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Town of Islip UPSE Benefit Fund Group 411

Summary of Benefits for Full-Time:

Dental:

- **Annual maximum \$1,700.00 individual**
- **No Deductible**
- **Examination: No Frequency**
- **Prophylaxis: Once every 6 months**
- **Full Mouth or Panoramic X-Rays: Once every 3 years**
- **Fluoride: Once per Calendar year to age 18**
- **Perio: Scaling once every 6 months**
- **Gingivectomy and Osseous Surgery per quad: once per 4 years**
- **Actisite covered service (No frequency)**
- **Major Work: Once every five years (Dentures reline and rebase every 3 years)**
- **Missing tooth: Covered**
- **Oral Surgery procedures includes anesthesia and post-operative care**

Exclusions:

- **Implants and Veneers: Not covered**
- **Sealants: Not covered**

Orthodontia:

- **Ortho maximum \$2160.00, per individual (Up to age 18 or full time students to age 21)**
- **Ortho work-up \$110.00**
- **Initial Appliance \$330.00 (Interceptive or removable not covered)**
- **Active treatment \$71.50, per month for 24 months**

Unicare:

- **No benefits available**

Pre-Authorizations:

- **Any claims over \$250.00 must be pre-authorized**

In Network

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

Out of Network:

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