



**SSOBA WELFARE FUND
Group #542**

Summary of Benefit for Full-Time Members

***UPDATED 1/1/2026**

Annual maximum \$1,500 individual

No deductible.

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:

- **No Frequencies on any procedures**

Exclusions:

Implants, Veneers and Orthodontics

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