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Sheet Metal Workers Fund Local Union 38 Group 138



Summary of Benefits for Full-Time Members:

Dental:

- **Annual maximum \$1,500.00 individual**
- **Examination: Two times per year six months apart**
- **Prophylaxis: Two times per year anytime**
- **Full Mouth or Panoramic X-Rays: Once every three years**
- **Fluoride: once per calendar year up to age 14**
- **Major work: Five year limitation**
- **Sealants: limited to age 14 old**

Exclusions:

- **Implants and Veneers: Not covered**
- **Missing tooth: Not covered**

Pre-Authorizations:

- **Any claims over \$500.00 must be pre-authorized and good for 90 Day**

In Network:

- **The plan covers 100% of the Sele-Dent fee schedule**

Out of Network:

- **100% of the Sele-Dent fee schedule member pay balance**
- **Members in Ct. may use the UNICARE network and procedures are paid at 100%. Contact the Sele-Dent office for a UNICARE Provider.**

