



## **SSOBA WELFARE FUND**

### **Group #541**

#### **Summary of Benefit for Full-Time Members**

**\*UPDATED 8/1/23**

**Annual maximum \$1,500.00 individual**

**No deductible.**

**Orthodontic covered for dependents between 11-18 years of age. Pre-authorization is required. One-time (lifetime) payment of \$750 upon receipt of orthodontic claim.**

#### **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.

#### **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, Perio Maintenance, Arrestin, Sealants, Bone Grafting, CT scans not covered**

#### **Mailing Address:**

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

#### **Phone:**

#### **Fax:**

**Toll Free: (800) 520 - 3368**

**(516) 887 - 7566**

**(516) 887 - 7896**