



## DIRECT ACCESS DENTAL PLAN

The United Federation of Teachers Welfare Fund is pleased to announce the Direct Access Dental Plan. The Direct Access Dental Plan was developed for the benefit of our members and their eligible dependents who are not currently eligible for UFT Welfare Fund Benefits (see attached Q & A). The UFT Welfare Fund worked 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 will be available, by phone or mail, should you need any other assistance with the program, or have any suggestions or complaints.

The Direct Access Dental Plan is not a traditional indemnity plan, which 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 charges, as indicated in the provided schedule\*, will be significantly lower than your dentist's 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 to locate a participating dentist, please call SIDS at:

718-204-7172, Ext. 5508

516-396-5508

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

or, log on to [www.uftdental.com](http://www.uftdental.com)

## **WHAT IS THE DIRECT ACCESS DENTAL PLAN?**

A plan organized exclusively for UFT members and their eligible 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 members 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 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?

Complete the attached Enrollment Form, and return it together with your check or credit card information to:

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



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

## **SUBSCRIPTION FORM**

### **UFT MEMBER INFORMATION (SPONSOR)**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ SS No. \_\_\_\_\_

### **SUBSCRIBER INFORMATION (ENROLLEE)**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE No. ( ) \_\_\_\_\_

ALTERNATE PHONE No.( ) \_\_\_\_\_

### **SUBSCRIBER'S RELATIONSHIP TO UFT MEMBER (SPONSOR)**

- SELF
- SON, DAUGHTER
- PARENT(S)
- SPOUSE, DOMESTIC PARTNER
- OTHER (specify) \_\_\_\_\_

*OVER, PLEASE*



INDIVIDUAL SUBSCRIPTION\*

FAMILY SUBSCRIPTION (complete below)

| NAME  | RELATIONSHIP<br>TO SUBSCRIBER | DOB   |
|-------|-------------------------------|-------|
| _____ | _____                         | _____ |
| _____ | _____                         | _____ |
| _____ | _____                         | _____ |
| _____ | _____                         | _____ |
| _____ | _____                         | _____ |

\*UNMARRIED DEPENDENT CHILDREN BEYOND AGE **19** WHO ARE NO LONGER IN FULL-TIME STUDENT STATUS; UNMARRIED DEPENDENT STUDENTS BEYOND AGE **23**; AND PARENT(S) 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 \_\_\_\_\_

## **DIAGNOSTIC & PREVENTIVE**

|                                |        |
|--------------------------------|--------|
| ORAL EXAM                      | 35.00  |
| FULL MOUTH SERIES              | 50.00  |
| PANORAMIC X-RAY                | 50.00  |
| INTRAORAL FILM, each           | 6.00   |
| OCCLUSAL FILM                  | 15.00  |
| CONSULTATION                   | 75.00  |
| PROPHYLAXIS                    | 45.00  |
| SEALANT, permanent molar teeth | 30.00  |
| SPACE MAINTAINER               | 175.00 |
| PALLIATIVE TREATMENT           | 15.00  |
| ANALGESIA                      | 35.00  |

## **RESTORATIVE**

|                               |        |
|-------------------------------|--------|
| SILVER FILLING, one surface   | 50.00  |
| SILVER FILLING, two surface   | 60.00  |
| SILVER FILLING, three surface | 70.00  |
| COMPOSITE RESIN, per filling  | 65.00  |
| BONDED RESIN, INCISAL ANGLE   | 80.00  |
| PIN RETENTION                 | 12.00  |
| METALLIC INLAY or ONLAY       |        |
| one surface                   | 150.00 |
| two surface                   | 175.00 |
| three or more surface         | 200.00 |
| CAST POST & CORE              | 125.00 |
| PRE-FAB POST & CORE           | 60.00  |
| LAMINATE VENEER, chairside    | 215.00 |

## **CROWNS AND BRIDGES**

|                                 |        |
|---------------------------------|--------|
| CROWNS                          |        |
| acrylic jacket (lab processed)  | 200.00 |
| stainless steel (primary tooth) | 150.00 |
| porcelain jacket                | 375.00 |
| plastic with metal              | 320.00 |
| porcelain with metal            | 425.00 |
| full cast                       | 300.00 |
| maryland bridge retainer        | 150.00 |
| BRIDGE PONTIC                   | 325.00 |

## **ENDODONTICS**

|                            |        |
|----------------------------|--------|
| PULP CAP                   | 10.00  |
| VITAL PULPOTOMY            | 35.00  |
| ROOT THERAPY, one canal    | 225.00 |
| ROOT THERAPY, two canals   | 300.00 |
| ROOT THERAPY, three canals | 475.00 |
| APICOECTOMY per root       | 275.00 |
| RETROGRADE ROOT FILLING    | 75.00  |

## **PERIODONTICS**

|                                   |        |
|-----------------------------------|--------|
| PERIODONTAL SCALING               | 35.00  |
| PERIODONTAL MAINTENANCE PROCEDURE | 70.00  |
| GINGIVECTOMY, per quadrant        | 110.00 |
| BONE REPLACEMENT GRAFT            | 110.00 |
| GUIDED TISSUE REGENERATION        | 110.00 |
| OSSEOUS SURGERY, per quad         | 350.00 |
| CROWN LENGTHENING, per site       | 225.00 |

## **ORAL SURGERY**

|  |        |
|--|--------|
| ROUTINE EXTRACTION   | 45.00  |
| SURGICAL EXTRACTION  |        |
| erupted tooth  | 120.00 |
| retained root  | 120.00 |
| impaction-soft tissue  | 120.00 |
| impaction-partial bony   | 200.00 |
| impaction-complete bony  | 300.00 |
| SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH (to aid eruption) | 150.00 |
| CYST REMOVAL, incl EXTRACTION                                      | 125.00 |
| CLOSURE OF ORAL ANTRAL FISTULA                                     | 65.00  |
| ALVEOLOPLASTY  | 65.00  |
| FRENULECTOMY   | 65.00  |
| GENERAL ANESTHESIA   |        |
| first 30 minutes   | 125.00 |
| additional 15 minutes  | 85.00  |

## **DENTURES**

|                                      |        |
|--------------------------------------|--------|
| COMPLETE DENTURE                     | 425.00 |
| PARTIAL DENTURE-ACRYLIC BASE         | 325.00 |
| PARTIAL DENTURE-CAST CHROME          | 425.00 |
| DENTURE REPAIRS                      |        |
| broken denture base                  | 90.00  |
| replace tooth in denture             | 65.00  |
| add or replace clasp                 | 63.00  |
| add tooth to existing partial        | 65.00  |
| DENTURE RELINE                       |        |
| complete or partial denture - office | 85.00  |
| complete denture - lab               | 165.00 |
| partial denture - lab                | 165.00 |

## **ORTHODONTICS**

|                                |        |
|--------------------------------|--------|
| INITIAL APPLIANCE              | 625.00 |
| ACTIVE TREATMENT-per month     | 55.00  |
| PASSIVE TREATMENT-per 3 months | 55.00  |
| RETAINER, each                 | 200.00 |

|                                |                |
|--------------------------------|----------------|
| <b>PLACEMENT OF AN IMPLANT</b> | <b>1200.00</b> |
|--------------------------------|----------------|

\* subject to changes in the UFT Welfare Fund dental schedule.