

DIRECT ACCESS DENTAL PLAN

The United Federation of Teachers Welfare Fund is pleased to offer the ***Direct Access Dental Plan*** for the benefit of our members and their dependents who are not currently eligible for UFT Welfare Fund Benefits (see Q & A). This plan was developed in cooperation with our dental consultants, SIDS (Self-Insured Dental Services), who organized the UFT Welfare Fund Participating Dentist Program more than 25 years ago, and continue to administer it today.

We suggest you look closely at the Direct Access Dental Plan because we believe it offers many important benefits. In addition to reducing dental expenses, the Direct Access Dental Plan provides the means to validate the accuracy of your dentist's charges, and also helps verify the necessity and appropriateness of your treatment. SIDS representatives are available, by phone, mail and via email, should you need any assistance with the program, or have any suggestions or complaints.

The Direct Access Dental Plan is not a traditional indemnity plan that reimburses certain dental expenses under certain conditions. As a Direct Access subscriber, you are responsible to pay the dentist at the time of service. Your dentist's charges, as indicated in the fee schedule below, will be significantly lower than usual and customary charges. There are no frequency limitations or exclusions, no claim forms to file or pre-authorization required, no maximums or deductibles, and no restriction on the use of specialist services.

Please consider the following information about the Direct Access Dental Plan in determining whether joining the Plan will be beneficial to you and your family.

If you have any questions, comments or suggestions, or need help locating a participating dentist, please call SIDS at:

718-204-7172, Ext. 5508

516-396-5508

1-800-537-1238 Ext. 5508 (out-of-area)

WHAT IS THE DIRECT ACCESS DENTAL PLAN?

A plan organized exclusively for UFT members and their dependents who are not currently eligible for Welfare Fund benefits. It is designed to provide access to quality dental care for members and their family, at lower cost.

WHO IS ELIGIBLE TO JOIN THE PLAN?

UFT and UFT-CCP members and their families who are not covered for dental benefits by the UFT Welfare Fund may enroll as Individual or Family Subscribers. Family subscriptions include a spouse or domestic partner, and dependent children to age 19, or age 23 for full-time students. This plan may be used as an alternative to COBRA for dependent children beyond age 19 (non full-time student status) or beyond age 23. There is no age limit for dependent children who are disabled.

CAN OTHER FAMILY MEMBERS SUBSCRIBE?

Yes. Individual and Family Subscriptions are available to parents, the spouse or domestic partner of a UFT member, single and married children and certain other relatives of UFT members as well.

WHAT BENEFITS WILL I RECEIVE AS A SUBSCRIBER?

There are more than 600 UFT/SIDS Participating Dentists located throughout the Metropolitan area. These general practice dentists and dental specialists have agreed to limit their charges to the Direct Access Dental Plan Schedule. Since average dentist charges are generally considerably higher, this represents a substantial reduction in dental expenses for you and your family.

HOW DOES THE PLAN WORK?

When you enroll as a Direct Access Subscriber, you will receive an Identification Card, a Participating Dentist Directory, and a Schedule of Maximum Allowable Charges. The Directory lists the name, address, telephone number and specialty of each Direct Access Dentist. To take advantage of the Plan, all you need to do is select a dentist from the Directory and call for an appointment.

WILL I BE FREE TO CHOOSE MY DENTIST OR SPECIALIST?

As a Direct Access Dental Subscriber, you and each of your family members, may use any participating dentist or dental specialist of your choice. No referrals are necessary. You are free to change your dentist without notification.

HOW MUCH CAN I EXPECT TO SAVE?

Here are some examples:

	Average Charge	Subscribers pay	Subscribers save
Examination	\$ 72.90	\$ 35.00	\$ 37.90
Full Series X-Rays	\$ 131.00	\$ 50.00	\$ 81.00
Prophylaxis	\$ 94.88	\$ 45.00	\$ 49.88
Crown	\$ 1049.11	\$ 425.00	\$ 624.11
Partial Denture	\$ 1810.66	\$ 425.00	\$ 1385.66
Orthodontia	\$ 4877.00	\$2495.00	\$ 2382.00

HOW DO I VERIFY THE ACCURACY OF THE CHARGES?

Your dentist will provide you with a detailed statement of charges, which you may forward to SIDS for review. Should there be a discrepancy, SIDS will contact the dentist.

HOW MUCH DOES IT COST TO ENROLL?

The cost of an Individual Subscription is \$36 annually. You may purchase an Individual Subscription for yourself, for any of your children who are over the age of 19 and not on full-time student status, or 23 if they are full-time students, and for your parents, spouse or domestic partner. Family Subscriptions cost \$48 annually. If you become eligible for UFT Welfare Fund benefits during the subscription year you will receive a pro-rata refund.

WHAT IS THE ENROLLMENT PERIOD?

Your membership will be effective immediately upon enrollment, and will terminate on August 31st, following your enrollment.

HOW DO I ENROLL?

Scroll down to view and print an enrollment form which you should complete and return together with your check or credit card information to:

Direct Access Dental Plan
c/o SIDS
P.O. Box 9005
Lynbrook, NY 11563-9005

DIAGNOSTIC & PREVENTIVE

ORAL EXAMINATION	35.00
COMPLETE PERIAPICAL SERIES	50.00
INTRAORAL X-RAY BW or PA	6.00
PANORAMIC FILM	50.00
PROPHYLAXIS	45.00
SEALANT	30.00

RESTORATIVE

SILVER FILL-1 SURFACE PRIMARY OR PERMANENT	50.00
SILVER FILL-2 SURFACES PRIMARY OR PERMANENT	60.00
SILVER FILL-3 OR MORE SURFACES PRIMARY OR PERMANENT	70.00
RESIN BASED COMPOSITE RESTORATION, ANTERIOR	65.00
RESIN BASED COMPOSITE INCLUDING THE INCISAL ANGLE	80.00
INLAY METALLIC 2 SURFACES	175.00
INLAY METALLIC 3 OR MORE SURFACES	200.00
CROWN-RESIN WITH BASE METAL	320.00
CROWN-PORCELAIN/CERAMIC	375.00
CROWN-PORCELAIN WITH BASE METAL	425.00
CROWN-FULL CAST WITH BASE METAL	300.00
PREFABRICATED SS CROWN-PRIMARY TOOTH	150.00
PIN RETENTION	12.00
CAST POST & CORE	125.00
PREFABRICATED POST & CORE	60.00
LABIAL VENEER, CHAIRSIDE	215.00
ROOT CANAL THERAPY-BICUSPID, initial treatment	300.00
ROOT CANAL THERAPY-MOLAR, initial treatment	475.00
APICOECTOMY FIRST ROOT	275.00
APICOECTOMY, MULTIPLE ROOTS, MAX PER TOOTH	425.00
RETROGADE ROOT FILLING PER ROOT	75.00

PERIODONTICS

GINGIVAL SURGERY FOUR OR MORE TEETH PER QUAD	110.00
CLINICAL CROWN LENGTHENING, PER SITE	225.00
OSSEOUS SURGERY-4 OR MORE TEETH PER QUAD	350.00
BONE REPLACEMENT GRAFT PER SITE	110.00
GUIDED TISSUE REGENERATION RESORBABLE BARRIER/SITE	110.00
PERIODONTAL SCALING & ROOT PLANING-PER QUAD	35.00
PERIODONTAL MAINTENANCE PROCEDURE	70.00

IMPLANT SERVICES

SURGICAL PLACEMENT OF AN IMPLANT	1,200.00
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PROSTHODONTICS

COMPLETE DENTURE	425.00
PARTIAL DENTURE-ACRYLIC BASE	325.00
PARTIAL DENTURE CAST METAL FRAMEWORK	425.00
PONTIC-CAST BASE METAL	325.00
CROWN-FULL CAST BASE METAL	300.00

ORAL SURGERY

EXTRACTION OF ERUPTED TOOTH	45.00
SURGICAL REMOVAL OF ERUPTED TOOTH	120.00
REMOVAL OF IMPACTED TOOTH, SOFT TISSUE	120.00
REMOVAL OF IMPACTED TOOTH, PARTIALLY BONY	200.00
REMOVAL OF IMPACTED TOOTH, COMPLETELY BONY	300.00
SURGICAL ROOT RECOVERY	120.00
SURGICAL ACCESS OF AN UNERUPTED TOOTH	150.00

ORTHODONTICS

DIAGNOSIS AND PLACEMENT OF FIXED APPLIANCES FOR COMPREHENSIVE ORTHODONTIC TREATMENT	625.00
ACTIVE TREATMENT PER MONTH	55.00
PASSIVE TREATMENT-PER 3 MONTHS	55.00
RETAINER PLACEMENT	200.00

MISCELLANEOUS

PALLIATIVE-EMERGENCY TREATMENT	30.00
CONSULTATION	75.00

ANESTHESIA

GENERAL ANESTHESIA/IV SEDATION, FIRST 30 MINUTES	125.00
GENERAL ANESTHESIA/IV SEDATION ADDITIONAL 15 MINUTES	85.00
INHALATION/NON-INTRA VENOUS ANALGESIA	35.00



DIRECT ACCESS DENTAL PLAN
c/o SIDS
 P.O. Box 9005
 Lynbrook, NY 11563-9005

SUBSCRIPTION FORM

I AM A UFT-CCP MEMBER I AM A UFT MEMBER NOT ELIGIBLE FOR WELFARE FUND BENEFITS

I AM SPONSORED BY THE FOLLOWING UFT MEMBER

UFT MEMBER LAST NAME _____ FIRST NAME _____ SS No. _____

SUBSCRIBER LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE No. () _____ ALTERNATE PHONE No.() _____

INDIVIDUAL SUBSCRIPTION* FAMILY SUBSCRIPTION (complete below)

NAME	RELATIONSHIP TO SUBSCRIBER	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*UNMARRIED DEPENDENT CHILDREN BEYOND AGE 19 WHO ARE NO LONGER IN FULL-TIME STUDENT STATUS AND UNMARRIED DEPENDENT STUDENTS BEYOND AGE 23 REQUIRE INDIVIDUAL SUBSCRIPTIONS.

ENCLOSED IS A CHECK PAYABLE TO SIDS IN THE AMOUNT OF

\$36 INDIVIDUAL SUBSCRIPTION \$48 FAMILY SUBSCRIPTION

OR, YOU MAY CHARGE MY AMEX MC VISA DISCOVER

CARD No. _____ EXP _____ / _____

CARD BILLING ADDRESS _____ ZIP _____

SIGNATURE _____