

**NORTH SHORE SCHOOLS FEDERATED EMPLOYEES BENEFIT TRUST FUND
SCHEDULE OF PLAN ALLOWANCES AND
NORTH SHORE SCHOOLS FEBTF PARTICIPATING PROVIDER MAXIMUM CHARGES-SUMMARY**

I-DIAGNOSTIC	
ORAL EXAM-two per calendar year	26.00
PERIAPICAL X-RAY-FIRST FILM	15.00
PERIAPICAL X-RAY- EACH ADDITIONAL FILM	6.00
BITEWING X-RAY-SINGLE FILM	15.00
BITEWING X-RAYS-TWO FILMS	24.00
BITEWING X-RAYS-FOUR FILMS	32.00
OCCLUSAL FILM	24.00
POSTERIOR-ANTERIOR, LATERAL	67.00
PANORAMIC	67.00
FULL MOUTH SERIES - once in sixty months	79.00
CEPHALOMETRIC FILM	76.00
DIAGNOSTIC CASTS	68.00
II-PREVENTIVE	
PROPHYLAXIS-ADULT- two per calendar year	57.00
PROPHYLAXIS-child up to age 16- two per calendar year	46.00
FLUORIDE EXCL PROPHY- to age 19, one application per twelve months	29.00
SEALANT-PER TOOTH- to age 14,one application per tooth on unrestored molar teeth	26.00
SPACE MAINTAINER-FIXED--for dependent children under 19 years of age	367.00
III-BASIC RESTORATIVE	
AMALGAM - 1 SRF-permanent tooth	70.00
AMALGAM - 2 SRF-permanent tooth	85.00
AMALGAM - 3 SRF-permanent tooth	110.00
AMALGAM - 4+ SRF-permanent tooth	135.00
RESIN-1 SRF-anterior	80.00
RESIN-2 SRF-anterior	105.00
RESIN-3 SRF-anterior	125.00
RESIN-4 SRF & INCISAL ANGLE	155.00
RESIN-1 SRF-posterior	88.00
RESIN-2 SRF-posterior	120.00
RESIN-3 SRF-posterior	150.00
RESIN-4 OR MORE SRF-posterior	155.00
IV-MAJOR RESTORATIVE SERVICES-replacement of the following services limited to once per five years*	
METALLIC INLAY-1 SRF*	425.00
METALLIC INLAY-2 SRF*	500.00
METALLIC INLAY-3 SRF*	550.00
CROWN-PLASTIC*	250.00
CROWN-PORCELAIN WITH BASE METAL*	650.00
CROWN-PORCELAIN *	750.00
CROWN-PORCELAIN WITH METAL *	744.00
RECEMENT BRIDGE	76.00
RECEMENT INLAY	45.00
RECEMENT CROWN	45.00
PREFAB SS CROWN-PRIMARY*	135.00
PIN RETENTION-PER TOOTH	30.00
CAST POST AND CORE*	270.00
PREFAB POST AND CORE*	175.00
PORCELAIN LAMINATE	599.00

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CUSTOM ABUTMENT*	648.00
ABUTMENT SUPPORTED CROWN*	956.00
IMPLANT SUPPORTED CROWN*	929.00
V-ENDODONTICS-x-ray evidence of satisfactory completion required	
PULP CAP	40.00
VITAL PULPOTOMY	75.00
ROOT CANAL THERAPY-1 CANAL	435.00
ROOT CANAL THERAPY-2 CANALS	515.00
ROOT CANAL THERAPY-3 CANALS	715.00
RETREATMENT RCT-1 CANAL	550.00
RETREATMENT RCT-2 CANAL	625.00
RETREATMENT RCT-3 CANAL	815.00
APICOECTOMY-FIRST ROOT	385.00
RETROGRADE FILLING	115.00
VI-PERIODONTICS	

Although eight teeth constitute the anatomic compliment of a quadrant, for purposes of settling claims for periodontal treatment, payment will be based on five teeth per quadrant. Accordingly, if at least five teeth are treated in a quadrant, payment will be based on the allowance for a full quadrant. If fewer than five teeth are treated, payment will be pro-rated on the basis of five teeth per quadrant. When more than one periodontal procedure is performed on the same day, claims for services will be combined and payment will be based on the most costly procedure.

GINGIVECTOMY-PER QUADRANT-1 in 36 consecutive months based on the number of teeth involved	345.00
OSSEOUS SURGERY-PER QUAD-1 in 36 consecutive months based on the number of teeth involved	775.00
PEDICLE SOFT TISSUE GRAFT-1 in 36 consecutive months	385.00
FREE SOFT TISSUE GRAFT-1 in 36 consecutive months	540.00
OSSEOUS GRAFT-PER SITE-1 in 36 consecutive months	185.00
OCCLUSAL ADJUSTMENT-LIMITED	59.00
OCCLUSAL ADJUSTMENT-COMPLETE	270.00
PERIODONTAL SCALING AND ROOT PLANING-not more than once per quadrant or area every 24 months	250.00
PERIODONTAL MAINTENANCE PROCEDURE-limited to 4 times in a year less the number of teeth cleanings during such year	77.00
VII-PROSTHODONTIC REPAIRS- once every 36 months	
DENTURE ADJUSTMENT-COMPLETE	40.00
DENTURE ADJUSTMENT-PARTIAL	40.00
REPAIR COMP DENT BASE	100.00
REPLC MISS/BRKN TTH-COM DENT	115.00
REPAIR PART ACRYLIC SADDLE/BASE	100.00
REPAIR CAST FRAMEWORK	110.00
REPAIR OR REPLACE BROKEN CLASP	100.00
REPLACE BROKEN TEETH- PER TOOTH	115.00
ADD CLASP TO EXISTING PART DENT	155.00
ADD TOOTH TO EXISTING PART DENT	115.00
RELINE COMPLETE DENTURE-CHAIR	195.00
RELINE PARTIAL DENTURE-CHAIR	155.00
RELINE COMPLETE DENTURE-LAB	290.00
RELINE PARTIAL DENTURE-LAB	250.00
TISSUE CONDITIONING	91.00
REPLACE FACING	115.00

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VIII-PROSTHODONTICS- replacement of a prosthetic once every five years	
COMPLETE DENTURE	910.00
IMMEDIATE DENTURE	1,000.00
PARTIAL DENTURE-ACRYLIC BASE	700.00
PARTIAL DENTURE-CAST BASE	1,050.00
UNILATERAL PARTIAL DENTURE	385.00
ABUTMENTS	765.00
PONTIC-RESIN WITH METAL	635.00
PONTIC-PORCELAIN TO METAL	700.00
PONTIC-CAST METAL	680.00
RETAINER-CAST MTL FOR RESIN BND FXD PRO	289.00

IX-ORAL SURGERY	
SIMPLE EXTRACTION	75.00
SURGICAL EXTRACTION	140.00
IMPACTION-SOFT TISSUE	180.00
IMPACTION-PARTIAL BONY	225.00
IMPACTION-COMPLETE BONY	295.00
SURGICAL EXPOSURE-ORTHO	150.00
SURGICAL EXPOSURE-AID ERUPTION	290.00
ROOT RECOVERY	150.00
ALVEOPLASTY	135.00
INCISION & DRAINAGE-no other treatment that visit	100.00
BIOPSY OF ORAL TISSUE	200.00
CYST REMOVAL <1.25CM	250.00
CYST REMOVAL > 1.25CM	640.00
FRENULECTOMY	200.00
ROOT RESECTION	290.00
ENDOSTEAL IMPLANT	1,432.00
EPOSTEAL/ SUBPERIOSTEAL IMPLANT	2,667.00

X-ORTHODONTIC SERVICES-subject to an annual maximum of \$1,200 per calendar year per covered individual per year with a lifetime maximum of \$3,600		MEMBER
COMPREHENSIVE TREATMENT-MAXIMUM PPO PROVIDER CHARGE PER CASE	4,300.00	CO-PAYMENT
REMOVABLE/ HARMFUL HABIT APPLIANCE	650.00	90.00
FIXED APPLIANCE	650.00	90.00
ACTIVE TREATMENT, PER MONTH	100.00	-
PASSIVE TREATMENT, PER 3 MONTHS	300.00	-
POST-TREATMENT STABILIZATION DEVICE	265.00	45.00
XI-ADJUNCTIVE SERVICES		
PALLIATIVE-EMERGENCY TRT-no other treatment rendered at same visit	45.00	
CONSULTATION BY A SPECIALIST-limit two in any twelve month period	60.00	
GENERAL ANESTHESIA/IV SEDATION first 30 mins	245.00	
GENERAL ANESTHESIA additional 15 minutes	79.00	