

# sele dent'

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 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 prophylaxis
- **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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