



**SSOBA WELFARE FUND  
Group #542**

**Summary of Benefit for Full-Time Members effective 5/01/17:**

**Annual maximum \$500.00 individual, No deductible.**

**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:**

No frequencies on any procedures

**Exclusions:**

- **Implants and Veneers:** Not covered
- **Orthodontics:** Not covered

<b>Proc Code</b>	<b>EXPLANATION OF CODE</b>	<b>Sele-Dent Fees</b>	<b>Plan pays</b>	<b>Member Co-pay as of 5/1/2017</b>
2740	CROWN PORCELAIN	\$225.00	\$75.00	\$150.00
2750	CROWN PORCELAIN/ MET	\$330.00	\$180.00	\$150.00
2751	CROWN FUSED TO BASE METAL	\$330.00	\$180.00	\$150.00
2752	CROWN FUSED TO NOBLE METAL	\$330.00	\$180.00	\$150.00
3320	ROOT CANAL 2 CANALS	\$220.00	\$145.00	\$75.00
3330	ROOT CANAL 3 CANALS	\$300.00	\$175.00	\$125.00
5110	DENTURES-COMP UPPER	\$385.00	\$260.00	\$125.00
5120	DENTURES COMP LOWER	\$385.00	\$260.00	\$125.00
5130	DENTURES IMM UPPER	\$410.00	\$235.00	\$175.00
5140	DENTURES IMM LOWER	\$410.00	\$235.00	\$175.00
5213	PRTL DEN CAST 2 CLSP	\$375.00	\$200.00	\$175.00
5214	PRTL DEN CAST 2 CLSP	\$375.00	\$200.00	\$175.00
6750	CROWN PORC NON PRE	\$330.00	\$180.00	\$150.00
6751	CROWN PORCELAIN	\$330.00	\$180.00	\$150.00
6240	PONTIC FUSED HIGH METAL	\$265.00	\$165.00	\$100.00
6241	PONTIC PORC BASE METAL	\$265.00	\$165.00	\$100.00

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