

International Union Operating Engineers Local 94 School Fund and Commercial Fund

Summary of Benefits for Full-time Members:

Dental

- **Annual maximum: \$2,500 per individual No Deductible**
- **Examination and Panoramic X-Rays: Once per year**
- **Full Mouth X-Rays: Once every 5 years**
- **Prophylaxis two per calendar year**
- **Fluoride Treatment: Twice per calendar year for dependent 3 -16 years of age**
- **Sealants: Once per calendar year for dependent up to 16 years of age and younger**
- **Major Work: Replacement of worked for the same procedure performed once every 3 years (Crown, Bridge and Denture)**
- **Space Maintainer: Once every 3 years (unilateral, bilateral or removable)**
- **4 bitewings per year**
- **Palliative treatment once per year**
- **Inlays/Onlays once every 6 months**
- **Root Canal every 3 years (anterior, bicuspid & molar)**
- **Gingivectomy & Osseous Surgery 4 quads per year**
- **Implants payable based on review by dental consultant (must be medically necessary)**

Exclusions:

- **Veneers: Not covered**

Orthodontia:

- **Fixed appliance therapy (once per lifetime dependents 19 and under \$491.00**
- **Periodic orthodontic treatment visit (\$74.00 per month for 20 Months) \$1,480.00**
- **Orthodontic retention (removal of appliances, construction and placement of retainer(s) as part of contract)
Retention Visits \$61.00, 3 visits once every 6 months over 18 months (\$183)**

Pre-Authorizations:

- **Any claims over \$500.00 must be pre-authorized**

In Network

- **Provider reimbursed according to the Sele-Dent fee schedule less applicable co-pay.**
- **Local 94 Providers are reimbursed 100% of the Union Fee Schedule, and these providers will accept this payment as payment in full.**

Out of Network

- **Pay out 100% of the Sele-Dent fee schedule, member pays balance of bill**

Disclaimer

Pediatric Care

The Plan's annual dollar or lifetime limits on dental, and/or other non-essential care will remain unchanged except for pediatric dental (treatment of a patient under the age of 19). Accordingly, effective as of January 1, 2011, the Plan's lifetime and/or annual dollar limits will not apply to pediatric dental (treatment or services of a patient under the age of 19) to the extent that such benefits are determined to be essential health benefits. Notwithstanding the foregoing, all applicable visit or frequency limitations will remain in effect.

Local 94 Commercial & School Fund

ADA CODE	PLAN SERVICE DESCRIPTIONS	SCHOOL/COMMERCIAL FUND MEMBER CO-PAYMENT
0160	EXTENSIVE ORAL EVALUATION	\$15.00
0330	PANORAMIC X-RAY	\$10.00
1120	PROPHYLAXIS-CHILD	\$5.00
1510	SPACE MAINTAINER-FIXED UNILATERAL	\$15.00
1515	SPACE MAINTAINER-FIXED BILATERAL	\$10.00
1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	\$40.00
1525	SPACE MAINTAINER-REMOVABLE BILATERAL	\$5.00
1550	RE-CEMENTATION OF SPACE MAINTAINER	\$5.00
2332	RESIN COMPOSITE THREE SURFACES/ANTERIOR	\$30.00
2335	RESIN COMPOSITE FOUR OR MORE SURFACES	\$30.00
2391	RESIN COMPOSITE ONE SURFACE	\$10.00
2392	RESIN COMPOSITE TWO SURFACES	\$10.00
2393	RESIN COMPOSITE THREE SURFACES/POSTERIOR	\$40.00
2394	RESIN COMPOSITE FOUR OR MORE SURFACES	\$50.00
2510	INLAY METALLIC ONE SURFACE	\$45.00
2520	INLAY METALLIC TWO SURFACE	\$70.00
2530	INLAY METALLIC THREE SURFACES OR MORE	\$90.00
2542	ONLAY METALLIC TWO SURFACES	\$15.00
2543	ONLAY METALLIC THREE SURFACES	\$45.00
2544	ONLAY METALLIC FOUR OR MORE SURFACES	\$95.00
2620	INLAY-PORCELAIN/CERAMIC - TWO SURFACES	\$70.00
2630	INLAY-PORCELAIN/CERAMIC - THREE SURFACES	\$130.00
2642	ONLAY-PORCELAIN/CERAMIC - TWO SURFACES	\$15.00
2643	ONLAY-PORCELAIN/CERAMIC - THREE SURFACES	\$45.00
2644	ONLAY-PORCELAIN/CERAMIC - FOUR SURFACES	\$95.00
2710	CROWN RESIN - INDIRECT	\$50.00
2750	CROWN PORCELAIN FUSED HIGH NOBLE	\$40.00
2751	CROWN PORCELAIN FUSED METAL BASE	\$40.00
2752	CROWN PORCELAIN FUSED TO NOBLE NOBLE	\$40.00
2790	CROWN FULL CAST HIGH NOBLE METAL	\$15.00
2791	CROWN FULL CAST HIGH PREDOMINATLY BASE METAL	\$15.00
2792	CROWN FULL CAST NOBLE METAL	\$15.00
2780	CROWN GOLD 34 CAST	\$50.00

2933	PREFABRICATED STAINLESS STEEL CROWN	\$10.00
2951	PIN RETENTION	\$15.00
3110	PULP CAP-DIRECT	\$5.00
3120	PULP CAP-INDIRECT	\$5.00
3320	ROOT CANAL-BUSCUPIID	\$5.00
3330	ROOT CANAL-MOLAR	\$25.00
3425	APICOECOMY FIRST ROOT	\$55.00
4211	GINGIVECTOMY ONE TO THREE QUAD	\$40.00
4260	OSSEOUS SURGERY	\$140.00
4273	CONNECTIVE TISSUE 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 BASE	\$95.00
5212	MANDIBULAR PARTIAL DENTURE RESIN BASE	\$95.00
5281	REMOVABLE UNILATERAL PARTIAL DENTURE	\$60.00
5620	REPAIR CLASP FRAMEWORK	\$15.00
5630	REPAIR OR REPLACE BROKEN CLASP	\$5.00
5710	REBASE COMPLETE MAXILLARY DENTURE	\$85.00
5711	REBASE COMPLETE MAXILLARY DENTURE	\$85.00
5720	REBASE COMPLETE MAXILLAYR PARTIAL DENTURE	\$50.00
5721	REBASE COMPLETE MANDIBULAR PARTIAL DENTURE	\$50.00
5730	RELINE COMPLETE MAXILLARY DENTURE-CHAIRSIDE	\$20.00
5731	RELINE COMPLETE MANDIBULAR DENTURE-CHAIRSIDE	\$20.00
6210	PONTIC-CAST HIGH NOBLE METAL	\$15.00
6211	PONTIC-CAST PREDOMINANTLY BASE METAL	\$80.00
6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$80.00
6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$80.00
6609	ONLAY - PORCELAIN/CERAMIC, 3 + SURFACES	\$95.00
6252	PONTIC-RESIN WITH NOBLE METAL	\$80.00
6603	INLAYS ABUTMENTS, THREE OR MORE SURFACES	\$65.00
6751	CROWN - PORCELAIN FUSED TO METAL BASE	\$40.00
6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$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 BASE METAL	\$10.00
7210	SURGICAL REMOVAL OF ERUPTED TOOTH	\$40.00
7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$45.00
7230	REMOVAL OF IMPACTED TOOTH - PARTIAL BONY	\$40.00
7240	REMOVAL OF IMPACTED TOOTH - COMPLETE BONY	\$80.00
7241	REMOVAL OF IMPACTED TOOTH - W/COMPLICATIONS	\$80.00
7260	OROANTRAL FISTUAL CLOSURE	\$20.00
7281	SURGICAL EXPOSURE OF IMPACTED TOOTH	\$35.00

7310	ALVEOPLASTY IN COMJUNCTION W/EXTRACTION	\$80.00
7320	ALVEOPLASTY NON-IN CONJUNCTION W/EXTRACTION	\$40.00
7510	INCISION AND DRAINAGE	\$30.00
9110	PALLIATIVE TREATMENT	\$5.00
9220	GENERAL ANESTHESIE	\$20.00
9221	GENERAL ANESTHESIE	\$55.00
9310	CONSULTATION	\$35.00
9951	OCCLUSAL ADJUSTMENT - LIMITED	\$45.00
9952	OCCLUSAL ADJUSTMENT - COMPLE	\$120.00

PRODEDURES NOT COVERED UNDER THE PLAN MEMBER PAYS 100% OF THE SELEDENT FEES