



## Correction Captains Association Security Benefit Fund - Group #131

### Summary of Benefit for Active Members effective 1/1/2026

Annual maximum **\$2,500.00** individual

**Ortho Lifetime max for dependent children under 19** \$3,000 Appliance \$600 (-\$100 deductible will apply at initial banding), active monthly visits \$100 for 24 months, retainer \$100.

#### Pre-Authorizations:

Any claims over \$500.00 must be pre-authorized all major work.

**Annual Deductible of \$50 for all eligible participants, including dependents that apply to all services.**

**Co-pay of \$50 will apply to all Periodontic and Endodontics charges**

**In Network/ UNICARE** - Providers are reimbursed 100% of either the Sele-Dent / UNICARE fee schedule or CCA Fund fee schedule, whichever applies.

**Out Of Network** - Providers are reimbursed 100% of the CCA Out Of Network Fee Schedule

#### FREQUENCIES:

- Examination: One every six months.
- Prophylaxis: One every six months.
- Full mouth and Panoramic x-rays: One every twelve months.
- Bitewings X-ray: No Limitation
- Sealants: No Frequency / No age limit
- Fluoride: Once every six months, up to age 19.
- Perio: No Frequency, all four quads same day.
- Major work: 3-year replacement **on crowns, bridges and dentures with a co-pay of \$50 per tooth/per procedure.**
- No missing tooth/ waiting period.

#### Not covered:

- **Arestin, cone beam x-rays, hygiene instructions, Implants and any related procedures/services**

One Huntington Quadrangle, Suite 1C12 Melville, NY 11747  
Toll Free 800-520-3368, PH 516-887-7566, FX 516-887-7896



## Correction Captains Association Out-of-Network dental services schedule Group 131

<u>DIAGNOSTIC &amp; PREVENTATIVE</u>	<u>Plan Pays</u>
Oral Examination maximum	\$25
Full Mouth Services including bitewings	\$60
Periapical or Bitewing – First Film	\$6
Panoramic Film	\$50
Occlusal Film	\$15
Cephalometric Film	\$40
Prophylaxis, including scaling and polishing – two in a calendar year.	
Adult	\$50
Child to age 12 years maximum – two in a calendar year	\$35
Topical Application of Fluoride to age 19 maximum – one application in a calendar year	\$20
Sealant maximum – unrestored, permanent teeth only to age 19	\$30
Diagnostic Casts	\$25
Space Maintainer	\$150
<u>BASIC RESTORATIVE</u>	
	<u>Plan Pays</u>
Silver Amalgam Fillings, primary teeth	
one surface	\$45
two surfaces	\$55
three or more surfaces	\$60
Silver Amalgam Fillings, permanent teeth	
one surface	\$45
two surfaces	\$55
three surfaces	\$65
four or more surfaces	\$70
Composite Resin, anterior or posterior teeth	
one surface	\$50
two surfaces	\$60
three or more surfaces	\$70
four or more surfaces including incisal angle	\$80
Pin Support, per tooth	\$25
Metallic or Porcelain Inlay	
one surface	\$200
two surfaces	\$230
three or more surfaces	\$260
Onlay in addition to Inlay	\$70

**Mailing Address:**  
**One Huntington Quadrangle, Suite 1C12**  
**Melville, NY 11747**

**Toll Free: (800) 520 - 3368**  
**Phone: (516) 887 - 7566**  
**Fax: (516) 887 - 7896**

---

**MAJOR RESTORATIVE**

*Crowns, bridges, and removable dentures are limited to once per three years & require per-operative periapical x-ray*

---

	<u>Plan Pays</u>
Crowns	
Acrylic Jacket (laboratory processed)	\$200
Porcelain Jacket	\$350
Plastic with Metal	\$375
Porcelain with Metal	\$425
Crowns	
Full Cast	\$350
Stainless Steel (primary tooth)	\$75
Porcelain Laminate	\$250
Post and Core, prefabricated	\$75
Post and Core, cast	\$125
Recement Crown or Inlay	\$30

---

**ORAL SURGERY**

Routine Extraction	\$50
Surgical Extraction must be demonstrated by submitted x-ray	
Retained Root	\$75
Root Removal	\$90
Impaction – Soft Tissue*	\$115
Impaction – Partial Bony*	\$185
Impaction – Complete Bony*	\$225
Surgical Exposure	
Impacted or Unerupted Tooth, for Ortho	\$160
Impacted or Unerupted Tooth, Aid Eruption	\$80
Alveoloplasty – Per Quadrant	\$125
Incision and Drainage	\$50
Biopsy	\$75

\*Members enrolled in GHI must submit claims for impactions to GHI first, since GHI covers excision of impacted teeth. A copy of the payment voucher from GHI may then be affixed to a Dental form and submitted to the fund for any additional benefits.

PROSTHODONTICS

*(Crowns, Bridges, and Removable Dentures are limited to once every three years)*

	<u>Plan Pays</u>
Complete or Immediate Denture	\$600
Partial Denture-Bilateral	
Acrylic Base	\$425
Cast Metal Base	\$600
Denture Repairs	
Broken Denture Base	\$90
Replace Tooth in Denture	\$85
Replace Broken Facing	\$100
Broken Cast Framework	\$90
Replace Broken Clasp	\$85
Add tooth to Existing Partial Denture	\$85
Add Clasp to Existing Partial	\$85
Denture Adjustment	\$35
Reline Complete Denture, Chairside	\$75
Reline Complete Denture, Laboratory	\$125
Reline Partial Denture, Chairside	\$50
Reline Partial Denture, Laboratory	\$100
Tissue Conditioning	\$40

PROSTHODONTICS (Continued)

*(Crowns, Bridges, and Removable Dentures are limited to once every three years)*

	<u>Plan Pays</u>
Bridge Abutment or Pontic	
Inlay – Two Surface	\$230
Inlay – Two Surface	\$260
Crown – Plastic with Metal	\$350
Crown – Porcelain fused to Metal	\$425
Crown – Full Cast	\$350
Maryland Bridge Retainer	\$230
Precision Attachment	\$125
Replacement Bridge	\$50

ENDODONTICS

*(x-ray of satisfactory completion required)*

	<u>Plan Pays</u>
Pulp Cap, Direct	\$10
Pulpotomy	\$60
Root Therapy	
One Canal	\$225
Two Canals	\$300
Three or More Canals	\$400
Apicoectomy, First Root	\$150
Apicoectomy, Maximum Per Tooth	\$300
Retrograde Filling	\$85
Hemisection	\$150

**Mailing Address:**

**One Huntington Quadrangle, Suite 1C12  
Melville, NY 11747**

**Toll Free: (800) 520 - 3368**

**Phone: (516) 887 - 7566**

**Fax: (516) 887 - 7896**

ADJUNCTIVE SERVICES

	<u>Plan Pays</u>
Palliative Treatment Maximum	\$30
Specialist Consultation Maximum – Once in a Calendar Year, includes Exam	\$50
General Anesthesia – 1 <sup>st</sup> 30 Minutes Only	\$125
Intravenous Sedation – 1 <sup>st</sup> 30 Minutes Only	\$125
Bruxism Appliance	\$100

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.

	<u>Plan Pays</u>
Periodontal Treatment – Per Visit	
Root Scaling & Subgingival Curettage with Prophylaxis	\$50
Maximum per year	\$200

Periodontal Surgery

Confirmed by charting and/or x-rays required per quadrant of at least five teeth, soft-tissue, gingivectomy or gingivoplasty, mucco-buccal surgery, soft tissue graft or vestibuloplasty.

	<u>Plan Pays</u>
Any combination, Max per Quad	\$100
Osseous Graft, Per Quadrant	\$250
Osseous Graft, Per Site	\$90
Pedicle Soft Tissue Graft	\$200
Free Soft Tissue Graft, Per Quadrant	\$250
Osseous Surgery Including Gingivectomy Maximum – One in 36 Months	
Maximum Per Quad	\$350

ORTHODONTICS

	<u>Plan Pays</u>
Lifetime maximum	\$3,000
Initial Orthodontic Appliance Full treatment – Fixed Appliance	\$600
Active Treatment Per Month of Treatment (24 MONTHS)	\$100
Retainer	\$100