

**SERVICE EMPLOYEES BENEFIT FUND**  
**DENTAL PLANS**  
**P.O. BOX 1240**  
**SYRACUSE, NY 13201**  
**(315) 218-6513 / (855) 835-9720 / (315) 701-0686 FAX**  
**www.sebf.org**

Service Employees Benefit Fund (SEBF) offers you and your eligible dependents dental coverage based on a fixed reimbursement schedule with **no Deductibles and a 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. For more information, please refer to your collective bargaining agreement for specific details or contact SEBF directly.

**Basic Plan**

The SEBF Basic Dental Plan includes:

Two Exams, Two Cleanings Per Year, X-rays, Fillings, Extractions, Periodontics (gums) and Endodontics (root canals)

**Comprehensive Plan**

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

Prosthetics: Crowns, Bridgework, Partial and Full Dentures

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 to SEBF if the dentist doesn't;
- Payment will be made directly to you unless you assign the payment to your dentist. If you authorize the assignment, 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 Benefit. **You will be responsible for paying the difference between your dentist's charge and SEBF's payment, if any.**

## 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 and 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 \$1,500 calendar year maximum.

### Plan Limitations

- Exams – two per calendar year
- Cleanings – two per calendar year
- Bitewing X-rays – four per calendar year
- Full Mouth or Panorex X-ray – one every three years
- Fluoride covered up to age 19
- Sealants covered up to age 14
- Periodontal Scaling – two quadrants per visit
- Prosthetics—crowns, bridgework, partial/full dentures are limited to five-year replacement

### Plan Exclusions

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

### Who's Covered?

If you are enrolled for Individual plus One Dependent 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. Legal dependents will be covered until the first day of the month following their 26th birthday regardless of the dependent's residence, financial or student status.

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

### **Please contact SEBF if you need:**

- A copy of the Dental Schedule of Benefits (most commonly used procedures)
- A copy of the Dental Schedule of Benefits – complete schedule
- A list of the SEBF Participating Dentists
- Domestic partner application
- More information regarding your dental coverage

**Service Employees Benefit Fund**  
**Representatives are available Monday**  
**through Friday from 8:30 a.m. – 5:00 p.m.**  
**(315) 218-6513**  
**(855) 835-9720 Toll free**  
**(315) 701-0686 Fax**  
**[www.sebf.org](http://www.sebf.org)**