



PROFESSIONAL DENTAL CARE



Eastern Suffolk BOCES Group #115

Summary of Benefit for Full-Time Members:

Annual maximum \$1,500.00 individual, **No deductible, In Network only**

Adult Ortho annual max \$500.00, **deductible** \$25.00 Appliance \$200.00, \$52.50 monthly

Perio annual max \$500.00, **deductible** \$25.00

Proof of Enrollment: handled by Sele-Dent, Inc. (Ages 19 – 25, full-time student)

Pre-Authorizations:

Any claims over \$325.00 only suggested.

In Network/Uni-Care:

Preventive & Basic work paid at 100% and Major work paid at 80% of the Sele-Dent/Uni-Care fee schedule.

Out of Network:

Preventive & Basic work paid at 80% and Major work paid at 60% based on usual and customary, member pays balance. Major and Perio work are subject to a \$25.00 deductible.

FREQUENCIES:

- **No limitations or frequencies on preventive & basic services** (exam, prophylaxis, full-mouth series, panoramic x-rays)
- **Fluoride:** No frequency and no age limit
- **Sealants:** No frequency and no age limit
- **Perio:** No frequency, all four quads same day
- **Major work:** 1 year replacement on major
- **Missing Tooth:** Covered

Exclusions:

- **Implants and Veneers:** Not covered

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