



**Local 99 UNITE  
Group #091, 099 & 199**

**Summary of Benefit for Full-Time Members:  
Update effective 08/01/18**

**Annual maximum** \$1,250.00 individual, **No deductible.**

**Ortho Lifetime max** \$1,500.00, **Deductible** \$100.00, Appliance \$210.00, \$60.00 monthly (No age limit)

**Pre-Authorizations:**

Any claims over \$300.00 must be pre-authorized. Dependents covered to age 26.

**In Network:**

Preventive 100%, Basic 80% and Major 80% of the Sele-Dent fee schedule less co-pay.

**Out of Network:**

Preventive 100%, Basic 80% and Major 80% of the Sele-Dent fee schedule, member pays balance.

**FREQUENCIES:**

- **Examination:** 2 times in a calendar year
- **Prophylaxis:** 2 times in a calendar year
- **Bitewings:** 2 times in a calendar year
- **Full Mouth or Panoramic X-Rays:** Once every 2 years
- **Fluoride:** 2 times in a calendar year, up to age 15
- **Sealants:** No frequency, up to age 15
- **Perio:** Once every 6 months, all four quads same day, no prophy
- **Arrestin:** Once per tooth per calendar year
- **Osseous Surgery:** Once every 6 months
- **Major work:** 3 years replacement on major
- **Missing Tooth:** Covered

**Exclusions:**

- **Implants and Veneers:** Not covered

**Mailing Address:**  
One Huntington Quadrangle, Suite 1S03  
Melville, NY 11747

**Phone:**  
**Fax:**

**Toll Free: (800) 520 - 3368**  
**(516) 887 - 7566**  
**(516) 887 - 7896**



**Local 99 UNITE  
Group #089, 092 & 097**

**Summary of Benefit for Full-Time Members:**

**Updated 1/1/2021**

**Annual maximum** \$2,500.00 individual, **No deductible.**

**Ortho Lifetime max** \$1,500.00, **Deductible** \$100.00, Appliance \$210.00, \$60.00 monthly (No age limit)

**Pre-Authorizations:**

Any claims over \$300.00 must be pre-authorized. Dependents covered up to age 26.

**In Network:**

Preventive 100%, Basic 80% and Major 80% of the Sele-Dent fee schedule less co-pay.

**Out of Network:**

Preventive 100%, Basic 80% and Major 80% of the Sele-Dent fee schedule, member pays balance.

**FREQUENCIES:**

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- **Sealants:** No frequency, up to age 15
- **Perio:** Once every 6 months, all four quads same day, no prophylaxis
- **Arrestin:** Once per tooth per calendar year
- **Osseous Surgery:** Once every 6 months
- **Major work:** 3 years replacement on major
- **Missing Tooth:** Covered

**Exclusions:**

**Implants and Veneers:** Not covered

**Group #097 is for Employees only; dependents are not covered.**

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