### Diagnostic & Preventive Services

- **Prophylaxis - Child**: $5.00
- **Panoramic x-ray**: $10.00
- **Detailed/Extensive oral evaluation**: $15.00

- **Exam and Panoramic x-ray once per year.**
- **Prophylaxis two per calendar year.**

### Space Maintainer (Up to age 19)

- **Space Maintainer (Fixed-bilateral)**: $10.00
- **Space Maintainer (Fixed-unilateral)**: $15.00
- **Space Maintainer (Removable-bilateral)**: $5.00
- **Space Maintainer (Removable-unilateral)**: $40.00
- **Space Maintainer replacement once every 3 years.**

### Restorative Dentistry

- **Resin Composite-Four or more Anterior**: $30.00
- **Resin Composite-Three Surfaces Anterior**: $30.00
- **Resin Composite-Two Surfaces**: $40.00
- **Resin Composite-One Surface Posterior**: $10.00
- **Resin Composite-Two Surfaces Posterior**: $15.00
- **Resin Composite-Three Surfaces Posterior**: $20.00
- **Resin Composite-Four or more Posterior**: $50.00
- **Resin Composite Three Surfaces Posterior**: $40.00
- **Resin Composite Two Surfaces Posterior**: $10.00
- **Resin Composite-One Surface Posterior**: $5.00

### Prosthodontics

#### Removable

- **Resin Composite-Four or more Anterior**: $30.00
- **Resin Composite-Three Surfaces Anterior**: $30.00
- **Resin Composite-Two Surfaces Anterior**: $40.00
- **Resin Composite-One Surface Posterior**: $40.00
- **Resin Composite-Two Surfaces Posterior**: $15.00
- **Resin Composite-Three Surfaces Posterior**: $45.00
- **Resin Composite-Four or more Posterior**: $50.00
- **Resin Composite Three Surfaces Posterior**: $40.00
- **Resin Composite Two Surfaces Posterior**: $10.00

#### Fixed

- **Crown-Full cast predominantly base metal**: $15.00
- **Crown-Full cast high noble metal**: $10.00
- **Crown-3/4 Cast noble metal**: $35.00
- **Crown-Full cast noble metal**: $40.00
- **Crown-Full cast high noble metal**: $10.00
- **Crown-3/4 Cast noble metal**: $35.00
- **Crown-Full cast high noble metal**: $10.00
- **Crown-Full cast predominantly base metal**: $10.00

### Oral Surgery

- **Surgical removal of erupted tooth**: $40.00
- **Removal of impacted tooth - soft tissue**: $45.00
- **Removal of impacted tooth - partial bony**: $40.00
- **Removal of impacted tooth - complete bony**: $80.00
- **Removal of impacted tooth w/ complications**: $80.00
- **Gingival fistula closure**: $20.00
- **Surgical exposure of impacted tooth**: $35.00
- **Aveooplasty in conjunction w/extraction (per quad)**: $80.00
- **Aveooplasty not-in conjunction w/extraction (per quad)**: $40.00
- **Irrigation and Drainage**: $30.00

### Anesthesia

- **Palliative treatment (once per year)**: $5.00
- **Deep sedation/general anesthesia (30 mins)**: $20.00
- **Deep sedation/general anesthesia (add 15 mins)**: $35.00
- **Consultation (once per year)**: $35.00
- **Occasional adjustment limited (once every 6 months)**: $45.00
- **Occasional adjustment complete (once every 6 months)**: $120.00

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**International Union of Operating Engineers**

Local Union No. 94, 94A, 94B

Health & Benefit Fund

Effective 6/1/10

Sele-Dent, Inc.

Promoting Access to Private Professional Dental Care

Better Qualified Practitioners.

Welcome to the Local 94 Sele-Dent, Inc. Dental Program

With over 1700 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, Inc. Provider, simply identify yourself as a Sele-Dent, Inc. Plan member.

More Convenient Access.

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

All Participants may still visit the Local 94 Network of Participating Dental Providers and receive dental care with no co-payments.

You may still visit a provider outside the Local 94 Network of Participating Dental Providers and the Sele-Dent, Inc.’s Network and be reimbursed at the existing Local 94 Schedule of Benefits.

Over 150,000 union families are currently utilizing the Sele-Dent, Inc. Network.

The Sele-Dent, Inc. Network will now be available as an additional option to the Local 94 Network of Participating Dental Providers.

Lower Costs.

Sele-Dent, Inc.’s Participating Dentists have been screened to ensure the highest standards of dental care available. All Sele-Dent, Inc.’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.

The Local 94 Dental Plan has a $2,500.00 Individual Calendar Year Maximum (exclusive of orthodontic benefits). The Orthodontic Lifetime Maximum is still $2,154.00.

Dental implants and orthodontics are covered procedures when services are rendered by a provider within the Local 94 Network of Participating Providers. If you visit a Sele-Dent, Inc. or an Out-of-Network dentist for dental implants or orthodontics you will be responsible for fees in excess of the Local 94 Schedule of Benefits.

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

To locate a provider in the Local 94 Network of Participating Providers, please call (212) 541-9880 (9am - 5pm) or visit local94.com.

or simply call:

1-800-520-DENT (3368)

to obtain a Sele-Dent, Inc. Participating Provider.

You can also visit: www.Sele-Dent.com

in order to locate a Sele-Dent, Inc. Provider. This website also provides directions to all Sele-Dent, Inc. 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 emergencies.

Effective June 1, 2007

All Local 94, Sele-Dent, Inc. and Out-of-Network claims are submitted to:

Sele-Dent, Inc.
Promoting Access to Private Professional Dental Care
381 Sunrise Hwy., Ste. 307 • Lynbrook, NY 11563