



PROFESSIONAL DENTAL CARE

**CGS/JOFAZ
Group #858**

Summary of Benefit for Full-Time Members:

Annual maximum \$1,000.00 individual

No deductible. \$15.00 co-pay per office visit.

Kids up to age 18 no maximum.

Pre-Authorizations:

Any claims over \$300.00 is recommended.

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 Sele-Dent fee schedule.

FREQUENCIES:

- **Examination:** No frequency
- **Prophylaxis:** once every 6 months
- **Full mouth:** No frequency
- **Panoramic x-rays:** once every 5 years
- **Fluoride:** 2 in 12 month period, up to age 15
- **Perio:** once every 12 months , all four quads same day, no prophy
- **Gingivectomy & Osseous Surgery:** once every 12 months, limited to 2 quads per visit
- **Major work:** 3 years replacement on major
- **Space maintainers are limited to dependents under age 16**
- **Missing Tooth:** Covered

Exclusions:

- **Implants & Veneers:** Not covered
- **Orthodontics:** Not covered
- **Sealants**

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