

**Traditional Blue Dental 1098**  
**Summary of Dental Benefits**  
**Prepared for: Plumbers & Steamfitters**  
**Local 7 Welfare Plan**



BlueShield of  
 Northeastern New York

Benefits	Coverage
<b>Deductible</b>	\$50 per member
<b>Annual Max</b>	\$1,000 for additional restorative services
<b>Dependents</b>	Dependents to age 21 Students to age 25
<u><b>Preventative Services</b></u> Oral exams – 2 times per year Dental prophylaxis – 2 times per year Topical fluoride – 1 per year up to age 19 Space maintainer	80% Coverage
<u><b>Diagnostic Services</b></u> Bite-wing X-rays – 2 times per year Palliative treatment Panoramic film/full mouth series – 1 every 3 years	80% Coverage
<u><b>Restorative Services</b></u> Amalgam restorations on primary or permanent teeth Composite resin or acrylic restorations Stainless steel crowns Anesthesia	80% Coverage Subject to deductible
<u><b>Oral Surgery</b></u> Routine extractions, soft tissue impaction, partial bony impaction, complete bony impaction and fractures	80% Coverage Subject to deductible

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.

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<p><b><u>Endodontics</u></b>                  Direct pulp capping                  Recalcification or repair of perforation                  Apicoectomy                  All root canal therapy                  Pulpotomy</p>	<p>80% Coverage                  Subject to deductible</p>
<p><b><u>Crowns/Inlays</u></b>                  Crowns – 1 per tooth every 5 years,                  not part of a bridge</p>	<p>50% Coverage                  Subject to deductible                  Subject to annual max</p>
<p><b><u>Prosthetics</u></b>                  Full or partial dentures – once every 5 years                  Removable or fixed bridges</p>	<p>50% Coverage                  Subject to deductible                  Subject to annual max</p>
<p><b><u>Periodontics</u></b>                  Includes but is not limited to root scaling and planing</p>	<p>50% Coverage                  Subject to deductible                  Subject to annual max                  Treatment plan required</p>
<p><b><u>Repairs of Dentures and Bridges</u></b>                  Broken full or partial denture                  Replace broken teeth                  Reattaching undamaged clasps                  Replacing broken clasp with new claw                  Rebasing upper or lower full or partial denture                  Repair of broken facing</p>	<p>80% Coverage                  Subject to deductible</p>
<p><b><u>Sealants</u></b>                  Dependent children up to age 16 -                  1 every 3 years</p>	<p>Lesser of \$20 or                  80% schedule of allowance</p>

All benefits assume services are rendered by a participating provider. For eligible services provided by a non-participating dentist, in addition to any deductible and coinsurance amount due, the patient is responsible for any charges that exceed BlueShield's allowed amount.

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