



PROFESSIONAL DENTAL CARE



## I.U.O.E. Local Union No. 94 Welfare Fund Group #193 and #194

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

**Annual maximum** \$2,500.00 individual, **No deductible**. **Kids up to age 18 no maximum.**

**Ortho Lifetime max** \$2,154.00 (treatment must be completed by age 19)

Appliance \$491, Monthly \$74 for 20-month active treatment (\$1,480). Retention visit must be submitted for 6 months apart, payment per 6 months is \$61. Total retention visit is 18 months (\$61x3=\$183). **Retainers are covered 1/1/2025 1 per lifetime with a \$500 lifetime max**

**Pre-Authorizations:** Any claims are over \$500.00 mandatory pre-authorization.

### In Network:

1. Preventive, Basic and Major work paid 100% of the Sele-Dent fee schedule's less co-pay on some procedures.
2. Local 94 providers' work paid 100% of the Union schedule.

### Out of Network:

The provider will be reimbursed according to Fund's fee schedule, balance billed to member.

### FREQUENCIES:

- **Any Examination:** once a calendar year
- **Prophylaxis:** 2 times per calendar year
- **Panoramic X-Rays:** once per calendar year
- **Cone beam xrays- 1 every 3 years eff 1/1/25**
- **Full Mouth:** once every 5 years
- **4 Bitewings:** once per calendar year
- **Fluoride:** 2 times per calendar year (up to age 16)
- **Sealants 1351 and 1354 :** once per calendar year (up to age 16)
- **Perio scaling:** once every calendar year, all four quads same day, w/no prophyl
- **Perio Prophyl 1 per calendar year eff 1/1/2025**
- **Major work:** 3 years replacement on major
- **Missing Tooth:** Covered
- **Implants payable based on review by dental consultant (must be medically necessary).**

### Exclusions:

- **Veneers, Full mouth debridement, occlusal guard:** Not covered

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Local 94	Health & Benefit Fund Dental Fee/Seledent Co-pay				Health & Benefit Fund Dental Fee/Seledent Co-pay	
ADA CODE	ADA CODE DESCRIPTION	Sele-Dent PAR Provider Patient copay		ADA CODE	ADA CODE DESCRIPTION	Sele-Dent PAR Provider Patient copay
2332	Resin Composite Three Surface Anterior	\$30.00		5211	Maxillary Partial Denture resin base	\$95.00
2335	Resin Composite Four or more Anterior	\$30.00		5212	Mandibular Partial Denture resin base	\$95.00
2391	Resin Composite One Surface Posterior	\$10.00		5282	Removable Unilateral Partial Denture maxillary	\$60.00
2392	Resin Composite Two Surface Posterior	\$10.00		5283	Removable Unilateral Partial Denture mandibular	\$60.00
2393	Resin Composite Three Surface Posterior	\$40.00		5630	Repair or replace broken clasp	\$5.00
2394	Resin Composite Four or more Posterior	\$50.00		5710	Rebase complete Maxillary Denture	\$85.00
2510	Inlay - Metallic One Surface	\$45.00		5711	Rebase complete Mandibular Denture	\$85.00
2520	Inlay - Metallic Two Surfaces	\$70.00		5720	Rebase Maxillary Partial Denture	\$50.00
2530	Inlay - Metallic Three Surfaces or more	\$90.00		5721	Rebase Mandibular Partial Denture	\$50.00
2542	Onlay - Metallic Two Surfaces	\$15.00		5730	Reline complete Maxillary Denture (chairside)	\$20.00
2543	Onlay - Metallic Three Surfaces	\$45.00		5731	Reline complete Mandibular Denture (chairside)	\$20.00
2544	Onlay - Metallic Four or more Surfaces	\$95.00		6210	Pontic - Cast high noble metal	\$15.00
2620	Inlay - Porcelain/Ceramic Two Surfaces	\$70.00		6211	Pontic - Cast predominantly base metal	\$80.00
2630	Inlay - Porcelain/Ceramic Three Surfaces	\$130.00		6212	pontic - cast noble metal	\$80.00
2642	Onlay - Porcelain/Ceramic Two Surfaces	\$15.00		6240	Pontic porcelain fused to high noble metal	\$80.00
2643	Onlay - Porcelain/Ceramic Three Surfaces	\$45.00		6242	PORC/METAL PONTIC	\$80.00
2644	Onlay - Porcelain/Ceramic Four Surfaces	\$95.00		6245	PONTIC PORCELAIN CERAMIC	\$80.00
2663	Onlay - Resin based composite Three Surfaces	\$239.00		6250	Pontic resin with high noble metal	\$80.00
2710	Crown - Resin (indirect)	\$50.00		6252	Pontic resin with noble metal	\$80.00
2720	crown - resin with high noble metal	\$50.00		6740	PORCELAIN ABUT CROWN	\$40.00
2721	crown - resin with predominantly base metal	\$50.00		6750	Crown porcelain fused to noble metal	\$40.00
2722	crown - resin with noble metal	\$50.00		6751	Crown Porcelain fused to metal base	\$40.00
2740	Crown - Porcelain/Ceramic	\$40.00		6752	crown - porcelain fused to noble metal	\$40.00
2750	Crown Porcelain fused high noble	\$40.00		6780	Crown 3/4 Cast noble metal	\$35.00
2751	Crown Porcelain fused metal base	\$40.00		6790	Crown Full Cast high noble metal	\$10.00
2752	Crown Porcelain fused to noble metal	\$40.00		6791	Crown Full Cast predominantly base metal	\$10.00
2780	crown-3/4 cast metallic	\$40.00		7140	Extraction erupted tooth or exposed root	\$31.00
2790	Crown Full Cast high noble metal	\$15.00		7210	Surgical removal or erupted tooth	\$40.00
2791	Crown Full Cast predominantly base metal	\$15.00		7220	Removal of impacted tooth - soft tissue	\$45.00
2792	Crown Full Cast noble metal	\$15.00		7230	Removal of impacted tooth - partial bony	\$40.00
2930	Prefabricated stainless steel crown Primary	\$10.00		7240	Removal of impacted tooth - complete bony	\$80.00
2931	Prefabricated stainless steel crown Permanent	\$10.00		7241	Removal of impacted tooth with complications	\$80.00
2951	Pin Retention per tooth in addition to restoration	\$15.00		7260	Oroantral Fistula Closure	\$20.00
3110	Pulp Cap (direct)	\$5.00		7280	Surgical exposure of impacted tooth	\$35.00
3120	Pulp Cap (indirect)	\$5.00		7310	Alveoloplasty in conjunction w/extraction (per quad)	\$80.00
3320	Endodontic therapy, premolar tooth (excluding final restoration)(every 3 years)	\$5.00		7320	Alveoloplasty not in conjunction w/extraction (per quad)	\$40.00
3330	Endodontic therapy, molar tooth (excluding final restoration)(every 3 years)	\$25.00		7510	Incision and Drainage of abscess- intraoral soft tissue	\$30.00
3421	Apicoectomy first root (once every 3 years)	\$55.00		7953	Bone grafting to preseve ridge	\$25.00
4211	Gingivectomy four teeth per year one to three contiguous teeth	\$40.00		9110	Palliative (emergency) Treatment of dental pain- minor procedure (1 per year)	\$5.00
4260	Osseous Surgery four or more contiguous teeth per quadrant (4 quads per year)	\$140.00		9222	Deep Sedation/General Anesthesia 1st 15 minutes	\$20.00
4273	Autogenous Connective Tissue Graft procedure first tooth, implant or edentulous tooth position in graft	\$145.00		9223	Deep Sedation/General Anesthesia additional 15 minutes	\$20.00
5110	Complete Denture (Maxillary)	\$20.00		9310	Consultation (once per year)	\$35.00
5120	Complete Denture (Mandibular)	\$20.00		9951	Occlusal Adjustment Limited (once every 6 months)	\$45.00
5130	Immediate Denture (Maxillary)	\$45.00		9952	Occlusal Adjustment Complete (once every 6 months)	\$120.00
5140	Immediate Denture (Mandibular)	\$45.00				
	3/21/2025					