



PROFESSIONAL DENTAL CARE



**T.P.U. Local 1 NYC Stagehands
Group #201, 202, 203, 204**



Changes Effective January 1, 2021

Summary of Benefit for Full-Time Members:

Annual maximum \$2,000.00 individual

\$50 Individual/ \$150 Family deductible (applies to all Services INN & OON) No co-pay.

Pre-Authorizations:

Any claims over \$500.00 is recommended.

In Network/Uni-Care:

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

Out of Network:

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

FREQUENCIES:

- **Exam, prophylaxis, bitewing x-rays, & fluoride:** once every 6 months
- **Full mouth or Panoramic x-rays:** once every 3 years
- **Sealants:** No frequency and no age limit
- **Perio:** No frequency
- **Major work:** 5- year replacement on major
- **Arrestin:** No frequency
- **Missing Tooth:** Covered
- **Bone Grafting:** Covered 7953/4263
- **Occlusal Guard:** Covered
- **Inlay/Onlays:** Covered, 5-year replacement
- **Abutment Crown for Implant tooth:** Covered
- **Abutment Supported Post for Implant tooth:** Covered

Exclusions:

- **Implants and Veneers:** Not covered
- **Orthodontia:** Not covered
- **Mouth guards for TMJ:** Not covered

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