

THE HEALTH & BENEFIT FUND FEE SCHEDULE FOR DENTAL BENEFITS

Effective 1/1/2025

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

D0100 – D0999 I. Diagnostic

Plan's Fee Schedule

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|-------|--|---------|
| D0120 | Periodic Oral Evaluation (1 Per Year) | \$15.00 |
| D0140 | Limited Oral Evaluation - Problem Focused (1 Per Year) | \$15.00 |
| D0150 | Comprehensive Oral Evaluation - New Or Established Patient (1 Per Year) | \$15.00 |
| D0160 | Detailed And Extensive Oral Evaluation - Problem Focused, By Report (1 Per Year) | \$15.00 |
| D0210 | Intraoral - Full Mouth Series (Including Bitewings) Once Every 5 Years | \$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 Year) | \$27.00 |
| D0364 | Cone Beam Ct Capture (1 per 3 years) | \$75.00 |
| D0365 | Cone Beam Ct & Interpretation (1 per 3 years) | \$75.00 |
| D0366 | Cone Beam Ct Capture & Interpretation (1 per 3 years) | \$75.00 |
| D0367 | Cone Beam Ct Capture (1 per 3 years) | \$75.00 |
| D0380 | Cone Beam Ct (1 per 3 years) | \$75.00 |
| D0383 | Cone Beam Ct View Of Both Jaws (1 per 3 years) | \$75.00 |

D1000 – D1999 II. Preventive

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|-------|---|---------|
| D1110 | Prophylaxis - Adult (2 Per Calendar Year 13 Years Of Age And Older) | \$55.00 |
| D1120 | Prophylaxis - Child (2 Per Calendar Year Under 13 Years Of Age) | \$35.00 |
| D1206 | Topical Application Of Fluoride Varnish (Covered Up To 16 Years Of Age) | \$17.00 |
| D1208 | Topical Application Of Fluoride-Excluding Varnish (Covered Up To 16 Years Of Age) | \$17.00 |
| D1351 | Sealant - Per Tooth (Any Tooth Up To The Age Of 16) | \$13.00 |
| D1354 | Application Caries Medication Sealants (Up To Age 16) | \$40.00 |
| D1510 | Space Maintainer - Fixed - Unilateral (Every 3 Years) Per Quad | \$59.00 |
| D1516 | Space Maintainer - Fixed - Bilateral Maxillary (Every 3 Years) | \$89.00 |
| D1517 | Space Maintainer - Fixed - Bilateral Mandibular (Every 3 Years) | \$89.00 |
| D1520 | Space Maintainer - Removable - Unilateral (Every 3 Years) Per Quad | \$59.00 |
| D1526 | Space Maintainer - Removable - Maxillary Bilateral (Every 3 Years) | \$89.00 |
| D1527 | Space Maintainer - Removable - Mandibular 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**Plan's Fee Schedule**

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|-------|--|----------|
| 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 | \$35.00 |
| D2331 | Resin-Based Composite - Two Surfaces, Anterior | \$55.00 |
| D2332 | Resin-Based Composite - Three Surfaces, Anterior | \$55.00 |
| D2335 | Resin-Based Composite - Four Or More Surfaces (Anterior) | \$55.00 |
| 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 |
| 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 Base Metal (Every 3 Years) | \$287.00 |
| D2752 | Crown - Porcelain Fused To Noble Metal (Every 3 Years) | \$287.00 |
| D2780 | Crown-3/4 Cast Metallic (Every 3 Years) | \$167.00 |
| D2790 | Crown - Full Cast High Noble 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/Patril Coverage Restore (Every 6 Months) | \$14.00 |
| D2920 | Recement Or Re-Bond 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 Years) | \$73.00 |

Plan's Fee Schedule

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|-------|--|---------|
| 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 Years) | \$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

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|-------|---|----------|
| 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 Tooth (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

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|-------|--|---------------------------|
| D4210 | Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant | \$187.00 SPEC \$320.00 |
| D4211 | Gingivectomy (4 Teeth Per Year) | \$40.00 SPEC \$80.00 |
| D4249 | Clinical Crown Lengthening - Hard Tissue | \$125.00 |
| D4260 | Osseous Surgery Four Or More Contiguous Teeth Per Quadrant (4 Quads Per Year) | \$187.00 SPEC \$320.00 |
| D4263 | Bone Replacement Graft - First Site In Quadrant | \$152.00 |
| D4273 | Autogenous Connective Tissue Graft Procedure (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 SPEC \$80.00 |
| D4381 | Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth | \$55.00 |
| D4910 | Perio Prophyl | \$40.00 |

D5000 – D5899 VI. Prosthodontic (removable)**Plan's Fee Schedule**

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|-------|--|----------|
| 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 Frame Work With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth) (Every 3 Years) | \$400.00 |
| D5282 | Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps And Teeth) (Every 3 Years) Maxillary | \$103.00 |
| D5283 | Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps And Teeth) (Every 3 Years) Mandibular | \$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) Per Tooth | \$15.00 |
| D5640 | Repair Broken Teeth - Per Tooth (Every 6 Months) | \$28.00 |
| D5650 | Add Tooth To Existing Partial Denture (Every 6 Months) | \$48.00 |
| D5660 | Add Clasp To Existing Partial Denture (Every 6 Months) Per Tooth | \$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 |
| 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. *

***Plan's Fee **Patient**
Schedule Co-Payment

Effective 1/1/17

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|-----------------|---|----------|----------|
| 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**

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|-------|---|----------|
| 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 |
| D6242 | Porc/Metal Pontic (1 per 3 years) | \$273.00 |
| D6245 | Pontic Porcelain Ceramic (1 per 3 years) | \$273.00 |
| 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 | Crown - Resin With High Noble Metal (Every 3 Years) | \$273.00 |
| D6721 | Crown - Resin With Predominantly Base Metal (Every 3 Years) | \$273.00 |
| D6722 | Crown - Resin With Noble Metal (Every 3 Years) | \$273.00 |
| D6740 | Porcelain Abut Crown (1 per 3 years) | \$273.00 |
| D6750 | Crown - Porcelain Fused To High Noble Metal | \$287.00 |
| D6751 | Crown - Porcelain Fused To Predominantly Base Metal (Every 3 Years) | \$287.00 |
| D6752 | Crown - Porcelain Fused To Noble Metal (Every 3 Years) | \$287.00 |
| D6780 | Crown - 3/4 Cast High Noble Metal (Every 3 Years) | \$167.00 |
| D6790 | Crown - Full Cast High Noble Metal (Every 3 Years) | \$261.00 |
| D6791 | Crown - Full Cast Predominantly Base Metal (Every 3 Years) | \$261.00 |
| D6930 | Re-Cement Or Re-Bond Fixed Partial Denture | \$37.00 |

Plan's Fee Schedule**D7000 – D7999 X. Oral and Maxillofacial Surgery**

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|-------|--|----------|
| D7140 | Extraction, Erupted Tooth Or Exposed Root | \$34.00 |
| D7210 | Surgical Removal Of Erupted Tooth Requiring Elevation Of Mucoperiosteal Flap And Removal Of Bone And/Or Section Of Tooth | \$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 |
| D7953 | Bone Graft To Preserve Ridge | \$225.00 |
| D7961 | Buccal/Labial Frenectomy Frenulectomy (Frenectomy Or Frenotomy) - Separate Procedure | \$73.00 |
| D7962 | Lingual Frenectomy (Frenulectomy) | \$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.

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|-------|---|------------|
| D8080 | comprehensive orthodontic treatment of the adolescent dentition (once per lifetime dependents 19 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 contract 18 months \$61.00 every 6 months | \$183.00 |
| D8692 | Orthodontic retainer (1 per lifetime) | \$500.00 |

D9000 – D9999 XII. Adjunctive General Services

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|-------|---|---------|
| 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 subsequent 15 minute increment (oral surgeon) | \$27.00 |
| D9310 | consultation (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.