

## **DENTAL BENEFITS**

Dental benefits are provided by the **GARDEN CITY TEACHERS ASSOCIATION BENEFITS TRUST FUND** on a Self-Insured basis to all eligible members and covered eligible dependents as defined by the Fund on page 8 of this booklet. Please refer to the Schedule of Dental Benefits for the amounts the Fund will pay for specific benefits. The Schedule of Dental Benefits can be obtained by contacting the Fund's Third-Party Administrator, T.W. Newman Company, Inc.

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

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

### **DENTAL CO-INSURANCE REQUIREMENT:**

The Fund pays 100% of the reasonable and customary charges for starred Diagnostic and Preventative services in the Fund's Dental Schedule of Benefits.

The plan pays 65% of reasonable and customary for Orthodontic services in the Dental Schedule of Benefits. You are responsible for a co-insurance payment of 35%.

The Plan pays 100% of the scheduled allowance all other services--refer to the maximum amounts as shown in the Fund's Dental Schedule of Benefits.

### **THE SCHEDULE OF BENEFITS**

Members are reimbursed for covered services according to the Fund's Dental Schedule of Benefits. A comprehensive listing of the covered dental services is provided in the Dental Schedule of Benefits.

### **PREFERRED PROVIDER OPTION**

An optional dental Preferred Provider Organization (PPO) is available to members and their covered eligible dependents. Each dental provider in the PPO has agreed to accept reduced fees for their services. The member's cost is limited to the difference between the Plan benefits payment and the PPO provider's agreed upon reduced fee for the particular service. Members opting for a provider in the PPO will usually experience an out-of-pocket savings. A searchable provider database is available online at [www.Qualident.Com](http://www.Qualident.Com)

### **FILING A CLAIM**

**NOTE: SEND ALL CLAIM FORMS PROMPTLY. CLAIM FORMS MUST BE FULLY COMPLETED BY ALL PARTIES CALLED FOR AND SUBMITTED WITHIN 180 DAYS OF THE DATE OF SERVICE. IMPROPERLY COMPLETED FORMS WILL CAUSE A DELAY IN THE PAYMENT OF A CLAIM.**

- Step 1 -** Use the standard American Dental Association claim form, available in most dental offices and the GCTABTF website – [www.gctabtf.org](http://www.gctabtf.org).
- 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 *and sign* his/her portion of the claim form
- Step 4 -** Send to the Fund's Dental Administrator:

**T.W. Newman Company, Inc.  
925 Hempstead Turnpike, Suite 340  
Franklin Square, New York 11010  
Telephone: 516-488-1100  
Fax: 516-488-1110**