



Mailing Address:
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T.P.U Local One NYC Stagehands Group 201



Summary of Benefits for Full-Time Members:

Dental:

- **Annual maximum \$2,000.00 individual**
- **No deductible**
- **No co-pay**
- **Examination: Two Times per year once every six months**
- **Prophylaxis: Two Times per year once every six months**
- **Full Mouth or Panoramic X-Rays: Once every three years**
- **Fluoride: Two Times per year**
- **Major work: Five year Limitation (5)**
- **Crown, Bridge or Dentures Five year Limitation**
- **Sealants: No Frequency**

Exclusions:

- **Implants and Veneers**
- **Missing tooth**
- **Orthodontics**
- **Multiple Bridge abutments**
- **Mouth Guards**
- **Maryland Bridges**

Pre-Authorizations:

- **Any claims 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:

- **100% of the Sele-Dent fee schedule member pays balance**