



**Mailing Address:**  
**381 Sunrise Hwy, Suite 307**  
**Lynbrook, NY 11563**

**Toll Free: (800) 520 - 3368**  
**Phone: (516) 887 - 7566**  
**Fax: (516) 887 - 7896**

## **SSOBA Welfare Fund Group - 540**

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

#### **Dental:**

- **Annual maximum \$1,500.00 individual**
- **No Deductible**
- **Examination: Twice per year**
- **Prophylaxis: Twice per year**
- **Full Mouth X-Rays: Once per year**
- **Palliative Treatment: Once per year**
- **Specialist Consultation: Once per year**
- **Fluoride: 4 per year (No age limit)**
- **Major Work: Crown, Bridge and Denture 3 year Limitation**

#### **Exclusions:**

- **Implants, Veneers and Orthodontics: Not covered**
- **Anesthesia: 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 less co-pay**
- **Unicare providers: 100% of the local fees member pays balance**

#### **Out of Network:**

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

**SSOBA**

<b>ADA CODE</b>	<b>PLAN SERVICE DESCRIPTIONS</b>	<b>MEMBER CO-PAYMENT</b>
0120	ORAL EXAM	\$0.00
0140	LIMITED ORAL EVALUATION	\$0.00
0150	COMPREHENSIVE EXAM	\$0.00
0210	COMPLETE SERIES	\$0.00
0220	SINGLE X-RAYS	\$0.00
0230	ADDITIONAL X-RAYS	\$0.00
0270	ONE BITEWING	\$0.00
0272	TWO BITEWINGS	\$0.00
0274	FOUR BITEWINGS	\$0.00
0330	PANOREX X-RAYS	\$0.00
1110	PROPHY ADULT	\$0.00
1120	PORPHY CHILD	\$0.00
1203	FLUORIDE TREATMENT CHILD	\$0.00
1204	FLUORIDE TREATMENT ADULT	\$0.00
1510	SPACE MAINTAINER-FIXED-UNILATE	\$25.00
1515	SPACE MAINTAINER-FIXED-BILATER	\$25.00
1520	SPACE MAINTAINER-REMOV-UNILATE	\$15.00
1525	SPACE MAINTAINER-REMOV-BILATER	\$15.00
2140	AMALGAM-1SURFACE, PRIM., PERM.	\$2.00
2150	AMALGAM-2SURFACES, PRIM., PERM.	\$9.00
2160	AMALGAM-3 SURFACES, PRIM., PERM.	\$11.00
2161	AMALGAM-4SURFACES, PRIM., PERM.	\$11.00
2330	COMPOSITE-1 SURFACE, ANTERIOR	\$8.00
2331	COMPOSITE-2 SURFACES, ANTERIOR	\$11.00
2332	COMPOSITE-3 SURFACES, ANTERIOR	\$29.00
2335	COMPOSITE-4 SURFACES, ANTERIOR	\$29.00
2391	COMPOSITE-1 SURFACE, ANTERIOR	\$8.00
2392	COMPOSITE-2 SURFACES, ANTERIOR	\$11.00
2393	COMPOSITE-3 SURFACES, ANTERIOR	\$29.00
2394	COMPOSITE-4 SURFACES, ANTERIOR	\$29.00
2610	INLAY-PORCE/CERAMIC-1 SURFACE	\$15.00
2620	INLAY-PORCE/CERAMIC-2 SURFACS	\$0.00
2630	INLAY-PORCE/CERAMIC-3+ SURFACES	\$35.00
2710	CROWN-RESIN (INDIRECT)	\$30.00
2720	CROWN-RESIN HIGH NOBLE METAL	\$30.00

2740	CROWN PORCELAIN	\$0.00
2750	CROWN-PORCELAIN HIGH NOBLE	\$55.00
2780	CROWN 3/4 CAST HIGH NOBLE	\$0.00
2790	FULL CAST METAL CROWN	\$0.00
2951	PIN RETNETION-PER TOOTH	\$3.00
2952	CAST POST AND CORE	\$75.00
2954	PREFABRICATED POST AND CORE	\$75.00
3220	THERAPEUTIC PULPOTOMY	\$25.00
3320	ROOT CANAL-BICUSPID	\$70.00
3330	ROOT CANAL-MOLAR	\$100.00
3410	APICOECTOMY-ANTERIOR	\$25.00
3421	APICOECTOMY-BICUSPID	\$25.00
3425	APICOECTOMY-MOLAR 1ST ROOT	\$25.00
3426	APICOECTOMY ( ADDITIONAL ROOT)	\$0.00
4210	GINGIVECTOMY/PLASTY-PER QUAD	\$100.00
4211	GINGIVECTOMY/PLASTY-1 TO 3 TOOTH	\$30.00
4260	OSSEOUS SURGERY-PER QUAD	\$250.00
4341	PERIO SCALING/RT PLANNING-QUAD	\$15.00
5110	COMPLETE DENTURE-MAXILLARY	\$105.00
5120	COMPLETE DENTURE-MANDIBULAR	\$130.00
5130	IMMEDIATE DENTURE-MAXILLARY	\$130.00
5140	IMMEDIATE DENTURE-MANDIBULAR	\$130.00
5211	PRTL DENT-MAX W/CLASPS-ACRYLIC	\$150.00
5212	PRTL DENT-MAND W/CLASPS-ACRYLIC	\$150.00
5213/5225	PRTL DENT-MAX W/CLASPS-CAST	\$135.00
5214/5526	PRTL DENT-MAND W/CLASPS-CAST	\$135.00
5281	REMOVABLE UNILATERAL PART DENT	\$0.00
5510	REPAIR COMPLETE DENTURE	\$0.00
5520	REPLACE IMSSING/BRKN TOOTH-COMP	\$30.00
5610	REPAIR RESIN DENTURE BASE	\$0.00
5620	REPAIR PRTL DNT CAST FRAMEWORK	\$30.00
5630	REPAIR OR REPLACE BROKEN CLASP	\$18.00
5650	ADD TOOTH TO PARTIAL DENTURE	\$18.00
5710	REBASE COMPLETE DENTURE-MAX	\$15.00
5711	REBASE COMPLETE DENTURE-MAND	\$15.00
5720	REBASE PARTIAL DENTURE-MAX	\$25.00
5721	REBASE PARTIAL DENTURE-MAND	\$25.00
5931	OBTURATOR PROSTHESIS, SURGICAL	\$20.00
6240	PONTIC-PORCELAIN HIGH NOBLE	\$25.00
6241	PONTIC-PORCELAIN PREDOM BASE	\$25.00
6242	PONTIC-PORCELAIN NOBLE METAL	\$25.00

6250	PONTIC-RESIN HIGH NOBLE METAL	\$25.00
6252	PONTIC-RESIN NOBLE METLA	\$25.00
6600	INLAY-PORCE/CERAMIC-2 SURFACES	\$25.00
6601	INLAY-PORCE/CERAMIC-3 SURFACES	\$25.00
6740	ABUTMENT-PORCELAIN/CERAMIC	\$100.00
6750	ABUTMENT-PORCELAIN HIGH NOBLE	\$30.00
6752	ABUTMENT-PORCELAIN NOBLE METAL	\$30.00
6780	CROWN 3/4 AVUTMENT NOBLE METAL	\$0.00
7140	EXTRACTION-ERUPTED TOOTH EXPOSED	\$13.00
7210	SURGICAL REMOVAL ERUPTED TOOTH	\$23.00
7220	REMOVAL IMPACTED TOOTH SOFT TISSUE	\$35.00
7230	REMOVAL IMPACTED TOOTH PRTL BONY	\$45.00
7240	REMOVAL IMPACTED TOOTH FULL BONY	\$40.00
7260	OROANTRAL FISTULA CLOSURE	\$0.00
7285	BIOPSY ORAL TISSUE - HARD	\$0.00
7286	BIOPSY ORAL TISSUE - SOFT	\$0.00
7310	ALVEOLOPLASTYW/EXT-PER QUAD	\$30.00
7320	ALVEOLOPLASTYW/EXT-EXT QUAD	\$15.00
7510	INCISION & DRAINAGE-INTRAORAL	\$25.00
7520	INCISION & DRAINAGE-EXTRAORAL	\$25.00
7960	FRENULECTOMY	\$55.00
9110	PALLIATIVE TREATMENT	\$15.00

**PROCEDURES NOT COVERED UNDER THE PLAN MEMBER PAYS 100% OF THE  
SELEDENT FEES**