



**PARTICIPATING
DENTIST
PROGRAM**

September 2018

**DIRECTORY
OF
PARTICIPATING
DENTISTS**

Administered by



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GENERAL INFORMATION

The UFT Welfare Fund Participating Dentist Program is designed to provide you with comprehensive dental services while reducing or eliminating your out-of-pocket expenses.

If you or a member of your family who is covered for dental benefits wish to use a Participating Dentist, select one from this Director of Participating Dentists and call for an appointment. Updated listings are also available at www.uftdental.com. Be sure to identify yourself as an eligible member of the United Federation of Teachers Welfare Fund. Be aware that although several dentists may practice at the same location, only the dentist whose name appears in this Director is a UFT Participating Dentist.

When you obtain your services from a Participating Dentist it does not in any way change the nature of your dental plan. Plan allowances are the same for services provided by a participating or non-participating dentist. However, if you use a Participating Dentist, the Fund will pay your dentist directly. 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.

This program was developed in cooperation with SIDS Consultants, who will monitor the performance of participating providers to ensure that appointments are freely given and honored and that charges for services do not exceed Maximum Charges listed in the UFT Welfare Fund Dental Schedule. You will not be required to pay the dentist any money except in the following few instances.

For a covered, but non-reimbursable service.

There are services listed in the dental schedule which, at times, are not payable by the plan. For example: restorations for cosmetic improvement; services for which the Alternate Benefit Provision is applied; where frequency limitations and/or plan maximums have been met. In these instances the Participating Dentist may not charge more than the Dental Schedule would have paid for those services, plus any applicable co-payments.

For a specified co-payment.

You are responsible to pay the dentist the patient co-payment amount for services listed in red in the Dental Schedule for certain high-cost services (crowns, bridges, dentures, root therapy, orthodontic treatment, intravenous anesthesia and treatment appliances).

For a non-covered service.

The Participating Dentist may not charge you more than his/her usual and customary charge for procedures that are not covered by the Dental Plan.

Dental Implants: The surgical placement of an implant is not a covered expense. However, participating dentists have agreed to limit their charge for placement of an implant to \$1,200. Refer to the UFT Welfare Fund Dental Schedule Item 14; UFT DISCOUNT ON NON-COVERED SERVICE (LISTED IN GREEN). Although the restoration or prosthesis placed on an implant is not covered, the plan will provide a Special Reimbursement to offset part of the cost for that service. Refer to the Dental Schedule Item 15; SPECIAL REIMBURSEMENT (LISTED IN BLUE).

Your dental plan applies certain payment limitations based on frequency. For example, the plan will not pay for more than one oral examination in a six-month period, or more than one prophylaxis in a three-month period. Since it is not possible to determine in advance whether benefits will be available for these services, the dentist is entitled to request payment from you pending submission and adjudication of claim. If benefits are available, that money will be refunded.

If you are eligible for dental benefits under another group dental plan in addition to the UFT Welfare Fund Dental Plan, the dentist is entitled to the benefits available from both plans. The combined payment for any procedure may not exceed the dentist's usual and customary fee, and payment from the second plan will be applied first to reduce or eliminate any co-payments.

It is important to understand that neither SIDS nor the UFT Welfare Fund recommends any particular dentist. You are responsible to select the dentist of your choice, and should exercise the same care and apply the same criteria in selecting a Participating Dentist that you would in selecting a non-participating dentist.

Maintaining high standards of care and patient satisfaction is fundamental to the success of this program. To help in this regard, please complete the Member Satisfaction Questionnaire you can access at www.uftdental.com.

If you need any help or have questions, concerns or suggestions regarding the program, please contact:

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NOTES

NOTES

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**UFT WELFARE FUND
PARTICIPATING DENTAL PROGRAM
PATIENT SATISFACTION QUESTIONNAIRE**

(This form may be photocopied or detached)

Please complete and return to:

**SIDS, Inc. Provider Relations Dept.
P.O. Box 9005
Lynbrook, New York 11563-9005**

Dentist: _____

Address: _____

Your Name: _____

Phone Number: _____

Please evaluate the quality of treatment received.

Excellent Good Poor

Please evaluate general office atmosphere.

Excellent Good Poor

Were you offered convenient appointments?

Often Rarely Never

Were your appointments kept promptly?

Often Rarely Never

Were there any charges for your treatment that did not fall within the guidelines of the Plan?

No Yes If Yes, how much and for which services?

How long have you been a patient of this dentist?

Would you recommend this dentist?

Yes No

Your comments, please.
