



PROFESSIONAL DENTAL CARE

## Allied Building Inspectors Operating Engineers Local 211 Group #211

### Summary of Benefit for Full-Time Members

**Annual maximum: \$2,000** individual, No deductible, no co-pays

**Children up to age 18 no maximum, children are covered up to 26.**

**Ortho Lifetime Max: \$2,000** Banding \$550.00, \$50 monthly up to max reached. No age limit if they do not meet medically necessary definition. Otherwise covered up to age 19.

**Ortho Retainers \$400 maximum goes under the Annual maximum not the Ortho Lifetime maximum.**

#### **In Network:**

Preventive, Basic, and Major work paid at 100% of the Sele-Dent/Elite/Unicare fee schedule.

#### **Out of Network:**

Preventive, Basic, and Major work paid at 100% of the Local 211 fee schedule, member pays balance of bill.

#### **FREQUENCIES:**

- **Examination:** 2 times per calendar year
- **Prophylaxis:** 2 times per calendar year
- **Full Mouth & Panoramic X-Rays:** Once per calendar year
- **Fluoride:** 2 times per calendar year, up to age 15 (and under)
- **Sealants:** no frequency, covered up to age 12 (and under)
- **Perio Scaling:** maximum 4 times per year/ 3 months apart, all four quads same day, no prophylaxis covered 14 and up **only**
- **Perio Maintenance:** maximum 4 times per year
- **Full Mouth Debridement-** no frequency
- **Arestin –** 1 per tooth per calendar year covered eff 10/1/23
- **Major work:** 3 years replacement on major
- **Missing Tooth/no waiting period/ downgrading:** None
- **Implants /** eff 10/1/23 implant crowns and abutments are covered
- **Bone Grafting-** covered eff 10/1/23
- **General Anesthesia-** billed 15 minutes increments.

#### **Exclusions:**

- **Occlusal guard:** Not covered
- **Veneers:** Not covered
- **CT scans/cone beam:** Not covered

#### **Mailing Address:**

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