

July 2018

Dear Teachers,

Please find attached the Buffalo Teachers Federation / Supplemental Benefit Fund **Dental Brochure**.

There are a few important highlights teachers should keep in mind when using the dental program.

1. There is no deductible for **Single Coverage**.
2. There is a \$40.00 deductible for **family coverage** per calendar year.
3. The life-time (per person) maximum allowance for **periodontal** services is as follows:
 - a. 21 years or less of service, **\$2,500.00**
 - b. 21 years or more of service, **\$3,000.00**
 - c. 26 years or more of service, **\$3,500.00**
 - d. 31 years or more of service, **\$4,000.00**
 - e. 36 years or more of **service \$4,800.00**
4. The life-time (per person) maximum allowance for **orthodontic** services is \$1,100.00 for **appliances inserted after 7/1/18**.
5. The maximum allowance for **teacher members** per calendar year (not including periodontal & orthodontic services) is \$1,000.00.
6. The maximum allowance for **dependents** per calendar year (not including periodontal & orthodontic services) is \$600.00.
7. The SBF uses the impression date for all reimbursement purposes on **prosthodontics (dentures), restorative (crowns), and bridgework** services.
8. Teachers having **crowns, dentures & bridgework** replaced need to check with the SBF to be certain they are eligible for reimbursement.
9. The SBF will cover only **bridgework, dentures** and **crowns** once every five years.
10. **COBRA** may extend dental eligibility of teachers and or their dependents when coverage otherwise would cease. Call the SBF for details.

Remember, any bill submitted for reimbursement must be submitted within **6 months** of the **date of service**.

Always check your claim to be sure your Dentist has properly billed you.

Philip Rumore
BTF President

David S. Walker
Supplemental Benefit Fund Director

SBF Trustees: Philip Rumore, Joel Mercado, Sue Raichilson, Ruyvette Townsend, Maria Baker

BTF – SBF GROUP DENTAL BENEFITS PLAN

DO I HAVE DENTAL COVERAGE ?

Yes, the BTF has a self insured indemnity plan called the **SBF Dental Plan**. This is a traditional dental plan in which teachers may choose any dentist and are reimbursed following submission of claims. Payment is based on the SBF schedule of allowances. Any difference between the scheduled allowance and the dentist's charge is the teacher's responsibility.

WHEN DOES MY DENTAL COVERAGE BEGIN ?

Your dental coverage begins on the first day of your employment. Coverage ends on the last day you are compensated by the Board, except for retired teachers whose coverage continues for 60 days from the day they retire.

WHO IS ELIGIBLE ?

1. Buffalo Public School teachers working 15 hours or more a week.
2. Your spouse, unless legally divorced.
3. Unmarried dependent children under the age of 23.

No person is a dependent if they are eligible for the plan as a member.

NOTE: If your child is mentally challenged or physically handicapped when his/her dental coverage would terminate of the age rule, said child may be eligible to continue coverage under certain circumstances. For complete information call the SBF.

WHAT ARE COVERED DENTAL CHARGES ?

Covered dental charges are charges incurred for any service, supply or treatment included in the Schedule of Dental Procedures in this plan. A list of the most common dental procedures and the maximum amount paid for each is shown on subsequent pages.

For any operative dental procedure not specified in the Schedule of Dental Procedures, the SBF will, subject to the provisions of the Plan, pay an amount of benefits consistent with the amounts appearing on the provided schedule.

IS THERE A DEDUCTIBLE ?

There is a \$40.00 family deductible. This applies to teachers submitting claims for a spouse or other eligible dependents. This deductible is subtracted from the actual benefits paid. **There is no deductible for single teachers (with no dependents).** A teacher who qualifies for family coverage may choose individual coverage and avoid the \$40.00 deductible. Call the SBF for complete information.

WHAT IS AN ELIGIBILITY PERIOD ?

An eligibility period is the period of time during which an insured person is eligible for benefits. It begins January 1st or the first day of your employment and ends December 31st or the date the insurance terminates, whichever comes first. Should a family not incur charges in excess of their deductible amount by December 31st, expenses incurred during the last three months (October, November, December) will be applied toward the deductible for the following year.

WHAT PERCENTAGE OF MY DENTAL BILLS WILL BE COVERED ?

The SBF does not pay a percentage of what you are charged. Reimbursement during an eligibility period for covered dental, charges in excess of the deductible will be the maximum amount shown in the schedule of dental procedures.

The maximum dental benefit payable per person per calendar year is \$1,000.00 for teacher members and \$600.00 for dependents. Benefits for orthodontic and periodontal services are not included in calculating the maximum per year. See the following rate schedule for these services.

IS THERE ANY DEADLINE FOR SUBMITTING MY CLAIMS ?

Yes, you must submit your claim for benefits within **six months** of the date the services were performed. This includes services applied to the deductible. In other words, if you go to the dentist on February 16th you must submit your claim for benefits by August 16th of that same year. **It is the responsibility of all teachers to see that their dentist has submitted that claim within the six-month period.**

WHAT IS NOT COVERED ?

1. Expenses for services, supplies and treatment unless they were prescribed by a dentist or a physician.
2. Expenses for services, supplies and treatment incurred in a Veterans' Administration Hospital, or which in absence of insurance would have been furnished without cost, or which are furnished under conditions which the insured person has no obligation to pay, or if the expense is reimbursable by any local or other government agency.
3. Expenses for services, supplies and treatment incurred on account of war, declared or undeclared, including armed aggression.
4. Expenses for services, supplies and treatment for cosmetic purposes, including the alteration or extraction and replacement of sound teeth to change appearance.
5. Expenses for services, supplies and treatment due to loss or theft of dentures or bridgework originally covered by the SBF, unless a period of at least five years has elapsed since the expense was incurred.

6. Expenses for services, supplies and treatment incurred on account of replacement or alteration of full or partial dentures or fixed bridgework originally covered by the SBF, unless such charge is required due to one of the following events:
 - a. An accidental injury requiring oral surgery
 - b. Oral surgery involving the repositioning of muscle attachments, or the removal of a tumor, cyst, torus or redundant tissue
 - c. The lapse of 5 years

Replacement or alteration must be completed within 12 months of the events listed in a & b.

WHAT ARE EXTENDED BENEFITS ?

If a person's insurance terminates before the completion of dental work which began before such termination, benefits will be payable with respect to covered dental charges incurred for such unfinished dental work, as though they had been incurred while insured.

Those charges shall include services requiring more than one visit.

In no event shall such benefits be payable for covered dental charges incurred more than one month after the dental insurance terminates.

WHAT IF BOTH SPOUSES ARE BUFFALO TEACHERS ?

There is a dual coverage policy for those individuals so situated. For complete information call the SBF office.

GENERAL INFORMATION

Non-duplication of Benefits

If an insured person is entitled to any medical and dental care or major medical benefits or services from another source (excluding and individual insurance policy), such benefits under this plan may be reduced to an amount, which, together with all such other benefits, will not exceed 100% of any necessary, reasonable and customary item of expense covered under this plan or any such other plan. (Any item or expense covered under Medicare will be considered in calculating benefits only if a portion of the cost of this item is also covered under a plan other than Medicare).

Co-ordination of Benefits & The "Birthday Rule"

If a teacher member's spouse also has dental benefits, the SBF will co-ordinate with the spouse's insurance carrier. The SBF uses the standard "**Birthday Rule**" when determining which insurance company will be the children's primary (first to pay) carrier. The SBF will always be the primary carrier for the teacher member. The spouse's insurance carrier will always be the spouse's primary carrier. The "birthday rule" comes into play only when considering which insurance company is the primary carrier for the dependent children. The "Birthday Rule" simply states that the insurance company that represents the person whose birthday comes

first in the calendar year will be the primary carrier for the dependent children. Example: Mrs. Doe is a Buffalo teacher whose birthday is March 1st. Her husband, Mr. Doe also has dental insurance and his birthday is April 1st. The SBF will be the primary carrier for Mrs. Doe's children because her birthday comes first within the calendar year. It is only the dependent children who are affected by the "birthday rule". The SBF will never pay more than 100% of the covered charges. Call the SBF for further explanation.

When Insurance Terminates

Your dental insurance terminates when you leave the employment of the Buffalo Board of Education, when you are no longer eligible or when the group policy terminates, whichever happens first. A dependent's insurance terminates when your insurance terminates or when he/she is no longer an eligible dependent, whichever happens first. In some cases **COBRA** allows you and your dependents to continue coverage for varying periods of time (see below).

COBRA

Teachers and /or their dependents may be able to extend their dental benefits when coverage would otherwise cease. Such circumstances would include the death or retirement of a teacher, or a dependent child who reaches the age of 23. Call the SBF for details.

How to File a Claim

Dental claims may be downloaded via the internet. <http://www.btfny.org>
Select **BTF FORMS** then scroll down to **SBF FORMS**. You may also get dental forms from your Building Delegate or by calling the SBF. (716) 881-5462.

When completing the dental form read the instructions carefully and answer all of the questions. If any attachments are required (x-rays) be sure they are included when you return the form. All completed forms must be returned to the SBF office. After your claim has been processed you will be notified in writing if any benefits are denied (in whole or in part), or if any additional information is required by the SBF.

How to Appeal a Claim

If you have any questions about a claim payment or you do not agree with the reason your claim was denied in whole or in part, you should write within sixty days to the SBF Director. Be sure you state why you believe the claim should not have been denied and submit any data, questions or comments you think are appropriate. Your appeal will then be reviewed by the SBF Director.

Any appeal that cannot be resolved by the Director will be forwarded to the SBF Trustees for review and final decision. You will be notified of the final decision within sixty days of the date your appeal was received, unless there are special circumstances, in which case you will be notified within 120 days. If you are not satisfied with the final decision and wish to review the documents pertinent to an appealed claim, you should contact the SBF Director.

BTF-SBF DENTAL BENEFIT REIMBURSEMENT SCHEDULE 2018
 (only the most frequently used procedures are listed)

<u>CODE</u>	<u>PROCEDURE</u>	<u>ALLOWANCE</u>
<u>DIAGNOSTIC</u>		
00100	<u>Clinical Oral Examinations</u>	
00120	Periodic Oral Examination	\$ 25.00
00140	Limited Oral Examination	\$ 30.00
00150	Comprehensive Oral Evaluation	\$ 30.00
00200	<u>Radiographs</u>	
00210	Intraoral – Complete Series (including bitewings)	\$ 50.00
00220	Intraoral – Periapical – first film	\$ 15.00
00230	Intraoral – Periapical – each additional film	\$ 10.00
00272	Bitewings – two films	\$ 20.00
00274	Bitewings – four films	\$ 30.00
00330	Panoramic film	\$ 45.00
00340	Cephalometric film	\$ 33.00
<u>PREVENTIVE</u>		
01100	<u>Dental Prophylaxis</u>	
01110	Prophylaxis – adult	\$ 40.00
01120	Prophylaxis – child 12 years or younger	\$ 30.00
01200	<u>Fluoride Treatments</u>	
01208	Topical application of fluoride (prophy not included)	\$ 21.00
01351	Sealant per tooth	\$ 25.00
<u>RESTORATIVE</u>		
02100	<u>Amalgam Restorations (including polishing)</u>	
02140	Amalgam – one surface, permanent	\$ 50.00
02150	Amalgam – two surface, permanent	\$ 55.00
02160	Amalgam – three surface, permanent	\$ 60.00
02161	Amalgam – four or more surfaces, permanent	\$ 70.00
02300	<u>RESIN RESTORATIONS</u>	
02330	resin – one surface, anterior	\$ 55.00
02331	resin – two surface, anterior	\$ 60.00
02332	resin – three surface, anterior	\$ 70.00
02335	resin - four or more surfaces or involving incisal angle, ant.	\$ 100.00

<u>CODE</u>	<u>PROCEDURE</u>	<u>ALLOWANCE</u>
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RESTORATIVE **(continued)**

<u>02600</u>	<u>INLAY/ONLAY RESTORATIONS</u>	
02644	onlay – porcelain/ceramic – four or more surfaces	\$350.00

<u>02700</u>	<u>CROWNS – SINGLE RESTORATIONS ONLY</u>	
02740	crown – porcelain/ceramic substrate	\$400.00
02750	crown – porcelain fused to high noble metal	\$390.00
02751	crown – porcelain fused to predominantly base metal	\$360.00
02752	crown – porcelain fused to noble metal	\$360.00
02790	crown – fused to cast high noble metal	\$390.00

<u>02900</u>	<u>OTHER RESTORATIVE SERVICES</u>	
02920	recement crown	\$ 40.00
02930	prefabricated stainless steel crown – primary tooth	\$ 90.00
02940	sedative filling (to relieve pain)	\$ 40.00
02950	core buildup, including any pins	\$ 100.00
02951	pin retention – per tooth, in addition to restoration	\$ 20.00
02952	cast post & core in addition to crown	\$140.00
02954	prefabricated post & core in addition to crown	\$150.00
02962	labial veneer (porcelain laminate) – laboratory	\$300.00

ENDODONTICS

<u>03100</u>	<u>Pulp Capping & Therapy Procedures</u>	
03110	pulp cap – direct (excluding final restoration)	\$ 25.00
03120	pulp cap – indirect (excluding final restoration)	\$ 22.00
03220	therapeutic pulpotomy (excluding final restoration)	\$ 85.00
03310	anterior endodontic therapy (excluding final restoration)	\$ 295.00
03320	bicuspid endodontic therapy (excluding final restoration)	\$ 325.00
03330	molar endodontic therapy (excluding final restoration)	\$ 390.00

PERIODONTICS - BASED ON YEARS OF SERVICE THE SBF USES A SLIDING SCALE TOPPING OFF AT **\$4,800.00**

<u>CODE</u>	<u>PROCEDURE</u>	<u>ALLOWANCE</u>
<u>04200</u>	<u>Surgical Services</u>	
04211	gingivectomy or gingivoplasty – per tooth	\$ 100.00
04249	clinical crown lengthening – hard tissue	\$ 150.00
04260	osseous surgery (including flap entry/closure) per quad	\$ 400.00
04263	bone replacement graft – first site quadrant	\$ 225.00

PERIODONTICS (continued)

<u>CODE</u>	<u>PROCEDURE</u>	<u>ALLOWANCE</u>
<u>04300</u>	<u>Adjunctive Periodontal Services</u>	
04341	periodontal scaling and root planing – per quadrant	\$ 95.00
04355	full mouth debridement to enable evaluation & diagnosis	\$ 75.00
04381	localized delivery of chemotherapeutic agents	\$ 60.00
<u>04900</u>	<u>Other Periodontal Services</u>	
04910	periodontal maintenance (active therapy)	\$120.00

PROSTHODONTICS (REMOVABLE)

<u>05100</u>	<u>Complete Dentures (including Routine Post – Delivery Care)</u>	
05110-20	complete denture - maxillary or mandibular	\$400.00
05130-40	immediate denture – maxillary or mandibular	\$375.00
<u>05200</u>	<u>Partial Dentures (including Routine Post – Delivery Care)</u>	
05213	maxillary partial denture – cast metal frame	\$325.00
05214	mandibular partial denture – cast metal framework	\$325.00
<u>05600</u>	<u>Repairs to Partial Dentures</u>	
05610	repair resin denture base	\$ 50.00
05640	replace broken teeth – per tooth	\$ 40.00
05650	add tooth to existing partial denture	\$ 80.00

PROSTHODONTICS (FIXED PARTIAL DENTURE)

<u>06200</u>	<u>Fixed Partial Denture</u>	
06240	pontic – porcelain fused to high noble metal	\$400.00
<u>06700</u>	<u>Fixed partial Denture Retainers – Crowns</u>	
06750	crown – porcelain fused to high noble metal	\$400.00
06751	crown – porcelain fused to predominantly base metal	\$400.00
06752	crown – porcelain fused to noble metal	\$400.00
06930	recement fixed partial denture	\$ 75.00

<u>CODE</u>	<u>PROCEDURE</u>	<u>ALLOWANCE</u>
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ORAL & MAXILLOFACIAL SURGERY

07100-200-300 Extractions (including Local Anesthesia, Suturing & Routine Care)

07140	single tooth eruption exposed root	\$ 150.00
07210	surgical removal of erupted tooth	\$ 100.00
07220	removal or impacted tooth – soft tissue	\$ 105.00
07230	removal of impacted tooth – partial bony	\$ 125.00
07240	removal of impacted tooth – completely bony	\$ 150.00
07250	surgical removal of residual tooth roots (cutting procedure)	\$ 120.00
07310	alveoplasty in conjunction with extractions – per quad.	\$ 100.00
07510	incision and drainage of abscess – intraoral soft tissue	\$ 40.00

ORTHODONTICS

LIFETIME LIMIT IS \$1000.00
(for appliances inserted on or after 7/1/17)

THE SBF ALLOWS THE MAXIMUM LIFETIME BENEFIT OF
\$1000.00 PER PERSON FOR AN ORTHODONTIC APPLIANCE OR
 PROCEDURE AS PER THE SBF SCHEDULE.

CALL THE SBF AT (716) **881-5462** FOR DETAILS

ADJUSTED GENERAL SERVICES

<u>09100</u>	<u>Unclassified Treatment</u>	
09110	palliative (emergency) treatment of dental pain minor procedure	\$ 40.00
<u>09200</u>	<u>Anesthesia</u>	
09220	general anesthesia – first 30 minutes	\$ 75.00
09230	analgesia (including nitrous oxide)	\$ 40.00
09241	intravenous sedation	\$ 125.00
<u>09300</u>	<u>Professional Consultation</u>	
09310	consultation – (diagnostic service provided by dentist)	\$ 50.00
<u>09400</u>	<u>Professional Visits</u>	
09440	office visits – after regular hours	\$ 10.00
<u>09900</u>	<u>Miscellaneous Services</u>	
09910	application of desensitizing medicament	\$ 15.00
09940	occlusal guard/ bruxism appliance	\$ 150.00
09951	occlusal adjustment – limited	\$ 50.00
09970	enamel micro abrasion	\$ 10.00