

**Sachem Central School District  
GG-151**

**Managed Care Option:** These fees are the most you will pay to your participating dentist for services listed. Services not listed will be valued by report.

**MANAGED CARE**

**Diagnostic & Preventive Services**

Oral Exam (Once every 6 months).....	No Charge
Full Mouth X-rays.....	No Charge
Bitewing Series (Once every 6 months).....	No Charge
Single Film.....	No Charge
Cleaning of Teeth (Child).....	No Charge
Fluoride Treatment (Once every 6 months).....	No Charge
Emergency Treatment .....	No Charge

**Restorative**

Silver amalgam, one surface .....	No Charge
Silver amalgam, two surfaces .....	No Charge
Silver amalgam, three surfaces.....	No Charge
Composite filling, one surface.....	No Charge
Composite filling, two surfaces.....	No Charge
Composite filling, three surfaces.....	No Charge

**Oral Surgery**

Routine Extraction.....	No Charge
Surgical Extraction.....	\$50.00
Soft Tissue Impaction.....	75.00
Full Bony Impaction.....	150.00
Alveolectomy, per quad.....	75.00

**Root Canal Therapy**

Pulp Capping, direct.....	No Charge
Root Canal Therapy - Anterior.....	No Charge
Root Canal Therapy - Bicuspid.....	\$125.00
Root Canal Therapy - Molar.....	225.00

**Periodontics**

Scaling of teeth, full mouth.....	No Charge
Gingivectomy, per quad.....	\$100.00
Osseous surgery, per quad.....	225.00

**Prosthetics - Crowns**

Acrylic w/Metal Crown.....	\$175.00
Porcelain Crown.....	175.00
Porcelain with Metal Crown.....	175.00
Stainless Steel Crown.....	40.00
Cast Post.....	75.00
Recementation, per crown.....	No Charge
Acrylic with Metal Bridge Crown or Pontic.....	175.00
Porcelain with Metal Bridge Crown or Pontic.....	175.00
Recementation, bridge.....	No Charge
Full upper denture inc. adjustments.....	175.00
Full lower denture inc. adjustments.....	175.00
Partial upper denture, cast chrome.....	175.00
Partial lower denture, cast chrome.....	175.00

**Prosthetics - Repairs**

Denture Adjustments Complete (Made in Office)	45.00
Broke Body of Denture.....	Lab Fee
Replacement of Broken/Missing Teeth.....	Lab Fee
General Anesthesia, per ¼ hour.....	\$50.00

**Orthodontics - 24 months**

Adult Orthodontia.....	\$1500.00
Dependent Children covered up to age 19, 23 if full time student.	1950.00



AFFILIATED PROVIDERS  
FOR  
MANAGED CARE PLANS

NEW YORK,  
NEW JERSEY AND  
PENNSYLVANIA

Dentcare Delivery Systems, Inc.  
333 Earle Ovington Blvd.  
Suite 300  
Uniondale, NY 11553-3608

Customer Service  
(800) 468-0600, Press Option 1

Fax: (516) 227-0582

Website:  
[www.dentcaredeliverysystems.org](http://www.dentcaredeliverysystems.org)  
[www.healthplex.com](http://www.healthplex.com)  
E-mail:  
[info@healthplex.com](mailto:info@healthplex.com)

Administered By:



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We request you wait until you receive your eligibility card (except, of course, in case of emergency) before making an appointment.

***Visit our website at  
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NORTH  
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