



Mailing Address:
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I.B.T Local 854 H & W Fund Group 856 (Plan 3)



Summary of Benefits for Full-Time Members:

Dental:

- **Annual maximum \$1,500.00 individual**
- **Annual Deductible \$25.00**
- **Examination: No frequency**
- **Prophylaxis: Once every 6 months**
- **Panoramic X-Rays: Once every 5 years**
- **Full Mouth X-Rays: No Frequency**
- **Fluoride: 2 in 12 months Up to age 15**
- **Crown, Bridge and Denture 3 year Limitation**
- **Space maintainers are limited to dependents under 16**
- **Perio 4 quads are payable every 12 month period**
- **Gingivectomy and Osseous surgery are limited to 2 quads per visit**
- **Missing tooth: Covered**

Exclusions:

- **Implants, Veneers and Orthodontics: Not covered**
- **Sealants: Not covered**

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**
- **Fund covers 100% of the Sele-Dent fee Schedule**

Out of Network:

- **Pay out 100% of the Sele-Dent fee schedule, member pays balance of bill**