



**Sele-Dent offers you access to Dental Care with a network of quality dental professionals at affordable prices. Sele-Dent ensures the highest quality dental care at convenient locations.**

**Sele-Dent Dental PPO gives you access to:**

- **Nearly 5,000 dentists in the NY Tri-State area and 100,000 nationally**
- **Opportunities to lower your expenses when you receive care from an in-network dentist**
- **Service you can trust from a company that’s been serving Unions for decades.**
- **A comprehensive list will also be on the Sele-Dent United Benefit Fund Page**
- **We manage over 100,000 union members and their families**





**THIS IS ONLY A SUMMARY.** If you want more detail about your coverage and costs, refer to the Summary Plan Description, or call 718-513-2477, ext. 101, or just visit [www.unitedbenefit.com](http://www.unitedbenefit.com)

Important Questions	Answers	Why This Matters
What is the overall deductible?	Network Providers: \$0 Deductible Non-Network Providers: No Coverage	There is no upfront cost for <b>deductible</b> with this dental insurance plan
Are there other deductibles for specific services?	No	There are no separate deductibles for specific services, but see the question above regarding the plan's overall deductible.
Is there an out-of-pocket limit on my expenses?	No	There is no limit for out-of-pocket expenses.
Is there an overall annual limit on what the plan pays?	Yes, \$5000 limit on all covered expenses	This is the limit the plan will pay after any cost sharing of the member.
Does this plan use a network of providers?	Yes, please visit <a href="http://www.sele-dent.com">www.sele-dent.com</a> or call 1-800-520-3368 (DENTAL)	If you use a network dentist, this plan will pay some or all of the costs of covered services. Plans use the term <b>in-network</b> , preferred, or participating for a dentist in their network.
Do I need a referral to see a specialist?	No	You can see a specialist without a referral from your Primary Care Dentist.
Are there services not covered?	Yes	The only services that are <b>covered</b> are listed below, <b>anything not listed is not covered.</b>
Is Ortho Covered?	No	<b>But, there is access to the Sele-Dent discount Orthodontia program, providing up to 50% off Orthodontic Services.</b>

## COVERED SERVICES (\$10 Co-Pay)

D0120	PERIODIC ORAL EXAM	D2722	CROWN RESIN NOBLE METAL
00150	COMPREHENSIVE ORAL EXAM	D2740	CROWN PORCELAIN CERAMIC
D140	LIMITED ORAL EXAM	02751	CROWN PORCELAIN PREDOM BASE METAL
00210	X-RAYS COMPLETE SERIES	D2752	CROWN PORCELAIN NOBLE METAL
D0220	X-RAYS PERIAPICAL 1ST FILM	D2750	CROWN PORCELAIN HIGH NOBLE METAL
D0230	X-RAYS PERIAPICAL EA ADDL FILM	D2791	CROWN FULL CAST PREDOM BASE METAL
D0240	X-RAYS OCCLUSAL FILM	D2792	CROWN FULL CAST NOBLE METAL
D0272	X-RAYS 2 BITEWINGS	D2790	CROWN FULL CAST HIGH NOBLE METAL
D0274	X-RAYS 4 BITEWINGS	D2794	CROWN TITANIUM
D0330	X-RAYS PANORAMIC FILM	D2910	RE-CEMENT INLAY
D0360	CONE BEAM CT SCAN	D2920	RE-CEMENT CROWN
D1110	DENTAL PROPHYLAXIS - ADULT	D2930	STAINLESS STEEL CROWN
D1120	DENTAL PROPHYLAXIS - CHILD	D2940	SEDATIVE FILLING
D1206	TOPICAL APPLICATION FLUORIDE VARNISH	D2951	PIN RETENTION - PER TOOTH
01208	TOPICAL APPLICATION FLUORIDE NON-VARNISH	D2952	CAST POST AND CORE
D1351	SEALANT PER TOOTH	D2954	PREFABRICATED POST AND CORE
D1510	SPACE MAINTAINER FXD UNILAT	D3110	PULP CAP DIRECT
D1515	FIXED BILAT SPACE MAINTAINER	D3120	PULP CAP INDIRECT
D2140	AMALGAM 1 SURFACE	D3220	THERAPEUTIC PULPOTOMY
D2150	AMALGAM 2 SURFACES	D3310	ROOT CANAL ANTERIOR
D2160	AMALGAM 3 SURFACES	D3320	ROOT CANAL BICUSPID
D2330	COMPOSITE 1 SURFACE	D3330	ROOT CANAL MOLAR
D2331	COMPOSITE 2 SURFACES	D3331	TREATMENT OF ROOT CANAL OBSTRUCTION
D2332	COMPOSITE 3 SURFACES	D3332	INCOMPLETE ENDODONTIC THERAPY
D2391	RESIT BASED COMPOSITE - ONE SURFACE	D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS
D2392	RESIT BASED COMPOSITE - TWO SURFACE	D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY ANTERIOR
D2335	COMPOSITE 4 OR MORE SURFACES	D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY MOLAR
D2510	INLAY METALLIC 1 SURFACE	D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY BICUSPID
D2520	INLAY METALLIC 2 SURFACES	D3410	APICOECTOMY
D2530	INLAY METALLIC 3 SURFACES	D4210	GINGIVECTOMY/PLASTY PER QUAD
D2542	ONLAY METALLIC 2 SURFACES	D4240	GINGIVAL FLAP PROCEDURE
D2543	ONLAY METALLIC 3 SURFACES	D4260	OSSEOUS SURGERY PER QUAD
D2544	ONLAY METALLIC 4 OR MORE SURFACES	D4263	BONE REPLACEMENT GRAFT 1ST SITE
02710	CROWN RESIN	D4264	BONE REPLACEMENT GRAFT EA ADDL
D2720	CROWN RESIN HIGH NOBLE METAL	D4341	PERIO SCALING / ROOT PLANNING QUAD
D2721	CROWN RESIN PREDOM BASE METAL	D4381	ARRESTIN

## COVERED SERVICES (\$10 Co-Pay)

D4910	PERIO MAINTENANCE	D6740	ABUTMENT PORCELAIN
D5110	COMPLETE DENTURE MAXILLARY	D6751	ABUTMENT PORCELAIN/PREDOM BASE METAL
D5120	COMPLETE DENTURE MANDIBULAR (Lower)	D6752	ABUTMENT PORCELAIN NOBLE METAL
D5130	IMMEDIATE DENTURE MAXILLARY	D6750	ABUTMENT PORCELAIN HIGH NOBLE METAL
D5140	IMMEDIATE DENTURE MANDIBULAR	D6791	ABUTMENT FULL CAST PREDOM BASE
D5211	PRTL DENT MAX W/CLASPS ACRYLIC	D6792	ABUTMENT CAST NOBLE METAL
05212	PRTI. DENT MAND W/CLASPS ACRYLIC	D6790	ABUTMENT CAST HIGH NOBLE METAL
D5213	PARTIAL DENT MAX W/CLASPS CAST	D6710	ABUTMENT RESIN
D5214	PARTIAL DENT MAND WI/CLASPS CAST	D6721	ABUTMENT RESIN PREDOM BASE METAL
D5281	REMOVAL UNILATERAL PARTIAL	D6722	CROWN RESIN WITH NOBLE METAL
D5410	ADJUST COMPLETE DENTURE MAX	D6740	ABUTMENT PORCELAIN
D5411	ADJUST COMPLETE DENTURE MAND	D6751	ABUTMENT PORCELAIN/PREDOM BASE METAL
D5421	ADJUST PARTIAL DENTURE MAX	D6752	ABUTMENT PORCELAIN NOBLE METAL
D5422	ADJUST PARTIAL DENTURE MAND	D6750	ABUTMENT PORCELAIN HIGH NOBLE METAL
D5510	REPAIR RESIN DENTURE BASE	D6790	ABUTMENT CAST HIGH NOBLE METAL
D5520	REPLACE BROKEN TEETH PER TOOTH	D6791	ABUTMENT FULL CAST PREDOM BASE
D5650	ADD TOOTH TO PARTIAL DENTURE	D6792	ABUTMENT CAST NOBLE METAL
D5660	ADD CLASP TO PARTIAL DENTURE	D6930	RE-CEMENT BRIDGE
D5710	DENTURES REBASE CMPLT MAX	D6973	CORE BUILD UP INCLUDING PINS
D5711	DENTURES REBASE CMPLT MAND	D6974	ABUTMENT TITANIUM
D5750	RELINE COMPLETE DENT MAX LAB	D7140	EXTRACTION SINGLE
D5751	RELINE COMPLETE DENT MAND LAB	D7210	SURGICAL REMOVAL ERUPTED TOOTH
D5760	RELINE PARTIAL DENT MAX LAB	D7220	SOFT TISSUE IMPACTION
05761	RELINE PARTIAL DENT MAND LAB	D7230	PARTIAL BONY IMPACTION
D6205	PONTIC RESIN	D7240	FULL BONY IMPACTION
D6251	PONTIC RESIN PREDOM BASE METAL	D7241	DIFFICULT FULL BONY IMPACTION
D6245	PONTIC PORCELAIN	D7285	BIOPSY OF ORAL TISSUE HARD
D6241	PONTIC PORCELAIN PREDOM BASE METAL	D7286	BIOPSY OF ORAL TISSUE SOFT
D6242	PONTIC PORCELAIN NOBLE METAL	D7310	ALVEOLOPLASTY WITH EXTRACTION /QUAD
D6240	PONTIC PORCELAIN HIGH NOBLE METAL	D7320	ALVEOLOPLASTY WITHOUT EXTRACTION /QUAD
D6211	PONTIC CAST PREDOM BASE METAL.	D7510	INCISION & DRAINAGE OF ABSCESS
D6212	PONTIC CAST NOBLE METAL	D7960	FRENECTOMY
D6210	PONTIC CAST HIGH NOBLE METAL.	D9110	PALLIATIVE TREATMENT
D6214	PONTIC TITANIUM	D9222	GENERAL ANESTHESIA FIRST 15 MINS
D6252	BRIDGE RESIN WITH NOBLE METAL	D9223	GENERAL ANESTHESIA EACH ADD 15 MINS
D6710	ABUTMENT RESIN	D9243	IV SEDATION PER 15 MIN
D6721	ABUTMENT RESIN PREDOM BASE METAL	D9310	CONSULTATION BY SPECIALIST
D6722	CROWN RESIN WITH NOBLE METAL		