PROSTHODONTICS (FIXED)
Services are limited to permanent tooth replacement. The treatment for each individual tooth will be performed and shall be professionally reviewed for necessity and appropriateness of the planned treatment. The provider will account the exclusions and limitations of the Plan. The exclusions and limitations are based on insertion of the fixed bridge.

Porcelain (1 per 2 calendar years)
Cost metal
Metallic Porcelain
Metallic Porcelain/Custom Abutment

Implant/Abutment Supported Crowns for Fixed Bridge (1 per 10 years including any partial pontic part of fixed bridge replacement)
Implant/Abutment supported, cast
Implant/Abutment supported, porc
Implant/Abutment supported, porcelain/ceramic

Other Fixed Partial-Denture Services
Restorative Bridge, implant bridge

ORAL SURGERY
Extraction (1 per tooth per lifetime)
Extraction condemned, per tooth
Endodontic tooth or exposed root
Surgical removal
Soft tissue impingement
Partial bone impingement
Full bone impingement
Surgical removal of residual roots

OTHER Oral Surgical Procedures
Surgical Placement of Implant Body (ON010) (1 per tooth position per 10 years)
• an allowance will be provided for the surgical placement of the Implant Body. The plan will not pay for replacement for the next 5 years.
• A provider either participating or non-participating will be permitted to charge their customary fee for the implant body procedure and account the $5,000.00 per implant body as an appliance charge for appliances. If treatment is provided by a participating provider, the member may be responsible for a balance. A balance will be accounted prior to treatment.
• The member will be informed that the implant body will be outside of the member’s annual plan maximum.

ORTHODONTICS
For children under age 19 adult orthodontics. Provided for employees under the age of 19 and continued dependent children dependent upon the Plan. Orthodontic appliances must be in place by age 14 If a cosmetic upgrade (i.e. Invisalign or clear braces) is needed, a treatment plan is provided by a participating provider, the member may be responsible for a balance. A balance will be accounted prior to treatment.
Limited/interceptive/appliance Therapy $900.00
Surgical correction and alignment in two or more segments $200.00
Surgical replacement and/or adaptation $300.00
Replacement for missing or broken teeth $425.00 $575.00 $725.00 $1,000.00
• The allowance for the implant abutments will be $1,000.00 for each implant body procedure and accepted against any fee.
• A provider either participating or non-participating will be permitted to charge their customary fee for the implant abutment. The Plan will account the $1,000.00 implant abutment fee as an allowance against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be determined by the Plan.
• The allowance for the implant abutments will be $1,000.00 for each implant body procedure and accepted against any fee.

Exclusions and Limitations
There is no replacement for coverage of an existing crown, implant, implant supported, full removable dentures or replacement of fixed bridgework by a new denture or bridgework, or the addition of teeth to an existing partial removable denture or to bridgework without replacement of natural teeth, but only if the Plan is furnishing care evidence that: (a) the existing denture or bridgework was inserted at least five years prior to its replacement and that the existing denture or bridgework cannot be serviced by a dental or (b) in the case of a crown, that at least five years has elapsed since the crown was inserted or (c) The existing implant supported crown or denture was inserted at least ten years prior to its replacement and that the existing implant supported crown or denture cannot be serviced by a dental

In addition to the exclusions and limitations as stated in the CSEA SUNRISE Dental Plan Schedule of Benefits, and those listed above, this Plan does not cover:
• changes for any type of service or appliance not covered in schedule of allowances.
• treatment by other than a licensed dentist or dental hygienist or other health care professional chosen by the Plan.
• services and supplies that are primarily cosmetic in nature.
• replacement of a lost or stolen prosthetic appliance.
• duplicate prosthetic appliances or services.
• dentures, crowns, bridges, implant or appliances to change or maintain vertical dimension.
• fees for other or elaborate attachment features for dentures, bridgework or any other dental appliances.
• any service rendered or appliance inserted before the eligibility date or after the termination date under this Plan.

Coordinating Benefits
• any service rendered or appliance inserted before the eligibility date or after the termination date under this Plan.

SUNRISE DENTAL PLAN
CSEA EMPLOYEE BENEFIT FUND
Mary E. Sullivan, Chairperson
One Lee Jer Lane, Suite 1
Lima, NY 12145-2219
(800) 323-2722 | WWW.CSEA.BF.com
5/20
**General Information**

**Enrollment**
- Under the plans offered by the CSEA Employee Benefit Fund is not automatic. You must first enroll as a dependent in the Fund. Upon receipt of your eligibility, we will send you a letter which includes an enrollment form. Please complete and return the form to the CSEA Employee Benefit Fund. If you have questions, you can call 1-800-323-2732 to request one or visit www.csea.com to download a form from our website. When you visit the website, you can register for your Member Portal or download a form from our website. To request one or visit our website, you may appeal to the Fund. Please call customer service at 1-800-323-2732 for more information.

**Domestic Partner**
- **Domestic partner coverage** may be offered by your employer. Please contact your employer for additional information.

**Children** (Effective 7/1/2020)
- **Your children, stepchildren and legally adopted children, under age 19, who reside with you and are under your legal guardianship/custody to you.**
- **Your legal ward under the age of 25 who permanently resides with you and is under your legal guardianship/ custody to you.**

**PreAuthorizations**
- **If you are a full-time employee in a CSEA represented employer, your dependents become eligible at the same time you do.**
- **You must notify the Fund promptly of changes in enrollment or to request one or visit our website.**
- **If you become divorced, you must notify the Fund promptly.**
- **If you become ineligible for Fund coverage because of death or divorce, your dependents become ineligible.**
- **If you become divorced, call us at 1-800-323-2732.**
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**Pre-Authorization of Benefits**
- **Whenever the estimated cost of a recommended dental treatment exceeds $500.00, we will advise the submission of a claim form, available through your dental provider, which will encompass a professional fee, all reasonable materials and supplies and reasonable travel expenses.**
- **If the member decides to have the treatment, the Fund will not pay for the difference between the estimated cost and the accepted cost.**
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**Sunrise Dental Plan**

### Submit All Dental Claim Forms To

**CSEA Employee Benefit Fund**

P.O. Box 489
Latham, NY 12110-0489

#### Maximum Benefit – Dental Plan

<table>
<thead>
<tr>
<th>Service Description</th>
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<td>All services</td>
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#### Dental Radiographs

- **Panoramic**
- **Clinical Oral Evaluation (Examination)**
- **Dental Radiographs**

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<thead>
<tr>
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<tbody>
<tr>
<td>Panoramic, one surface</td>
<td>$35.00</td>
</tr>
<tr>
<td>Panoramic, two surfaces</td>
<td>$75.00</td>
</tr>
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<td>Panoramic, three surfaces</td>
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#### Amalgam Restorations

<table>
<thead>
<tr>
<th>Surface Description</th>
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<tbody>
<tr>
<td>Amalgam – one surface</td>
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#### Endodontics

- **Restorative procedures** are performed in conjunction with appropriate radiographic investigation.

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<tr>
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<td>Gingivectomy</td>
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### Receipts

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**Who is eligible?**

- **Full-Time Employee**
- **Part-time Employee or Seasonal Employee**
- **Who is not eligible?**

**C.B.R.A.**

- If you are eligible for Fund coverage because of death or divorce, your dependents become ineligible. You must notify the Fund promptly of changes in enrollment or to request one or visit our website.

**Domestic Partner**

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