



District 1199J New Jersey Benefit & Pension Fund Group #119

Summary of Benefit for Full-Time Members:

Annual maximum **effective 1/1/2025** \$2,0000 individual, **No deductible, Co-Pays on some procedures**

Ortho Lifetime max \$1,000.00 Appliance \$250.00, \$30.00 monthly (Braces must start on or before age 18, Dependents covered up to age 19)

Pre-Authorizations:

Any claims over \$375.00 must be pre-authorized.

In Network/Uni-Care:

Preventive & Basic work paid at 100% and Major work paid at 80% of the Sele-Dent/Uni-Care fee schedule.

Out of Network:

Providers reimbursed according to the Fund's fee schedule; member pays balance.

FREQUENCIES:

- **Examination:** Once every 6 months
- **Prophylaxis:** Once every 6 months
- **Full Mouth or Panoramic X-Rays:** Once every 2 years
- **Fluoride:** Once every 6 months, up to age 19
- **Sealants:** Covered up to age 16 once per calendar year
- **Perio:** Once every 6 months, all four quads same day, no prophy
- **Perio Maintenance and Perio Debridement:** No frequency
- **Occlusal Guards:** No frequency
- **Anesthesia:** Covered
- **Major work:** 5 years replacement on major
- **Missing Tooth:** N/A
- **Eff 9/1/23- Implants and the restorative portion are covered** (follows Major guidelines)

Exclusions:

- **Veneers, CT Scans, Arrestin, Bone Grafting**

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