

UFT WELFARE FUND FLORIDA PPO PANEL

When you belong to the Scheduled Benefit Plan and you use a UFT Welfare Fund participating dentist, you will be provided with the services listed in the Schedule of Covered Dental Expenses without charge to you except for those few services where a copayment is required. Since usual and customary dental charges generally exceed the allowances, this represents an overall savings to you.

You are allowed to use the dentist of your choice. Your eligibility and the claims procedures remain the same. If you use a participating dentist your claims will be automatically assigned so that the participating dentist can be paid directly by the Fund. However, if you use a non-participating dentist, the Fund will pay up to the maximum allowance set forth in the Dental Schedule, and you will be responsible for the difference between that allowance and your dentist's charge.

If you wish to use a participating dentist, simply call that dentist directly. The Directory of the Florida PPO Dentists has their telephone numbers.

Should you need any assistance with regard to this program, please contact:

CIGNA – 1-800-577-0576

OR

**UFT Welfare Fund Member Services
52 Broadway
New York, NY 10004
(212) 539-0500**

DENTAL PLAN OPTIONS

SCHEDULED BENEFIT PLAN

Members may choose to access either a panel dentist (SIDS in the Tri-State area or the Florida PPO in Florida) at little or no out-of-pocket cost or may choose any dentist and submit claims to CIGNA for reimbursement according to the UFT Welfare Fund Schedule of Covered Dental Expenses.

CIGNA – 1-800-577-0576
(Questions regarding payments or the PPO Panel)

UFT Welfare Fund – 1-212-539-0500

FLORIDA DENTAL DISCOUNT PLAN

Healthplex America

Retirees must be year-round Florida residents. Healthplex America is a pre-paid program of comprehensive dentistry with various levels of co-payments, depending on the work done.

**Healthplex America
CUSTOMER SERVICE – 1-888-200-0322
Refer to Plan – S 200**

How do I enroll in the Dental Plan?

Upon joining the UFT Welfare Fund, a member and his/her covered dependent(s) are automatically enrolled in the Scheduled Benefit Plan. If you wish to select the Florida Dental Discount Plan, the UFT Welfare Fund's Dental Transfer Form (DTF) must be completed at the time of enrollment in the Welfare Fund. There is also a Dental Open Enrollment Period every year in the fall during which time you may change plans by completing the Welfare Fund's DTF. Forms may be obtained at www.uft.org/forms/525 or by calling the Forms Hotline: 212-539-0539.

NOTE: If you elect to receive dental coverage through the Florida Dental Discount Plan, you cannot receive reimbursement through the Scheduled Benefit Plan. (Florida PPO Panel)

The American Dental Association (ADA) procedure codes listed in this brochure are intended as an informational guideline.

United Federation of Teachers Welfare Fund

52 Broadway
New York, New York 10004
212-539-0500

Dental Schedule

Florida PPO Panel

Also available on the Fund website:

www.uftwf.org

- Dental Schedule
- Dental Forms
- Directory of Participating Dentists



ADA Procedure Code	Maximum Allowance	Copay
1. PREVENTIVE AND DIAGNOSTIC SERVICES		
D0150	Examination, charting and diagnosis, maximum of one during any six consecutive months.....\$ 30.00 ...\$ 15.00	
D1110	Adult Prophylaxis (cleaning) including scaling and polishing, maximum of one during any three consecutive months.....45.00	
D1120	Child Prophylaxis, 12 years and under, maximum of one during any six consecutive months.....45.00	
D1351	Sealant, per tooth, unrestored permanent molars to age 16, once in a lifetime30.00 X-Rays	
D0210	Full mouth series (10-14 films) or	
D0330	Panoramic film, maximum of one during any 36 consecutive months ...50.00	
D0270	Bitewing films, maximum of 4 during any 6 consecutive months, per film.....6.00	
D0220	Periapical films, maximum of 5 during any 6 consecutive months, per film.....6.00	
D0240	Occlusal film15.00	
D0321	Extraoral film, Temporomandibular view, maximum of one in any 12 month period30.00	
D0290	Extraoral film, Anterior-Posterior view25.00	

ADA Procedure Code	Maximum Allowance	Copay
2. EXTRACTIONS		
	Surgical must be demonstrated by submitted X-ray	
D7240	Complete bony impaction*300.00	
D7230	Partial bony impaction*200.00	
D7220	Tissue impaction*120.00	
D7210	Surgical removal of erupted tooth.....95.0050.00	
D3450	Root amputation.....100.00	
D3920	Hemisection.....100.00	
D7250	Surgical removal of residual roots...120.00	
D7140	Extraction, routine40.0015.00	

*If you are enrolled in GHI-CBP, claims for impactions must be submitted to GHI-CBP first (with x-ray), since GHI-CBP covers excision of impacted teeth. After you have received the GHI payment, you should attach the GHI Explanation of Payment form to a completed Payment Claim Form, and then submit them to CIGNA. (if enrolled in Medicare submit directly to CIGNA).

ADA Procedure Code	Maximum Allowance	Copay
3. RESTORATIVE SERVICES		
D2140	Amalgam, 1 surface.....\$ 40.00....\$ 15.00	
D2150	Amalgam, 2 surfaces.....50.00.....15.00	
D2160	Amalgam, 3 or more surfaces60.00.....15.00	
D2330	Composite, anterior55.00.....15.00	
D2335	Composite, 4 surfaces or incisal angle70.00.....15.00	
D2951	Pin retention, per tooth.....12.00 Inlay or Onlay (metal):	
D2510	Inlay 1 surface150.00	
D2520	Inlay/Onlay 2 surfaces175.00	
D2530	Inlay/Onlay 3 or more surfaces.....200.00	
D2960	Laminate Veneer - chairside215.00	

ADA Procedure Code	Maximum Allowance	Copay
4. CROWN AND BRIDGE		
D2930	Stainless steel crown - primary150.00	
D2781	3/4 crown, metal175.00.....150.00	
D2791	Crown, full cast, metal.....200.00.....150.00	
D2721	Crown, acrylic to metal.....220.00.....150.00	
D2751	Crown, porcelain to metal325.00.....150.00	
D6545	Retainer-resin bonded, cast metal (Maryland)150.00 Post-prefabricated, including core ...60.00	
D2954	Post-cast post and core.....125.00	
D2952	Pontic, metal, resin, porcelain225.00.....150.00	
D6241	Crown, porcelain jacket, anterior only275.00.....150.00	
D2740	Crown, acrylic jacket, anterior only100.00.....150.00	

ADA Procedure Code	Maximum Allowance	Copay
5. PERIODONTIC SERVICES		
	(Confirmation by periodontal charting and/or X-ray of periodontal diagnosis required.) Includes periodontal root scaling and bite correction. (Prophylaxis will not be covered if performed on the same day.)	
D4341	Scaling / root planing, 4 or more teeth per quadrant, allowed once per 24 months, maximum of 2 quads per day.....35.00	
D4342	Scaling / root planing, 1-3 teeth per quadrant, allowed once per 24 months, maximum of 2 quads per day.....30.00	
D4910	Periodontal maintenance, following surgical treatment, including prophylaxis. Each day of treatment*70.00 *Above procedure has a maximum limitation of 4 per calendar year in combination with adult prophylaxis. Prophylaxis will not be covered if performed on the same day as the post-surgical maintenance.	

SCHEDULE OF COVERED DENTAL EXPENSES

ADA Procedure Code	Maximum Allowance	Copay
6. ORAL SURGERY		
D4210	Surgical periodontics: Gingival surgery, 4 or more teeth, per quadrant\$110.00	
D4211	Gingival surgery, 1-3 teeth, per quadrant55.00	
D4260	Osseous surgery, 4 or more teeth or bounded space, per quadrant ...300.00....\$ 50.00	
D4261	Osseous surgery, 1-3 teeth, per quadrant150.00.....50.00	
D4263	Bone replacement graft, per site** .110.00	
D4266	Guided tissue regeneration, per site**110.00 **Above two procedures are limited to 2 sites per quadrant once every 36 months.	

ADA Procedure Code	Maximum Allowance	Copay
7. ANESTHESIA		
	(must be in conjunction with surgery)	
D9223	General Anesthesia, each 15 minutes.....35.00.....50.00	
D9230	Analgesia Anesthetic.....35.00	
D9243	I.V. Sedation, each 15 minutes.....35.00.....50.00	

ADA Procedure Code	Maximum Allowance	Copay
8. ROOT CANAL THERAPY		
	(X-ray of satisfactory completion required)	
D3310	Anterior - root canal.....125.00.....150.00	
D3320	Bicuspid - root canal200.00.....150.00	
D3330	Molar - root canal375.00.....150.00	
D3410	Apicoectomy, first root275.00	
D3426	Apicoectomy, maximum per tooth425.00	
D3430	Retrograde root filling75.00	
D3110	Pulp cap.....10.00	
D3220	Vital pulpotomy, excluding final restoration.....35.00	

ADA Procedure Code	Maximum Allowance	Copay
9. ADJUNCTIVE APPLIANCES		
D1510	Space Maintainers100.00.....200.00	
D9940	Treatment Appliances: night guard, biteplate, biteplane, autorepositioning appliance100.00.....200.00	

ADA Procedure Code	Maximum Allowance	Copay
10. REPAIRS		
D5510	Repair broken complete denture or partial denture base\$ 90.00	
D5520	Replace broken teeth, complete or partial denture, per tooth35.00	
D5630	Replacing or adding a clasp.....63.00	
D5640	Replace broken teeth in a denture not requiring other repair65.00	
D5650	Adding teeth to existing denture, following extraction of natural tooth.....90.00	
D5710	Rebasing or relining, laboratory process, one per denture per 3 year period.....165.00	
D5730	Relining, chairside process, one per denture per 3 year period...85.00	
D2980	Crown or pontic repair, by report (Includes replacing or repair of facing)50.00	
D2920	Recementing inlay or onlay, crown or bridge15.00	

ADA Procedure Code	Maximum Allowance	Copay
11. PALLIATIVE		
D9110	Emergency visit for relief of pain – (excluding prosthetic adjustment or periodontal treatment).....30.00	

ADA Procedure Code	Maximum Allowance	Copay
12. DENTURES		
	(includes supplying, fitting, and routine post-delivery care)	
D5110	Complete Denture, upper or lower, except as provided in the next item325.00....\$150.00	
D5130	Complete Denture, upper or lower, interim.....325.00.....150.00 permanent – must be inserted w/in 12 months.....325.00.....150.00	
D5211	Partial denture, upper or lower, resin base, including any wrought wire clasps.....225.00.....150.00	
D5213	Partial denture, upper or lower, cast metal base, including conventional clasps325.00.....150.00	
D5281	Partial denture, unilateral, cast metal base, including clasps and teeth.....125.00.....150.00	

ADA Procedure Code	Maximum Allowance	Copay
13. ORTHODONTIC SERVICES* (Per Lifetime)		
D8080	Complete Orthodontic Comprehensive Treatment – including diagnosis and initial orthodontic appliances\$475.00....\$200.00 Active orthodontic treatment: Maximum: 24 months of treatment ..45.00.....15.00 Retainer Placement100.00.....200.00	
D8680	Passive orthodontic treatment, maximum: Retention adjustments – 9 months, per 3 months of treatment.....45.00.....15.00	

Note: No benefits are payable for any dental expense not listed in this Schedule of Covered Dental Expenses.