



PROFESSIONAL DENTAL CARE

Local 272 Welfare Fund Group #272

Effective March 1, 2019

Summary of Benefit for Full-Time Members:

Annual maximum \$1,000 individual

Deductible: \$100 Individual/ \$250 Family

Dependent children are covered up to the end of the month they turn 26

Pre-Authorizations:

Any claims over \$300.00 must be pre-authorized.

In Network:

Preventive, Basic and Major work paid at 100% of the Sele-Dent fee schedule- minus copays.

Out of Network:

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

FREQUENCIES:

- **Examination:** Once every 6 months
- **Prophylaxis:** Once every 6 months
- **Full Mouth & Panoramic X-Rays:** Once every 3 years
- **Fluoride:** Once per calendar year up to age 16
- **Sealants:** Once per calendar year up to age 16
- **Perio Scaling:** Once every calendar year, all four quads same day, no prophylaxis
- **Major work:** 5 years replacement on major
- **Missing Tooth:** Covered
- **Anesthesia:** Covered

Exclusions:

- **Implants and Veneers:** Not covered
- **Orthodontia:** Not covered
- **Charges not listed on the co-pay list**

Mailing Address:

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TEAMSTER LOCAL No.272 FEE SCHEDULE WITH CO-PAYS

SELEDENT FEES WITH COPAYS EFF 3/1/19				
<u>ADA</u>	<u>Description</u>	<u>Seledent</u>	<u>Copay</u>	<u>Payment</u>
0150	COMPREHENSIVE ORAL EXAM	\$ 15.00	\$ 6.00	\$ 9.00
0210	X-RAYS-COMplete SERIES	\$ 25.00	\$ 10.00	\$ 15.00
0220	X-RAYS-PERiapical 1ST FILM	\$ 4.00	\$ 1.00	\$ 3.00
0230	X-RAYS-PERiapical EACH ADD'L	\$ 3.00	\$ 1.00	\$ 2.00
0240	X-RAYS-OCCLUSAL FILM	\$ 9.00	\$ 3.00	\$ 6.00
0270	X-RAYS-1 BITEWING	\$ 5.00	\$ 3.00	\$ 2.00
0272	X-RAYS-2 BITEWINGS	\$ 9.00	\$ 3.00	\$ 6.00
0274	X-RAYS-4 BITEWINGS	\$ 17.00	\$ 6.00	\$ 11.00
0330	X-RAYS-PANORAMIC FILM	\$ 39.00	\$ 9.00	\$ 30.00
0415	BACTERIOLOGIC EXAM/TESTS	\$ 24.00	\$ 8.00	\$ 16.00
0470	DIAGNOSTIC CASTS	\$ 20.00	\$ 5.00	\$ 15.00
1110	DENTAL PROPHYLAXIS-ADULT	\$ 25.00	\$ 9.00	\$ 16.00
1120	DENTAL PROPHYLAXIS-CHILD	\$ 20.00	\$ 7.00	\$ 13.00
1203	FLOURIDE TREATMENT	\$ 12.00	\$ 4.00	\$ 8.00
1351	SEALANT-PER TOOTH	\$ 12.00	\$ 6.00	\$ 6.00
1510	SPACE MAINTAINER-FIXED UNILAT	\$ 78.00	\$ 35.00	\$ 43.00
1515	SPACE MAINTAINER-FIXED BILATER	\$ 100.00	\$ 35.00	\$ 65.00
1520	SPACE MAINTAINER-REMOV.UNILAT	\$ 105.00	\$ 35.00	\$ 70.00
1525	SPACE MAINTAINER-REMOV.BILATER	\$ 95.00	\$ 35.00	\$ 60.00
2140	AMALGAM-1 SURFACE, PRIM., PERM.	\$ 16.50	\$ 5.00	\$ 11.50
2150	AMALGAM-2 SURFACES, PRIM., PERM.	\$ 28.00	\$ 9.00	\$ 19.00
2160	AMALGAM-3 SURFACES, PRIM., PERM.	\$ 38.00	\$ 13.00	\$ 25.00
2161	AMALGAM-4+ SURFACES, PRIM., PERM.	\$ 40.00	\$ 21.00	\$ 19.00
2330	COMPOSITE-1 SURFACE, ANTERIOR	\$ 28.00	\$ 7.00	\$ 21.00
2331	COMPOSITE-2 SURFACES, ANTERIOR	\$ 44.00	\$ 12.00	\$ 32.00
2332	COMPOSITE-3 SURFACES, ANTERIOR	\$ 80.00	\$ 18.00	\$ 62.00
2335	COMPOSITE-4+ SURF/INCISAL,ANT.	\$ 80.00	\$ 22.00	\$ 58.00
2391	COMPOSITE-1 SURFACE, POSTERIOR	\$ 38.00	\$ 7.00	\$ 31.00
2392	COMPOSITE-2 SURFACES, POSTERIOR	\$ 54.00	\$ 12.00	\$ 42.00
2393	COMPOSITE-3 SURFACES, POSTERIOR	\$ 90.00	\$ 18.00	\$ 72.00
2394	COMPOSITE-4+ SURFACES, POSTERIOR	\$ 100.00	\$ 22.00	\$ 78.00
2510	INLAY-METALLIC-1 SURFACE	\$ 135.00	\$ 45.00	\$ 90.00
2520	INLAY-METALLIC-2 SURFACES	\$ 160.00	\$ 75.00	\$ 85.00
2530	INLAY-METALLIC-3 OR MORE SURFACES	\$ 200.00	\$ 120.00	\$ 80.00
2710	CROWN-RESIN (LABORATORY)	\$ 225.00	\$ 90.00	\$ 135.00
2720	CROWN-RESIN HIGH NOBLE METAL	\$ 225.00	\$ 105.00	\$ 120.00
2721	CROWN-RESIN PREDOM BASE METAL	\$ 225.00	\$ 105.00	\$ 120.00
2722	CROWN-RESIN NOBLE METAL	\$ 225.00	\$ 105.00	\$ 120.00
2740	CROWN-PORCELAIN/CERAMIC	\$ 225.00	\$ 105.00	\$ 120.00
2750	CROWN-PORCELAIN FUSED/HIGH NOBLE METAL	\$ 330.00	\$ 105.00	\$ 225.00
2751	CROWN-PORCELAIN PREDOM BASE METAL	\$ 330.00	\$ 105.00	\$ 225.00
2752	CROWN-PORCELAIN NOBLE METAL	\$ 330.00	\$ 120.00	\$ 210.00

TEAMSTER LOCAL No.272 FEE SCHEDULE WITH CO-PAYS

<u>ADA</u>	<u>Description</u>	<u>Seledent</u>	<u>Copay</u>	<u>Payment</u>
2780	CROWN-3/4 CAST HIGH NOBLE METAL	\$ 330.00	\$ 105.00	\$ 225.00
2790	CROWN-FULL CAST HIGH NOBLE METAL	\$ 278.00	\$ 105.00	\$ 173.00
2791	CROWN-FULL CAST PREDOM BASE	\$ 275.00	\$ 105.00	\$ 170.00
2792	CROWN-FULL CAST NOBLE METAL	\$ 275.00	\$ 105.00	\$ 170.00
2910	RECEMENT INLAY	\$ 15.00	\$ 6.00	\$ 9.00
2920	RECEMENT CROWN	\$ 15.00	\$ 7.00	\$ 8.00
2930	STAINLESS STEEL CROWN-PRIM.	\$ 60.00	\$ 33.00	\$ 27.00
2931	STAINLESS STEEL CROWN-PERM.	\$ 60.00	\$ 33.00	\$ 27.00
2951	PIN RETENTION-PER TOOTH	\$ 28.00	\$ 5.00	\$ 23.00
2952	CAST POST AND CORE	\$ 80.00	\$ 39.00	\$ 41.00
2954	PREFABRICATED POST AND CORE	\$ 80.00	\$ 39.00	\$ 41.00
3110	PULP CAP-DIRECT	\$ 12.50	\$ 4.00	\$ 8.50
3120	PULP CAP-INDIRECT	\$ 11.00	\$ 4.00	\$ 7.00
3220	THERAPEUTIC PULPOTOMY	\$ 22.00	\$ 24.00	-
3310	ROOT CANAL-ANTERIOR	\$ 135.00	\$ 48.00	\$ 87.00
3320	ROOT CANAL-BICUSPID	\$ 220.00	\$ 90.00	\$ 130.00
3330	ROOT CANAL-MOLAR	\$ 300.00	\$ 135.00	\$ 165.00
3410	APICOECTOMY-ANTERIOR	\$ 105.00	\$ 30.00	\$ 75.00
3420	APICOECTOMY-BICUSPID, 1ST ROOT	\$ 70.00	\$ 45.00	\$ 25.00
3425	APICOECTOMY-MOLAR, 1ST ROOT	\$ 200.00	\$ 60.00	\$ 140.00
3426	APICOECTOMY-EACH ADD'L ROOT	\$ 36.00	\$ 30.00	\$ 6.00
4210	GINGIVECTOMY/PLASTY-PER QUAD	\$ 155.00	\$ 45.00	\$ 110.00
4211	GINGIVECTOMY/PLASTY-1 TO 3 TTH	\$ 80.00	\$ 6.00	\$ 74.00
4260	OSSEOUS SURGERY-PER QUAD	\$ 325.00	\$ 120.00	\$ 205.00
4341	PERIO SCALING/RT PLANNING-QUAD	\$ 22.50	\$ 12.00	\$ 10.50
5110	COMPLETE DENTURE-MAXILLARY	\$ 385.00	\$ 120.00	\$ 265.00
5120	COMPLETE DENTURE-MANDIBULAR	\$ 385.00	\$ 120.00	\$ 265.00
5130	IMMEDIATE DENTURE-MAXILLARY	\$ 410.00	\$ 150.00	\$ 260.00
5140	IMMEDIATE DENTURE-MANDIBULAR	\$ 410.00	\$ 150.00	\$ 260.00
5211	PRTL DENT-MAX W/CLASPS-ACRYLIC	\$ 360.00	\$ 120.00	\$ 240.00
5212	PRTL DENT-MAND W/CLASPS-ACRYLIC	\$ 360.00	\$ 120.00	\$ 240.00
5213	PRTL DENT-MAX W/CLASPS-CAST	\$ 375.00	\$ 150.00	\$ 225.00
5214	PRTL DENT-MAND W/CLASPS-CAST	\$ 375.00	\$ 150.00	\$ 225.00
5281	REMOVABLE UNILATERAL PRTL-1TTH	\$ 165.00	\$ 60.00	\$ 105.00
5410	ADJUST COMPLETE DENTURE-MAX	\$ 65.00	\$ 16.00	\$ 49.00
5411	ADJUST COMPLETE DENTURE-MAND	\$ 38.00	\$ 15.00	\$ 23.00
5421	ADJUST PARTIAL DENTURE-MAX	\$ 38.00	\$ 16.00	\$ 22.00
5422	ADJUST PARTIAL DENTURE-MAND	\$ 28.00	\$ 16.00	\$ 12.00
5510	REPAIR BRKN COMPLETE DENT BASE	\$ 60.00	\$ 15.00	\$ 45.00
5520	REPLACE MISS/BRKN TTH-COMP DNT	\$ 28.00	\$ 12.00	\$ 16.00
5610	REPAIR PRTL RESIN DENTURE BASE	\$ 35.00	\$ 16.00	\$ 19.00
5620	REPAIR PARTIAL CAST FRAMEWORK	\$ 36.00	\$ 16.00	\$ 20.00
5630	REPAIR/REPLACE BROKEN CLASP	\$ 18.00	\$ 16.00	\$ 2.00
5640	REPLACE BROKEN TEETH-PER TOOTH	\$ 28.00	\$ 16.00	\$ 12.00
5650	ADD TOOTH TO PARTIAL DENTURE	\$ 44.00	\$ 22.00	\$ 22.00
5660	ADD CLASP TO PARTIAL DENTURE	\$ 62.00	\$ 22.00	\$ 40.00

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<u>ADA</u>	<u>Description</u>	<u>Seledent</u>	<u>Copay</u>	<u>Payment</u>
5710	REBASE COMPLETE DENTURE-MAX	\$ 200.00	\$ 30.00	\$ 170.00
5711	REBASE COMPLETE DENTURE-MAND	\$ 200.00	\$ 30.00	\$ 170.00
5720	REBASE PARTIAL DENTURE-MAX	\$ 165.00	\$ 30.00	\$ 135.00
5721	REBASE PARTIAL DENTURE-MAND	\$ 165.00	\$ 30.00	\$ 135.00
5730	RELINE COMPLETE DENT-MAX-CHAIR	\$ 85.00	\$ 39.00	\$ 46.00
5731	RELINE COMPLETE DENT-MAND-CHAIR	\$ 85.00	\$ 39.00	\$ 46.00
5740	RELINE PARTIAL DENT-MAX-CHAIR	\$ 62.00	\$ 39.00	\$ 23.00
5741	RELINE PARTIAL DENT-MAND-CHAIR	\$ 62.00	\$ 39.00	\$ 23.00
5750	RELINE COMPLETE DENT-MAX-LAB	\$ 90.00	\$ 45.00	\$ 45.00
5751	RELINE COMPLETE DENT-MAND-LAB	\$ 90.00	\$ 45.00	\$ 45.00
5760	RELINE PARTIAL DENT-MAX-LAB	\$ 77.00	\$ 45.00	\$ 32.00
5761	RELINE PARTIAL DENT-MAND-LAB	\$ 77.00	\$ 45.00	\$ 32.00
6210	PONTIC-CAST HIGH NOBLE METAL	\$ 200.00	\$ 105.00	\$ 95.00
6211	PONTIC-CAST PREDOM BASE METAL	\$ 265.00	\$ 90.00	\$ 175.00
6212	PONTIC-CAST NOBLE METAL	\$ 120.00	\$ 105.00	\$ 15.00
6240	PONTIC-PORCELAIN FUSED/ HIGH NOBLE METAL	\$ 265.00	\$ 120.00	\$ 145.00
6241	PONTIC-PORCE PREDOM BASE METAL	\$ 160.00	\$ 105.00	\$ 55.00
6242	PONTIC-PORCELAIN NOBLE METAL	\$ 265.00	\$ 120.00	\$ 145.00
6250	PONTIC-RESIN HIGH NOBLE METAL	\$ 265.00	\$ 105.00	\$ 160.00
6251	PONTIC-RESIN PREDOM BASE METAL	\$ 265.00	\$ 105.00	\$ 160.00
6252	PONTIC-RESIN NOBLE METAL	\$ 265.00	\$ 105.00	\$ 160.00
6545	RETAINER-CAST METAL MARYLAND	\$ 265.00	\$ 105.00	\$ 160.00
6600	INLAY-PORCE/CERAMIC-2 SURFACES	\$ 80.00	\$ 105.00	\$ -
6601	INLAY-PORCE/CERAMIC 3+ SURFACES	\$ 100.00	\$ 120.00	\$ -
6720	ABUTMENT-RESIN HIGH NOBLE MTL	\$ 265.00	\$ 105.00	\$ 160.00
6722	ABUTMENT-PORCELAIN NOBLE METAL	\$ 175.00	\$ 105.00	\$ 70.00
6740	ABUTMENT-PORCELAIN/CERAMIC	\$ 330.00	\$ 105.00	\$ 225.00
6750	ABUTMENT-PORCELAIN FUSED/ HIGH NOBLE METAL	\$ 330.00	\$ 105.00	\$ 225.00
6751	ABUTMENT-PORCE PREDOM BASE MTL	\$ 220.00	\$ 105.00	\$ 115.00
6752	ABUTMENT-PORCELAIN NOBLE METAL	\$ 185.00	\$ 120.00	\$ 65.00
6780	ABUTMENT-3/4 CAST HIGH NOBLE	\$ 200.00	\$ 120.00	\$ 80.00
6790	ABUTMENT-FULL CAST HIGH NOBLE	\$ 275.00	\$ 105.00	\$ 170.00
6930	RECEMENT BRIDGE	\$ 25.00	\$ 18.00	\$ 7.00
7140	EXTRACTION-ERUPTED TTH-EXPOSED	\$ 65.00	\$ 18.00	\$ 47.00
7210	SURGICAL REMOVAL ERUPTED TOOTH	\$ 100.00	\$ 27.00	\$ 73.00
7220	REMOVAL IMPACTED TTH-SOFT TISS	\$ 110.00	\$ 37.00	\$ 73.00
7230	REMOVAL IMPACTED TTH-PRTL BONY	\$ 160.00	\$ 52.00	\$ 108.00
7240	REMOVAL IMPACTED TTH-FULL BONY	\$ 245.00	\$ 60.00	\$ 185.00
7260	OROANTRAL FISTULA CLOSURE	\$ 155.00	\$ 45.00	\$ 110.00
7280	SURG EXP. IMPACTED TTH-ORTHO	\$ 55.00	\$ 45.00	\$ 10.00
7281	SURG EXP. IMPACTED TTH-AID ERUP	\$ 135.00	\$ 45.00	\$ 90.00
7285	BIOPSY OF ORAL TISSUE-HARD	\$ 55.00	\$ 30.00	\$ 25.00
7286	BIOPSY OF ORAL TISSUE-SOFT	\$ 35.00	\$ 45.00	\$ -
7310	ALVEOLOPLASTY W/EXT-QUAD	\$ 90.00	\$ 30.00	\$ 60.00
7320	ALVEOLOPLASTY W/O EXT-QUAD	\$ 135.00	\$ 45.00	\$ 90.00

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<u>ADA</u>	<u>Description</u>	<u>Seledent</u>	<u>Copay</u>	<u>Payment</u>
7471	REMOVAL OF EXOSTOSIS-PER SITE	\$ 100.00	\$ 30.00	\$ 70.00
7510	INCISION & DRAINAGE INTRAORAL	\$ 65.00	\$ 24.00	\$ 41.00
7520	INCISION & DRAINAGE EXTRAORAL	\$ 142.00	\$ 24.00	\$ 118.00
7960	FRENULECTOMY-(FRENECTOMY)	\$ 60.00	\$ 30.00	\$ 30.00
7970	EXCISION HYPERPLASTIC TIS-ARCH	\$ 205.00	\$ 24.00	\$ 181.00
9110	PALLIATIVE TREATMENT	\$ 18.00	\$ 7.00	\$ 11.00
9220	DEEP SED/GEN ANESTH-1ST 30 MIN	\$ 75.00	\$ 33.00	\$ 42.00
9221	DEEP SED/GEN ANESTH-EA. ADDL 15	\$ 75.00	\$ 15.00	\$ 60.00
9310	CONSULTATION BY SPECIALIST	\$ 75.00	\$ 10.00	\$ 65.00