



PROFESSIONAL DENTAL CARE

Sheet Metal Workers local Union 38



Summary of Benefit for Full-Time Members:

Dental - Annual Max \$ 1500.00 per person with no deductible.

Extraction - Annual Max \$2000.00 per person with no deductible.

Removal of the impacted teeth covered under dental plan effective: September 1st, 2009
(7220, 7230 & 7240)

Periodontal Annual Maximum is \$1500 every 2-calendar years: Effective July 1st, 2019

Pre-cert over \$ 500 required and are good for 90 days

In-network and out of network

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

UNICARE Providers:

Preventive, Basic and Major 100 % of the UNICARE fee schedule

- Exam, Prophylaxis twice per year (6 months apart)
- Full Mouth or Panoramic X-Rays once every 3 years.
- Bitewings X-ray, extraoral x-rays and occlusal interoral x-rays are each limited to 2 sets per calendar year.
- Fluoride once per calendar up to age 14 (under)
- Sealants limited to age 14 once every 24 months (up to age 14)
- Space Maintainers every 6 months up to age 14
- Major work -5 years limitation.
- TMJ (Temporomandibular Joint Syndrome) lifetime max \$ 750 includes appliance, adjustment and all medications
- Periodontal scaling twice per year
- No missing tooth exclusion
- Osseous Surgery and Gingivectomy four quads per calendar year
- Occlusal Guards- covered

Exclusions:

- **Implants**
- **Orthodontics**

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