

Benefits At A Glance

NEW PALTZ UNITED TEACHERS BENEFIT TRUST FUND

Ron Noelle, Administrator

**DENTAL PLAN
SCHEDULE OF BENEFITS
AND SPECIAL CONDITIONS**

July 1, 2016

SCHEDULE OF BENEFITS AND SPECIAL CONDITIONS

1	The information in the following chart applies to services provided under the NPUT Benefit Trust Dental		
2	Plan as administered by Delta Dental.		
3		PAID BY:	PAID BY:
4	SERVICES:	NPUT TRUST	ENROLLEE
5			
6	DIAGNOSTIC	Deductible Waived	100%*
7	Periodic Exams	Twice within a plan year, July 1st to June 30th.	0%
8	Biteewing x-rays	Twice within a plan year, July 1st to June 30th.	
9	Full mouth x-ray	Twice within a plan year, July 1st to June 30th.	
10	If requested by a dental surgeon prior to surgery, waiver of the dental plan limitation of:		
11	(1) a once in three year panorama view, or		
12	(2) a surgical evaluation in addition to any other dental review,		
13	Palliative emergency treatment		
14	Diagnostic services are exempt from the deductible.		
15			
16	PREVENTIVE	Deductible Waived	100%*
17	Prophylaxis (cleaning)	Twice in a plan year, July 1 through June 30th. (Code: 1110)	0%
18	Fluoride treatments	Once per twelve month period to age 19	
19	Sealants	To age 14	
20	Space maintainers		
21	Periodontal Prophylaxis (cleaning)	Four times within a plan year. (Code: 4910)	
22	Preventative and Periodontal Prophylaxis services are exempt from the deductible.		
23			
24	CONE BEAM CT CAPTURE	(All procedures)	80%* 20%
25	Provide a clear observation of the periodontal pocket, the periodontal membrane		
26	and the alveolar bone, as well as soft tissue such as the maxillary sinus membrane.		
27			
28	BASIC RESTORATIVE		80%* 20%
29	Fillings	(amalgam "silver", composite "white", resin)	
30			
31	MAJOR RESTORATIVE		80%* 20%
32	Single crowns, inlays, onlays, temporary crowns (code 2799 / 2970)		
33	Cast restorations		
34			
35	ORAL SURGERY		80%* 20%
36	Extraction and other oral surgery procedures, including pre - and post -operative care		
37	General anesthesia is benefited with oral or dental surgery.		

SCHEDULE OF BENEFITS AND SPECIAL CONDITIONS

	PAID BY: NPUT TRUST	PAID BY: ENROLLEE
38		
39 SERVICES:		
40		
41 ENDODONTICS	80%*	20%
42 Root canal, pulp therapy, apicoectomy, periradicular		
43		
44 SURGICAL PERIODONTICS	80%*	20%
45 Surgical treatment of the gums and supporting structures of the teeth		
46 Local Delivery CHE (D4381) Scaling / Aid in healing		
47		
48 NON-SURGICAL PERIODONTICS	80%*	20%
49 Non-surgical treatment of the gums and supporting structures of the teeth		
50 Provisional Splinting - Extracoronal (D-4321)		
51		
52 PROSTHODONTICS	70%*	30%
53 Procedures for replacement of missing teeth by construction or repair of bridges		
54 and partial or complete dentures		
55 Porcelain veneers (Labial veneer laminates) are allowed where written non-cosmetic		
56 need is demonstrated.		
57		
58 IMPLANTS	80%*	20%
59 Appliances placed into bone serving as prosthodontic abutements		
60 Includes preparation of and for setting of implants.		
61		
62 BRIDGE RECEMENTATION	80%*	20%
63 Recementation of existing bridgework		
64		
65 ORTHODONTICS (All procedures)	50%*	50%
66 For eligible employees, spouses and dependents up to age 26		
67 Includes Invisalign within the maximum of Orthodontic treatment.		
68		
69 GENERAL ANESTHESIA	80%*	20%
70 Covered when used in conjunction with covered oral surgical procedures		
71		
72 TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ)	80%*	20%
73 Services relating to hinging joints of the jaw		
74		
75 OCCLUSAL GUARD	80%*	20%
76 Removable dental appliance to minimize effects of bruzism (grinding) and		
77 other occusal factors		
78		
79 DENTURE REPAIR	80%*	20%
80 Repair of existing dentures		
81		
82		
83		
84		

SCHEDULE OF BENEFITS AND SPECIAL CONDITIONS

85

86 (*) Percentages are based on the PPO allowed amount, which is the lesser of the dentist's submitted fee
87 or the PPO maximum plan allowance. Dental benefits may be based on the least costly treatment that
88 conforms to generally accepted dental practice.

89

90 ELIGIBILITY :

91 Primary enrollee, spouse or domestic partner and dependent married or unmarried children to age 26 .
92

93 PLAN YEAR / DEDUCTIBLES / PLAN MAXIMUMS

94 Plan Year	July 1st	to June 30th	Deductible	Plan Year Maximums (per member)
95 Member	(plan year)		No Deductible	\$3,000
96 Individual	(plan year)		\$ 50**	\$3,000
97 Family	(plan year)		\$ 100**	\$3,000
98 Orthodontics	(lifetime)		NA	\$3,000

99 (**) \$ 50 per person to a maximum of \$ 100 per family per plan year.

100 Applies to spouse and dependent children.

101 Only Diagnostic, Preventative and Periodontal Prophylaxis services are exempt from the deductible.
102 Any expenses incurred in April, May or June which are used to satisfy the deductible amount in full
103 or in part will also be used to reduce the deductible amount of the following contract year.

104

105 NON-PARTICIPATING SPECIALISTS

106 As of May 1, 2015, Delta will pay non-participating specialists as general dentists.

107

108 SPECIAL CONDITIONS :

109

110 SUSPENSION OF PLAN USE FOR HEALTH REASONS (Cancer)

111 OR OTHER PROCEDURES:

112 The Trust may approve suspension of annual limit due to health reasons / procedures . Upon
113 regaining health or termination of procedures the member's annual limit shall be increased by
114 that portion unused during the suspension. A doctor's note shall be required that dental procedures
115 are to be suspended for health and / or procedural reasons.

116 Said note to be submitted to the Trust Administrator.

117

118 DEPENDENT CHILDREN

119 Unmarried dependent children are covered to age 26

120

121 SURVIVOR OPTIONS :

122 Approval will be given by which a participating member's surviving dependent(s) may continue the
123 plan. The dependent(s) must have been a participating at the time of death of the member and is
124 responsible for the full premium of the plan.

125

126 IMPORTANT :

127 The benefit explanations noted above are subject to all provisions of the Group Dental Contract
128 on file with your Trust Fund ("Plan Administrator"), and do not modify the terms and conditions
129 of such contract in any way nor shall the subscriber accrue any rights because of any statement
130 in or omission from this Benefit Summary.