



PROFESSIONAL DENTAL CARE



Dayton T Brown, Inc.

Group #675

Changes Effective January 1, 2019

Summary of Benefit for Full-Time Members:

Annual maximum \$1,500.00 individual

Proof of Enrollment: handled by Fund up to age 23

Pre-Authorizations:

Any claims over \$375.00 must be pre-authorized.

In Network:

Preventive 100%, Basic 80%, and Major 50% of the Sele-Dent fee schedule. \$50.00 deductible applies to Basic & Major services per individual (\$150.00 family 3 people).

Out of Network:

Preventive 100%, Basic 80%, and Major 50% of the submitted bill. \$50.00 deductible applies to Basic & Major services per individual (\$150.00 family 3 people).

FREQUENCIES:

- **Examination:** 2 times per calendar year
- **Prophylaxis:** No frequency
- **Full Mouth:** Once every 2 years
- **Panoramic X-Rays:** No frequency
- **Bitewings:** 1 set per calendar year
- **Fluoride:** Once a calendar year, no age limit
- **Sealants:** No frequency, no age limit
- **Perio:** No frequency
- **Arrestin:** Covered
- **Major work:** 5 years replacement on major
- **Missing Tooth:** Covered
- **Implants:** Covered mandatory pre-auth
- **Occlusal Guard:** Covered no frequency
- **Flipper 5280:** Covered 5 years replacement

Exclusions:

- **Veneers:** Not covered
- **Orthodontics:** Not covered

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