



PROFESSIONAL DENTAL CARE



## KINGSTON TRUST FUND

Group 440, 450, 451, 460, 461, 470, 480, 481,

490, 491, 510, 520, 521, 530

Changes Effective January 1<sup>st</sup>, 2025



### Summary of Benefits for Full-Time Members

**Annual Maximum** - \$2,500 per Individual (In and Out of Network), **\$0 Deductible**

**Orthodontic Lifetime Max** - \$2000, In-Network 50%, Out of Network 40% for those that have been covered under the plan for at least 12 months *(for children under 19)*

**In Network** – Preventative 100%, Basic 90% and Major 80% paid at UCR (Usual and Customary)

**Out of Network** – Preventative 80%, Basic 80% and Major 70% paid UCR (Usual and Customary)

**Pre-Authorization** – Not Required

***Claim filing limit 1 year from Date of Service***

#### **FREQUENCIES:**

- **Exams** -2 times in a calendar year
- **Prophy** – 2 times in a calendar year
- **Fluoride** – 2 times in a calendar year (for children 18 and younger)
- **Sealants** – Shall be covered to age 18, Once every 3 Years, or as medically necessary
- **Full Mouth or Panoramic X-Ray** – Once every 3 Years
- **Bitewing X-Ray** – 2 Series in a calendar year
- **Occlusal and Extra Oral X-Rays** – 2 Films within 2 benefit years
- **Emergency Exams or Palliative Treatment for Alleviating Pain** – 1 Per Calendar Year
- **Periodontal Prophy** – 18 and over, 2 times per Calendar Year
- **Periodontal Scaling** – Once per Calendar Year, 4 Quads can be done on the same day
- **Consultations** – 1 Per Calendar Year
- **Major Work** – 5 Year Replacement
- **Occlusal Guards** – 1 every 12 months (13 and older)

#### **Exclusions:**

- Veneers
- Teeth Whitening
- Bone Grafting
- Splinting
- Temporary Dentures