



Mailing Address:
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Local 99 UNITE Group 99

Summary of Benefits for Full-Time Members:

Dental:

- **Annual maximum \$1,250.00 individual, per calendar year**
- **Examination: Once every six months**
- **Prophylaxis: Once every six months**
- **Full Mouth or Panoramic X-Rays: Once every three years**
- **Fluoride: Once every six months, covered to age 15**
- **Sealants: Covered to age 15**
- **Major work: Five year replacement on major**
- **Missing tooth: Covered**
- **Perio: Once every six months**

Exclusions:

- **Implants and Veneers: Not covered**

Orthodontia:

- **Adult Ortho lifetime maximum \$1000.00, per individual no age limit**
- **Deductible – Ortho \$100.00 / Appliance \$210.00**
- **Active treatment \$60.00, per month**

Unicare – Provider 100% Preventative, 80% Basic, 60% Major of the UNICARE fee schedule, member pay balance of bill

Pre-Authorizations:

- **Any claims over \$300.00 must be pre-authorized.**
- **Claim submission – 1 year**

In Network:

- **Preventive 100%, Basic 80% and Major 60% of the Sele-Dent fee schedule.**

Out of Network:

- **Preventive 100%, Basic 80% and Major 60% of the Sele-Dent fee schedule, member pays balance of the bill.**