

Dental Frequency Restrictions

Non-Problem Focused Exams, Cleanings, & Fluoride:	Two (2) per calendar year.
Sealants On Permanent Unrestored Molars Only:	Once (1) every three (3) years up to age 18.
Full Mouth Series or 4 Bitewings	Once (1) per calendar year
Panoramic X-Rays	Once (1) per calendar year.
Fillings on Same Tooth/Same Surfaces:	60-day Restriction.
Crowns Per Tooth:	One (1) every three (3) years.
Crown Repairs and/or Re-cements over 6 Months Old:	Once (1) in a six (6) month period.
Periodontics Per quadrant/Per Site:	Once (1) every six (6) months.
Periodontal Maintenance: Follows the Prophylaxis restriction Of two per calendar year.	Two (2) per calendar year.
Dentures & Partial:	Once (1) every five (5) years.
Prosthodontics:	Once (1) every three (3) years.
Prosthodontics Repairs over 6 Months Old:	Once (1) in a six (6) month period.
*Implants:	Once (1) every five (5) years.
Occlusal Guards due to Bruxism/Grinding Only:	Once (1) every three (3) years.
Orthodontics:	Member, Spouse & Dependent up to age 26 ONLY & Lifetime Max of \$3000.

*Pre-Treatment Estimates are requested for services over \$1,000 and **are required** for Implants.

No Yearly Maximums or Deductible.

ALL CLAIMS MUST BE MAILED, OUR OFFICE IS NOT SETUP FOR ELECTRONIC FILING

MAIL TO:

TEAMSTERS LOCAL 191 HEALTH SERVICES

1139 FAIRFIELD AVENUE, BRIDGEPORT, CT 06605