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Eastern Suffolk BOCES Group 115

Summary of Benefits for Full-Time & Retired Member:

Dental:

- **Annual maximum \$1,500.00 per individual, per calendar year**
- **Examination: No Frequency**
- **Prophylaxis: No Frequency**
- **Full Mouth or Panoramic X-Rays: No Frequency**
- **Fluoride: No Frequency**
- **Perio: No Frequency**
- **Major work: One year**
- **Missing tooth: Covered**
- **Sealants: No Frequency**

Exclusions:

- **Implants and Veneers: Not covered**

Orthodontia: Adult Ortho

- **Annual maximum \$500.00 for Perio/Ortho, per calendar year**
- **Initial Appliance \$200.00**
- **Active treatment \$52.50**
- **Major work \$25.00 Deductible out of network only**
- **Perio \$25.00 Deductible out of network only**
- **Ortho \$25.00 Deductible in and out of network**

Pre-Authorizations: Not required

- **Claim submission – 1 year**

- **Proof of Enrollments – Done by Sele-Dent, do not pay unless on file (Ages 19 thru 25, full- time student. Once 25 years old in or out of college not Covered.**

In Network:

- **Basic and Preventive 100% of the Sele-Dent fee schedule, Major 80% of the Sele-Dent fee schedule**

Out of Network:

- **Basic and Preventive 80%, Major 60% based on usual and customary; member pays balance of the bill**