



**Mailing Address:**  
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## **District Local 1199J**

### **New Jersey Benefit and Pension Fund**

### **Group 119**

#### **Summary of Benefits for Full-Time Member:**

##### **Dental:**

- **Annual maximum \$1,000.00, per individual, per calendar year**
- **Examination: Once every six months**
- **Prophylaxis: Once every six months**
- **Full Mouth or Panoramic X-Rays: Once every two years**
- **Fluoride: Once per year up to age 19, once every six months**
- **Sealants: Covered up to age 16 on permanent molars only**
- **Major work: Five year replacement**
- **Missing tooth: Covered**
- **Perio: Two quads per day, once every six months**
- **No deductibles**

##### **Exclusions:**

- **Implants and Veneers: Not covered**
- **No Ortho for adults**

##### **Orthodontia:**

- **Ortho life time maximum \$1,000.00 dependent up to age 18**
- **Orthodontic work up \$30.00**
- **Initial Appliance \$250.00**
- **Active treatment only \$30.00, per month fro 24 months**
- **Co-pay according to Fund's Co-Pay schedule**

**Unicare – Out of New York/New Jersey**

- **Provider reimbursed 100% of the UNICARE fee schedule**
- **Minus Locals co-pay schedule**

**Pre-Authorizations:**

- **Any claims over \$375.00 must be pre-authorized (Pre-certs good for one year)**
- **Claim submission – 1 year**
- **Proof of Enrollments – Handled by Fund. (Ages – 18 thru 23, full-time student)**

**In Network:**

- **Provider will be reimbursed according to the Sele-Dent fee schedule less the co-pay**

**Out of Network**

- **Provider reimbursed according to Fund's fee schedule, balance billed to member**