



PROFESSIONAL DENTAL CARE



Local 803 Health & Welfare Fund Group #803

Summary of Benefit for Full-Time Members:

Annual maximum \$1,500.00 individual **No Deductible**

Ortho Lifetime max \$1,000.00 Appliance \$400.00, \$50.00 monthly for 12 months (dependents covered thru their 19th birthday).

Proof of Enrollment: Handled by Fund.

Pre-Authorizations:

Any claims over \$400.00 must be pre-authorized.

In Network:

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

Out of Network:

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

FREQUENCIES:

- **Examination:** 2 times per calendar year
- **Prophylaxis:** 2 times per calendar year
- **Bitewings:** 2 times per calendar year
- **Panoramic X-Rays:** once per calendar year
- **Full Mouth:** once every 3 years
- **Fluoride:** 2 times per calendar year (up to age 14)
- **Sealants:** No frequency, no age limit
- **Perio scaling:** once per calendar year, all four quads same day, no prophylaxis
- **Perio maint:** once per calendar year
- **Major work:** 5 years replacement on major
- **Missing Tooth:** Covered

Exclusions:

- **Implants & Veneers:** Not covered

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