



**SSOBA WELFARE FUND
Group #541**

**Summary of Benefit for Full-Time Members
*UPDATED 1/1/2026**

**Annual maximum \$3,000 individual
No deductible.**

**Orthodontic covered for dependents between 11-18 years of age. Pre-authorization is required.
One-time (lifetime) payment of \$750 upon receipt of orthodontic claim.**

Pre-Authorizations:

Any claims over \$300.00 must be pre-authorized.

In Network:

Preventive, Basic and Major work paid at 100% of the Sele-Dent fee schedule.

Out of Network:

Preventive, Basic and Major work paid 100% of the Funds fee schedule, member pays balance of bill.

FREQUENCIES:

- **Examination:** 2 times in 12-month period
- **Prophylaxis:** 2 times in 12-month period
- **Full Mouth & Panoramic X-Rays:** Once every 12 months
- **Sealants:** Once per calendar year up to age 16
- **Fluoride:** 4 times per year (No age limit)
- **Perio Scaling:** Once every 6 months, all four quads same day, no prophylaxis
- **Osseous Surgery:** Once every 6 months
- **Arestin:** once per tooth per calendar year
- **Specialist Consultation:** Once every 12 months
- **Palliative Treatment:** Once every 12 months
- **Major work:** 3 years replacement on major
- **Anesthesia:** Covered
- **Missing Tooth:** Covered

Exclusions:

Implants and Veneers: Not covered Perio Maintenance, Bone Grafting, CT scans

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