

PSC-CUNY Welfare Fund

Comparison of Costs for Selected Common Procedures

PROCEDURES	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Value of the Guardian Discount			Plus Welfare Fund Reimbursement	Member Out-of-Pocket		
	Dentists' Ave. Charges * Zip 10001	Guardian Dentists' Discounted Fees	Member Savings from Discounted Fees	Scheduled Reimbursement	Guardian Dentist	Non-Participating Dentists **	DeltaCare Schedule of Member Pays****
PREVENTIVE							
Periodic Examination	\$65	\$31	\$34	\$24	\$7	\$41	\$0
Intraoral X-Ray	\$155	\$92	\$63	\$75	\$17	\$80	\$0
Bitewing X-Ray Two films	\$45	\$27	\$18	\$22	\$5	\$23	\$0
Adult Cleaning	\$129	\$65	\$64	\$53	\$12	\$76	\$0
Child Cleaning	\$93	\$47	\$46	\$38	\$9	\$55	\$0
Child Prophylaxis / Fluoride	\$117	\$71	\$46	\$58	\$13	\$59	\$0
OTHER SERVICES							
Amalgam - two surfaces	\$210	\$90	\$120	\$44	\$46	\$166	\$0
Root Canal-Molar	\$1,173	\$725	\$448	\$372	\$353	\$801	\$180
Osseous Surgery	\$1,067	\$734	\$333	\$372	\$362	\$695	\$250
Crown-porcelain / High metal	\$1,370	\$788	\$582	\$180	\$608	\$1,190	\$195
Complete Denture - upper	\$1,540	\$960	\$580	\$220	\$740	\$1,320	\$225
ORTHODONTIC**							
Comprehensive Ortho Treatment - transitional	\$3,500	\$2,613	\$887	\$653	\$1,960	\$2,847	\$1,950
Pre-Ortho Treatment Visit	\$350	\$250	\$100	\$63	\$187	\$287	\$200
Ortho Retention (removal of appliances, place retainer)	\$600	\$425	\$175	\$106	\$319	\$494	\$0

* Average charges of all dentists for a procedure in zip code 10001. Actual dentists' charges and fees(col.1 and col.2) may vary from those illustrated above.

** Average charges for Orthodontis were not provided by the carrier, due to extensive long term nature of claims. Fund Office estimate is appl

*** Non-participating dentists' patient out-of-pocket costs are the "average charges" (col.1) minus the Fund Reimbursement (col.4).

**** Delta HMO Patient Fees (col.7) were obtained from the DeltaCare USA schedule.