

## Who's Covered?

If you are enrolled for Individual + One or Family coverage, SEBF offers benefits for legal spouse, domestic partner\* (may be different sex or same sex and you must meet certain requirements) and legal dependents through December 31 of the year they turn age 19; or through December 31 of the year they turn age 24, if they are continuous full-time students.

\* Please verify that your employer allows domestic partner coverage.

**A student verification form must be completed every semester for full-time students over age 19. Please contact the Fund office for this form.**

**Service Employees Benefit Fund  
Representatives are Available  
Monday through Friday  
8:30 a.m. - 5:00 p.m.**

Please contact the Fund Office if you need:

- a copy of the Schedule of Benefits;
- a list of SEBF Participating Dentists;
- full time student verification form, claim forms; and/or
- more information regarding your dental coverage.

**PLEASE PHONE THE FUND OFFICE**

**(315) 218-6513**

**(855) 835-9720 toll-free**

**OR EMAIL [benefits@sebf.org](mailto:benefits@sebf.org)**

## Plan Limitations

- ◆ Exams - 2 per calendar year
- ◆ Cleanings - 2 per calendar year
- ◆ Bitewing X-rays - 4 per calendar year
- ◆ Full Mouth or Panorex X-ray - 1 every 3 years
- ◆ Fluoride covered up to age 19
- ◆ Sealants covered to age 14
- ◆ Periodontal Scaling - 2 Quadrants per visit
- ◆ Prosthetics (crowns, bridgework, partials and dentures) are limited to a 5 year replacement.

## Plan Exclusions

- ◆ Cosmetic services
- ◆ Bleaching
- ◆ Implants
- ◆ Oral Hygiene Instruction
- ◆ Infection Control
- ◆ Temporary Prosthetics
- ◆ Adult Fluoride

If you have any questions as to what may or may not be covered under your plan, please contact the Fund directly.

## **Our Mission**

To provide our union members and their families with comprehensive, affordable healthcare benefits and quality service on a personal level.

# **Service Employees Benefit Fund Dental Plans**

**P. O. Box 1240  
Syracuse, New York 13201  
(315) 218-6513  
(855) 835-9720 toll-free  
(315) 701-0686 Fax  
[benefits@sebf.org](mailto:benefits@sebf.org)**



**Insuring Members of  
SEIU Local 200United  
and  
1199SEIU United  
Healthcare Workers East**

**Service Employees Benefit Fund (SEBF) offers you and your dependents dental coverage based on a fixed reimbursement schedule with:**

- ◆ **No Deductibles**
- ◆ **Maximum benefit of \$1,500 Per Person, Per Calendar Year**

SEBF pays 100% of the fixed dollar amounts as outlined on the dental schedule of benefits, subject to the maximum benefit of \$1,500 per person, per calendar year.

There are **two** dental plans available. Please refer to your collective bargaining agreement for specific details or contact SEBF directly.

### **BASIC PLAN**

The SEBF Basic Dental Plan includes:

- ◆ 2 Exams/year
- ◆ 2 Cleanings/year
- ◆ X-rays
- ◆ Fillings
- ◆ Extractions
- ◆ Oral Surgery
- ◆ Periodontics (gums)
- ◆ Endodontics (root canals)

### **COMPREHENSIVE PLAN**

The SEBF Comprehensive Dental Plan includes everything listed under the Basic Plan *plus* the following procedures:

- ◆ Prosthetics:
  - Crowns/Caps
  - Bridgework
  - Partial & Full Dentures

### **SEBF ALLOWS *YOU* TO CHOOSE YOUR DENTAL PROVIDER**

SEBF allows you to choose any licensed dentist. However, it is to your advantage to choose a Participating Dentist.

#### **If you choose a Participating Dentist:**

- ◆ this dentist will file your dental claim(s) with SEBF;
- ◆ SEBF will send payment directly to the participating dentist; and
- ◆ this dentist agrees to accept our payment as payment in full for covered services; subject to the maximum benefit of \$1,500 per person, per calendar year.

#### **If you choose a Non-Participating Dentist:**

- ◆ you will be responsible for submitting an itemized bill from the dentist to SEBF if the dentist doesn't;
- ◆ payment will be made directly to you unless you assign the payment to your dentist (you are giving SEBF permission to pay the dentist directly instead of sending payment directly to you); and
- ◆ reimbursement will be made according to the SEBF Dental Schedule of Benefits. **You will be responsible for paying the difference between your dentist's charge and the Fund's payment, if any.**

*Please contact the Fund Office for a list of Participating Dentists and the Dental Schedule of Benefits.*

### **Pre-Treatment Estimates**

Minimize your out-of-pocket expenses for dental care by asking your dentist to submit a pre-treatment estimate before you agree to receive any major treatment. This lets you know up front what the plan will pay, and the difference (if any) you will be responsible for. Your dentist may be able to present an alternative treatment plan that will lower your share of the bill, while still meeting your basic dental care needs.

#### **What is a pre-treatment estimate?**

A pre-treatment estimate is when your dental provider submits a treatment plan to SEBF for an estimate of what services will be covered, what SEBF will pay towards those services as well as what the patient's out of pocket will be. This is especially useful for more costly procedures such as crowns, extractions, dentures and periodontal surgery.

*A pre-treatment estimate is not a guarantee of payment.* When the services are complete, and a claim is received for payment, SEBF will calculate its payment based on your current eligibility and amount remaining in your annual \$1,500 maximum.

Included in this Brochure is the *Dental Schedule of Benefits Summary*. This is a listing of the more common dental procedures and amounts paid by SEBF for those specific procedures.

*Please contact the Fund office for a copy of the full SEBF Schedule of Benefits.*