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UPSE Hauppauge Group – 410

Summary of Benefits for Full Time Members:

Dental:

- **Annual Maximum - \$2,000 per individual**
- **No deductible**
- **Examination: Two per calendar year**
- **Prophylaxis: Two per calendar year (No age limit)**
- **Full Mouth or Panoramic X-Rays: Once every 3 years**
- **Perio: Twice per calendar year**
- **Fluoride: Twice per calendar year up to age 19**
- **Sealants: Once every 3 years on bicuspid and molars (up to age 19)**
- **Major work: Five years limitation**
- **Quads: Up to two in same day**
- **Missing tooth covered**
- **Gingivectomy and Osseous Surgery per quad: once per 4 years**
- **Dependents are eligible up to 19. Student eligible up to age 23 with POE**

Exclusions:

- **Implants and Veneers: Not covered**
- **Missing Tooth: Not Covered**
- **Sealants: Not Covered**

Orthodontia:

- **Life time maximum \$2,500.00, no age limit**
- **Ortho work-up \$244.00**
- **Appliances \$432.00**
- **Active treatment \$64.00, for 24 months (\$1,536)**
- **Retention Visits 24 for 12 months (\$288)**

- **Co-pay - difference between Sele-Dent fee and Fund's fee schedule**

Pre-Authorizations:

- **Any claims over \$250.00 must be pre-authorized**
- **No co-ordination of benefits if both parents are covered under the same plan**

In Network:

- **Sele-Dent providers will be reimbursed according to the Fund's fee schedule**
- **Patient pays co-pay of the difference between Sele-Dent fee and local fee schedule (Depending on procedures, member may not have a co-pay)**

Out of Network:

- **Pay out according to Fund's fee schedule; Member pays balance of the bill**