

UFT DIRECT ACCESS DISCOUNT DENTAL PLAN PLAN DESCRIPTION & FEE SCHEDULE

This document is a brief description of the program.

THIS IS A DISCOUNT ONLY PLAN. THE MEMBER IS RESPONSIBLE TO PAY YOU DIRECTLY.

ELIGIBILITY

- All members enrolled in the Direct Access Dental Plan.
- Members will have a Direct Access identification card
- UFT members and their families who are NOT covered for dental benefits by any other plan.
- Family subscriptions may include a spouse, domestic partner and children under the age of 26
- If you have any questions regarding a member's eligibility please visit our website: UFTDirectAccess.com or call 1-866-679-7437

PLAN OPERATION

- The plan, organized exclusively for UFT members and their families is designed to provide access to quality dental care for its members. Direct Access members must choose a dentist from the directory and pay the dentist directly out of their own pocket following the **UFT/ CIGNA Fee Schedule**.
- Participating Provider search is on our website: UFTDirectAccess.com

DEDUCTIBLE

- There is no deductible

PLAN MAXIMUM

- There is no annual maximum

PLAN LIMITATIONS

- There are no frequency limitations.

CLAIM SUBMISSION

- Because the UFT Direct Access Discount Dental Plan is a reduced **fee-for-service** program, there are **no claim forms** to file. Bill the patient directly at the discounted Maximum Charge.

PPO ADMINISTRATION

- The UFT Direct Access Plan administered by Self-Insured Dental Services. If you have any questions, please contact:

Self-Insured Dental Services
P.O. Box 9005
Lynbrook, NY 11563-9005

If you have any questions regarding the operation of this program please contact S.I.D.S. at:
1-866-679-7437

Rev 8/18

UFT DIRECT ACCESS DISCOUNT DENTAL PLAN**UFT Direct Access Dental Network****Schedule of fees**

	Member Pays		Member Pays
<u>DIAGNOSTIC</u>		<u>PERIODONTICS</u>	
EXAMINATION AND DIAGNOSIS	45.00	GINGIVECTOMY-PER QUADRANT	110.00
COMPLETE SET OF X-RAYS	50.00	OSSEOUS SURGERY-PER QUAD	350.00
BITEWING X-RAY - PER FILM	6.00	BONE REPLACEMENT GRAFT-PER SITE	110.00
PERIAPICAL X-RAY - PER FILM	6.00	SCALE ROOT PLANING-PER QUAD	35.00
OCCCLUSAL FILM	15.00	PERIODONTAL MAINTENANCE PROCEDURE	70.00
PANORAMIC FILM	50.00	CROWN LENGTHENING PER SITE	110.00
CONSULTATION	75.00		
<u>II. PREVENTIVE</u>		<u>DENTURES</u>	
PROPHYLAXIS	45.00	COMPLETE DENTURE	475.00
SEALANT	30.00	IMMEDIATE DENTURE	475.00
SPACE MAINTAINER	300.00	PARTIAL DENTURE-ACRYLIC BASE	375.00
PALLIATIVE TREATMENT	30.00	PARTIAL DENTURE-CAST BASE	475.00
ANALGESIA	35.00	UNILATERAL PARTIAL DENTURE	275.00
<u>RESTORATIVE</u>		<u>REPAIRS</u>	
AMALGAM - 1SRF	55.00	REPAIR COMP DENT BASE OR PARTIAL DENT BASE	90.00
AMALGAM - 2 SRF	65.00	REPLC MISS/BRKN TTH-COM DENT	65.00
AMALGAM - 3 SRF	75.00	ADD CLASP TO EXISTING PART DENT	63.00
COMPOSITE RESIN-PER FILLING	70.00	REPLAC TOOTH TO EXISTING PARTIAL	65.00
BONDED RESIN-INCISAL ANGLE	85.00	RELINE COMPLETE DENTURE-CHAIR	85.00
METALLIC INLAY OR ONLAY		RELINE PARTIAL DENTURE-CHAIR	85.00
1 SURFACE	150.00	RELINE COMPLETE DENTURE-LAB	165.00
2 SURFACE	175.00	RELINE PARTIAL DENTURE-LAB	165.00
3 OR MORE SURFACES	200.00	REPLACE FACING	50.00
PIN RETENTION-PER TOOTH	12.00		
LABIAL VENEER, CHAIRSIDE	215.00	<u>ORAL SURGERY</u>	
<u>CROWNS AND BRIDGE</u>		SIMPLE EXTRACTION	55.00
3/4 CROWN, METAL	325.00	SURGICAL EXTRACTION	
CROWN-ACRYLIC WITH METAL	370.00	ERUPTED TOOTH	145.00
CROWN, ACRYLIC JACKET	250.00	RETAINED ROOT	120.00
CROWN-PORCELAIN JACKET	425.00	IMPACTION-SOFT TISSUE	120.00
CROWN-PORCELAIN WITH METAL	475.00	IMPACTION-PARTIAL BONY	200.00
CROWN- FULL CAST	350.00	IMPACTION-COMPLETE BONY	300.00
PONTIC-METAL, RESIN, PORCELAIN	375.00	ROOT RECOVERY	120.00
MARYLAND BRIDGE RETAINER	150.00	EXPOSURE UNERUPTED/AID ERUPTION	150.00
RECEMENT INLAY CROWN or BRIDGE	15.00	EXPOSURE UNERUPTED ORTHO	150.00
PREFAB SS CROWN-PRIMARY	150.00	ALVEOPLASTY-PER QUAD	65.00
CAST POST AND CORE	125.00	BIOPSY OF ORAL TISSUE	55.00
PREFAB POST AND CORE	60.00	CYST REMOVAL < 1.25CM	65.00
		FRENULLECTOMY	65.00
		ROOT RESECTION/HEMISECTION	100.00
		GENERAL ANESTHESIA each 15 min	85.00
<u>ENDODONTICS</u>		<u>ORTHODONTIC SERVICES</u>	
PULP CAP	10.00	INITIAL APPLIANCE	675.00
VITAL PULPOTOMY	35.00	RETAINER each	300.00
ROOT CANAL THERAPY-ANTERIOR	275.00	PASSIVE TREATMENT-per 3 months	60.00
ROOT CANAL THERAPY-BICUSPID	350.00	ACTIVE TREATMENT PER MONTH	60.00
ROOT CANAL THERAPY-MOLAR	525.00		
APICOECTOMY-1ST ROOT	275.00		
APICOECTOMY-PER TOOTH	425.00	<u>IMPLANT</u>	
RETROGRADE FILLING	75.00	PLACEMENT	1200.00