

**SUMMARY OF MATERIAL MODIFICATIONS TO
THE HEALTH AND BENEFIT TRUST FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 94-94A-94B, AFL-CIO**

To: All Participants and Beneficiaries in the Health and Benefit Trust Fund of the International Union of Operating Engineers Local 94-94A-94B, AFL-CIO

From: The Plan Administrator of the Health and Benefit Trust Fund of the International Union of Operating Engineers Local 94-94A-94B, AFL-CIO – Commercial and School Divisions

Re: Reminders (All Divisions) and Basic Retiree Benefits (Commercial Division)

Date: June 27, 2025

This document is a Summary of Material Modifications (“SMM”) intended to notify you of important changes under the Health and Benefit Trust Fund of the International Union of Operating Engineers Local 94-94A-94B, AFL-CIO’s (the “Fund”) plan of benefits (the “Plan”). This summary is intended to satisfy the requirements for issuance of an SMM under the Employee Retirement Income Security Act of 1974, as amended. You should take the time to read this SMM carefully and keep it with the Summary Plan Description (“SPD”) that was previously provided to you. If you need another copy of the SPD or if you have any questions regarding these important changes, please contact the Plan Administrator during normal business hours at: 331-337 West 44th Street, New York, New York, 10036, telephone number: (212) 331-1800.

I.

Reminders (Commercial and School Divisions):

Switch to Aetna and CVS Caremark

As we previously communicated to you in November 2024, effective January 1, 2025, the Plan’s (i) Medical & Hospital coverage is administered by Aetna and (ii) Prescription coverage is administered by CVS Caremark.

Please see enclosed November 2024 Notice for more information about the Fund’s switch to Aetna and CVS Caremark. Also, in December 2024, we mailed you an updated Summary of Benefits and Coverage (“SBC”) for the coverage you elected under the Plan. You can access your SBC by visiting <https://www.local94.com/affiliated-funds/health-and-benefit-trust-fund/notices.aspx> and then click “Notices – Current”. If you have not yet received the new ID card, need a replacement, or want more information, please contact the Fund Office at the number set forth above.

Change and Expansion of Dental Benefits

The Fund wishes to remind you that, effective January 1, 2025, the Fund uses an **expanded** Sele-Dent network with over 5,000 participating providers. This broader network encompasses New York, New

Jersey, and Connecticut and contains general practitioners and all board-certified specialists, including endodontists, oral surgeons, periodontists, and pediatric dentists. Note, the current Local 94 Network remains in place.

Additional benefit improvements, effective January 1, 2025, include:

- No copayments on any preventative or diagnostic covered procedures, such as exams or cleanings with Sele-Dent participating providers
- Orthodontic retainers are now a covered benefit for eligible dependents under age 19, once per lifetime with a maximum \$500 reimbursement, for both in- and out-of-network providers
- Periodontal cleanings or prophylaxis are now a covered benefit once per calendar year
- Cone beam x-rays are now a covered benefit once every three years.

Also, the Out-Of-Network reimbursement fee schedule has been increased. Note, however, the calendar year maximum of \$2,500 per individual remains unchanged. All other current dental benefits described in your current benefit booklet still apply.

Please note: When using a Sele-Dent provider, copayments may apply for certain procedures. There are, however, no copayments when using a Local 94 Network Provider. If you cannot locate a Local 94 Network provider or a Sele-Dent provider near you, please email info@sele-dent.com or call 800-520-DENT (3368). For a list of all Sele-Dent copayments and an updated Out-of-Network reimbursement fee schedule, please visit www.sele-dent.com or the Local 94 website at www.local94.com then search “Covered Dental Benefits”. The Sele-Dent copayments as well as additional information regarding your improved dental benefits can be found in the enclosed materials, which were previously provided to you by Sele-Dent in April 2025.

II.

Basic Retiree Benefits (Commercial Participants ONLY)

The Board of Trustees of the Fund wishes to inform you that due to various circumstances, including lack of enrollment and the administrative expenses associated with maintaining this option, effective September 1, 2025, the Basic Retiree Benefits option will be closed to participants not currently enrolled in that option. In other words, participants enrolled in the Basic Retiree Benefits option on September 1, 2025 will **not** be affected by this change and coverage will continue in accordance with the terms of the Plan. However, no new participants will be allowed to elect the Basic Retiree Benefits option under the Plan after August 31, 2025, as it will be closed to new participants.

Please note that, as a result of this change, if you initially elected the PPO Retiree option, after August 31, 2025, you will no longer have the opportunity to make a one-time election to switch to the Basic Retiree Benefits option as it will be closed to new participants. If, however, you are covered under the Basic Retiree Benefits option after August 31, 2025, you will continue to have the opportunity to make a one-time election to switch to the PPO Retiree option and, in accordance with the Plan’s rules, you cannot later switch back.

Newly eligible retirees will continue to have access to the PPO Retiree option and the Medicare Retiree option under the Plan.

Sincerely,
Board of Trustees, Health and Benefit Trust Fund of the International Union of Operating Engineers
Local 94-94A-94B, AFL-CIO.

This SMM is intended to provide you with an easy-to-understand description of material changes concerning the Plan. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. The Board of Trustees or its duly authorized designee, reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the "Trust Agreement"). The Trust Agreement is available at the Fund Office and may be inspected by you free of charge during normal business hours. No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the Plan documents, make any promises to you about benefits under the Plan, or change any provision of the Plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters arising under the Plan.

IMPORTANT NOTICE REGARDING THE PLAN'S GRANDFATHERED PLAN STATUS

The Trustees believe that the Plan is a "grandfathered plan" as such term is defined under PPACA (more commonly known as Health Care Reform). As permitted by Health Care Reform, a grandfathered health plan can preserve certain basic health coverage that was already in effect when Health Care Reform was enacted. Being a grandfathered health plan means that the medical coverage that you have elected under the Plan may not include certain consumer protections of Health Care Reform that apply to other group health plans, for example, the requirement for the provision of preventive health services without any cost sharing (i.e., copayments, coinsurance, deductibles). However, grandfathered health plans must comply with certain other consumer protections in Health Care Reform, for example, the elimination of lifetime limits on benefits and extension of coverage to dependents until age 26. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator during normal business hours at: 331-337 West 44th Street, New York, New York, 10036, telephone number: (212) 331-1800. You may also contact the Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered plans.

**The Health and Benefit Trust Fund of the International Union of Operating Engineers
Local 94-94A-94B, AFL-CIO**

**To: All Eligible Participants and Beneficiaries in the Health and Benefit Trust Fund of the
International Union of Operating Engineers Local Union No. 94-94A-94B, AFL-CIO**

**From: The Plan Administrator of the Health and Benefit Trust Fund of the
International Union Operating Engineers Local Union No. 94-94A-94B, AFL-CIO**

Re: Aetna and CVS Caremark – Effective January 1, 2025

Date: November 20, 2024

The Health and Benefit Trust Fund of the I.U.O.E. Local 94-94A-94B, AFL-CIO (“Local 94 Health Fund”) would like to introduce you to your new Medical & Hospital coverage and Prescription coverage providers.

Effective January 1, 2025, your Medical & Hospital coverage will be administered by Aetna.

Effective January 1, 2025, your Prescription coverage will be administered by CVS Caremark (“Caremark”).

In mid-December, you will receive one ID card which will be for your Medical & Hospital and Prescription coverage under Aetna and Caremark. If you do not receive your ID card by January 1, 2025, please contact the Health and Benefit Fund at 212-331-1800.

Please note – There will be NO change for the Commercial Medicare Retirees Prescriptions coverage which will continue to be managed by United Healthcare. The Commercial Medicare Retirees will receive a new Aetna card only for Medical & Hospital coverage.

Reason for the Switch

As health care costs continue to rise the Board of Trustees continually looks to provide quality coverage to you and your family at the best cost available.

The Trustees conducted a comprehensive review of the Medical & Hospital coverage provided to participants to secure the most competitive financial terms and an expansive network while maintaining a high-level quality of coverage. Aetna’s proposal was the most competitive and robust solution.

Concurrent to the Medical & Hospital coverage review, the Local 94 Health Fund evaluated its Prescription coverage for participants. The Health Fund participates in a coalition with other Operating Engineers throughout the country to negotiate prescription benefit management contracts. With almost 400,000 lives in the coalition, our strength as a group allows us to negotiate market leading contracts. Caremark provides the highest level of service and most competitive pricing for our participants.

We are very excited for the new relationship with Aetna and reestablishing a partnership we previously had with Caremark. These relationships will allow us to provide enhanced benefits with no changes to the current co-pays, coinsurance or deductibles.

Aetna – Provider Network

The Trustees selected Aetna for its comprehensive coverage and strong network. You and your dependents will be able to access one of the largest nationwide networks of doctors and hospitals. We expect there to be little to no disruption with your healthcare provider. However, if you find that your doctor is currently not in the Aetna network, please let your Fund Office representative know so that we can have Aetna invite them to join the network.

Caremark – Pharmacy Access

With Caremark, you will continue to have access to thousands of retail pharmacies just as you do now. These pharmacies will include national chains, such as CVS, and most independent pharmacies. We expect there to be little to no disruption.

Caremark – Home Delivery or 90 Day supply at CVS Pharmacy

Currently, you have the convenience to fill your maintenance prescriptions (prescriptions needed for 90 or more days) at a CVS Pharmacy or through Mail Service. Effective January 1, 2025, you will continue to have the same flexibility filling maintenance prescriptions at a CVS Pharmacy, Costco Pharmacy, Kroger Pharmacy or through CVS mail order.

Caremark – Transfer of Prescriptions

Most mail order prescriptions will automatically transfer to Caremark. Mail order prescriptions that will NOT transfer are those medications considered to be controlled substances, such as medication for pain, attention deficit, anxiety/depression and more. Your doctor must provide a new prescription for these medications for use on or after January 1, 2025. Other prescriptions that will not transfer are compound medications, prescriptions that have expired or prescriptions with no refills. The home delivery pharmacy may contact you to set up payment information and delivery. Most current prescriptions at retail for maintenance medications will also transfer to Caremark. You will need to provide the retail pharmacy your new identification card effective January 1, 2025.

Caremark – Specialty Pharmacy Medications

Specialty medications will be filled by CVS Specialty. CVS Specialty provides specialty medications and some clinical support for complex conditions, including cancer, arthritis, and others. If you are currently taking a specialty medication, additional information about CVS Specialty Pharmacy will be mailed to you prior to January 1, 2025 to assist you with the transition.

Caremark – Formulary Changes

Each prescription drug company has its own list of prescribed medications that are allowed for their safety, cost and effectiveness. OptumRx's and CVS Caremark's formulary lists may differ slightly, however disruption should be minimal based on an analysis conducted. You and your doctor should consult the new formulary to help you select the most cost-effective prescription medications for your needs prior to your first fill with Caremark. You will receive more information with the Welcome Mailing.

Beginning January 1, 2025, more information will be available online for both the Medical & Hospital and Prescription benefits. You can also contact the Health Fund Office at 212-331-1800 if you have any questions about this notice or any notices you receive in the mail. You will also be able to download the Aetna Health app and set up a new user ID to help you and your dependents manage your care with the convenience of your mobile device.

Please carefully read all notices that will be mailed to you from the Local 94 Health Fund, Aetna and Caremark. We ask that you please be patient during this transition as we work to provide you with the best benefits possible through our new vendors.

Sincerely,

Board of Trustees of the Health and Benefit Trust Fund of the I.U.O.E. Local 94-94A-94B, AFL-CIO

THE HEALTH & BENEFIT FUND FEE SCHEDULE FOR DENTAL BENEFITS

Out-of-Network Reimbursement

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

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

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**

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

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

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

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**

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. *

		<u>*Plan's Fee</u>	<u>**Patient</u>
		<u>Schedule</u>	<u>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
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**

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.

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

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.



2025

Dear Participants of the Health and Benefit Fund of the International Union of Operating Engineers, Local 94-94A-94B, AFL-CIO ("Fund"):

After a comprehensive dental benefit review, the Trustees of the Fund have made significant improvements to your dental benefits, **effective January 1, 2025**. You and your eligible dependents can now utilize an **expanded Sele-Dent network** with over **5,000 participating providers**. This broader network encompasses New York, New Jersey and Connecticut and contains general practitioners and all board-certified specialists, including endodontists, oral surgeons, periodontists, and pediatric dentists. To locate a Sele-Dent Provider, visit www.sele-dent.com, and a user-friendly search engine will assist you. **Please note, when using a Sele-Dent Provider, copayments may apply for certain procedures.** For a list of all Sele-Dent copayments, please visit www.sele-dent.com or the Local 94 website (search Covered Dental Benefits). The Sele-Dent copayments are also listed on the enclosed benefit trifold.

The current **Local 94 Network** remains intact. To find a provider in this network, please visit the Local 94 website. **There are no copayments when using a Local 94 Network Provider.**

If you cannot locate a Local 94 Provider or Sele-Dent Provider near you, please email info@sele-dent.com, or call 1-800-520-DENTAL (3368), and a courteous, knowledgeable benefit analyst will assist you.

Also, effective January 1, 2025, new benefits include:

- **No co-payments on any preventative or diagnostic covered procedures, such as exams or cleanings, with Sele-Dent Participating Providers**
- **Orthodontic retainers are now a covered benefit, once per lifetime: \$500 Reimbursement for both in- and out-of-network providers, for eligible dependents under the age of 19.**
- **Periodontal cleanings or prophylaxis are now a covered benefit once per calendar year.**
- **Cone beam x-rays are now a covered benefit once every three years.**

Additionally, effective January 1, 2025, there have been increases to the **Out-Of-Network reimbursement** fee schedule. To locate the Out-Of-Network reimbursement fee schedule, please visit the Local 94 website and search for Covered Dental Benefits.

The calendar year maximum per individual of \$2,500 remains. All other current dental benefits described in your current benefit booklet still apply. **Enclosed is a partial list of Sele-Dent Providers for your easy reference.** If you would like Sele-Dent to request that a dentist join the Sele-Dent network, please send the dentist's name and address to info@sele-dent.com, and Sele-Dent will contact this dentist.

If you have any questions regarding your dental benefits, please call Sele-Dent at **1-800-520-DENTAL (3368)** Monday – Friday 8am through 4pm.

Remember, a Healthy mouth = a Healthy Body. Always get your Annual Exams and Cleanings.

Kindest Regards, Sele-Dent, Inc.

One Huntington Quadrangle, Suite 1C12, Melville, NY 11747
516-887-7566 www.sele-dent.com

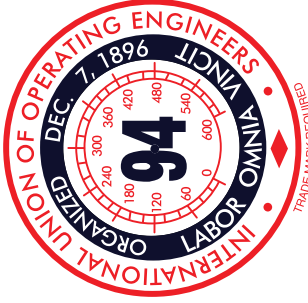
CO-PAYMENTS WHEN USING ANY SELF-DENT PROVIDER

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 quadrants 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 boney	\$40.00
7240	Removal of impacted tooth-complete boney	\$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	Alveoplasty in conjunction w/ extraction (per quad)	\$80.00
7320	Alveoplasty 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





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 Prophylaxis 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:

sele dent™

One Huntington Quadrangle, Suite 1C12
Melville, NY 11747

