



Mailing Address:
381 Sunrise Hwy, Suite 307
Lynbrook, NY 11563

Toll Free: (800) 520 - 3368
Phone: (516) 887 - 7566
Fax: (516) 887 - 7896

Local 803 Health & Welfare Fund Group 803



Summary of Benefits for Full-Time Members:

Dental:

- **Annual maximum \$1,500.00 individual, per calendar year**
- **No deductible**
- **Examination: Twice per calendar year**
- **Bitewings: Twice per calendar year**
- **Bitewings: Four per calendar year**
- **Prophylaxis: Twice per calendar year**
- **Full Mouth or Panoramic X-Rays: Once per calendar year, once every three**
- **Fluoride: Up to age 14**
- **Sealants: No Frequency**
- **Major work: Five year limitation**
- **Missing tooth: Covered**
- **Perio: Once per calendar year**
- **Quads: All four same day, Osseous surgery same day**

Exclusions:

- **Implants and Veneers: Not covered**

Orthodontia:

- **Ortho lifetime maximum \$1000.00, per individual**
- **Initial Appliance \$400.00**
- **Active treatment \$50.00, per treatment, for 12 months, (covered thru their 19th birthday)**

Unicare – Pay 100% of Fee schedule, Out of New York/New Jersey

Pre-Authorizations:

- **Any claims over \$400.00 must be pre-authorized**
- **Claim submission – 1 year**
- **Proof of Enrollments – Handled by Fund Office**

In Network:

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

Out of Network:

- **Pay out 100% of the Sele-Dent fee schedule, member pays balance of bill**