

PROFESSIONAL DENTAL CARE

SSOBA WELFARE FUND Group #542

Summary of Benefit for Full-Time Members effective 03/01/19:

Annual maximum \$750.00 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

Proc Code	EXPLANATION OF CODE	Sele-Dent Fees	Plan pays	Member Copay as of 3/1/19
2740	CROWN PORCELAIN	\$225.00	\$150.00	\$75.00
2750	CROWN PORCELAIN/ MET	\$330.00	\$255.00	\$75.00
2751	CROWN FUSED TO BASE METAL	\$330.00	\$255.00	\$75.00
2752	CROWN FUSED TO NOBLE METAL	\$330.00	\$255.00	\$150.00
3320	ROOT CANAL 2 CANALS	\$220.00	\$182.50	\$37.50
3330	ROOT CANAL 3 CANALS	\$300.00	\$237.50	\$62.50
5110	DENTURES-COMP UPPER	\$385.00	\$322.50	\$62.50
5120	DENTURES COMP LOWER	\$385.00	\$322.50	\$62.50
5130	DENTURES IMM UPPER	\$410.00	\$322.50	\$87.50
5140	DENTURES IMM LOWER	\$410.00	\$322.50	\$87.50
5213	PRTL DEN CAST 2 CLSP	\$375.00	\$287.50	\$87.50
5214	PRTL DEN CAST 2 CLSP	\$375.00	\$287.50	\$87.50
6750	CROWN PORC NON PRE	\$330.00	\$255.00	\$75.00
6751	CROWN PORCELAIN	\$330.00	\$255.00	\$75.00
6240	PONTIC FUSED HIGH METAL	\$265.00	\$215.00	\$50.00
6241	PONTIC PORC BASE METAL	\$265.00	\$215.00	\$50.00

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