



**I.B.T. Local 854 Health & Welfare Fund
Group #855**

Summary of Benefit for Full-Time Members:

**Annual maximum \$1,000.00 individual
No deductible. \$15.00 co-pay per office visit.**

Kids up to age 18 no maximum.

Pre-Authorizations:

Any claims over \$300.00 is recommended.

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.

FREQUENCIES:

- **Examination:** No frequency
- **Prophylaxis:** once every 6 months
- **Full mouth:** No frequency
- **Panoramic x-rays:** once every 5 years
- **Fluoride:** 2 in 12 month period, up to age 15
- **Perio:** once every 12 months , all four quads same day, no prophylaxis
- **Gingivectomy & Osseous Surgery:** once every 12 months, limited to 2 quads per visit
- **Major work:** 3 years replacement on major
- **Space maintainers are limited to dependents under age 16**
- **Missing Tooth:** Covered

Exclusions:

- **Implants & Veneers:** Not covered
- **Orthodontics:** Not covered
- **Sealants**

Mailing Address:

**One Huntington Quadrangle, Suite 1S03
Melville, NY 11747**

Toll Free: (800) 520 - 3368

Phone: (516) 887 - 7566

Fax: (516) 887 - 7896