



**I.B.T. Local 282 Welfare Fund
Group #283**

Summary of Benefit for Full-Time Members effective 01/01/2018:

Annual maximum \$2,250.00 individual

Kids up to age 18, no maximum.

Adult Ortho Lifetime max \$2,250.00 Appliance \$512.50, \$57.75 monthly (No age limit)

Pre-Authorizations:

Any claims over \$300.00 is recommended.

In Network/Uni-Care:

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

No deductible.

Out of Network:

Preventive 100%, Basic 80%, and Major 50% of usual & customary fee schedule, member pays balance. \$50.00 deductible applies to Basic & Major services per individual (\$150.00 family).

FREQUENCIES:

- **Examination:** Two times per calendar year
- **Prophylaxis:** Two times per calendar year
- **Full mouth and Panoramic x-rays:** once every 2 years
- **Sealants:** No frequency, up to age 16
- **Fluoride:** Once every 12 months, up to age 16
- **Perio:** once every 6 months, all four quads same day, no prophy
- **Major work:** 5 years replacement on major
- **Arrestin:** once per tooth per calendar year
- **Missing Tooth:** Covered

Exclusions:

- **Implants and Veneers:** Not covered

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