

CO-PAYMENTS WHEN USING ANY SELF-DENT PROVIDER

ADA CODE	DESCRIPTION	PATIENT CO-PAY
2332	Resin Composite 3 Surface Anterior	\$30.00
2335	Resin Composite 4 or more Anterior	\$30.00
2391	Resin Composite 1 Surface Posterior	\$10.00
2392	Resin Composite 2 Surface Posterior	\$10.00
2393	Resin Composite 3 Surface Posterior	\$40.00
2394	Resin Composite 4 or more Posterior	\$50.00
2510	Inlay - Metallic 1 Surface	\$45.00
2520	Inlay - Metallic 2 Surfaces	\$70.00
2530	Inlay - Metallic 3 Surfaces	\$90.00
2542	Inlay - Metallic 2 Surfaces	\$15.00
2543	Inlay - Metallic 3 Surfaces	\$45.00
2544	Inlay - Metallic 4 or more Surfaces	\$95.00
2620	Inlay - Porcelain/Ceramic 2 Surfaces	\$70.00
2630	Inlay - Porcelain/Ceramic 3 Surfaces	\$130.00
2642	Onlay - Porcelain/Ceramic 2 Surfaces	\$15.00
2643	Onlay - Porcelain/Ceramic 3 Surfaces	\$45.00
2644	Onlay - Porcelain/Ceramic 4 Surfaces	\$95.00
2663	Onlay - Resin based composite 3 Surfaces	\$239.00
2710	Crown - Resin (indirect)	\$50.00
2720	Crown - Resin with high noble metal (every 3 years)	\$50.00
2721	Crown - Resin with predominant base metal (every 3 years)	\$50.00
2722	Crown - Resin with noble metal (every 3 years)	\$50.00
2740	Crown - Porcelain/Ceramic	\$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 metallic (every 3 years).	\$40.00
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 to restoration	\$15.00
3110	Pulp Cap (direct)	\$5.00
3120	Pulp Cap (indirect)	\$5.00
3320	Endodontic therapy, premolar tooth (excluding final restoration) (every 3 years)	\$5.00
3330	Endodontic therapy, molar tooth (excluding final restoration) (every 3 years)	\$25.00
3421	Apicoectomy first root (once every 3 years)	\$55.00
4211	Gingivectomy four teeth per year one to three contiguous teeth	\$40.00
4260	Osseous Surgery four or more contiguous teeth per quadrant (4 quads per year)	\$140.00
4273	Autogenous Connective Tissue Graft procedure first tooth, implant or edentulous tooth position in graft	\$145.00
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 based	\$95.00
5212	Mandibular Partial Denture resin based.	\$95.00

CO-PAYMENTS WHEN USING ANY SELF-DENT PROVIDER CONT.

ADA CODE	DESCRIPTION	PATIENT CO-PAY
5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth) (every 3 years) Maxillary.	\$60.00
5283	Removable Unilateral Partial Denture Mandibular	\$60.00
5630	Repair or replace broken clasp	\$5.00
5710	Rebase complete Maxillary Denture	\$85.00
5711	Rebase complete Mandibular Denture	\$85.00
5720	Rebase Maxillary Partial Denture	\$50.00
5721	Rebase Mandibular Partial Denture	\$50.00
5730	Reline complete Maxillary Denture (chair side)	\$20.00
5731	Reline complete Mandibular Denture (chair side)	\$20.00
6210	Pontic-Cast high noble metal	\$15.00
6211	Pontic-Cast predominantly base metal	\$80.00
6212	Pontic-Cast noble metal (every 3 years)	\$80.00
6240	Pontic-porcelain fused to high noble metal	\$80.00
6241	Pontic-porcelain fused to predominantly metal base (every 3 years)	\$80.00
6242	Pontic-porcelain metal.	\$80.00
6245	Pontic-porcelain crown	\$80.00
6250	Pontic-resin with high noble metal.	\$80.00
6252	Pontic-resin with noble metal	\$80.00
6740	Porcelain abut crown	\$40.00
6750	Crown porcelain fused to noble metal	\$40.00
6751	Crown porcelain fused to metal base.	\$40.00
6752	Crown porcelain fused to noble metal (every 3 years)	\$40.00
6780	Crown 3/4 Cast noble metal	\$35.00
6790	Crown Full Cast high noble metal	\$10.00
6791	Crown Full Cast predominantly based metal.	\$10.00
7140	Extraction erupted tooth or exposed root	\$31.00
7210	Surgical removal or erupted tooth	\$40.00
7220	Removal of impacted tooth-soft tissue	\$45.00
7230	Removal of impacted tooth-partial bone	\$40.00
7240	Removal of impacted tooth-complete bone	\$80.00
7241	Removal of impacted tooth with 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 in conjunction w/ extraction (per quad)	\$40.00
7510	Incision and Drainage of abscess-intraoral soft tissue	\$30.00
7953	Bone graft	\$25.00
9110	Palliative (Emergency) Treatment of dental pain-minor procedure (1 per year)	\$5.00
9222	Deep Sedation/General Anesthesia 1st 15 minutes	\$20.00
9223	Deep Sedation/General Anesthesia additional 15 minutes	\$20.00
9310	Consultation (once per year)	\$35.00
9951	Occlusal Adjustment Limited (once every 6 months)	\$45.00
9952	Occlusal Adjustment Complete (once every 6 months)	\$120.00

Please Note, Effective January 1, 2025, there are no longer Co-Payments on certain Preventative and Diagnostic Procedures, such as Oral Exams, X-Rays and Cleanings.



International Union of Operating Engineers

Local Union No. 94,94A, 94B

Health & Benefit Fund

Effective January 1, 2025



PROFESSIONAL DENTAL CARE



1 Better Qualified Practitioners.

With over 5,000 Participating Providers, the Sele-Dent Providers can provide the best quality dental care with extensive and convenient locations for all participants. Local 94 has added an **ENHANCED Sele-Dent network** including all specialties such as: Endodontics, Oral Surgery, Pediatrics, Periodontics. Additionally, Periodontics Prophy or cleanings are **NOW COVERED** under your dental benefit at One per Calendar year.

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

2 More Convenient Access.

All Participants may visit the Local 94 Network of Participating Dental Providers which provide all covered dental services within the scope of benefits of the Local 94 Dental Plan. Participants receive dental care from Local 94 Participating Providers with no co-payments, with the exception of dental implants where co-payments do apply. The most current list of Local 94 Participating Providers can be found on the Local 94 website, www.local94.com, under Covered Dental Benefits.

Sele-Dent has a panel of Participating Dentists which provide all covered dental services within the scope of benefits of the Local 94 Dental Plan. Eligible Local 94 Participants also have access to the Sele-Dent Network, subject to applicable co-payments. Sele-Dent's participating Dentists have been screened to ensure the highest standard of dental care available and are Board Certified. Each dentist can provide you with a full range of modern dentistry and offer courteous, knowledgeable treatment and personal care. Over 180,000 union families are currently utilizing the Sele-Dent Network.

The Local 94 Dental Plan is a Freedom of Choice Plan, where you may visit an Out-of-Network provider of your choice and will be reimbursed the Out-Of-Network fee schedule. This Fee Schedule is listed on the Local 94 website, www.local94.com, under Covered Dental Benefits.

The Local 94 Dental Plan has a \$2,500.00 Individual Calendar Year Maximum (exclusive of orthodontic benefits).

Dental Implants and orthodontics are covered procedures under the Local 94 Dental Benefit. Please note, there will be out of pocket expenses on Orthodontics and Dental Implants.

The orthodontic Lifetime Maximum is \$2,154.00 for children up to age 19. 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. **ORTHODONTIC RETAINERS are NOW COVERED** under your dental benefit at a One-Time Lifetime Maximum of \$500 for dependents under age 19.

3 Outstanding Customer Service.

If you reside outside of the New York Metro area, please call Sele-Dent for a provider near you. Co-payments may apply. Local 94 has now contracted with Sele-Dent for the UNICARE National Network. Therefore, retirees residing outside the NY/NJ Metro area can call Sele-Dent for a Unicare Provider. These providers are in-Network, the Sele-Dent Co-Payments apply. Additionally, you may need to remit payment to the dentist and the Fund will reimburse you. You must call Sele-Dent at 1-800-520-DENTAL (3368) or email at info@Sele-Dent.com, provide your zip code and a list of providers will be sent to you.

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 1C12
Melville, NY 11747

