



Wappingers Falls

Dental Arts

DENTAL SAVINGS PLAN

WE'VE GOT YOU COVERED

Contact us now

845-297-0757

WAPPINGERS@ROLIGO-DENTAL.COM

1323 US-9 #209, WAPPINGERS FALLS, NY 12590



\$350 PER YEAR, ALL ACCESS



2 PREVENTIVE CLEANINGS,
CHECKUPS, AND ALL X-RAYS



20% OFF ANY DENTAL
TREATMENT



RENEWS EVERY 12 MONTHS



NO INSURANCE? NO PROBLEM.
CAN ALSO BE USED AS
SECONDARY INSURANCE
COVERAGE AFTER MAXIMUM
REACHED

\$250 PER YEAR FOR EACH ADDITIONAL FAMILY MEMBER

EXCLUDED: FLUORIDE, CT SCAN, ORTHODONTICS, PRODUCTS

Our experienced team

WE'VE BEEN PROVIDING HIGH QUALITY DENTAL CARE
AND PROFESSIONAL SERVICE IN NY FOR 20+ YEARS



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NY 12590

Part of the Roligo Network





Laborers' International Union of North America Local No. 17

BENEFIT FUNDS

UNION TRUSTEES
L. TODD DIORIO
JEFFREY DIORIO
DEAN TAMBURRI

451-B LITTLE BRITAIN ROAD
NEWBURGH, NEW YORK 12550-5145
TELEPHONE (845) 565-6878
FAX (845) 565-5343

EMPLOYER TRUSTEES
GENARO ARGENIO
MICHAEL MASTROPIETRO
JUSTIN DARROW
FUND ADMINISTRATOR
SCOTT J. OLIVER

Dental Benefits Provided by Local 17 Benefit Fund

The calendar year maximum for dental services is \$1,500.00 per insured individual.

Plan participant coinsurance levels will vary by class of service as follows:

Class I – Diagnostic and Preventative Services will be paid at 100%

Class II – Basic Dental Services will be paid at 80%

Class III – Major Services will be paid at 50%

Benefit amounts considered for payment will continue to be based upon usual and customary fees for the geographic area where services are rendered.

In addition to the dental benefit, the periodontal benefit is also \$1,500.00 per insured individual per calendar year; however, the plan specifically states that certain periodontal services must be rendered by a specialist in the field of periodontics for payment to be considered. We advise that you contact our office before periodontal services are rendered.

The orthodontic benefit is a lifetime benefit of \$2,600.00 per insured individual with no age limit. This is payable under two procedures:

The initial placement of appliances: \$400.00

Balance of monthly treatments: \$2,200.00 (divided according to the estimated time of treatment)

The following is a list of the current in network dental providers. You may however, elect to use any dental provider that you choose, however your out of pocket expenses may increase. You must sign the dental ADA form at the provider's office for the Fund to make payment directly to the provider of service. If a dental provider requires that payment be made at the time of service, you must request an insurance billing and forward it to the Benefit Fund Office. The Fund will reimburse the member in accordance with the dental allowance. Please advise all dental providers that your dental coverage is through Local 17 Benefit Fund and refer verification of benefits to Marcie at 845.565.6878. Claims remittance address is: Local 17 Benefit Fund, 451B Little Britain Road, Newburgh, NY 12550.