRIDEMENT	\$70.00
4910	PERIODONTAL MAINTENANCE	\$90.00
5110	FULL UPPER DENTURE	\$600.00
5120	FULL LOWER DENTURE	\$600.00
5130	IMMEDIATE UPPER DENTURE	\$600.00

Suffolk County Superior Officers Association Benefit Fund
GG-522A
Out-of-Network Fee Schedule - Specialist

ADA Code	Description	Schedule Fee
5140	IMMEDIATE LOWER DENTURE	\$600.00
5211	PARTIAL UPPER - ACRYLIC W/CLASPS	\$360.00
5212	PARTIAL LOWER - ACRYLIC W/CLASPS	\$360.00
5213	PARTIAL UPPER - CAST BASE	\$530.00
5214	PARTIAL LOWER - CAST BASE	\$530.00
5221	IMMEDIATE MAXILLARY PARTIAL DENTURE (RESIN)	\$360.00
5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE (RESIN)	\$360.00
5223	IMMEDIATE MAXILLARY PARTIAL DENTURE (CAST METAL)	\$530.00
5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE (CAST METAL)	\$530.00
5225	MAXILLARY PARTIAL DENTURE FLEX BASE	\$530.00
5226	MANDIBULAR PARTIAL DENTURE FLEX BASE	\$530.00
5282	UNILATERAL PARTIAL - METAL UPPER	\$210.00
5283	UNILATERAL PARTIAL - METAL LOWER	\$210.00
5410	ADJUST COMPLETE DENTURE - UPPER	\$40.00
5411	ADJUST COMPLETE DENTURE - LOWER	\$40.00
5421	ADJUST PARTIAL DENTURE - UPPER	\$40.00
5422	ADJUST PARTIAL DENTURE - LOWER	\$40.00
5511	REPAIR BROKEN DENTURE LOWER	\$87.00
5512	REPAIR BROKEN DENTURE UPPER	\$87.00
5520	REPLACE BROKEN TOOTH	\$58.00
5611	REPAIR RESIN DENTURE BASE LOWER	\$50.00
5612	REPAIR RESIN DENTURE BASE UPPER	\$50.00
5621	REPAIR CAST PARTIAL LOWER	\$174.00
5622	REPAIR CAST PARTIAL UPPER	\$174.00
5630	REPAIR/REPLACE BROKEN CLASP	\$174.00
5640	REPLACE BROKEN TOOTH - PER TOOTH	\$58.00
5650	ADD TOOTH TO PARTIAL	\$87.00
5660	ADD CLASP TO PARTIAL	\$174.00
5710	REBASE FULL UPPER	\$145.00
5711	REBASE FULL LOWER	\$145.00
5720	REBASE PARTIAL UPPER	\$174.00
5721	REBASE PARTIAL LOWER	\$174.00
5730	RELINE FULL UPPER DENTURE - OFFICE	\$145.00
5731	RELINE FULL LOWER DENTURE - OFFICE	\$145.00
5740	RELINE PARTIAL UPPER DENTURE - OFFICE	\$116.00
5741	RELINE PARTIAL LOWER DENTURE - OFFICE	\$116.00
5750	RELINE FULL UPPER DENTURE - LAB	\$232.00
5751	RELINE FULL LOWER DENTURE - LAB	\$232.00
5760	RELINE PARTIAL UPPER DENTURE - LAB	\$174.00
5761	RELINE PARTIAL LOWER DENTURE - LAB	\$174.00

**Suffolk County Superior Officers Association Benefit Fund
GG-522A**

Out-of-Network Fee Schedule - Specialist

ADA Code	Description	Schedule Fee
5931	OBTURATOR PROSTHESIS - SURGICAL	\$110.00
6010	ENDOSTEAL IMPLANT	\$800.00
6056	PREFABRICATED ABUTMENT	\$200.00
6057	CUSTOM ABUTMENT	\$200.00
6058	ABUTMENT CROWN - PORCELAIN/CERAMIC	\$580.00
6059	ABUTMENT CROWN - PORCELAIN/HIGH NOBLE METAL	\$580.00
6060	ABUTMENT CROWN - PORCELAIN/METAL - BASE METAL	\$580.00
6061	ABUTMENT CROWN - PORCELAIN/NOBLE METAL	\$580.00
6062	ABUTMENT CROWN - CAST HIGH NOBLE METAL	\$580.00
6063	ABUTMENT CROWN - CAST-BASE METAL	\$580.00
6064	ABUTMENT CAST CROWN - NOBLE METAL	\$580.00
6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$580.00
6066	IMPLANT SUPPORTED PORCELAIN/METAL CROWN	\$580.00
6067	IMPLANT SUPPORTED METAL CROWN	\$580.00
6068	ABUTMENT SUPP. RETAINER PORC./CERAMIC FPD	\$500.00
6069	ABUTMENT SUPP. RETAINER PORC./FUSED TO HNM	\$500.00
6070	ABUTMENT SUPP. RETAINER PORC./FUSED TO BM	\$500.00
6071	ABUTMENT SUPP. RETAINER PORC./FUSED NM	\$500.00
6072	ABUTMENT SUPP. RETAINER CAST METAL HNM	\$500.00
6073	ABUTMENT SUPP. RETAINER CAST BM	\$500.00
6074	ABUTMENT SUPP. RETAINER CAST NM	\$500.00
6075	IMPLANT SUPP. RETAINER CERAMIC	\$500.00
6076	IMPLANT SUPP. RETAINER PORCEALAIN FUSED TO HNM	\$500.00
6077	IMPLANT SUPP. RETAINER CAST METAL HNM	\$500.00
6092	RECEMENT OR REBOND IMPLANT/ABUTMENT SUPPORTED CROWN	\$25.00
6210	PONTIC - CAST HIGH NOBLE METAL	\$435.00
6211	PONTIC - CAST BASE METAL	\$435.00
6212	PONTIC - CAST NOBLE METAL	\$435.00
6240	PONTIC - PORCELAIN/HIGH NOBLE METAL	\$435.00
6241	PONTIC - PORCELAIN/BASE METAL	\$435.00
6242	PONTIC - PORCELAIN/NOBLE METAL	\$435.00
6245	PONTIC - PORCELAIN/CERAMIC	\$435.00
6250	PONTIC - RESIN HIGH NOBLE METAL	\$348.00
6251	PONTIC - RESIN BASE METAL	\$348.00
6252	PONTIC - RESIN NOBLE METAL	\$348.00
6545	RETAINER - CAST METAL/RESIN BOND	\$175.00
6720	CROWN - RESIN HIGH NOBLE METAL	\$493.00
6721	CROWN - RESIN BASE METAL	\$493.00
6722	CROWN - RESIN NOBLE METAL	\$493.00
6740	CROWN - PORCELAIN/CERAMIC	\$580.00

Suffolk County Superior Officers Association Benefit Fund
GG-522A
Out-of-Network Fee Schedule - Specialist

ADA Code	Description	Schedule Fee
6750	CROWN - PORCELAIN/HIGH NOBLE METAL	\$580.00
6751	CROWN - PORCELAIN/BASE METAL	\$580.00
6752	CROWN - PORCELAIN/NOBLE METAL	\$580.00
6780	CROWN - 3/4 HIGH NOBLE METAL	\$350.00
6781	CROWN - 3/4 BASE METAL	\$350.00
6782	CROWN - 3/4 NOBLE METAL	\$350.00
6783	CROWN - 3/4 PORCELAIN/CERAMIC	\$350.00
6790	CROWN - FULL CAST HIGH NOBLE METAL	\$500.00
6791	CROWN - FULL CAST BASE METAL	\$435.00
6792	CROWN - FULL CAST NOBLE METAL	\$500.00
6930	RECEMENT BRIDGE	\$58.00
7111	CORONAL REMNANTS -DECIDUOUS TOOTH	\$80.00
7140	EXTRACTION - ERUPTED OR EXPOSED	\$80.00
7210	SURGICAL EXTRACTION	\$135.00
7220	IMPACTION - SOFT TISSUE	\$195.00
7230	IMPACTION PARTIAL BONY	\$250.00
7240	IMPACTION FULL BONY	\$300.00
7241	IMPACTION - FULL W/SECTIONING	\$300.00
7250	REMOVAL OF RESIDUAL TISSUE	\$75.00
7251	CORONECTOMY	\$300.00
7260	OROANTRAL FISTULA CLOSURE	\$260.00
7270	TOOTH RE-IMPLANTATION	\$100.00
7280	SURGICAL ACCESS - UNERUPTED TOOTH	\$290.00
7285	BIOPSY - HARD TISSUE	\$116.00
7286	BIOPSY - SOFT TISSUE	\$87.00
7310	ALVEOLOPLASTY W/EXTRACTIONS - PER QUAD	\$87.00
7311	ALVEOLOPLASTY W/EXTRACTION - 1-3 TEETH - PER QUAD	\$25.00
7320	ALVEOLOPLASTY W/O EXTRACTION - PER QUAD	\$145.00
7321	ALVEOLOPLASTY W/OUT EXTRACTION - 1-3 TEETH - PER QUAD	\$25.00
7450	REMOVAL OF CYST UP TO 1.25CM	\$115.00
7510	INCISION & DRAINAGE - INTRAORAL SOFT TISSUE	\$100.00
7511	INCISION & DRAINAGE COMPLICATED	\$100.00
7520	INCISION & DRAINAGE - EXTRAORAL SOFT TISSUE	\$100.00
7521	INCISION & DRAINAGE - EXTRAORAL	\$100.00
7880	OCCLUSAL ORTHOTIC DEVICE REPORT	\$550.00
7953	BONE GRAFT REPLACEMENT	\$300.00
7960	FRENULECTOMY - FRENECTOMY/FRENOTOMY	\$203.00
8070	COMPREHENSIVE ORTHO - TRANSITIONAL	\$700.00
8080	COMPREHENSIVE ORTHO - ADOLESCENT	\$700.00
8090	COMPREHENSIVE ORTHO - ADULT	\$700.00

**Suffolk County Superior Officers Association Benefit Fund
GG-522A
Out-of-Network Fee Schedule - Specialist**

ADA Code	Description	Schedule Fee
8670	PERIODIC ORTHO VISIT	\$75.00
8680	ORTHO RETAINER/APPLIANCE	\$170.00
8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCE	\$100.00
9110	PALLIATIVE TREATMENT	\$30.00
9222	DEEP SEDATION	\$100.00
9223	ADDITIONAL DEEP SEDATION	\$100.00
9239	INTRAVENOUS MODERATE SEDATION FIRST 15 MIN.	\$100.00
9243	IINTRAVENOUS SEDATION - ADD'L 15	\$100.00
9310	CONSULTATION SPECIALIST	\$70.00
9420	HOSPITAL CALL	\$75.00
9944	OCCLUSAL GUARD - HARD, FULL	\$145.00
9945	OCCLUSAL GUARD - SOFT, FULL	\$145.00
9946	OCCLUSAL GUARD - HARD, PARTIAL	\$145.00
9951	OCCLUSAL ADJUSTMENT - LIMITED	\$90.00
9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$90.00
9972	EXTERNAL BLEACHING PER ARCH	\$150.00