



PROFESSIONAL DENTAL CARE

Oceanside Sanitation Group #553

Effective July 1, 2019

Summary of Benefit for Full-Time Members:

Annual maximum \$1,500 individual

Orthodontics lifetime maximum \$1,000 for 20 months for dependent children

Pre-Authorizations:

Any claims over \$300.00 must be pre-authorized

In Network:

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

Out of Network:

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

FREQUENCIES:

- **Examination:** 2 per year
- **Prophylaxis:** 2 per year
- **Panoramic X-Rays:** Once per 12 months
- **Fluoride:** 2 per year up to age 16
- **Sealants:** Once per tooth to age 16
- **Arestin:** Once per tooth 2 per year
- **Full Mouth:** Once every 3 years
- **Perio Prophy:** 2 per year
- **Perio Scaling:** Once every calendar year, all four quads same day, no prophy
- **Major work:** 5 years replacement on major
- **Missing Tooth:** Covered
- **Anesthesia:** Covered

Exclusions:

- **Implants and Veneers:** Not covered
- **Occlusal Guards:** Not covered

Mailing Address:

One Huntington Quadrangle, Suite 1S03
Melville, NY 11747

Toll Free: (800) 520 - 3368

Phone: (516) 887 - 7566

Fax: (516) 887 - 7896

Oceanside Sanitation Department Dental Plan

EFFECTIVE JULY 1, 2019

Oceanside Sanitation Benefit

Procedure	Co-Pay as of 7/1/19
Oral Examination	No charge
Full Mouth X-rays	No charge
Single Films	No charge
Bitewing Series (2)	No charge
Prophylaxis	No charge
Fluoride Treatment	No charge
Emergency Treatment	No charge
Amalgam, 1 Surface	No charge
Amalgam, 2 Surfaces	No charge
Amalgam, 3+ Surfaces	No charge
Composite Filling, 1 Surface, Anterior	No charge
Composite Filling, 2 Surfaces, Anterior	No charge
Composite Filling, 3+ Surfaces, Anterior	No charge
Routine Extraction	No charge
Surgical Extraction	\$ 20.00
Soft Tissue Impaction	\$ 20.00
Partial Bony Impaction	\$ 35.00
Full Bony Impaction	\$ 40.00
Alveolectomy w/o Extraction, Per Quad	\$ 35.00
Pulpotomy	No charge
Root Canal Therapy - Anterior	\$ 75.00
Root Canal Therapy - Bicuspid	\$ 110.00
Root Canal Therapy - Molar	\$ 175.00
Apicoectomy, Anterior	No charge
Apicoectomy, Molar	\$ 105.00
Scaling/Root Planing of Teeth, Per Quad	\$ 15.00
Gingivectomy, Per Quad	\$ 75.00
Osseous Surgery, Per Quad	\$ 200.00
Porcelain Crown	\$ 160.00
Porcelain w/ Metal Crown	\$ 160.00
Stainless Steel Crown	\$ 25.00
Cast Post	\$ 25.00
Recementation, Per Crown	No charge

Oceanside Sanitation Department Dental Plan

EFFECTIVE JULY 1, 2019

Oceanside Sanitation Benefit

Procedure	Co-Pay as of 7/1/19
Porcelain w/Metal Abutment or Pontic	\$ 150.00
Recementation, Bridge	No charge
Full Upper Denture, inc. Adjustments	\$ 170.00
Full Lower Denture, inc. Adjustments	\$ 170.00
Partial Upper Denture, Cast Base/Cast	\$ 170.00
Partial Lower Denture, Cast Base/Cast	\$ 170.00
	\$ 15.00
Broken Body of Denture	
Replacing Broken/Missing Teeth	\$ 15.00
Office Reline	\$ 15.00
Lab Reline	\$ 15.00
Orthodontics	
Case Fee - 20 Months	\$ 1,000.00

You and Your Family has an Individual Calendar Year Maximum of \$1,500. There are both and out-of-network benefits. The out-of-network benefit is reimbursed at the same amount as the in-network benefit. Locating a participating provider is easy, simply go to www.Sele-Dent.com or call **1-800-520-DENTAL (3368)**. **Sele-Dent provides over 4,200 participating providers in the New York Tri-State area,** Above is a list of co-payments, for certain procedures. As you can see these co-payments are significantly reduced from your former Plan, All dental claims for services after 7/1/19 should be mailed to Sele-Dent One Huntington Quadrangle Suite 1S03 Melville, N.Y. 11747