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I.B.T Local 282 Welfare Fund Group 284



Summary of Benefits for Retirees:

Dental:

- **Annual maximum \$1,500.00 individual**
- **Examination and Prophylaxis: Two in a 12 month period**
- **Sealant: Up to age 16 (any tooth)**
- **Full Mouth and Panoramic X-Rays: Once every 2 years**
- **Fluoride: Once every 12 months (Up to age 16)**
- **Major: Five-year limitation**
- **Missing Tooth: Covered**
- **Perio Scaling one every six months (All Four quads same day)**

Exclusions:

- **Implants and Veneers: Not covered**

Orthodontia:

- **Lifetime max \$ 2,000; Appliances \$ 262.50 and monthly \$ 57.75**
- **No age limit**

Pre-Authorizations:

- **Any claims over \$ 300.00 are recommended for pre-authorization. (Crown, Bridge and Denture)**

Proof of Enrollments Handled by Fund Office

In Network:

- **Preventative, Basic and Major paid at 100% of the Sele-Dent or Elite fee schedule**
- **No Deductible**

Out of Network:

- **Preventative 100%, Basic 80% and Major 50% of the U&C fee; Patient pays balance**
- **\$50.00 deductible applies to Basic and Major services per individual (\$ 150 family)**