



Sheet Metal Workers Fund of Local Union No. 38 Group #138

Summary of Benefit for Full-Time Members:

Annual maximum \$1,500.00 individual **No deductible.**

Perio maximum \$1500.00 lifetime **No deductible.**

Extraction – Annual maximum \$2,000.00 **No deductible.**

Pre-Authorizations:

Any claims over \$500.00 is required and good for 90 days.

In Network/Uni-Care:

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

Out of Network:

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

FREQUENCIES:

- **Examination & Prophylaxis:** 2 times a year (must be 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
- **Sealants:** once every 24 months up to age 14
- **Space Maintainers:** every 6 months up to age 14
- **Perio scaling:** 2 times per year, all four quads same day, no prophy
- **Perio maint:** No frequency
- **Osseous Surgery and Gingivectomy:** four quads per calendar year
- **Arrestin:** once per tooth per calendar year
- **Major work:** 5 years replacement on major
- **TMJ:** lifetime max \$750 includes appliance, adjustment and all medications
- **Missing Tooth:** Covered

Exclusions:

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

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