

THE HEALTH & BENEFIT FUND FEE SCHEDULE FOR DENTAL BENEFITS

Effective 1/1/2020

NOTE: All dental services over \$500.00 must be pre-approved by Sele-Dent.

D0100 – D0999 I. Diagnostic

Plan's Fee Schedule

D0120	Periodic oral evaluation (1 per calendar year)	\$ 15.00
D0140	Limited oral evaluation – problem focused	\$ 15.00
D0150	Comprehensive oral evaluation – new or established patient	\$ 15.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$ 15.00
D0210	Intraoral – full mouth series (including bitewings) x-rays once every 5 calendar years over the age of 12	\$ 32.00
D0220	Intraoral – periapical first film	\$ 5.00
D0230	Intraoral – periapical each additional film	\$ 5.00
D0270	Bitewing – single film	\$ 5.00
D0272	Bitewing – two films	\$ 10.00
D0274	Bitewing – four films	\$ 20.00
D0330	Panoramic film (once per calendar year)	\$ 27.00

D1000 – D1999 II. Preventive

D1110	Prophylaxis – Adult (13 years of age and older - 2 per calendar year)	\$ 23.00
D1120	Prophylaxis – Child (Under 13 years of age – 2 per calendar year)	\$ 14.00
D1206	Topical application of fluoride varnish (up to 16 years of age)	\$ 17.00
D1208	Topical application of fluoride-excluding varnish (up to 16 years of age)	\$ 17.00
D1351	Sealant – per tooth (any tooth up to the age of 16)	\$ 13.00
D1510	Space maintainer – fixed – unilateral (every 3 years)	\$ 59.00
D1516	Space maintainer maxillary – fixed – bilateral (every 3 years)	\$ 89.00
D1517	Space maintainer mandibular – fixed bilateral (every 3 years)	\$ 89.00
D1520	Space maintainer – removable – unilateral (every 3 years)	\$ 59.00
D1526	Space maintainer maxillary – removable – bilateral (every 3 years)	\$ 89.00
D1527	Space maintainer mandibular – removable – bilateral (every 3 years)	\$ 89.00
D1551	Re-cementation of space maintainer maxillary	\$ 14.00
D1552	Re-cementation of space maintainer mandibular	\$ 14.00

D2000 – D2999 III. Restorative

D2140	Amalgam – one surface, primary or permanent	\$ 21.00
D2150	Amalgam – two surfaces, primary or permanent	\$ 34.00
D2160	Amalgam – three surfaces, primary or permanent	\$ 48.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$ 48.00
D2330	Resin-based composite – one surface, anterior	\$ 27.00
D2331	Resin-based composite – two surfaces, anterior	\$ 48.00
D2332	Resin-based composite –three surfaces, anterior	\$ 48.00
D2335	Resin-based composite –four or more surfaces or involving incisal angle - anterior	\$ 48.00
D2391	Resin-based composite – one surface, posterior (once every 6 months)	\$ 27.00
D2392	Resin-based composite – two surfaces, posterior (once every 6 months)	\$ 48.00
D2393	Resin-based composite – three surfaces, posterior (once every 6 months)	\$ 48.00
D2394	Resin-based composite – four or more surfaces or involving incisal angle posterior	\$ 48.00
D2510	Inlay – metallic – one surface (once every 6 months)	\$ 89.00

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D2520	Inlay – metallic – two surfaces (once every 6 months)	\$ 89.00
D2530	Inlay – metallic – three or more surfaces (once every 6 months)	\$111.00
D2542	Onlay – metallic – two surfaces (once every 6 months)	\$ 89.00
D2543	Onlay – metallic – three surfaces (once every 6 months)	\$111.00
D2544	Onlay – metallic – four or more surfaces (once every 6 months)	\$111.00
D2610	Inlay – porcelain/ceramic – one surface (once every 6 months)	\$ 89.00
D2620	Inlay – porcelain/ceramic – two surfaces (once every 6 months)	\$ 89.00
D2630	Inlay – porcelain/ceramic – three surfaces (once every 6 months)	\$111.00
D2642	Onlay- porcelain/ceramic – two surfaces (once every 6 months)	\$ 89.00
D2643	Onlay -porcelain/ceramic – three surfaces (once every 6 months)	\$111.00
D2644	Onlay -porcelain/ceramic – four or more surfaces (once every 6 months)	\$111.00
D2663	Onlay- resin based composite three surfaces (once every 6 months)	\$111.00
D2710	Crown - resin (indirect – every 3 years)	\$172.00
D2720	Crown – resin with high noble metal (every 3 years)	\$273.00
D2721	Crown – resin with predominantly base metal (every 3 years)	\$273.00
D2722	Crown – resin with noble metal (every 3 years)	\$273.00
D2740	Crown – porcelain/ceramic (every 3 years)	\$287.00
D2750	Crown – porcelain fused to high noble metal (every 3 years)	\$287.00
D2751	Crown – porcelain fused to predominantly based metal (every 3 years)	\$287.00
D2752	Crown – porcelain fused to noble metal (every 3 years)	\$287.00
D2780	Crown – $\frac{3}{4}$ cast high noble metal (every 3 years)	\$167.00
D2790	Crown – full cast high metal (every 3 years)	\$261.00
D2791	Crown – full cast predominantly base metal (every 3 years)	\$261.00
D2792	Crown – full cast noble metal (every 3 years)	\$261.00
D2910	Recement or rebond inlay, onlay, veneer/patrilal cvrge restore (every 6 months)	\$ 14.00
D2920	Recement or rebond crown (every 6 months)	\$ 14.00
D2930	Prefabricated stainless steel crown – primary tooth (up to age 16/ every 3 years)	\$ 59.00
D2931	Prefabricated stainless steel crown – permanent tooth(up to age 16/ every 3 yrs)	\$ 73.00
D2932	Prefabricated resin crown (up to age 16 – every 3 years)	\$ 48.00
D2933	Prefabricated stainless steel crown with resin window (up to age 16/ every 3 yrs)	\$ 48.00
D2940	Protective restoration (once per tooth every 6 months)	\$ 14.00
D2950	Core buildup, including any pins (every 3 years)	\$ 61.00
D2951	Pin retention – per tooth, in addition to restoration	\$ 14.00
D2952	Cast post and core in addition to crown (every 3 years)	\$ 89.00
D2954	Prefabricated post and core in addition to crown (every 3 years)	\$ 89.00
D2980	Crown repair necessitated by restorative material failure	\$ 28.00

D3000 – D3999 IV. Endodontic

D3110	Pulp cap – direct (excluding final restoration)	\$ 8.00
D3120	Pulp cap – indirect (excluding final restoration)	\$ 8.00
D3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament	\$ 37.00
D3310	Endodontic therapy, anterior (excluding final restoration – every 3 years)	\$160.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration – every 3 years)	\$213.00
D3330	Endodontic therapy, molar tooth (excluding final restoration – every 3 years)	\$273.00
D3346	Retreatment of previous root canal therapy-anterior (every 3 years)	\$210.00
D3347	Retreatment of previous root canal therapy-premolar (every 3 years)	\$288.00
D3348	Retreatment of previous root canal therapy-molar (every 3 years)	\$373.00
D3410	Apicoectomy anterior (every 3 years)	\$147.00
D3421	Apicoectomy premolar first root (every 3 years)	\$147.00
D3425	Apicoectomy molar first root (every 3 years)	\$147.00
D3426	Apicoectomy each additional root (every 3 years)	\$221.00

D4000 – D4999 V. Periodontic**Plan's Fee Schedule**

D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	\$187.00 / Sp. \$320.00
D4211	Gingivectomy (4 teeth per year)	\$ 40.00 / Sp. \$ 80.00
D4249	Clinical crown lengthening – hard tissue	\$125.00
D4260	Osseous surgery (including elevation of a full thickness flap & closure) four or more contiguous teeth per quadrant (4 quads per year)	\$187.00 / Sp. \$320.00
D4263	Bone replacement graft – first site quadrant	\$152.00
D4273	Autogenous connective tissue graft procedures (including donor & recipient surgical sites) first tooth, implant or edentulous tooth position in graft	\$103.00
D4341	Periodontal scaling and root planning – four or more contiguous teeth or bounded teeth spaces per quadrant (general 4 quads/specialist 5 quads)	\$ 40.00 / Sp. \$ 80.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$ 55.00

D5000 – D5899 VI. Prosthodontic (removable)

D5110	Complete denture – maxillary (every 3 years)	\$367.00
D5120	Complete denture – mandibular (every 3 years)	\$367.00
D5130	Immediate denture – maxillary (every 3 years)	\$367.00
D5140	Immediate denture – mandibular (every 3 years)	\$367.00
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth – every 3 years)	\$267.00
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth – every 3 years)	\$267.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth – every 3 years)	\$400.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth – every 3 years)	\$400.00
D5282	Removable unilateral partial denture maxillary – one piece cast metal (including clasps and teeth – every 3 years)	\$103.00
D5281	Removable unilateral partial denture mandibular – one piece cast metal (including clasps and teeth – every 3 years)	\$103.00
D5410	Adjust complete denture – maxillary (every 6 months)	\$ 73.00
D5411	Adjust complete denture – mandibular (every 6 months)	\$ 73.00
D5421	Adjust partial denture – maxillary (every 6 months)	\$ 73.00
D5422	Adjust partial denture – mandibular (every 6 months)	\$ 73.00
D5511	Repair broken complete denture base mandibular (every 6 months)	\$ 66.00
D5512	Repair broken complete denture base maxillary (every 6 months)	\$ 66.00
D5520	Replace missing or broken teeth- complete denture (each tooth /every 6 months)	\$ 48.00
D5611	Repair resin partial denture base mandibular (every 6 months)	\$ 40.00
D5612	Repair resin partial denture base maxillary (every 6 months)	\$ 40.00
D5621	Repair cast partial framework mandibular	\$ 22.00
D5622	Repair cast partial framework maxillary	\$ 22.00
D5630	Repair or replace broken clasp (every 6 months)	\$ 15.00
D5640	Repair broken teeth (every 6 months)	\$ 28.00 – per tooth
D5650	Add tooth to existing partial denture (every 6 months)	\$ 48.00
D5660	Add clasp to existing partial denture (every 6 months)	\$ 73.00
D5710	Rebase complete maxillary denture (every 6 months)	\$114.00
D5711	Rebase complete mandibular denture (every 6 months)	\$114.00
D5720	Rebase maxillary partial denture (every 6 months)	\$114.00
D5721	Rebase mandibular partial denture (every 6 months)	\$114.00
D5730	Reline complete maxillary denture (chairside – every 6 months)	\$ 67.00

Plan's Fee Schedule

D5731	Reline complete mandibular denture (chairside – every 6 months)	\$ 67.00
D5740	Reline maxillary partial denture (chairside – every 6 months)	\$ 67.00
D5741	Reline mandibular partial denture (chairside – every 6 months)	\$ 67.00
D5750	Reline complete maxillary denture (laboratory – every 6 months)	\$101.00
D5751	Reline complete mandibular denture (laboratory – every 6 months)	\$101.00
D5760	Reline maxillary partial denture (laboratory – every 6 months)	\$101.00
D5761	Reline mandibular partial denture (laboratory – every 6 months)	\$101.00

D6000 – D6199 VII. Implant Services

Dental implants are covered procedures when they are pre-approved by Sele-Dent. Eligible participants will be responsible for applicable co-pays** if visiting a provider in the Local 94 network. However, if you visit a Sele-Dent, Inc. or an out of network dentist for dental implants, or a Local 94 network provider who has not agreed to accept the Local 94 Plan's Fee Schedule* for implants you will be responsible for fees in excess of the Plan's fee schedule. *

	<u>*Plan's Fee Schedule</u>	<u>**Patient Co-Payment</u>
Effective 1/1/17		
D6010 Surgical placement of implant body; endosteal implant	\$600.00	\$600.00
D6056 or D6057 Prefabricated abutment	\$239.00	\$100.00
D6059 or D6060 Abutment supported porcelain fused to metal crown (predominantly base metal or noble metal)	\$437.00	\$100.00

D6200 – D6999 IX. Prosthodontic (fixed)

Plan's Fee Schedule

D6210	Pontic – cast high noble metal (every 3 years)	\$187.00
D6211	Pontic – cast predominantly base metal (every 3 years)	\$187.00
D6212	Pontic – cast noble metal (every 3 years)	\$187.00
D6240	Pontic – porcelain fused to high noble metal (every 3 years)	\$187.00
D6241	Pontic – porcelain fused to predominantly base metal (every 3 years)	\$187.00
D6250	Pontic – resin with high noble metal (every 3 years)	\$187.00
D6252	Pontic – resin with noble metal (every 3 years)	\$187.00
D6603	Inlays used as abutments, three or more surfaces (every 3 years)	\$134.00
D6611	Retainer Onlay-cast high noble metal three or more surfaces (every 3 years)	\$111.00
D6720	Retainer crown – resin with high noble metal (every 3 years)	\$273.00
D6721	Retainer crown – resin with predominantly base metal (every 3 years)	\$273.00
D6722	Retainer crown – resin with noble metal (every 3 years)	\$273.00
D6750	Retainer crown – porcelain fused to high noble metal	\$287.00
D6751	Retainer crown – porcelain fused to predominantly base metal (every 3 years)	\$287.00
D6752	Retainer crown – porcelain fused to noble metal (every 3 years)	\$287.00
D6780	Retainer crown – ¾ cast high noble metal (every 3 years)	\$167.00
D6790	Retainer crown – full cast high noble metal (every 3 years)	\$261.00
D6791	Retainer crown – full cast predominantly base metal (every 3 years)	\$261.00
D6930	Recement or rebond fixed partial denture	\$ 37.00

Plan's Fee Schedule

D7000 – D7999 X. Oral and Maxillofacial Surgery

D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ 34.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth, suture	\$ 61.00
D7220	Removal of impacted tooth – soft tissue	\$ 67.00
D7230	Removal of impacted tooth – partial bony	\$120.00
D7240	Removal of impacted tooth – completely bony	\$167.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$167.00
D7250	Removal of residual tooth roots (cutting procedure)	\$ 73.00
D7260	Oroantral fistula closure	\$134.00
D7280	Surgical exposure of impacted or unerupted tooth to aid eruption	\$101.00
D7286	Incisional biopsy of oral tissue – hard (bone, tooth)	\$ 54.00
D7310	Alveoplasty in conjunction with extractions – per quadrant	\$ 10.00
D7320	Alveoplasty not in conjunction with extractions – per quadrant	\$ 94.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$ 34.00
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	\$ 73.00

D8000 – D8999 XI. Orthodontia

Note: All orthodontia services must be pre-approved by Sele-Dent. Orthodontia benefits are available for dependent children under age 19 only.

D8080	Comprehensive orthodontic treatment of the adolescent dentition (once per lifetime dependents 19 years and under)	\$ 491.00
D8670	Periodic orthodontic treatment visit (\$74.00 per month for 20 months)	\$1,480.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s) as part of the contract (18 months \$61.00 – every 6 months)	\$ <u>83.00</u>

Maximum Paid \$2,154.00

D9000 – D9999 XII. Adjunctive General Services

D9110	Palliative (emergency) treatment of dental pain – minor procedure (1 per year)	\$ 14.00
D9222	Deep sedation/general anesthesia – first 15 minutes	\$ 27.00
D9223	Deep sedation/general anesthesia – each additional 15 minutes	\$ 27.00
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment (1 per year)	\$ 40.00
D9951	Occlusal adjustment – limited (every 6 months)	\$ 14.00
D9952	Occlusal adjustment – complete (every 6 months)	\$ 14.00

NOTE: The dental maximum is an annual maximum of \$2,500 per covered individual per calendar year. Orthodontia benefits are available for eligible dependent children under the age of 19. The orthodontia benefit has a lifetime maximum of \$2,154. These benefits will not reduce the above \$2,500 annual dental maximum per covered individual per each calendar year. All implants and orthodontia services must be pre-approved by Sele-Dent. In addition, all dental services over \$500.00 must be approved by Sele-Dent. Prior approval is necessary if your dentist is a participating dentist in Local 94's Network, Sele-Dent's PPO Network or an out of network provider. An approved treatment plan submitted by a dental provider can be used by that provider and only for the approved dental care within one (1) year of the date of the approval. Any change to your approved treatment plan will be treated as a new treatment plan for which you will be required to submit for review and approval.