PROFESSIONAL DENTAL CARE

I.B.T. Local 282 Welfare Fund
Group #284

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 $1,000.00 Appliance $430.00, $19.00 monthly for 30 months (No age limit)

Pre-Authorizations:
Any claims over $300.00 must be pre-authorized.

In Network:
Providers are reimbursed 100% of the Fund's fee schedule. The difference between the Sele-Dent fee schedule and the local fee schedule, the balance is billed to the member.
No deductible.

Out of Network:
Providers are reimbursed 100% of the Fund's 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 3 calendar years
- **Sealants:** Once every 36 months, up to age 13
- **Fluoride:** Once per calendar year, up to age 18
- **Perio:** once every 6 months, all four quads same day, no prophy
- **Major work:** 5 years replacement on major
- **Missing Tooth:** Covered

Exclusions:

- **Implants and Veneers:** Not covered
- **Full mouth debridement:** Not covered
- **Arrestin:** Not covered

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I.B.T LOCAL 282 WELFARE FUND CO-PAYS FOR GROUP 284

PROC CODE	EXPLANATION OF CODE	SELE-DENT FEE AMT	PLAN FEES	CO-PAYS	PROC CODE	EXPLANATION OF CODE	SELE-DENT FEE AMT	PLAN FEES	CO-PAYS
120	ORAL EXAM (PERIODIC)	$ 15.00	$ 5.00	$ 10.00	5225	PART UPPER DENT - FLEX BASE	$ 375.00	$ 160.00	$ 215.00
140	LIMITED ORAL EVALUATION	$ 15.00	$ 5.00	$ 10.00	5226	PART LOWER DENT - FLEX BASE	$ 375.00	$ 160.00	$ 215.00
150	COMP ORAL EVALUATION	$ 15.00	$ 5.00	$ 10.00	5410	ADJ COMP DENT UPPER	$ 65.00	$ 14.00	$ 51.00
160	EXTENSIVE ORAL EXAM	$ 28.00	$ 5.00	$ 23.00	5411	ADJ COMP DENT LOWER	$ 38.00	$ 14.00	$ 24.00
180	COMP PERIO EVAL	$ 15.00	$ 5.00	$ 10.00	5510	REPAIR BROKEN DENTURE	$ 60.00	$ 14.00	$ 46.00
210	X-RAYS INT COMP SERIES	$ 25.00	$ 18.00	$ 7.00	5520	REPL MISSING/BROKEN TEETH	$ 28.00	$ 12.00	$ 16.00
220	X-RAYS INT PER 1ST FILM	$ 4.00	$ 3.00	$ 1.00	5750	RELINING COMP UPPER LAB	$ 90.00	$ 45.00	$ 45.00
230	X-RAYS INT PER ADD FILM	$ 3.00	$ 2.00	$ 1.00	5820	TEMP PART UPPER DENT	$ 55.00	$ 57.75	$ (2.75)
270	X-RAYS BITEWING (EACH)	$ 5.00	$ 2.50	$ 2.50	6240	BRIDGE PORCELAIN/METAL	$ 265.00	$ 89.00	$ 176.00
272	X-RAYS BITEWINGS (2)	$ 9.00	$ 5.00	$ 4.00	6241	BRIDGE TRU PONTIC	$ 160.00	$ 89.00	$ 71.00
274	X-RAYS BITEWING (4)	$ 17.00	$ 9.00	$ 8.00	6750	CROWN PORCELAIN NON PRE	$ 330.00	$ 93.00	$ 237.00
330	X-RAYS PANORAMIC FILM	$ 39.00	$ 17.00	$ 22.00	6751	CROWN PORCELAIN	$ 220.00	$ 93.00	$ 127.00
1110	PROPHYLAXIS (ADULT)	$ 25.00	$ 11.00	$ 14.00	6752	BRIDGE CROWN PROC NOB MET	$ 185.00	$ 93.00	$ 92.00
1120	PROPHYLAXIS (CHILD)	$ 20.00	$ 8.00	$ 12.00	6790	CROWN (GOLD) FULL CAST NOBLE	$ 275.00	$ 75.00	$ 200.00
1208	FLOURIDE TOPICAL W/O VARNISH	$ 12.00	$ 9.00	$ 3.00	6791	CROWN (GOLD) FULL CAST BASE	$ 275.00	$ 75.00	$ 200.00
1351	TOP APPL SEALANTS	$ 12.00	$ 2.00	$ 10.00	6930	RECEMENT BRIDGE	$ 25.00	$ 9.00	$ 16.00
1510	SPACE MAINT FIXED UNI	$ 75.00	$ 44.00	$ 31.00	7110	EXTRACTION SINGLE	$ 35.00	$ 8.00	$ 27.00
1515	FIXED SPACE MAINT	$ 100.00	$ 44.00	$ 56.00	7140	ERUPT TOOTH EXPOSED ROOT EXT	$ 65.00	$ 8.00	$ 57.00
2140	AMALGAM - 1 SURFACE	$ 16.50	$ 7.00	$ 9.50	7210	EXTRACT ERUPTED TOOTH	$ 100.00	$ 12.00	$ 88.00
2150	AMALGAM - 2 SURFACE	$ 28.00	$ 11.00	$ 17.00	7220	EXTRACT IMPACTED TOOTH	$ 110.00	$ 20.00	$ 90.00
2160	AMALGAM 3 SURFACE	$ 38.00	$ 11.00	$ 27.00	7230	EXTRACT IMPACTED PARTIAL	$ 160.00	$ 32.00	$ 128.00
2161	AMALGAM - 4 SURFACE	$ 40.00	$ 11.00	$ 29.00	7240	EXTRACT IMPACTED FULL	$ 245.00	$ 42.00	$ 203.00
2330	RESIN-BASED COMP (1 SURF)	$ 28.00	$ 9.00	$ 19.00	9210	LOCAL ANESTHESIA	$ 15.00	$ 9.00	$ 6.00
2331	RESIN-BASED COMP (2 SURF)	$ 44.00	$ 13.00	$ 31.00	9223	GENERAL ANESTHESIA DEEP	$ 75.00	$ 16.00	$ 59.00
2332	RESIN-BASED COMP (3 SURF)	$ 80.00	$ 13.00	$ 67.00	9243	INTRAVENOUS MODERATE SEDATION	$ 75.00	$ 16.00	$ 59.00
2335	RESIN-BASED COMP (4 SURF)	$ 80.00	$ 13.00	$ 67.00					
2391	RES BASE COMP 1 SURF POST	$ 38.00	$ 9.00	$ 29.00					
2392	RES BASE COMP 2 SURF POST	$ 54.00	$ 13.00	$ 41.00					
2393	RES BASE COMP 3 SURF POST	$ 90.00	$ 13.00	$ 77.00					
2394	RBC COMP 4 SURF OR MORE	$ 100.00	$ 13.00	$ 87.00					
2530	INLAY - METALLIC 3 SURF	$ 200.00	$ 62.00	$ 138.00					
2540	ONLAY METALLIC PER	$ 150.00	$ 28.00	$ 122.00					
2740	CROWN (PORCELAIN)	$ 225.00	$ 93.00	$ 132.00					
2750	CROWN (PORCELAIN) HIGH MET	$ 330.00	$ 93.00	$ 237.00					
2751	CROWN (PORCELAIN) BASE MET	$ 330.00	$ 93.00	$ 237.00					
2752	CROWN (PORCELAIN) NOBLE MET	$ 330.00	$ 93.00	$ 237.00					
2790	CROWN (GOLD) FULL HIGH NOBLE	$ 275.00	$ 74.00	$ 201.00					
2791	CROWN (GOLD) FULL BASE	$ 275.00	$ 71.00	$ 204.00					
2810	CROWN (GOLD) 3/4 CAST	$ 220.00	$ 70.00	$ 150.00					
3110	PULP CAP DIRECT	$ 12.50	$ 6.00	$ 6.50					
3220	PULPOTOMY - THERAP	$ 22.00	$ 14.00	$ 8.00					
3221	VITAL PULPOTOMY	$ 30.00	$ 14.00	$ 16.00					
3310	ROOT CANAL (1) CANAL	$ 135.00	$ 69.00	$ 66.00					
3320	ROOT CANAL (2) CANALS	$ 220.00	$ 69.00	$ 151.00					
3330	ROOT CANAL (3) CANALS	$ 300.00	$ 69.00	$ 231.00					
3346	RETREAT (1) CANAL	$ 135.00	$ 69.00	$ 66.00					
3347	RETREAT (2) CANALS	$ 220.00	$ 69.00	$ 151.00					
3348	RETREAT (3) CANALS	$ 300.00	$ 69.00	$ 231.00					
4260	OSSEOUS SURGERY QUAD	$ 325.00	$ 102.00	$ 223.00					
4341	PERIO SCALING	$ 22.50	$ 13.00	$ 9.50					
4342	PERIO SCALE ROOT PLAN QUAD	$ 11.25	$ 6.50	$ 4.75					
4910	PERIO PROPHYLAXIS	$ 40.00	$ 17.00	$ 23.00					
5110	DENTURES (COMP UPPER)	$ 385.00	$ 117.00	$ 268.00					
5120	DENTURES (COMP LOWER)	$ 385.00	$ 117.00	$ 268.00					
5130	DENTURES IMM UPPER	$ 410.00	$ 125.00	$ 285.00					
5140	DENTURES IMM LOWER	$ 410.00	$ 125.00	$ 285.00					
5211	PARTIAL DENT UPPER 2 CLSP	$ 360.00	$ 118.00	$ 242.00					
5212	PARTIAL DENT LOWER 2 CLSP	$ 360.00	$ 118.00	$ 242.00					
5213	PARTIAL DENT CAST 2 CLSP	$ 375.00	$ 160.00	$ 215.00					
5214	PARTIAL DENT CAST 2 CLSP	$ 375.00	$ 160.00	$ 215.00					

IF PROCEDURE IS NOT LISTED, IT IS *NOT COVERED* FOR GROUP 284. IF PROVIDER IS INN, PATIENT WILL PAY THE SELE-DENT FEE.