



PROFESSIONAL DENTAL CARE



I.B.T. Local 282 Welfare Fund Group #284

Summary of Benefit for Full-Time Members effective 1/01/2018:

Annual maximum \$2,250.00 individual

Kids up to age 18, no maximum.

Adult Ortho Lifetime max \$1,000.00 Appliance \$430.00, \$19.00 monthly for 30 months (No age limit)

Pre-Authorizations:

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

In Network: No deductible.

Providers are reimbursed 100% of the Fund's fee schedule. The difference between the Seledent fee schedule and the local fee schedule, the balance is billed to the member.

Out of Network:

Providers are reimbursed 100% of the Fund's fee schedule, member pays balance.

\$50.00 deductible applies to Basic & Major services per individual (\$150.00 family).

FREQUENCIES:

- **Examination:** Two times per calendar year
- **Prophylaxis:** Two times per calendar year
- **Full mouth and Panoramic x-rays:** once every 3 calendar years
- **Sealants:** Once every 36 months, up to age 13
- **Fluoride:** Once per calendar year, up to age 18
- **Perio Scaling:** once every 6 months, all four quads same day, no prophylaxis
- **Perio Maintenance:** Once every 6 months
- **Major work:** 5 years replacement on major
- **Missing Tooth:** Covered

Exclusions:

- **Implants and Veneers:** Not covered
- **Full mouth debridement:** Not covered
- **Arrestin:** Not covered
- **Consultations:** Not covered
- **Occlusal Guards:** Not Covered

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I.B.T. LOCAL 282 WELFARE FUND CO-PAYS
GROUP 284

Proc Code	EXPLANATION OF CODE	Sele-Dent Fee Amt	Plan Fees	Co-Pays	Proc Code	EXPLANATION OF CODE	Sele-Dent Fee Amt	Plan Fees	Co-Pays
120	ORAL EXAM(PERIODIC)	15.00	5.00	10.00	5225	Part Upper Dent-Flexible Base	375.00	160.00	215.00
140	LIMITED ORAL EVALUATION	15.00	5.00	10.00	5226	Part Lower Dent-Flexible Base	375.00	160.00	215.00
150	COMP ORAL EVALUATION	15.00	5.00	10.00	5410	ADJ.COMPL.DENT UPPER	65.00	14.00	51.00
160	EXTENSIVE ORAL Exam	28.00	5.00	23.00	5411	ADJ.COMPL. DENT LOWER	38.00	14.00	24.00
180	COMP PERIO EVAL	15.00	5.00	10.00	5510	Repair Broken Denture	60.00	14.00	46.00
210	XRYS INT COMP SERIES	25.00	18.00	7.00	5520	Repl Missng/ Broken Teeth	28.00	12.00	16.00
220	XRYS INT PER 1ST FILM	4.00	3.00	1.00	5750	RELINING COMP UPPER LAB	90.00	45.00	45.00
230	XRYS INT PER ADD FILM	3.00	2.00	1.00	5820	TEMP PART UPPER DENT	55.00	57.75	-2.75
270	XRYS BITEWING EACH	5.00	2.50	2.50	6240	BRIDGE PORCEMETAL	265.00	89.00	176.00
272	XRYS 2 BITEWINGS	9.00	5.00	4.00	6241	BRIDGE TRU PONTIC	160.00	89.00	71.00
274	XRYS 4 BITEWINGS	17.00	9.00	8.00	6750	CROWN PORC NON PRE	330.00	93.00	237.00
330	XRYS PANORAMIC FILM	39.00	17.00	22.00	6751	CROWN PORCELAIN	220.00	93.00	127.00
1110	PROPHYLAXIS - ADULT	25.00	11.00	14.00	6752	Bridge Crow Proc Nob Met	185.00	93.00	92.00
1120	PROPHYLAXIS - CHILD	20.00	8.00	12.00	6790	CROWN GOLD FULL CAST NOBL	275.00	75.00	200.00
1208	Fluoride Topical w/o Varnish	12.00	9.00	3.00	6791	CROWN GOLD FULL CAST BASE	275.00	75.00	200.00
1351	TOP APPL OF SEALANTS	12.00	2.00	10.00	6930	RECEMENT BRIDGE	25.00	9.00	16.00
1510	SPACE MAINT FIXED UNI	75.00	44.00	31.00	7110	EXTRAC-SINGLE	35.00	8.00	27.00
1515	FIXED SPACE MAINT	100.00	44.00	56.00	7140	Erupt Tth Exposed Root Ext	65.00	8.00	57.00
2140	AMALGAM 1 SURFACE	16.50	7.00	9.50	7210	EXTRACT ERUOTED TTH	100.00	12.00	88.00
2150	AMALGAM 2 SURFACE	28.00	11.00	17.00	7220	EXTRACT IMPACT TTH	110.00	20.00	90.00
2160	AMALGAM 3 SURFACE	38.00	11.00	27.00	7230	EXTRACT IMPACT PART	160.00	32.00	128.00
2161	AMALGAM 4 SURFACE	40.00	11.00	29.00	7240	EXTRACT IMPACT FULL	245.00	42.00	203.00
2330	Resin-Based Comp/ 1Surf	28.00	9.00	19.00	9210	Local Anesthesia	15.00	9.00	6.00
2331	Resin-Based Comp/ 2Surf	44.00	13.00	31.00	9223	General Anesthesia Deep	75.00	16.00	59.00
2332	Resin-Based Comp/ 3Surf	80.00	13.00	67.00	9243	Intravenous Moderate Sedation	75.00	16.00	59.00
2335	Resin Based Comp/4 Surfs	80.00	13.00	67.00					
2391	Res Bas Comp 1Surf Post	38.00	9.00	29.00					
2392	Res Bas Comp 2 Surface Post	54.00	13.00	41.00					
2393	Res Bas Comp 3 Surface Post	90.00	13.00	77.00					
2394	RBC Comp 4 Surf or More	100.00	13.00	87.00					
2530	INLAY-METALLIC 3 SURF	200.00	62.00	138.00					
2540	ONLAY METALLIC PER	150.00	28.00	122.00					
2740	CROWN PORCELAIN	225.00	93.00	132.00					
2750	CROWN PORCELAIN/HIGH MET	330.00	93.00	237.00					
2751	CROWN PORCELAIN/BASE MET	330.00	93.00	237.00					
2752	CROWN PORCELAIN/NOBLE MET	330.00	93.00	237.00					
2790	CROWN GOLD(FULL HIGH NOBL	275.00	74.00	201.00					
2791	CROWN GOLD(FULL BASE)	275.00	71.00	204.00					
2810	CROWNGOLD 3/4 CAST	220.00	70.00	150.00					
3110	PULP CAP DIRECT	12.50	6.00	6.50					
3220	PULPOTOMY-THERAP	22.00	14.00	8.00					
3221	VITAL PULPOTOMY-	30.00	14.00	16.00					
3310	ROOT CANAL 1 CANAL	135.00	69.00	66.00					
3320	ROOT CANAL 2 CANALS	220.00	69.00	151.00					
3330	ROOT CANAL 3 CANALS	300.00	69.00	231.00					
3346	RETREAT 1 CANAL	135.00	69.00	66.00					
3347	RETREAT 2 CANALS	220.00	69.00	151.00					
3348	RETREAT 3 CANALS	300.00	69.00	231.00					
4260	OSSEOUS SURGERY QUAD	325.00	102.00	223.00					
4341	PERIO SCALING	22.50	13.00	9.50					
4342	Perio Scal Root Plan Quad	11.25	6.50	4.75					
4910	PERIO PROPHYLAXIS	40.00	17.00	23.00					
5110	DENTURES-COMP UPPER	385.00	117.00	268.00					
5120	DENTURES COMP LOWER	385.00	117.00	268.00					
5130	DENTURES IMM UPPER	410.00	125.00	285.00					
5140	DENTURES IMM LOWER	410.00	125.00	285.00					
5211	PRTL DENT UPP 2 CLSP	360.00	118.00	242.00					
5212	PRTL DENT LOW 2 CLSP	360.00	118.00	242.00					
5213	PRTL DEN CAST 2 CLSP	375.00	160.00	215.00					
5214	PRTL DEN CAST 2 CLSP	375.00	160.00	215.00					

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if procedure is NOT listed it is NOT covered for group 284 - if prov is INN pt will pay the Sele-dent fee.