



PROFESSIONAL DENTAL CARE



**T.P.U. Local 1 NYC Stagehands  
Group #201, 202, 203, 204**



**Summary of Benefit for Full-Time Members:**

**Annual maximum \$2,000.00 individual **EFFECTIVE 1/1/2025 NO DEDUCTIBLE****

**Pre-Authorizations: Any claims over \$500.00 is recommended.**

**In Network/Uni-Care:**

Preventive, Basic and Major work paid at 100% of the Sele-Dent/Uni-Care fee schedule.

**Out of Network:**

Preventive, Basic and Major work paid at 100% of the Sele-Dent fee schedule plus a 25% increase, member pays balance.

**FREQUENCIES:**

- **Exam, prophylaxis, bitewing x-rays, & fluoride:** once every 6 months
- **Full mouth or Panoramic x-rays:** once every 3 years
- **Sealants:** No frequency and no age limit
- **Perio:** No frequency
- **Major work:** 5- year replacement on major
- **Arrestin:** No frequency
- **Missing Tooth:** Covered
- **Bone Grafting:** Covered 7953/4263
- **Occlusal Guard:** Covered
- **Inlay/Onlays:** Covered, 5-year replacement
- **Abutment Crown for Implant tooth:** Covered
- **Abutment Supported Post for Implant tooth:** Covered

**Exclusions:**

- **Implants and Veneers:** Not covered
- **Orthodontia:** Not covered
- **Mouth guards for TMJ:** Not covered

**Mailing Address:**

**One Huntington Quadrangle, Suite 1S03  
Melville, NY 11747**

**Toll Free: (800) 520 - 3368**

**Phone: (516) 887 - 7566**

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SELE-DENT, INC  
FEE SCHEDULE

Proc Code	EXPLANATION OF CODE	Fee Amount	Fee Increased by 25%
120	ORAL EXAM(PERIODIC)	15.00	18.75
140	LIMITED ORAL EVALUATION	15.00	18.75
150	COMP ORAL EVALUATION	15.00	18.75
160	EXTENSIVE ORAL EXAM	28.00	35.00
170	RE-EVALUATION LIMITED	15.00	18.75
171	RE-EVALUATION POST OP OFFICE VISIT	15.00	18.75
180	COMP PERIO EVAL	15.00	18.75
190	SCREENING OF PATIENT	15.00	18.75
191	ASSESSMENT OF PATIENT	15.00	18.75
210	XRYS INT COMP SERIES	25.00	31.25
220	XRYS INT PER 1ST FILM	4.00	5.00
230	XRYS INT PER ADD FILM	3.00	3.75
240	XRYS INT OCCLUSAL	9.00	11.25
250	XRYS-EXTRA ORAL	18.00	22.50
260	XRYS EXTRA ORAL ADD	18.00	22.50
270	XRYS BITEWING EACH	5.00	6.25
272	XRYS 2 BITEWINGS	9.00	11.25
273	XRYS 3 BITEWINGS	13.00	16.25
274	XRYS 4 BITEWINGS	17.00	21.25
277	XRYS 7 BITEWINGS	29.00	36.25
320	XRYS TEMPORO-MAND TMJ	25.00	31.25
322	TOMOGRAPHIC SURVEY	375.00	468.75
330	XRYS PANORAMIC FILM	39.00	48.75
340	XRYS-CEPHAL FILM	25.00	31.25
364	CONE BEAM CT CAPTURE	75.00	93.75
365	CONE BEAM CT CAP MANDIBLE	75.00	93.75
366	CONE BEAM CT CAP MAXILLA	75.00	93.75
367	CONE BEAM CT CAP MAN/MAX	75.00	93.75
368	CONE BEAM CT CAP TMJ SERIES	75.00	93.75
369	MAXILLOFACIAL MRI	75.00	93.75
380	CONE BEAN CT LIMITED VIEWS	75.00	93.75
381	CONE BEAN CT ONE FULL ARCH MAND	75.00	93.75
382	CONE BEAN CT ONE FULL ARCH MAX	75.00	93.75
383	CONE BEAN CT BOTH JAWS	75.00	93.75
431	ADJUNCTIVE PRE-DIAG TEST	50.00	62.50
460	PULP VITALITY TEST	10.00	12.50
470	DIAGNOSTIC STUDY	20.00	25.00
1110	PROPHYLAXIS – ADULT	25.00	31.25
1120	PROPHYLAXIS – CHILD	20.00	25.00
1206	FLUORIDE TOPICAL VARNISH	12.00	15.00
1208	FLUORIDE TOPICAL W/O VARNISH	12.00	15.00
1310	DIET PLANNING	12.00	15.00
1330	DENTAL HYGIENE INSTR	10.00	12.50
1351	TOP APPL OF SEALANTS	12.00	15.00
1354	INTERIM CARIES	40.00	50.00
1510	SPACE MAINT FIXED UNI	75.00	93.75
1516	FIXED SPACE MAINT MAXILLARY	100.00	125.00
1517	FIXED SPACE MAINT MANDIBULAR	100.00	125.00
1520	SPACE MAINT-REMOVABLE UNILATERAL	100.00	125.00
1526	SPACE MAINT- REMOVABLE MAXILLARY	95.00	118.75
1527	SPACE MAINT- REMOVABLE MANDIBULAR	95.00	118.75
1550	RECEMENT SPACE MAINTAINER	20.00	25.00
1555	REMOVAL OF FIXED SPACE MAINT	30.00	37.50
2140	AMALGAM 1 SURFACE	16.50	20.63
2150	AMALGAM 2 SURFACE	28.00	35.00
2160	AMALGAM 3 SURFACE	38.00	47.50
2161	AMALGAM 4 SURFACE	40.00	50.00
2330	RESIN-BASED COMP/1SUF	28.00	35.00
2331	RESIN-BASED COMP/2SUF	44.00	55.00
2332	RESIN-BASED COMP/3SUF	80.00	100.00
2335	RESIN-BASED COMP/4SUF	80.00	100.00
2391	RES BAS COMP 1 SURF POST	38.00	47.50
2392	RES BAS COMP 2 SURF POST	54.00	67.50

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Proc Code	EXPLANATION OF CODE	Fee Amount	Fee Increased by 25%
2393	RES BAS COMP 3 SURF POST	90.00	112.50
2394	RBC COMP 4 SURF OR MORE	100.00	125.00
2510	INLAY-METALLIC 1 SURF	135.00	168.75
2520	INLAY-METALLIC 2 SURF	160.00	200.00
2530	INLAY-METALLIC 3 SURF	200.00	250.00
2544	ONLAY METALLIC PER	150.00	187.50
2610	INLAY-PORCELAIN 1SURF	80.00	100.00
2620	INLAY-PORC/CERAMIC 1 SURF	80.00	100.00
2630	INLAY PORC/CERAMIC 2 SURF	350.00	437.50
2642	ONLAY PORC/CERAMIC 2 SURF	350.00	437.50
2643	ONLAY-PORC/CERAMIC 3 SURF	350.00	437.50
4320	PROV SPLINTING INTRACORONAL	55.00	68.75
4321	PROV SPLINTING EX	80.00	100.00
4341	PERIO SCALING	22.50	28.13
4342	PERIO SCAL ROOT PLAN 1-3 TTH	11.25	14.06
4346	PERIO SCALING FULL MOUTH	90.00	112.50
4355	FULL MOUTH DEBRIDEMENT	60.00	75.00
4381	ACTISITE	40.00	50.00
4910	PERIO PROPHYLAXIS	40.00	50.00
4921	GINGIVAL IRRIGATION	25.00	31.25
5110	DENTURES-COMP UPPER	385.00	481.25
5120	DENTURES COMP LOWER	385.00	481.25
5130	DENTURES IMM UPPER	410.00	512.50
5140	DENTURES IMM LOWER	410.00	512.50
5211	PRTL DENT UPP 2 CLSP	360.00	450.00
5212	PRTL DENT LOW 2 CLSP	360.00	450.00
5213	PRTL DEN CAST 2 CLSP	375.00	468.75
5214	PRTL DEN CAST 2 CLSP	375.00	468.75
5221	IMMEDIATE MAX PART DENTURE RESIN	375.00	468.75
5222	IMMEDIATE MAN PART DENTURE RESIN	375.00	468.75
5223	IMMEDIATE MAX PART DENTURE METAL	375.00	468.75
5224	IMMEDIATE MAN PART DENTURE METAL	375.00	468.75
5225	PART UPP DENT-FLEX BASE	375.00	468.75
5226	PART LOW DENT-FLEX BASE	375.00	468.75
5282	PRTL DENT UNI REMOV MAXILLARY	165.00	206.25
5283	PRTL DENT UNI REMOV MANDIBULAR	165.00	206.25
5410	ADJ.COMPL.DENT UPPER	65.00	81.25
5411	ADJ.COMPL. DENT LOWER	38.00	47.50
5421	ADJ PRTL DENT UPPER	38.00	47.50
5422	ADJ PRTL DENT LOWER	28.00	35.00
5511	REPAIR BROKEN COMPLETE DENT MAN	60.00	75.00
5512	REPAIR BROKEN COMPLETE DENT MAX	60.00	75.00
5520	REPL MISSING/BROKEN TTH	28.00	35.00
5611	REPAIR RESIN PARTIAL MAN	35.00	43.75
5612	REPAIR RESIN PARTIAL MAX	35.00	43.75
5621	REPAIR CAST PARTIAL FRAME MAN	35.00	43.75
5622	REPAIR CAST PARTIAL FRAME MAX	35.00	43.75
5630	PRTL DENT ADD TTH	18.00	22.50
5640	REPLACE BROKEN TEETH -PER TOOTH	28.00	35.00
5650	ADD TOOTH TO EXISTING PARTIAL DENT	44.00	55.00
5660	PRTL DENTADD'L CLASP	62.00	77.50
5670	REP ALL TEETH (MAX)	36.00	45.00
5671	REP ALL TEETH (MANDI)	44.00	55.00
5710	DENT COMP UP REBASE	200.00	250.00
5711	DENT COMP LOWER REBASE	200.00	250.00
5720	DENT PART UPPER REBASE	165.00	206.25
5721	DENT PART LOWER REBASE	165.00	206.25
5730	RELINING COMPL UPPER DIRECT	85.00	106.25
5731	RELINING COMPL LOWER DIRECT	85.00	106.25
5740	DENT RELINE COMP UPPER DIRECT	62.00	77.50
5741	DENT RELINE COMP LOWER DIRECT	62.00	77.50

SELE-DENT, INC  
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Proc Code	EXPLANATION OF CODE	Fee Amount	Fee Increased by 25%
5750	RELINING COMP UPPER LAB INDIRECT	90.00	112.50
5751	RELINING COMP LOWER LAB INDIRECT	90.00	112.50
5760	DENT RELINE PRTL UPPER INDIRECT	77.00	96.25
5761	DENT RELINE PRTL LOWER INDIRECT	77.00	96.25
5810	TEMP COMP UPPER DENT	85.00	106.25
5811	TEMP COMP LOWER DENT	85.00	106.25
5820	TEMP PART UPPER DENT	55.00	68.75
5821	TEMP PART LOWER DENT	55.00	68.75
5850	TISSUE CONDITIONING UPPER	25.00	31.25
5851	TISSUE CONDITIONING LOWER	25.00	31.25
5862	PRECISION ATTACHMENT	75.00	93.75
6210	PONTIC- CAST HIGH NOBLE METAL	200.00	250.00
6212	PONTIC- CAST NOBLE METAL	120.00	150.00
6240	PONTIC- PORCELAIN/HIGH NOBLE METAL	265.00	331.25
7640	FRAC SIMP MAN CLOSED	440.00	550.00
7650	MALAR/ZYG ARCH OPEN	440.00	550.00
7660	MALAR/ZYG ARCH CLOS	165.00	206.25
7670	ALVEOLUS, RED SPLINT	110.00	137.50
7671	ALVEOLUS - OPEN REDUCTION	110.00	137.50
7710	MAXILLA, OPEN	550.00	687.50
7720	MAXILLA, CLOSED	250.00	312.50
7730	MANDIBLE, OPEN	575.00	718.75
7750	MALAR/ZYG ARCH OPEN	440.00	550.00
7760	MALAR/ZYG ARCH CLOS	190.00	237.50
7770	ALVEOLUS, RED SPLINT	110.00	137.50
7771	FX ALEVEOLUS CLOSED REDUCT	110.00	137.50
7810	OPEN REDUC OF DISLOC	440.00	550.00
7820	CLOS REDUC OF DISLOC	105.00	131.25
7830	MANIPU UNDER ANESTH	65.00	81.25
7880	OCCLUS ORTHIC APPLIAN	100.00	125.00
7910	SUTURE WOUND <2"	55.00	68.75
7943	OSTEOTOMY-BONY GRAFT	450.00	562.50
7950	OSTEOPERIOSTEAL by report	400.00	500.00
7951	SINUS AUGMENTATION	400.00	500.00
7953	BONE REPLACEMENT GRAFT	225.00	281.25
7955	REPAIR MAXILLOFACIAL SOFT/HARD	400.00	500.00
7960	FRENECTOMY	60.00	75.00
7972	SURGICAL REDUCTION OF FIBROUS	60.00	75.00
9110	PALLIATIVE TRTMENT (EMERGENCY)	18.00	22.50
9120	FIXED PARTIAL DENTURE SECTIONING	100.00	125.00
9210	LOCAL ANESTHESIA	15.00	18.75
9211	REGIONAL BLOCK ANESTHESIA	28.00	35.00
9212	TRIGEMINAL DIV BLOCK ANES	38.00	47.50
9215	LOCAL ANEST W/OPER OR SURG	75.00	93.75
9222	GENERAL ANESTHESIA FIRST 15MINS	75.00	93.75
9223	GENERAL ANESTHESIA + ADD 15MINS	75.00	93.75
9230	ANALGESIA	75.00	93.75
9239	IV- SEDATION/ANALGESIA 15MINS	75.00	93.75
9243	IV- MODERATE SEDATION 15MINS	75.00	93.75
9248	NON-IV CONSCIOUS SEDATION 15MINS	75.00	93.75
9310	CONSULTATION	75.00	93.75
9450	CASE PRESENT DETAIL/EXTEN	75.00	93.75
9610	THERAPEUTIC DRUG INJ	40.00	50.00
9612	THERAP PARENTERAL DRUG	40.00	50.00
9910	DESENSITIZING MEDICATION	30.00	37.50
9911	DESENSITIZING RESIN PER TTH	32.00	40.00
9944	OCCLUSAL GUARD HARD APPLIANCE FULL	150.00	187.50
9945	OCCLUSAL GUARD SOFT APPLIANCE FULL	150.00	187.50
9946	OCCLUSAL GUARD HARD APPLIANCE PARTIAL	150.00	187.50
9950	OCCLUSION ANALYSIS MOUNTED CASE	155.00	193.75
9951	OCCLUSAL ADJUST LIMITED	60.00	75.00
9952	OCCLUSAL ADJUST COMPLETE	135.00	168.75

SELE-DENT, INC  
FEE SCHEDULE

Proc Code	EXPLANATION OF CODE	Fee Amount	Fee Increased by 25%
2510	INLAY-METALLIC 1 SURF	135.00	168.75
2520	INLAY-METALLIC 2 SURF	160.00	200.00
2530	INLAY-METALLIC 3 SURF	200.00	250.00
2544	ONLAY METALLIC PER	150.00	187.50
2610	INLAY-PORCELAIN 1SURF	80.00	100.00
2620	INLAY-PORC/CERAMIC 1 SURF	80.00	100.00
2630	INLAY PORC/CERAMIC 2 SURF	350.00	437.50
2642	ONLAY PORC/CERAMIC 2 SURF	350.00	437.50
2643	ONLAY-PORC/CERAMIC 3 SURF	350.00	437.50
2644	ONLAY PORC/CERAMIC 4 SURF	350.00	437.50
2710	CROWN ACRYLIC	225.00	281.25
2720	CROWN ACRYLIC W/GOL	225.00	281.25
2740	CROWN PORCELAIN	330.00	412.50
2750	CROWN PORCELAIN/ MET	330.00	412.50
2751	CROWN PORC/BASE MET	330.00	412.50
2752	CROWN PORC/NOBEL MET	330.00	412.50
2790	CROWN GOLD(FULL)	275.00	343.75
2799	PROVISIONAL CROWN	200.00	250.00
2910	RECEMENT INLAY	15.00	18.75
2915	RECEMENT POST	15.00	18.75
2920	RECEMENT CROWN	15.00	18.75
2930	CROWN-STNLESS PRIMARY TOOTH	60.00	75.00
2930	CROWN-STNLESS PERMANENT TOOTH	60.00	75.00
2932	PREFABRICATED RESIN CROWN	38.00	47.50
2940	SEDATIVE FILLING	15.00	18.75
2950	CORE BUILD UP INCLUDING ANY PINS	28.00	35.00
2951	PIN RETENTION	28.00	35.00
2952	CRN-CAST POST/CORE	80.00	100.00
2954	PREFABRICATED POST & CORE	80.00	100.00
2955	POST REMOVAL	125.00	156.25
2957	EACH ADD PREFABRICATED POST & CORE	40.00	50.00
2960	LAMINATE VENEER DIRECT (RESIN)	175.00	218.75
2961	LAMINATE VENEER INDIRECT (RESIN)	175.00	218.75
2962	LAMINATE VENEER INDIRECT (PORCELAIN)	175.00	218.75
2980	CROWN REPAIR PER REPORT	25.00	31.25
3110	PULP CAP DIRECT	12.50	15.63
3120	PULP CAP INDIRECT	11.00	13.75
3220	PULPOTOMY-THERAP	22.00	27.50
3221	VITAL PULPOTOMY-PRIM AND PERM TEETH	30.00	37.50
3240	PULP THERAPY RESORBABLE FILLINGS	100.00	125.00
3310	ROOT CANAL 1 CANAL	135.00	168.75
3320	ROOT CANAL 2 CANALS	220.00	275.00
3330	ROOT CANAL 3 CANALS	300.00	375.00
3331	ROOT CANAL OBSTRUCTION	175.00	218.75
3346	RETREAT 1 CANAL	135.00	168.75
3347	RETREAT 2 CANALS	220.00	275.00
3348	RETREAT 3 CANALS	300.00	375.00
3351	APEXIFCATION/RECALCIFICATION	12.50	15.63
3410	APICOECTOMY ANTERIOR	70.00	87.50
3421	APICOECTOMY PREMOLAR	105.00	131.25
3425	APICOECTOMY MOLAR	200.00	250.00
3426	APICOECTOMY / ADD ROOT	36.00	45.00
3430	RETROGRADE FILLING	50.00	62.50
3450	ROOT AMPUTATION	85.00	106.25
3910	ISOLAT OF TTH W/RUBBER DAM	200.00	250.00
3920	ENDO-HEMISECTION	110.00	137.50
3950	CANAL PREP FOR POST	60.00	75.00
4210	GING PER QUADRANT	155.00	193.75
4211	GING PER SECTANT	80.00	100.00
4212	GINGIVECTOMY PER TOOTH	20.00	25.00
4231	ANATOMICAL CRN EXPOSURE	330.00	412.50
4240	GINGIVAL FLAP PROCEDURE	100.00	125.00
4241	GINGIVAL FLAP CURETTAGE	50.00	62.50

SELE-DENT, INC  
FEE SCHEDULE

Proc Code	EXPLANATION OF CODE	Fee Amount	Fee Increased by 25%
4249	CROWN LENGTHENING	80.00	100.00
4260	OSSEOUS SURGERY QUAD	325.00	406.25
4261	OSS SURG 1 TO 3 PER QUAD	162.50	203.13
4263	BONE REPLACE GRAFT FIRST QUAD	150.00	187.50
4264	BONE REPLACE GRAFT EACH ADD	150.00	187.50
4265	OSSEOUS TISSUE REGENERAT	60.00	75.00
4266	GUIDED TISSUE REGION	75.00	93.75
4267	GUIDED TISSUE REG./NON	150.00	187.50
4268	SURGICAL REVISION, PER TTH	375.00	468.75
4270	PEDICLE SOFT TISSUE GRAFT	80.00	100.00
4273	AUTO CONNECT TISSUE GRAFT	100.00	125.00
6241	PONTIC-PORCELAIN/BASE METAL	265.00	331.25
6242	PONTIC- PORCELAIN/NOBLE METAL	265.00	331.25
6245	PONTIC PORCELAIN/CERAMIC	265.00	331.25
6250	PONTIC-RESIN/HIGH NOBLE METAL	265.00	331.25
6251	PONTIC-RESIN/BASE METAL	265.00	331.25
6252	PONTIC- RESIN/NOBLE METAL	265.00	331.25
6545	RETAINER-CAST METAL FIXED PROSTHESIS	330.00	412.50
6710	RETAINER CROWN RESIN BASED COMP	135.00	168.75
6720	RETAINER CROWN HIGH NOBLE METAL	265.00	331.25
6722	RETAINER CROWN HIGH NOBLE METAL	175.00	218.75
6740	RETAINER CROWN PORCELAIN/CERAMIC	330.00	412.50
6750	RETAINER CROWN PORCELAIN/H NOBLE METAL	330.00	412.50
6751	RETAINER CROWN PORCELAIN BASE METAL	330.00	412.50
6752	RETAINER CROWN NOBLE METAL	330.00	412.50
6780	RETAINER CROWN 3/4 HIGH NOBLE METAL	200.00	250.00
6790	RETIANER CROWN FULL HIGH NOBLE METAL	275.00	343.75
6792	RETAINER CROWN FULLNOBLE METAL	275.00	343.75
6793	PROVISIONAL RETAINER CROWN	135.00	168.75
6930	RECEMENT BRIDGE	25.00	31.25
6940	STRESS BREAKER	38.00	47.50
6950	PRECISION ATTACH	55.00	68.75
6985	PEDIATRIC PARTIAL DENT FIXED	55.00	68.75
7111	DECIDUOUS TOOTH EXTRACTION	35.00	43.75
7140	ERUPT TTH EXPOSED ROOT EXT	65.00	81.25
7210	EXTRACT ERUOTED TTH	100.00	125.00
7220	EXTRACT IMPACT TTH	110.00	137.50
7230	EXTRACT IMPACT PART	160.00	200.00
7240	EXTRACT IMPACT FULL	245.00	306.25
7241	EXTRACT IMPACT FULL W/ SURGICAL COMP.	245.00	306.25
7250	TOOTH RECOVERY	65.00	81.25
7260	ORAL ANT FISTULA	155.00	193.75
7261	MAX SINUSOTOMY	155.00	193.75
7270	TOOTH REIMPLANT	155.00	193.75
7272	TTH TRANSPLANTATION	200.00	250.00
7280	EXPOSE IMPACT UNCOPL	55.00	68.75
7282	MOBILIZATION MALPOSITION TTH	135.00	168.75
7283	DEVICE FACILITATE ERRUPT IMP	200.00	250.00
7285	BIOPSY HARD TISSUE	55.00	68.75
7286	BIOPSY SOFT TISSUE	35.00	43.75
7287	CYTOLOGY	55.00	68.75
7290	SURGICAL REPOSITION	85.00	106.25
7310	ALVEOL W/EXTRACT 4 OR MORE TEETH	90.00	112.50
7311	ALVEOL W/EXTRACT 1 TO 3 TEETH	90.00	112.50
7320	ALVEOL NON EXTRACT 4 OR MORE TEETH	135.00	168.75
7321	ALVEOL NON EXTRACT 1 TO 3 TEETH	67.50	84.38
7340	VESTIBIPLASTY RIDGE EXTENSION	60.00	75.00
7350	VESTIBIPLASTY RIDGE EXTENSION INC GRAFTS	82.00	102.50
7410	RADICAL EXCISION <5"	60.00	75.00
7411	EXC BENIGN LESION > 1.25 CM	60.00	75.00
7412	EXC BENIGN LESION COMP	82.00	102.50

