



# BENEFITS WEBINAR



March 2021



# IMPORTANT PLAN DETAILS & FEATURES



## Enhancements

| Enhancement         | Definition  |
|---------------------|---|
| Annual Maximum      | Unlimited   |
| Nationwide Network  | The Healthplex National Network has over 570,000 dentists across the country making it so much easier to find care in-network and save money!   |
| Orthodontic Maximum | \$2,000 per dependent child.  |
| Implant Benefit     | No more lifetime maximum on implant services! Effective 1/1/2021, covered members and dependents will be allowed two implants per calendar year.  |
| Dependent Coverage  | Covered to age 26. Student status not required.   |
| Alternate Benefits  | As deemed medically necessary, this plan will also allow the following: porcelain crowns on anterior & posterior teeth, composite (white) fillings on posterior teeth, and fixed bridges in lieu of removable partials. |
| Mobile App          | Coming Soon!  |

## Take a look at the count of doctors gained in the Nassau & Suffolk areas!

| Specialty       | # of New Providers | Specialty    | # of New Providers |
|-----------------|--------------------|--------------|--------------------|
| General Dentist | 3,950              | Orthodontics | 389                |
| Oral Surgery    | 324                | Periodontics | 302                |
| Endodontics     | 208                | Pedodontist  | 61                 |

## Helpful Information

The out-of-network benefit for both the actives and the retirees has not changed. It is still the SCMEBF fee schedule. If you see an out-of-network provider please be aware that the provider can balance bill the member. There is a large amount of provider's in-network. Please visit our online portal to find a participating provider.

When a member signs up for a plan they receive two ID cards in their name. The ID card will not have the spouse or dependents name on them. In most cases the provider does not ask to see the ID card. Providers usually do eligibility electronically.

When visiting your dental provider it is important to remind them to have all of your personal information on the claim form. This ensures your dental claim is processed in a timely manner. Although our claims are processed in Uniondale by our processors, the claims get mailed to Healthplex, Inc. P.O. Box 211672 Eagan, MN. The claims go to a mail center where the claims get scanned and electronically sent to our claims processors. This expedites all claims processing. Most of our staff is still working from home due to Covid.

**The fastest way to get answers to your questions is our "Rapid Response" email service;**  
[memberinfo@scmebf@healthplex.com](mailto:memberinfo@scmebf@healthplex.com)

**Dedicated phone lines available to members:**

*Retiree no-cost basic* - [1-866-935-9047](tel:1-866-935-9047)

*Active and SPERP Members* - [1-866-717-1869](tel:1-866-717-1869)

**All members now have coverage for their dependents to age "26".**

**There have been no changes to the in-network or out-of-network fee schedules for the Retiree no cost-basic.**





# SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND

## RAPID RESPONSE EMAIL SERVICE

[memberinfoscmefb@healthplex.com](mailto:memberinfoscmefb@healthplex.com)

Do you have questions about your new dental plan?  
Please feel free to email our **rapid response email system**.

How does  
my plan work?

What are  
my benefits?

What is the status  
of my claim?

We can answer all of your questions on the SCMEBF rapid response email service. As a member we also invite you to create a log-in and use our interactive member portal at **healthplex.com**.

## Group Benefit Page

**Name of Group:** Suffolk County Municipal Employees

**Group Number:** GG-749, GG-749C, GG-749L, GG-749RE, and 749REC/Active, Retiree COBRA, SPERP, SPERP plus T

**Plan Effective Date:** January 1, 2021

**Benefit Period:** Calendar Year

**Plan Description:** Covered services can be rendered by any licensed dentist. To use the plan, members should be treated by the dentist of their choice and submit claims to Healthplex. Using an in-network PPO provider may eliminate or reduce the member's out-of-pocket expense. Additional information can be found on the next page.

**Payments by the plan are subject to the following terms:**

|  |   |            |                                 |
|--|---|------------|---------------------------------|
| Category I                                       | Diagnostic Services<br>Preventive Services  | 100%       | of the maximum allowable amount |
| Category II                                      | Basic Restorative Services<br>Endodontic Services<br>Periodontal Services<br>Oral Surgery Services<br>Adjunctive Services | 100%       | of the maximum allowable amount |
| Category III                                     | Major Restorative Services<br>Prosthetic Services<br>Implant Services*  | 100%       | of the maximum allowable amount |
| Category IV                                      | Orthodontic Services  | 100%       | of the maximum allowable amount |
| Individual/Family Deductible:                    |   | N/A        |                                 |
| Individual/Family Maximum (Category I, II, III): |   | N/A        |                                 |
| Orthodontic Maximum (Category IV):               |   | \$2,000.00 | per lifetime                    |

**Dependent Eligibility:** Dependent children are covered up to their 26th birthday.

**Orthodontics:** Coverage is based on a 24-month case which includes the initial banding and monthly adjustments for dependent children and adults, not to exceed the lifetime orthodontic maximum of \$2,000. Upon reaching the lifetime maximum allowance, members will be responsible to pay reduced out of pocket costs when seen by a participating provider. If additional orthodontic treatment is needed beyond a 24-month period, the member will be responsible for the provider's usual and customary fees. Please note, the amount may vary based on the provider seen at the time of care.

**Implants\*:** Implants and implant related services are limited to two (2) per calendar year.

**Note:** Due to certain Exclusions and/or Limitations, all member copayments may not be applicable. Prior to receiving any treatment, please obtain the Certificate of Insurance from your benefit administrator for an explanation of these Exclusions and Limitations. A copy of your Certificate of Insurance may also be obtained from our website at healthplex.com.



# Suffolk County Municipal Employees

**GG-749, GG-749C, GG-749L, GG-749RE, and GG-749REC  
Active, Retiree COBRA, SPERP,  
SPERP plus T**

## In-Network PPO Copayments

You may select any dentist from the National Plus Directory of Participating Providers. Some services are rendered without any cost, while others have a minimal copayment you pay directly to the dentist.

## Out-of-Network Reimbursement

When services are rendered by a non-participating provider, you will be reimbursed up to the Out-of-Network Reimbursement allowance indicated in the *Schedule of Benefits*. You will be responsible for all costs exceeding that amount.

## Treatment Options/Materials

Due to the element of choice involved in the utilization of many dental services, situations arise where two or more methods of treatment for a particular dental condition could be used, each of which may produce a desirable, professional result. Please speak with your dentist regarding the options covered under your dental plan.

**Note:** The *Schedule of Benefits* contains a partial listing of the most frequently utilized services covered under this plan. All benefits are governed by the provisions of your group's contract. Frequencies and limitations apply.



**Underwritten by Healthplex Insurance Company**

Healthplex Insurance Company,  
333 Earle Ovington Blvd., Suite 300  
Uniondale, NY 11553-3608  
516-542-2200 • 800-468-0608  
healthplex.com

## Schedule of Benefits

| Diagnostic & Preventive   | In-Network<br>PPO Copayments | Out-of-Network<br>Reimbursement |
|---------------------------|------------------------------|---------------------------------|
| Periodic Oral Examination | No Charge                    | \$25.00                         |
| X-Rays, Complete Series   | No Charge                    | 45.00                           |
| Periapical, First Film    | No Charge                    | 5.00                            |
| Bitewings, Four Films     | No Charge                    | 18.00                           |
| Prophylaxis, Adult/Child  | No Charge                    | 39.00/34.00                     |
| Fluoride Treatment        | No Charge                    | 14.00                           |
| Sealants, Per Tooth       | No Charge                    | 20.00                           |

## Basic Restorative

|  |           |               |
|--|-----------|---------------|
| Amalgam, 1/2 Surfaces                      | No Charge | \$40.00/50.00 |
| Amalgam, 3/4+ Surfaces                     | No Charge | 60.00/70.00   |
| Composite, 1 Surface, Anterior/Posterior   | No Charge | 50.00         |
| Composite, 2 Surfaces, Anterior/Posterior  | No Charge | 65.00         |
| Composite, 3 Surfaces, Anterior/Posterior  | No Charge | 80.00/85.00   |
| Composite, 4+ Surfaces, Anterior/Posterior | No Charge | 90.00         |
| Re-cement Crown/Bridge                     | No Charge | 30.00/ 62.00  |

## Endodontics

|                              |           |          |
|------------------------------|-----------|----------|
| Root Canal Therapy, Anterior | No Charge | \$280.00 |
| Root Canal Therapy, Bicuspid | No Charge | 327.00   |
| Root Canal Therapy, Molar    | No Charge | 374.00   |
| Apicoectomy, Anterior        | No Charge | 234.00   |

## Periodontics

|                                  |           |          |
|----------------------------------|-----------|----------|
| Gingivectomy, Per Quad           | No Charge | \$120.00 |
| Osseous Surgery, Per Quad        | No Charge | 300.00   |
| Periodontal Maintenance          | No Charge | 50.00    |
| Scaling & Root Planing, Per Quad | No Charge | 40.00    |

## Oral Surgery

|                             |           |               |
|-----------------------------|-----------|---------------|
| Routine/Surgical Extraction | No Charge | \$76.00/90.00 |
| Soft Tissue Impaction       | No Charge | 102.00        |
| Partial/Full Bony Impaction | No Charge | 132.00/152.00 |

## Major Restorative

|                                       |           |          |
|---------------------------------------|-----------|----------|
| Porcelain with High Noble Metal Crown | No Charge | \$500.00 |
| Full Cast High Noble Metal Crown      | No Charge | 500.00   |
| Post and Core, Cast/Prefabricated     | No Charge | 110.00   |

## Prosthetics - Removable

|  |           |          |
|--|-----------|----------|
| Complete Upper/Lower Denture           | No Charge | \$650.00 |
| Partial Upper/Lower Denture, Cast Base | No Charge | 695.00   |

## Prosthetics - Fixed

|   |           |          |
|---|-----------|----------|
| Porcelain with High Noble Metal Pontic/Abutment | No Charge | \$500.00 |
| Full Cast High Noble Metal Abutment             | No Charge | 500.00   |

## Implant Services\*

|   |           |          |
|---|-----------|----------|
| Bone Graft at Time of Implant                       | No Charge | \$225.00 |
| Endosteal Implant                                   | No Charge | 500.00   |
| Prefabricated/Custom Fabricated Abutment            | No Charge | 500.00   |
| Implant Supported Porcelain/Ceramic Crown           | No Charge | 500.00   |
| Abutment Supported Porcelain High Noble Metal Crown | No Charge | 500.00   |

## Prosthetic Repairs/Relines

|   |           |              |
|---|-----------|--------------|
| Repair Complete Denture Broken Base         | No Charge | \$65.00      |
| Repair Partial Denture Base/Framework       | No Charge | 65.00/100.00 |
| Replace Broken Tooth                        | No Charge | 55.00        |
| Add Tooth/Clasp to Existing Partial Denture | No Charge | 60.00/90.00  |
| Reline Complete/Partial Denture - Direct    | No Charge | 85.00        |
| Reline Complete/Partial Denture - Indirect  | No Charge | 130.00       |

## Adjunctive Services

|                               |           |         |
|-------------------------------|-----------|---------|
| Palliative Treatment          | No Charge | \$25.00 |
| Anesthesia - First 15 minutes | No Charge | 100.00  |

## Group Benefit Page

**Name of Group:** Suffolk County Municipal Employees - Retiree No-Cost Basic

**Group Number:** GG-487RB/GG-487RBC

**Plan Effective Date:** January 1, 2021

**Benefit Period:** Calendar Year

**Plan Description:** Covered services can be rendered by any licensed dentist. To use the plan, members should be treated by the dentist of their choice and submit claims to Healthplex. Using an in-network PPO provider may eliminate or reduce the member's out-of-pocket expense. Additional information can be found on the next page.

**Payments by the plan are subject to the following terms:**

|   |   |            |                                 |
|---|---|------------|---------------------------------|
| Category I                                      | Diagnostic Services<br>Preventive Services  | 100%       | of the maximum allowable amount |
| Category II                                     | Basic Restorative Services<br>Endodontic Services<br>Periodontal Services<br>Oral Surgery Services<br>Adjunctive Services | 100%       | of the maximum allowable amount |
| Category III                                    | Major Restorative Services<br>Prosthetic Services<br>Implant Services   | 100%       | of the maximum allowable amount |
| Category IV                                     | Orthodontic Services  | 100%       | of the maximum allowable amount |
| Individual/Family Deductible:                   |   | N/A        |                                 |
| Individual Maximum (Category I, II, III, IV):   |   | \$500.00   | per benefit period              |
| Family Maximum (Category I, II, III, IV):       |   | \$750.00   | per benefit period              |
| X-Rays Maximum:                                 |   | \$75.00    | per benefit period              |
| Prosthetic Repairs Maximum:                     |   | \$100.00   | per benefit period              |
| Orthodontic Maximum <sup>1</sup> (Category IV): |   | \$1,995.00 | per lifetime                    |

**Dependent Eligibility:** Dependent children are covered up to their 26th birthday.

**Orthodontics<sup>1</sup>:** Coverage includes initial banding and monthly adjustments for dependent children and adults, not to exceed the lifetime maximum of \$1,995. Orthodontic services are also included in the maximum annual allowance of \$500. Upon reaching the lifetime maximum allowance, members will be responsible to pay reduced out-of-pocket costs when seen by a participating provider.

# Suffolk County Municipal Employees - Retiree No-Cost Basic

GG-487RB/GG-487RBC

## In-Network PPO Copayments

You may select any dentist from the Suffolk County Municipal Employees Benefit Fund's network of participating providers. Some services are rendered without any cost, while others have a minimal copayment you pay directly to the dentist.

## Out-of-Network Reimbursement

When services are rendered by a non-participating provider, you will be reimbursed up to the Out-of-Network Reimbursement allowance indicated in the *Schedule of Benefits*. You will be responsible for all costs exceeding that amount.

## Treatment Options/Materials

Due to the element of choice involved in the utilization of many dental services, situations arise where two or more methods of treatment for a particular dental condition could be used, each of which may produce a desirable, professional result. Please speak with your dentist regarding the options covered under your dental plan.

**Note:** The *Schedule of Benefits* contains a partial listing of the most frequently utilized services covered under this plan. All benefits are governed by the provisions of your group's contract. Frequencies and limitations apply.

<sup>2</sup>Excluded from \$75 X-rays annual maximum

<sup>3</sup>Out-of-Network Reimbursement may be greater if rendered by a board certified periodontist, endodontist or oral surgeon

<sup>4</sup>Member is responsible for the difference between the Provider's Usual and Customary Rate (UCR) and the Out-of-Network Reimbursement indicated in the *Schedule of Benefits*

Administered by



Healthplex Inc.  
333 Earle Ovington Blvd., Suite 300  
Uniondale, NY 11553-3608  
516-542-2200 • 800-468-0608  
healthplex.com

## Schedule of Benefits

| Diagnostic & Preventive                   | In-Network PPO Copayments | Out-of-Network Reimbursement |
|---|---------------------------|------------------------------|
| Periodic Oral Examination                 | No Charge                 | \$25.00                      |
| X-Rays, Complete Series <sup>2</sup>      | No Charge                 | 45.00                        |
| Periapical, First Film                    | No Charge                 | 5.00                         |
| Bitewings, Four Films                     | No Charge                 | 18.00                        |
| Panoramic Radiographic Image <sup>2</sup> | No Charge                 | 60.00                        |
| Prophylaxis, Adult/Child                  | No Charge                 | 39.00/34.00                  |
| Fluoride Treatment                        | No Charge                 | 14.00                        |
| Sealants, Per Tooth                       | No Charge                 | 20.00                        |

## Basic Restorative

|  |           |               |
|--|-----------|---------------|
| Amalgam, 1/2 Surfaces                      | No Charge | \$40.00/50.00 |
| Amalgam, 3/4+ Surfaces                     | No Charge | 60.00/70.00   |
| Composite, 1 Surface, Anterior/Posterior   | No Charge | 50.00         |
| Composite, 2 Surfaces, Anterior/Posterior  | No Charge | 65.00         |
| Composite, 3 Surfaces, Anterior/Posterior  | No Charge | 80.00/85.00   |
| Composite, 4+ Surfaces, Anterior/Posterior | No Charge | 90.00         |
| Re-cement Crown/Bridge                     | No Charge | 30.00/62.00   |

## Endodontics<sup>3</sup>

|                              |           |          |
|------------------------------|-----------|----------|
| Root Canal Therapy, Anterior | No Charge | \$280.00 |
| Root Canal Therapy, Bicuspid | No Charge | 327.00   |
| Root Canal Therapy, Molar    | No Charge | 374.00   |
| Apicoectomy, Anterior        | No Charge | 234.00   |

## Periodontics<sup>3</sup>

|                                  |           |          |
|----------------------------------|-----------|----------|
| Gingivectomy, Per Quad           | No Charge | \$120.00 |
| Osseous Surgery, Per Quad        | No Charge | 300.00   |
| Periodontal Maintenance          | No Charge | 50.00    |
| Scaling & Root Planing, Per Quad | No Charge | 40.00    |

## Oral Surgery<sup>3</sup>

|                             |           |               |
|-----------------------------|-----------|---------------|
| Routine/Surgical Extraction | No Charge | \$76.00/90.00 |
| Soft Tissue Impaction       | No Charge | 102.00        |
| Partial/Full Bony Impaction | No Charge | 132.00/152.00 |

## Major Restorative

|                                       |           |          |
|---------------------------------------|-----------|----------|
| Porcelain with High Noble Metal Crown | No Charge | \$500.00 |
| Full Cast High Noble Metal Crown      | No Charge | 500.00   |
| Post and Core, Cast/Prefabricated     | No Charge | 110.00   |

## Prosthetics - Removable

|  |           |          |
|--|-----------|----------|
| Complete Upper/Lower Denture           | No Charge | \$650.00 |
| Partial Upper/Lower Denture, Cast Base | No Charge | 695.00   |

## Prosthetics - Fixed

|   |           |          |
|---|-----------|----------|
| Porcelain with High Noble Metal Pontic/Abutment | No Charge | \$500.00 |
| Full Cast High Noble Metal Abutment             | No Charge | 500.00   |

## Implant Services

|   |                        |          |
|---|------------------------|----------|
| Bone Graft at Time of Implant                       | Up to UCR <sup>4</sup> | \$225.00 |
| Endosteal Implant                                   | Up to UCR <sup>4</sup> | 500.00   |
| Prefabricated/Custom Fabricated Abutment            | Up to UCR <sup>4</sup> | 500.00   |
| Implant Supported Porcelain/Ceramic Crown           | Up to UCR <sup>4</sup> | 500.00   |
| Abutment Supported Porcelain High Noble Metal Crown | Up to UCR <sup>4</sup> | 500.00   |

## Prosthetic Repairs/Relines

|   |           |              |
|---|-----------|--------------|
| Repair Complete Denture Broken Base         | No Charge | \$65.00      |
| Repair Partial Denture Base/Framework       | No Charge | 65.00/100.00 |
| Replace Broken Tooth                        | No Charge | 55.00        |
| Add Tooth/Clasp to Existing Partial Denture | No Charge | 60.00/90.00  |
| Reline Complete/Partial Denture - Direct    | No Charge | 85.00        |
| Reline Complete/Partial Denture - Indirect  | No Charge | 130.00       |

## Adjunctive Services

|                               |           |         |
|-------------------------------|-----------|---------|
| Palliative Treatment          | No Charge | \$25.00 |
| Anesthesia - First 15 minutes | No Charge | 100.00  |

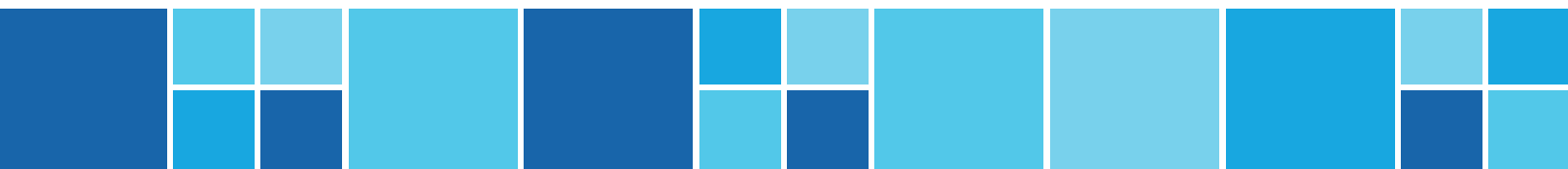




## APPEALS PROCESS:

**NO-COST BASIC RETIREE PLAN** - The process for submitting appeals for this plan has not changed. Please mail any member appeals to SCMEBF 30 Orville Drive Suite D Bohemia, NY 11716-2613. [www.scmebf.org](http://www.scmebf.org)

**NATIONAL PLUS ENHANCED DENTAL PLAN** - Member files initial appeal with Healthplex Grievance and Appeals P.O. Box 8015 Garden City, NY 11530. If you receive a resolution from Healthplex and you want to appeal the Healthplex resolution you may then send a second appeal to SCMEBF 30 Orville Dr., Suite D Bohemia, NY 11716-2613.



# Online Member Access



[websupport@healthplex.com](mailto:websupport@healthplex.com)

888-468-5171

[healthplex.com](http://healthplex.com)

As a member, you can register for an online account where you will have access to a variety of member services. Visit [healthplex.com/member](http://healthplex.com/member) to login to your existing account or register for a new one.

Once you register for an account, you'll be able to:

- Check Your Eligibility
- View Plan Benefits\*
- Check Status of a Claim\*
- Review Plan Details
- View/Print ID Card\*
- Find a Dentist

*\*May Vary By Plan*

## Your Member Portal

|              |                         |        |           |   |
|--------------|-------------------------|--------|-----------|---|
| ID           | ABC123456-O             | Status | ACTIVE    | Member Options                          |
| Name         | JOHN DOE                | Birth  | 14-DEC-11 | <a href="#">Find Dentists</a>           |
| Group Number | GG-000                  | Sex    | Male      | <a href="#">Change Primary Provider</a> |
| Group Name   | DENTAL PLAN             |        |           |   |
| Plan Type    | MANAGED CARE INDIVIDUAL |        |           |   |

Capitation Sites

Plan History

EOBs

**Current Capitation Site**

| Site # | Name                 | Effective Date | Phone        |
|--------|----------------------|----------------|--------------|
| A2345  | JOHN SMITH DENTAL PC | 01-MAY-17      | 718-827-6565 |

**Capitation Sites By Effective Dates**

| Provider ID | Provider Name           | City     | State | Effective Date | Expiration Date |
|-------------|-------------------------|----------|-------|----------------|-----------------|
| A2345       | JOHN SMITH DENTAL PC    | BROOKLYN | NY    | 01-DEC-17      |                 |
| A2345       | JOHN SMITH DENTAL PC    | BROOKLYN | NY    | 01-OCT-17      | 30-NOV-17       |
| A2345       | JOHN SMITH DENTAL PC    | BROOKLYN | NY    | 01-MAY-17      | 30-SEP-17       |
| A2345       | JOHN SMITH DENTAL PC    | CORONA   | NY    | 01-APR-17      | 30-APR-17       |
| A1234       | GENERIC NEW YORK DENTAL | ELMHURST | NY    | 01-AUG-15      | 31-MAR-17       |
| A1234       | GENERIC NEW YORK DENTAL | ELMHURST | NY    | 01-NOV-14      | 31-MAR-15       |
| A1234       | GENERIC NEW YORK DENTAL | ELMHURST | NY    | 01-JUN-14      | 31-OCT-14       |

Having issues with your existing online account or registering for a new one?  
Call our Web Support team at **888-468-5171** or email them at [websupport@healthplex.com](mailto:websupport@healthplex.com).





I would like to recommend the provider named below for participation in my dental plan.

## PROVIDER INFORMATION

Provider's Name

☐ General Provider ☐ Specialist Provider (*Name Specialty*)

Address

City

State

Zip

County

Phone #

Additional Information:

## MEMBER INFORMATION

Date of Request

Requested by (*Member/Group Name*)

Address

City

State

Zip

Phone #

Social Security # or ID Number

May we use your name when contacting provider?

*Note: This does not guarantee a provider's participation. Thank you for your interest in expanding our provider panel.*

### Please mail, fax or email this completed form to:

Provider Relations Department

Healthplex, Inc.

333 Earle Ovington Boulevard, Suite 300

Uniondale, NY 11553-3608

F 516 228 9571

E [providerrelations@healthplex.com](mailto:providerrelations@healthplex.com)



## TRUSTEES

**Daniel C. Levler**  
Chairperson

Christina A. Maher  
Stanley J. Humin, III  
Thomas P. Moran  
Scott Mirabella  
Fund Administrator

# SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND

## DENTAL SAVINGS

Your Union Board of Trustees values and understands the importance of your dental health. Studies have shown that dental health can have a direct effect on medical health, and has been correlated with conditions such as heart disease.

The Board of Trustees also recognizes that there are rising costs for dental health services, and without proper dental coverage, members would be faced with high out-of-pocket costs.

Family dental plans purchased privately cost an average of \$618 annually per family. This cost is absorbed by your Benefit Fund. Your Board of Trustees negotiates on your behalf in order to help you save money and offer you exceptional dental benefits.

As of January 1, 2021 your Union Board of Trustees enhanced your benefits to include coverage of your dependents to age "26". There are over 1500 dependents that once again have coverage, which will save you and your family from the worry of not having dental coverage, or the expense of purchasing coverage.

Below is a comparison of highly utilized codes and usual and customary fees that providers charge, and what you would pay as a Benefit Fund member. In addition dependents that previously didn't have coverage would have had large out-of-pocket charges without this new benefit expansion.

| Dental Service                    | Customary Dental Cost without Your Union Benefits | Cost to Local SCME Union Members, and dependents |
|-----------------------------------|---|--|
| Periodic Exam                     | \$100.00  | No Charge  |
| Complete Series Of X-rays         | \$195.00  | No Charge  |
| Panoramic Image                   | \$180.00  | No Charge  |
| Adult Cleaning                    | \$150.00  | No Charge  |
| Child Cleaning                    | \$125.00  | No Charge  |
| Composite Filling - White         | \$395.00  | No Charge  |
| Porcelain/high Noble Metal Crown  | \$1,585.00  | No Charge  |
| Root Canal Therapy - Molar        | \$1,450.00  | No Charge  |
| Osseous Surgery, Per Quad         | \$1,500.00  | No Charge  |
| Periodontal Scaling - Quad        | \$300.00  | No Charge  |
| Periodontal Maintenance           | \$195.00  | No Charge  |
| Upper Partial With A Flex Base    | \$2,200.00  | No Charge  |
| Components Of A Three Unit Bridge | \$6,865.00  | No Charge  |
| Surgical Extraction               | \$475.00  | No Charge  |



#### **TRUSTEES**

**Daniel C. Levler**  
*Chairperson*

Christina A. Maher  
Stanley J. Humin, III  
Thomas P. Moran

Scott Mirabella  
*Fund Administrator*

## **SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND**

# **DENTAL IMPLANT BENEFITS**

**Your Union Board of Trustees** is thrilled to announce the new dental implant benefit enhancement that is part of the new dental plan with Healthplex that went into effect January 1, 2021. Members and their dependent spouses and children age 17 and over are eligible for two implants per year under the new dental plan.

This no-cost benefit is only available when treatment is rendered by a participating provider. Please visit [Healthplex.com](http://Healthplex.com) and enter your group number, GG-749, along with your zip code to find a participating provider in your area. If you wish to have implant services rendered by a non-participating provider you will still receive a reimbursement. However, the provider will be able to charge their usual and customary rates and you will be left with a large out of pocket expense.

One dental implant can cost as much as \$5,000! The Chairman and the Board of Trustees have negotiated for coverage for two implants every year and no out of pocket cost to the patient!

Below is a comparison of usual and customary fees that providers charge for implants, and what you would pay as a Benefit Fund member if you receive implant services by a participating provider.

| <b>Dental Service</b> | <b>Customary Dental Cost<br/>without Your Union Benefits</b> | <b>Cost to Local SCME<br/>Union Members, and dependents</b> |
|-----------------------|--|---|
| Bone Graft            | \$600.00   | No Charge   |
| Placement of Implant  | \$1800.00  | No Charge   |
| Implant Abutment      | \$1200.00  | No Charge   |
| Implant Crown         | \$1600.00  | No Charge   |





**Please Let Us Know Any  
Questions You May Have**

Thank you!



healthplex®