



PROFESSIONAL DENTAL CARE



United Crafts & Industrial Workers Union – Local 91 Group #191

NO OUT-OF-NETWORK BENEFITS

Summary of Benefit for Full-Time Members:

Annual maximum \$2,500.00 individual,

Effective 01/01/2016 annual deductible \$100.00, family \$150.00.

Ortho Lifetime max \$2,190.00 Appliance \$300, \$60 monthly for 24 months (dependent up to age 18), Upper and Lower retainers \$225 each.

In Network:

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

FREQUENCIES:

- **Initial oral exams (0160):** once every 24 months
- **Periodic oral exams (0120/0150):** once every 6 months
- **Limited oral evaluation (0140):** No frequency
- **Prophylaxis:** once every 6 months
- **Bitewings x-rays:** once every 12 months
- **Consultation:** No frequency
- **Panoramic x-rays:** No frequency
- **Full-mouth Series:** once every 36 months
- **Fluoride & Sealants:** No frequency, covered up to age 16
- **Arrestin:** Once per tooth per calendar year
- **Perio:** once every 12 months, all four quads same day, no prophylaxis
- **Perio Maint:** once every 6 months
- **Periodontal Surgery (4260):** once every 60 months
- **Major work:** 5 years replacement on major
- **Fillings (amalgam or composite):** once every 12 months
- **Missing Tooth:** Covered
- **General anesthesia and IV sedation are covered services only when given for covered oral surgery in a dental office.**

Exclusions:

- **Implants, Veneers and Temporary Crowns:** Not covered

Mailing Address:

One Huntington Quadrangle, Suite 1S03
Melville, NY 11747

Toll Free: (800) 520 - 3368

Phone: (516) 887 - 7566

Fax: (516) 887 - 7896