

DENTAL FEE SCHEDULE

ADA CODE	DESCRIPTION	PATIENT CO-PAY
160	Detail/extensive oral evaluation	\$15.00
330	Panoramic x-ray	\$10.00
1120	Prophylaxis- child	\$5.00
1510	Space Maintainer (fixed unilateral)	\$15.00
1515	Space Maintainer (fixed-bilateral)	\$10.00
1520	Space Maintainer (Removable-unilateral)	\$40.00
1525	Space Maintainer (Removable-bilateral)	\$5.00
1550	Re-cementation of Space Maintainer	\$5.00
2332	Resin Composite Three Surface Anterior	\$30.00
2335	Resin Composite Four or more Anterior	\$30.00
2391	Resin Composite One Surface Posterior	\$10.00
2392	Resin Composite Two Surface Posterior	\$10.00
2393	Resin Composite Three Surface Posterior	\$40.00
2394	Resin Composite Four or more Posterior	\$50.00
2510	Inlay-Metallic- One Surface	\$45.00
2520	Inlay-Metallic- Two Surface	\$70.00
2530	Inlay-Metallic Three Surface or more	\$90.00
2542	Onlay-Metallic- Two Surface	\$15.00
2543	Onlay-Metallic- Three Surface	\$45.00
2544	Onlay-Metallic- Four or more Surfaces	\$95.00
2620	Inlay-Porcelain/Ceramic Two Surfaces	\$70.00
2630	Inlay-Porcelain/Ceramic Three Surfaces	\$130.00
2642	Onlay-Porcelain/Ceramic Two Surfaces	\$15.00
2643	Onlay-Porcelain/Ceramic Three Surfaces	\$45.00
2644	Onlay-Porcelain/Ceramic Four Surfaces	\$95.00
2663	Onlay-Resin based composite 3 surfaces	\$239.00
2710	Crown Resin (indirect)	\$50.00
2740	Crown Porcelain	\$40.00
2750	Crown Porcelain fused high noble	\$40.00
2751	Crown Porcelain fused metal base	\$40.00
2752	Crown Porcelain fused to noble metal	\$40.00
2780	Crown 3/4 cast high noble metal	\$50.00
2790	Crown Full Cast high noble metal	\$15.00
2791	Crown Full Cast predominantly base metal	\$15.00
2792	Crown Full cast noble metal	\$15.00
2930	Prefabricated stainless steel crown	\$10.00
2951	Pin Retention per tooth in addition	\$15.00
3110	Pulp Cap (direct)	\$5.00
3120	Pulp Cap (indirect)	\$5.00
3320	Endodontic therapy, premolar tooth	\$5.00
3330	Endodontic therapy, molar tooth	\$25.00
3421	Apicoectomy first root (once every 3 yrs)	\$55.00
4211	Gingivectomy four teeth per yr	\$40.00
4260	Osseous Surgery 4 quds per yr	\$140.00
4273	Connective tissue graft	\$145.00

DENTAL FEE SCHEDULE cont.

ADA CODE	DESCRIPTION	PATIENT CO-PAY
5110	Complete Denture (Maxillary)	\$20.00
5120	Complete Denture (Mandibular)	\$20.00
5130	Immediate Denture (Maxillary)	\$45.00
5140	Immediate Denture (Mandibular)	\$45.00
5211	Maxillary Partial Denture resin base	\$95.00
5212	Mandibular Partial Denture resin base	\$95.00
5281	Removable Unilateral Partial Denture	\$60.00
5621/5622	Repair clasp framework Mandibular/Maxillary	\$15.00
5630	Repair or replace broken clasp	\$5.00
5710	Rebase complete Maxillary Denture	\$85.00
5711	Rebase complete Mandibular Denture	\$85.00
5720	Rebase complete Maxillary Partial Denture	\$50.00
5721	Rebase complete Mandibular Partial Denture	\$50.00
5730	Reline complete maxillary denture (chairside)	\$20.00
5731	Reline complete mandibular denture (chairside)	\$20.00
6210	Pontic-Cast high noble metal	\$15.00
6211	Pontic-Cast predominantly base metal	\$80.00
6240	Pontic porcelain fused to high noble metal	\$80.00
6250	Pontic resin with high noble metal	\$80.00
6252	Pontic resin with noble metal	\$80.00
6750	Retainer Crown porcelain fused to high noble metal	\$40.00
6751	Retainer Crown porcelain fused to base metal	\$40.00
6780	Retainer Crown 3/4 Cast noble metal	\$35.00
6790	Retainer Crown Full Cast high noble metal	\$10.00
6791	Retainer Crown Full Cast predominantly base metal	\$10.00
7140	Extraction erupted tooth or exposed root	\$30.00
7210	Surgical Removal of erupted tooth	\$40.00
7220	Removal of impacted tooth- soft tissue	\$45.00
7230	Removal of impacted tooth- partial bony	\$40.00
7240	Removal of Impacted tooth- complete bony	\$80.00
7241	Removal of impacted tooth w/complications	\$80.00
7260	Oroantral Fistula closure	\$20.00
7280	Surgical exposure of impacted tooth	\$35.00
7310	Alveoloplasty in conjunction w/extraction (per quad)	\$80.00
7320	Alveoloplasty not conjunction w/extraction (per quad)	\$40.00
7510	Incision and Drainage of abscess	\$30.00
9110	Pallative (Emergency) Treatment of dental pain	\$5.00
9222	Deep Sedation/general anesthesia 1st 15 mins	\$20.00
9223	Deep Sedation/general anesthesia additional 15 mins	\$20.00
9310	Consultation (once per year)	\$35.00
9951	Occlusal adjustment limited (once every 6 mths)	\$45.00
9952	Occlusal adjustment complete (once every 6 mths)	\$120.00



**International Union of
Operating Engineers**

Local Union No. 94,94A, 94B

Health & Benefit Fund

2018



PROFESSIONAL DENTAL CARE





1 Better Qualified Practitioners.

With over 3,600 locations, the Sele-Dent, Inc. PPO can provide the best quality dental care with extensive and convenient locations for all participants.

When scheduling a visit with a Sele-Dent Provider, simply identify yourself as a Sele-Dent Plan Member.

2 More Convenient Access.

Sele-Dent has a panel of Participating Dentists which provide all covered dental services within the limits of the Local 94 Dental Plan.

All Participants may visit the Local 94 Network of Participating Dental Providers and receive dental care with no co-payments, with the exception of dental implants, where co-payments do apply.

You may also visit a provider outside the Local 94 Network of Participating Dental Providers and the Sele-Dent's Network and be reimbursed at the Local 94 Schedule of Benefits.

Over 180,000 union families are currently utilizing the Sele-Dent Network.

The Sele-Dent Network is an additional option to the Local 94 Network of Participating Dental Providers.

Sele-Dent's participating Dentists have been screened to ensure the highest standards of dental care available.

All Sele-Dent's specialists listed are Board Certified. Each dentist can provide you with a full range of modern dentistry and offer courteous, knowledgeable treatment and personal care.

3 Outstanding Customer Service.

The Local 94 Dental Benefit Plan has a \$2,500.00 Individual Calendar Year Maximum (exclusive of orthodontic benefits). The Orthodontic Lifetime Maximum is \$2,154.00. Sele-Dent has a preferred orthodontic network which will reduce any out-of-pocket orthodontic expenses. Please see www.Sele-Dent.com for a list of these orthodontic locations.

Dental implants and orthodontics are covered procedures when services are rendered by a provider within the Local 94 Network, Sele-Dent Network or an Out of Network provider. For dental implants or orthodontics, you will be responsible for fees in excess of the Local 94 Schedule of Benefits if you do not use a Local 94 provider, or if the Local 94 Network dentist has not agreed to accept the Funds fee schedule for implants.

If you reside outside the New York Metro area, please call Sele-Dent for a provider near you. Co-payments may apply.

To locate a provider in the Local 94 Network of Participating Providers call
1-800-520-DENTAL (3368)

or visit **local94.com**

Also visit

www.Sele-Dent.com

To locate a Sele-Dent Provider. This website also provides directions to all participating providers' offices.

For all Customer Service calls, normal business hours are

**Monday thru Friday
8:00 am thru 4:00 pm.**

Messages are checked at all times for emergency calls.

All claims both in and out of network should be mailed to:



One Huntington Quadrangle, Suite 1SO3
Melville, NY 11747

