

## **GROUP DENTAL INSURANCE**

Group Dental Insurance is provided by the **GARDEN CITY TEACHERS ASSOCIATION BENEFITS TRUST FUND** on a Self-Insured basis. Please refer to the GARDEN CITY TEACHERS ASSOCIATION Self-Insured Dental Plan Booklet for more complete details as to the Dental Plan, including the Dental Benefits and Schedule of Benefits.

### **ELIGIBILITY:**

Full-time teachers, full-time nurses, and full-time administrators (and their dependents) employed 30 or more hours per week.

### **CONTRIBUTORY DENTAL BENEFITS FOR YOU AND YOUR DEPENDENTS:**

Maximum Dental Benefit per calendar year	\$1,500
Maximum Orthodontic Benefit-Lifetime This is subject to the Maximum Dental Benefit.	1,500
Maximum TMJ Benefit-Lifetime This is subject to the Maximum Dental Benefit	1,000

### **DENTAL DEDUCTIBLE\*\***

\*\*Presently, the Individual & Family Dental Deductible Clauses have been suspended. This is the current judgment of the GCTA Benefits Trust Fund Trustees, and the suspension of the Individual and/or Family Dental Deductible may be discontinued or modified in the future.

### **DENTAL CO-INSURANCE RATE:**

The Plan pays 100% of the reasonable and customary charges for starred Diagnostic and Preventative services in the Dental Plan Booklet.

The Plan pays 100% all other services--refer to the maximum amounts as shown in schedule of Dental Services in the Dental Plan Booklet.

**DENTAL SERVICES** are reimbursed according to a schedule of benefits. A comprehensive listing of dental services is provided as part of the Dental Plan Booklet. Please refer to the Dental Plan Booklet for more complete details.

A dental PPO is available to enrollees and eligible dependents. A schedule of fees for services has been established for dental providers in the PPO. The enrollee's cost is limited to the difference between the schedule of Plan benefits and the scheduled fee for the particular service.

## **WHEN YOUR COVERAGE BEGINS**

### **BECOMING ELIGIBLE**

If you are in employment on the Plan Effective Date, you will be eligible on that date. Otherwise, you will be eligible the first day of the calendar month after the date of your employment. The plan Effective Date is shown in the Schedule of Benefits.

If you are not actively at work on the day you would normally become eligible, you will be eligible on the day you return to work.

### **BECOMING COVERED**

Enroll promptly for your coverage.

If you enroll for coverage on or before the day you become eligible, you will be covered on the day you become eligible.

If you enroll for coverage within thirty days after the day you become eligible, you will be covered on the day you enroll.

If you enroll for coverage more than thirty days after the day you become eligible, you will be considered a “Late Entrant” subject to limitations listed below.

If you cancel your coverage for any reason (including taking a leave of absence) and then elect at a later date to reenroll in the Plan you will be considered a “Late Entrant” subject to limitations listed below.

## **WHEN YOUR DEPENDENTS’ COVERAGE BEGINS**

### **Dependent**

This term means:

- (a) your spouse
- (b) each of your single children.

The term “children” includes any child who is related to you by blood or marriage, and any other child if that child lives in your household in a parent- child relationship and is dependent on you for support.

Each child must be under age 19, or a full-time student under age 24.

If your child is mentally ill, developmentally disabled or mentally retarded or has a physical handicap when coverage would end due to the child’s age, coverage may be continued. Ask your employer within thirty-one days of the date your child’s coverage ends for details and forms.

### **BECOMING COVERED**

If any of your dependents is eligible under this plan for coverage as an employee, that person is not eligible for that coverage as a dependent. If both you and your spouse are covered under this plan as employees, your children may only be enrolled as dependents of you or your spouse.

Enroll promptly the coverage of your dependents. You dependents will be covered on the day they become eligible. Coverage for dependents will begin:

- (a) On the day they become eligible, if you enroll for dependent coverage on or before that day.

(b) On the day you enroll them, if you enroll for dependent coverage within thirty-one days after the day they are eligible.

Note: Children must be enrolled by the time they are four years old.

### **LATE ENTRANTS**

You are a 'Late Entrant' for dependent coverage if

- (a) You elect the coverage more than thirty days after you become eligible
- (b) You again elect the coverage after you cancel your payroll deduction. Your dependents will not be covered before the day your coverage begins.

Late Entrant Limitations includes

- (a) The amount payable is **50%** of the amount otherwise payable for:
  - (i) major restorations, dentures, bridges and orthodontics
  - (ii) first replacement of teeth that are missing when a person becomes covered for these benefits

This limitation will apply for the first 24 months of late entrant coverage.

After a person has been continuously covered for these benefits for 24 months, this limit will no longer apply.

The above will not apply to a child under the age of four years.

### **DEPENDENT DENTAL COVERAGE AFTER YOUR DEATH:**

If you are covered for Dental coverage when you die, any of your dependents who are then covered, except a dependent who is eligible for Medicare, will remain so covered without further payment for them. However, the coverage on any of those dependents will cease on the earliest date below:

- the last day of the twenty-four months after your death;
- the date of remarriage of a surviving spouse, if any;
- the date that dependent qualifies for Medicare
- the date that dependent ceases to qualify as a Dependent for a reason other than lack of primary support by you.

The dependent benefits payable after you die will be those in effect for your dependents on the day prior to your death.

### **INSURANCE WHILE ON LEAVE:**

You may continue your dental insurance for a period of up to two (2) years while on childcare leave or other type of leave, provided you pay the entire premium directly to Newman Company. If you do not continue coverage while out on leave limitations to coverage will apply when you return to work and reenroll in the dental plan.

### **INSURANCE AFTER RETIREMENT:**

Retired employees and their dependents may elect to continue coverages under COBRA if they qualify.

### **PAID PROVIDER ORGANIZATION:**

The Trust provides access to a network of dental providers who are reimbursed according to a schedule of fees. Use of the PPO will usually result in a considerable out-of-pocket savings. A listing of providers can be obtained from a building representative of the Garden City Teachers Association.

### **FILING A CLAIM:**

- Step 1 - Secure an official claim form.**
- Step 2 - Complete the "Patient" statement in full. (If all questions are not answered, it will be necessary to return the claim form which will delay payment.)**
- Step 3 - Have your dentist complete his/her portion of the claim form**
- Step 4 - Send to:**
  - Newman Company**
  - 925 Hempstead Turnpike, Suite 340**
  - Franklin Square, New York 11010**
  - Telephone: 516-488-1100**
  - Fax: 516-488-1110**

**NOTE: SEND ALL CLAIM FORMS PROMPTLY. CLAIM FORMS MUST BE FULLY COMPLETED BY ALL PARTIES CALLED FOR AND SUBMITTED WITHIN 90 DAYS. IMPROPERLY COMPLETED FORMS WILL CAUSE A DELAY IN THE PAYMENT OF A CLAIM.**

If the result of reviewing a claim results in a declination, partial denial of benefits, reduction of benefits, etc., the employee and/or the dentist may appeal to Newman Company, the Administrator. The appeal must be in writing, in the form of a narrative, giving full detail as to why the original decision should be amended or reversed. The claim will then be reviewed by the Administrator's claim manager and if it can be paid in full, a check will be issued. In the event that total reimbursement cannot be made, it will be referred to the Administrator's vice-president of claims for review. In the event that after review, the Administrator believes that it can not pay the claim in full, or agree with the employee or the provider of service, the claim will be referred to the Administrator's dental consultant for review. Upon return from the dental consultant, the Administrator will either give the information to the employee and/or provider of service, or issue a check in payment.

If the Administrator's decision is upheld by the dental consultant, employee and/or provider may wish to have the claim brought before the Peer Review Committee of the local dental society in the county in which the provider practices. The Administrator would need the employee or provider's written request to have the claim reviewed by this Committee. Upon receipt of the decision by the Peer Review Committee, Newman Company, the Plan Administrator, would stand with this decision and pay the claim even if it would be contrary to the Administrator's original decision. If it upholds the Administrator's decision, the Administrator would then so inform the employee and/or provider of service.

November 2005