



PROFESSIONAL DENTAL CARE

SSOBA WELFARE FUND Group #541

Summary of Benefit for Full-Time Members:

Annual maximum \$1,500.00 individual

No deductible.

Pre-Authorizations:

Any claims over \$300.00 must be pre-authorized.

In Network:

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

Out of Network:

Preventive, Basic and Major work paid at 100% of the Funds fee schedule, member pays balance of bill.

FREQUENCIES:

- **Examination:** 2 times in 12 month period
- **Prophylaxis:** 2 times in 12 month period
- **Full Mouth & Panoramic X-Rays:** Once every 12 months
- **Fluoride:** 4 times per year (No age limit)
- **Perio Scaling:** Once every 6 months, all four quads same day, no prophylaxis
- **Osseous Surgery:** Once every 6 months
- **Specialist Consultation:** Once every 12 months
- **Palliative Treatment:** Once every 12 months
- **Major work:** 3 years replacement on major
- **Missing Tooth:** Covered

Exclusions:

- **Implants and Veneers:** Not covered
- **Anesthesia:** Not covered
- **Orthodontics:** Not covered
- **Perio Maint:** Not covered
- **Arrestin:** Not covered
- **Sealants:** Not covered

PROC CODE	EXPLANATION CODES	CO-PAYS
3320	Root Canal-Biscuspid	\$50.00
3330	Root Canal-Molar	\$75.00
4210	Gingivectomy/Plasty - Per Quad	\$75.00
4260	Osseous Surgery - Per Quad	\$250.00

Mailing Address:

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