



PROFESSIONAL DENTAL CARE

Hauppauge UPSE Group #410

Summary of Benefit for Full-Time Members:

Annual maximum \$2,000 individual, **No deductible. No co-pay.**

Ortho Lifetime max \$2,500.00 Ortho work-up \$244.00, Appliance \$432.00 (interceptive or removable not covered), \$64.00 monthly for 24 months (\$1,536), Retention visits \$24 for 12 months (\$288).

Dependent children are covered to age 19 and 25 FTS (includes Ortho) (Hauppauge handles student status)

Pre-Authorizations:

Any claims over \$250.00 is recommended.

No co-ordination of benefits if both parents are covered under the same plan.

In Network:

Preventive, Basic and Major work paid at 100% of the Sele-Dent fee schedule.

Out of Network:

Preventive, Basic and Major work paid at 100% of the local fee schedule, member pays balance.

FREQUENCIES:

- **All Examination:** 2 times per calendar year
- **Prophylaxis:** 2 times per calendar year
- **Full mouth or Panoramic x-rays:** once every 3 years
- **Fluoride:** 2 times per calendar year, up to age 19
- **Sealants:** once every 3 years, covered to age 19
- **Perio:** once every 6 months, up to two quads same day, no prophylaxis
- **Perio maintenance:** once every 6 months
- **Gingivectomy and Osseous Surgery:** once every 4 years
- **Arrestin:** Once per tooth per calendar year
- **Major work:** 5 years replacement on major (dentures relined & rebased every 3 years)
- **Space Maintainers:** Once per lifetime up to age 19
- **Missing Tooth:** Covered

Exclusions:

- **Implant & Veneers:** Not covered

5/20/19

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