

DENTAL FEE SCHEDULE

Utilizing the Sele-Dent, Inc. Network
(Partial Listing)

Patient
Co-Payment

DIAGNOSTIC & PREVENTIVE SERVICES

Detail/Extensive oral evaluation	\$15.00
Panoramic x-ray	\$10.00
Prophylaxis — child	\$5.00

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

SPACE MAINTAINER (Up to age 19)

Space Maintainer (fixed unilateral)	\$15.00
Space Maintainer (Fixed-bilateral)	\$10.00
Space Maintainer (Removable-unilateral)	\$40.00
Space Maintainer (Removable-bilateral)	\$5.00
Re-cementation of Space Maintainer	\$5.00

Space Maintainer replacement once every 3 years.

RESTORATIVE DENTISTRY

Resin Composite- Three Surfaces Anterior	\$30.00
Resin Composite-Four or more Anterior	\$30.00
Resin Composite One Surface Posterior	\$10.00
Resin Composite Two Surfaces Posterior	\$10.00
Resin Composite Three Surfaces Posterior	\$40.00
Resin Composite Four or more Posterior	\$50.00

Inlays /Onlays

Inlay —Metallic- One Surface	\$45.00
Inlay — Metallic Two Surfaces	\$70.00
Inlay — Metallic Three Surfaces or more	\$90.00
Onlay — Metallic — Two Surfaces	\$15.00
Onlay — Metallic —Three Surfaces	\$45.00
Onlay — Metallic- Four or more Surfaces	\$95.00
Inlay — Porcelain /Ceramic - Two Surfaces	\$70.00
Inlay — Porcelain/Ceramic -Three Surfaces	\$130.00
Onlay — Porcelain/Ceramic —Two Surfaces	\$15.00
Onlay- Porcelain/Ceramic- Three Surfaces	\$45.00
Onlay- Porcelain/Ceramic-Four Surfaces	\$95.00

Replacement Inlays/Onlay once every 6 months.

PROSTHETICS CROWNS

Crown-Resin (indirect)	\$50.00
Crown — Porcelain fused high noble	\$40.00
Crown- Porcelain fused metal base	\$40.00
Crown- Porcelain fused to noble metal	\$40.00
Crown-Full cast high noble metal	\$15.00
Crown-Full cast predominantly base metal	\$15.00
Crown-Full cast noble metal	\$15.00
Crown gold ¾cast	\$50.00

Replacement Crown once every 3 years.

Prefabricated stainless steel crown	\$10.00
Pin retention per tooth in addition	\$15.00

Prefabricated Crowns up to age 16 once every 3 years

ROOT CANAL THERAPY

Pulp Cap (direct)	\$5.00
Pulp Cap (indirect)	\$5.00

Bicuspid (root-canal two canals)	\$5.00
Molar (root-canal three canals)	\$25.00
Apicoectomy first root (once every 3 years)	\$55.00

Root Canal treatment once every 3 years.

PERIODONTICS

Gingivectomy four teeth per yr (4211)	\$40.00
Osseous Surgery 4 quads per year	\$140.00 Sp. \$5.00
Connective tissue graft	\$145.00

PROSTHETICS (REMOVABLE)

Complete Denture —Maxillary	\$20.00
Complete Denture — Mandibular	\$20.00
Immediate Denture — Maxillary	\$45.00
Immediate Denture- Mandibular	\$45.00
Maxillary Partial Denture resin base	\$95.00
Mandibular Partial Denture resin base	\$95.00
Removable Unilateral Partial Denture	\$60.00

Replacement Dentures once every 3 years.

Repair clasp framework	\$15.00
Repair or replace broken clasp	\$5.00
Rebase complete Maxillary Denture	\$85.00
Rebase complete Mandibular Denture	\$85.00
Rebase complete Maxillary Partial Denture	\$50.00
Rebase complete Mandibular Partial Denture	\$50.00
Reline complete maxillary denture (chairside)	\$20.00
Reline complete mandibular denture (chairside)	\$20.00

Denture adjustment/repair every 6 months

PROSTHETICS - FIXED BRIDGES

Pontic-Cast high noble metal	\$15.00
Pontic-cast predominantly base metal	\$80.00
Pontic-porcelain fused to high noble metal	\$80.00
Pontic-resin with high noble metal	\$80.00
Pontic- resin with noble metal	\$80.00
Inlays abutments, three or more surfaces	\$65.00
Crown- porcelain fused to metal base	\$40.00
Crown- porcelain fused to noble metal	\$40.00
Crown-3/4 Cast noble metal	\$35.00
Crown-Full cast high noble metal	\$10.00
Crown-Full cast predominantly base metal	\$10.00

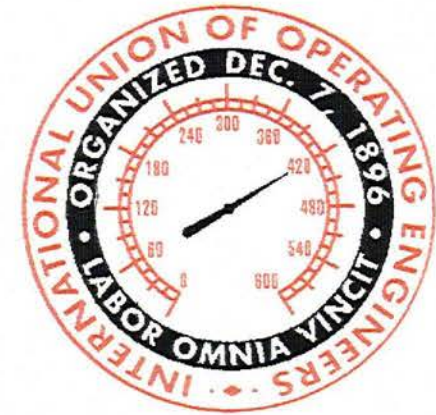
Replacement on Fixed Bridges once every 3 years.

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
Oroantral fistula closure	\$20.00
Surgical exposure of impacted tooth	\$35.00
Alveoplasty in conjunction w/extraction (per quad)	\$80.00
Alveoplasty not-in conjunction w/extraction (per quad)	\$40.00
Incision 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 15mins)	\$55.00
Consultation (once per year)	\$35.00
Occlusal adjustment limited (once every 6 months)	\$45.00
Occlusal adjustment complete (once every 6 months)	\$120.00



**International Union of
Operating Engineers
Local Union No. 94, 94A, 94B**

**Health & Benefit Fund
Effective 6/1/10**

Sele-Dent, Inc.

Dental PPO
Promoting Access to Private Professional Dental Care

**Better Qualified
Practitioners.**

**More Convenient
Access.**

Lower Costs.

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.

Dental PPO

Promoting Access to Private Professional Dental Care

381 Sunrise Hwy., Ste. 307 • Lynbrook, NY 11563