

WHAT IS THE DIRECT ACCESS DENTAL PLAN?

A dental plan offered to UFT members and their dependents who are not eligible for UFT Welfare Fund benefits. It is designed to make quality dental care affordable for UFT members and their families.

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 to age 23 if they are full-time students. There is no age limit for dependent children who are disabled. Overage dependent children may also purchase Individual Subscriptions.

WHAT BENEFITS WILL I RECEIVE AS A SUBSCRIBER?

There are more than 650 UFT/SIDS Participating Dentists located throughout the Metropolitan area. These general practice dentists and dental specialists have agreed not to charge Direct Access Subscribers more than the fees listed in the Direct Access Dental Plan Schedule below. Since most dentist charges are generally much higher, this represents a substantial saving 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 Dentist Directory lists the name, address, telephone number and specialty of each Direct Access Dentist. To take advantage of the Plan, just select a dentist on the list and call for an appointment. Tell the dentist that you are a UFT Direct Access Subscriber.

WILL I BE FREE TO CHOOSE MY DENTIST OR SPECIALIST?

As a UFT/SIDS 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 at any time.

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 DENTIST CHARGES?

Your dentist will give you a detailed statement of charges, which you can review by calling SIDS at 516-396-5508 or 718-204-7172 **EXT 5508**. You should also call SIDS if you have any questions or need any other help with program.

HOW MUCH DOES IT COST?

An Individual Subscription costs \$36 per year. A Family Subscription costs \$48 per year and covers you, your spouse or domestic partner and your children up to age 19. It also covers your children to age 23 if they are full time students. There is no age limitation for coverage of disabled children. 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 December 31st following your enrollment regardless of when you enroll during the year.

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

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	30.00
SPACE MAINTAINER	175.00
PALLIATIVE TREATMENT	30.00
INHALATION ANALGESIA	35.00

RESTORATIVE

SILVER FILLING, one surface	50.00
SILVER FILLING, two surface	60.00
SILVER FILLING, three surface	70.00
COMPOSITE RESIN, front tooth, per fil	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 proced	215.00

CROWNS AND BRIDGES

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

ENDODONTICS

PULP CAP	10.00
VITAL PULPOTOMY	35.00
ROOT THERAPY, one canal; initial tre	225.00
ROOT THERAPY, two canals; initial tre	300.00
ROOT THERAPY, three canals; initial t	475.00
APICOECTOMY per root	275.00
RETROGRADE ROOT FILLING, per roc	75.00

SURGICAL IMPLANT	1200.00
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PERIODONTICS

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

ORAL SURGERY

ROUTINE EXTRACTION	45.00
SURGICAL EXTRACTION	
of an erupted tooth	120.00
of a retained root	120.00
of an impacted tooth-soft tissue	120.00
of an impacted tooth-partial bony	200.00
of an impacted tooth-complete bony	300.00
SURGICAL EXPOSURE OF IMPACTED	
OR UNERUPTED TOOTH (to aid e	150.00
CYST REMOVAL, incl EXTRACTION	125.00
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

**HOME CHILD CARE PROVIDERS
DIRECT ACCESS DENTAL PLAN ENROLLMENT FORM**

mail this form to:
DIRECT ACCESS DENTAL PLAN
c/o SIDS
P.O. Box 9005
Lynbrook, NY 11563-9005

UFT-HCCP MEMBER LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

- INDIVIDUAL SUBSCRIPTION
- FAMILY SUBSCRIPTION* (provide your family member information below)

FAMILY MEMBER'S NAME	RELATIONSHIP TO UFT-HCCP MEMBER	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*YOUR UNMARRIED CHILDREN OVER AGE 23 REQUIRE INDIVIDUAL SUBSCRIPTIONS.

ENCLOSED IS A CHECK PAYABLE TO SIDS IN THE AMOUNT OF

- \$36 INDIVIDUAL SUBSCRIPTION
- \$48 FAMILY SUBSCRIPTION

OR, CHARGE MY
_____ AMEX _____ MC _____ VISA _____ DISCOVER
CARD No. _____ EXP _____ / _____

CARD BILLING ADDRESS _____ ZIP _____

SIGNATURE _____

MEMBERSHIPS EXPIRE ON DECEMBER 31ST REGARDLESS OF WHEN YOU ENROLL DURING THE YEAR.