



## Eastern Suffolk BOCES Group #115

### Summary of Benefit for Full-Time Members

**Updates as of 7/1/2021**

**Annual maximum** \$1,750.00 individual

**NEW Ortho lifetime max per patient \$2,000.00** Insertion of braces \$500.00, \$62.50 monthly. (No age limit) INVISALIGN will be covered through a Dentist Only and when the treatments are done in an office with monthly/quarterly claim submission. SMILE DIRECT or any other MAIL ORDER TRAYS are **NOT** covered.

**New Implant Benefit: \$1000.00** per implant, this is a one implant per lifetime benefit. \$500.00 will be paid for the placement of the Implant and \$500.00 will be paid for the restoration abutment and crown for the implant.

**Perio annual max** \$500.00, **deductible** \$25.00 individual and \$50 family for Out of Network

**Proof of Enrollment:** handled by Sele-Dent, Inc. (Ages 19 – 25, full-time student)

**Pre-Authorizations:** Any claims over \$325.00 only suggested.

#### **In Network:**

Preventative, Basic and Major work paid at 100% of the Fee Schedule.

#### **Out of Network:**

Preventative & Basic work paid at 80% and Major work paid at 60% based on usual and customary, member pays balance. Major, Perio and Endodontic work are subject to a \$25.00 individual deductible and a \$50.00 family deductible.

#### **FREQUENCIES:**

- **No limitations or frequencies on Type A services** (exam, prophylaxis, fluoride, sealants, full-mouth series, panoramic x-rays)
- **Perio:** No frequency, all four quadrants same day
- **Major work:** 1-year replacement on major
- **Missing Tooth:** Covered

#### **Exclusions:**

**Veneers:** Not covered

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