

**BlueShield of Northeastern New York
Summary of Dental Benefits for
Local Union No. 236 IBEW Health and Benefits Fund**

Benefits	Coverage
Dependents	Dependents to age 19 Students to age 25
Deductible	None
Annual Maximum	None
<u>Diagnostic & Preventive Services</u> Oral examinations Periapical X-rays Bite-wing X-rays Prophylaxis (cleaning, scaling and polishing) Topical fluoride - up to age 19	100% Schedule of Allowances
<u>Restorative Services</u> Palliative treatment Fillings (amalgams and composites) Repair of dentures Endodontics (pulpotomy, pulp capping, and root canal treatments) – 1 time per tooth Simple tooth extractions	100% Schedule of Allowances
<u>Additional Basic Benefits</u> Inlays (not part of a bridge) Crowns (not part of a bridge) Space maintainers Apicoectomy Oral surgery (surgical extractions, abscesses, impactions, and treatment of cysts)	100% Schedule of Allowances Treatment plan required
<u>Prosthetics</u> Full or partial dentures – once every 5 years Removable or fixed bridges	50% Schedule of Allowances Treatment plan required
<u>Periodontics</u> Periodontic exam Gingival curettage Gingivectomy Osseous surgery Oral lesions Mucogingivo plastic surgery	50% Schedule of Allowances Treatment plan required

Please note: this is only intended as a summary of benefits and not intended as a contract. For more detailed information concerning benefits, limitations, and exclusions, please refer to the actual contract.