



**Riverhead Central Faculty Association
Group #124**

Summary of Benefit for Full-Time and Retiree Members eff 3/1/2020

Annual maximum \$1,500.00 individual
No deductible. No co-pay.

Adult Ortho Lifetime max \$2,000.00 Appliance \$759.00, \$64.00 monthly, Retention \$30.00
Proof of Enrollment: Handled by Sele-Dent (Age 25, and 3 months after graduation)

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

Pre-Authorizations:

Any treatment plan over **\$500.00** must be pre-authorized.

In Network:

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

Out of Network:

Providers reimbursed according to the Fund's fee schedule, member pays balance.

FREQUENCY/LIMITATIONS:

- **Examination:** No Limit
- **Prophylaxis:** 2 times in a calendar year
- **Full Mouth & Panoramic X-Rays:** No frequency
- **Fluoride:** Once every 12 months up to age 16
- **Sealants:** No frequency up to age 16
- **Perio:** No frequency
- **Major work:** 5 years replacement on major
- **Missing Tooth:** Covered

Exclusions:

- **Implants and Veneers:** Not covered

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