



PROFESSIONAL DENTAL CARE



I.U.O.E. Local Union No. 94 Welfare Fund Group #193 and #194

Summary of Benefit for Full-Time Members:

Annual maximum \$2,500.00 individual, **No deductible. Kids up to age 18 no maximum.**

Ortho Lifetime max \$2,154.00 (treatment must be completed by age 19)

Appliance \$491, Monthly \$74 for 20 month active treatment (\$1,480). Retention visit must be submitted for 6 months apart, payment per 6 months is \$61. Total retention visit is 18 months (\$61x3=\$183). **Mandatory pre-authorization.**

Pre-Authorizations:

Any claims over \$500.00 mandatory pre-authorization.

In Network:

1. Preventive, Basic and Major work paid at 100% of the Sele-Dent fee schedule less co-pay on some procedures.
2. Local 94 providers work paid at 100% of the Union schedule.

Out of Network:

Provider will be reimbursed according to Fund's fee schedule, balance billed to member.

FREQUENCIES:

- **Any Examination:** once a calendar year
- **Prophylaxis:** 2 times per calendar year
- **Panoramic X-Rays:** once per calendar year
- **Full Mouth:** once every 5 years
- **4 Bitewings:** once per calendar year
- **Fluoride:** 2 times per calendar year (up to age 16)
- **Sealants:** once per calendar year (up to age 16)
- **Perio scaling:** once every calendar year, all four quads same day, w/no prophylaxis
- **Major work:** 3 years replacement on major
- **Missing Tooth:** Covered
- **Implants payable based on review by dental consultant (must be medically necessary).**

Exclusions:

- **Veneers, Full mouth debridement, Periodontal Maintenance, occlusal guard:** Not covered

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