

FAMILY SUBSCRIPTION (COMPLETE BELOW)

| Name | RELATIONSHIP TO UFT MEMBER/SUBSCRIBER* | DOB |
|-------|---|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

*Dependent children over the age of 26 must apply for their own membership.

☐ \$36.00 INDIVIDUAL SUBSCRIPTION* ☐ \$48.00 FAMILY SUBSCRIPTION

☐ CHECK MADE PAYABLE TO SIDS IS ENCLOSED

- OR -

YOU MAY CHARGE MY ☐ AMEX ☐ MC ☐ VISA ☐ DISCOVER

CARD No. _____ EXP ____/____ CVV2 CODE _____

CARD BILLING ADDRESS _____ ZIP _____

SIGNATURE _____

SCHEDULE OF MAXIMUM CHARGES

| DIAGNOSTIC & PREVENTIVE | | PERIODONTICS | |
|---------------------------------|--------|--------------------------------------|---------|
| ORAL EXAM | 45.00 | PERIODONTAL SCALING | 35.00 |
| FULL MOUTH SERIES | 50.00 | PERIODONTAL MAINTENANCE PROCE | 70.00 |
| PANORAMIC X-RAY | 50.00 | GINGIVECTOMY, per quadrant | 110.00 |
| INTRAORAL FILM, each | 6.00 | BONE REPLACEMENT GRAFT | 110.00 |
| OCCLUSAL FILM | 15.00 | GUIDED TISSUE REGENERATION | 110.00 |
| CONSULTATION | 75.00 | OSSEOUS SURGERY, per quad | 350.00 |
| PROPHYLAXIS | 45.00 | CROWN LENGTHENING, per site | 225.00 |
| SEALANT, permanent molar te | 30.00 | ORAL SURGERY | |
| SPACE MAINTAINER | 300.00 | ROUTINE EXTRACTION | 55.00 |
| PALLIATIVE TREATMENT | 30.00 | SURGICAL EXTRACTION | |
| ANALGESIA | 35.00 | erupted tooth | 145.00 |
| RESTORATIVE | | retained root | 120.00 |
| SILVER FILLING, one surface | 55.00 | impaction-soft tissue | 120.00 |
| SILVER FILLING, two surface | 65.00 | impaction-partial bony | 200.00 |
| SILVER FILLING, three surface | 75.00 | impaction-complete bony | 300.00 |
| COMPOSITE RESIN, per filling | 70.00 | SURGICAL EXPOSURE OF IMPACTED | |
| BONDED RESIN, INCISAL ANGI | 85.00 | OR UNERUPTED TOOTH (to aid erup | 150.00 |
| PIN RETENTION | 12.00 | CYST REMOVAL, incl EXTRACTION | 125.00 |
| METALLIC INLAY or ONLAY | | CLOSURE OF ORAL ANTRAL FISTULA | 65.00 |
| one surface | 150.00 | ALVEOLOPLASTY | 65.00 |
| two surface | 175.00 | FRENULECTOMY | 65.00 |
| three or more surface | 200.00 | GENERAL ANESTHESIA | |
| CAST POST & CORE | 125.00 | each 15 minutes | 85.00 |
| PRE-FAB POST & CORE | 60.00 | DENTURES | |
| LAMINATE VENEER, chairside | 215.00 | COMPLETE DENTURE | 475.00 |
| CROWNS AND BRIDGES | | PARTIAL DENTURE-ACRYLIC BASE | 375.00 |
| CROWNS | | PARTIAL DENTURE-CAST CHROME | 475.00 |
| acrylic jacket (lab processed) | 250.00 | DENTURE REPAIRS | |
| stainless steel (primary tooth) | 150.00 | broken denture base | 90.00 |
| porcelain jacket | 425.00 | replace tooth in denture | 65.00 |
| plastic with metal | 370.00 | add or replace clasp | 63.00 |
| porcelain with metal | 475.00 | add tooth to existing partial | 65.00 |
| full cast | 350.00 | DENTURE RELINE | |
| maryland bridge retainer | 150.00 | complete or partial denture - office | 85.00 |
| BRIDGE PONTIC | 375.00 | complete denture - lab | 165.00 |
| ENDODONTICS | | partial denture - lab | 165.00 |
| PULP CAP | 10.00 | ORTHODONTICS | |
| VITAL PULPOTOMY | 35.00 | INITIAL APPLIANCE | 675.00 |
| ROOT THERAPY, one canal | 275.00 | ACTIVE TREATMENT-per month | 60.00 |
| ROOT THERAPY, two canals | 350.00 | PASSIVE TREATMENT-per 3 months | 60.00 |
| ROOT THERAPY, three canals | 525.00 | RETAINER, each | 300.00 |
| APICOECTOMY per root | 275.00 | PLACEMENT OF AN IMPLANT | 1200.00 |
| RETROGRADE ROOT FILLING | 75.00 | | |



DIRECT ACCESS DENTAL PLAN

The United Federation of Teachers Welfare Fund is pleased to offer the *Direct Access Dental Plan*. The Direct Access Dental Plan was developed for the benefit of our members and their eligible family members who are not currently eligible for UFT Welfare Fund dental 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 35 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, or need help locating a participating dentist, please call SIDS at:

516-394-9408
866-679-SIDS (7437) (out-of-area)
To enroll online, please visit our website:
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 families at a lower cost.

WHO IS ELIGIBLE TO JOIN THE PLAN?

UFT 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 up to age 26. This plan may be used as an alternative to COBRA for dependent children beyond age 26.

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 700 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 | \$90.00 | \$45.00 | \$45.00 |
| Full Series X-Rays | \$140.00 | \$50.00 | \$90.00 |
| Prophylaxis | \$125.00 | \$45.00 | \$80.00 |
| Crown | \$1,200.00 | \$475.00 | \$725.00 |
| Partial Denture | \$1,850.00 | \$475.00 | \$1,375.00 |
| Orthodontia | \$5,500.00 | \$2,895.00 | \$2,605.00 |

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; *Family Subscriptions* cost \$48. You may purchase a *Family Subscription* covering yourself, your spouse or domestic partner and dependent children up to age 26. Children over the age of 26 and family members may also purchase an *Individual Subscription* or *Family Subscription*.

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?

You can enroll online at www.uftdental.com or Complete the attached Enrollment Form, and mail 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

SUBSCRIBE ONLINE AT: WWW.UFTDENTAL.COM

or

Fill out and return this subscription form

DIRECT ACCESS DENTAL PLAN SUBSCRIBER

LAST NAME_____

FIRST NAME_____

STREET ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE NO.(____)_____ EMAIL ADDRESS: _____

UFT Member/Sponsor's Name_____

CHECK OFF SUBSCRIBER'S RELATIONSHIP TO SPONSOR:

☐ SELF ☐ CHILD ☐ PARENT(S) ☐ SPOUSE ☐ DOMESTIC PARTNER

☐ OTHER(SPECIFY)_____