RETIREE WELFARE FUND DENTAL SCHEDULE

FOR MEMBERS AND THEIR ELIGIBLE DEPENDENTS

EFFECTIVE
January 1, 2021

Dear Colleague;

This brochure provides you with a description of your dental benefits as an eligible member of the CSA Retiree Welfare Fund. We have also described the advantages of the CSA Retiree Welfare Fund Participating Dentist Program, how it works and how to use it.

The Trustees and I are proud of the dental program that has been developed over these many years. As you know, your dental benefits program has been upgraded as the funds necessary to provide you with improved and expanded coverage have been made available to us through the Union's negotiations with the Board of Education.

We shall continue to work to improve your benefit program in the future.

Very Truly Yours
Mark Cannizzaro
Chairperson, Board of Trustees

The Fund's objective is to provide you with comprehensive health and welfare benefits. It is important to recognize that dental plan reimbursements cannot cover all your dental expenses, but should go a long way to helping you defray the cost of your dental care. The Fund policy is to administer our dental plan in the fairest and most equitable manner possible; for example, where there is more than one option available in the treatment of your condition, the plan will base its payment on the least costly treatment, regardless of which treatment you select. The plan also imposes frequency limitations and maximum payment for certain services.

CSA RETIREE WELFARE FUND PARTICIPATING DENTIST PROGRAM

When you use a CSA Retiree Welfare Fund participating dentist, you will be provided with the services listed in the Schedule of Covered Dental Expenses without any out-of-pocket expenses except for those few services where a co-payment is required or where plan limitations have been met. Since usual and customary dental charges generally exceed dental plan allowances, this represents an overall savings to you in the cost of your dental services.

It is important to understand that the CSA Retiree Welfare Fund does not recommend any particular dentist. You are responsible to select the dentist of your choice and should exercise the same care and apply the same criteria in selecting a participating dentist that you would in selecting a nonparticipating dentist. You should be aware that, although several dentists may practice at the same location, only the dentist whose name appears on the list is a CSA Retiree Participating Dentist. If you use a participating dentist you will be expected to assign benefits on the claim form so that the participating dentist can be paid directly by the Fund. If you use a non-participating dentist, the Fund will pay up to the maximum allowance set forth in the dental schedule and you will be responsible for the difference between that allowance and your dentist's charge.

To use a participating dentist, select one from the List of Participating Dentists and call for an appointment. Identify yourself as a CSA Retiree Welfare Fund member and confirm that the dentist is a participating dentist. The panel of participating dentists was developed in cooperation with our dental consultants, S.I.D.S. Consultants.

Should you want any assistance with the program, have any specific complaints or suggestions, or require an updated List of Participating Dentists, please contact:

S.I.D.S. Consultants
P.O. Box 9005
Lynbrook, N.Y. 11563-9005
718 201-7172 \ 516 396-5500
www.asonet.com

S.I.D.S. will monitor the performance of participating providers to insure that appointments are freely given and honored and that charges for services do not exceed those listed in the CSA Retiree Welfare Fund Dental Schedule. Accordingly, you should be aware that you should not pay the dentist any money except in the following few instances:

For a non-covered service (there are a few procedures not included in the Fund Dental Schedule), you are not to pay more than the dentist's usual and customary charge for that service.

For services that are listed in the Schedule but for which the Plan will not pay (e.g. where plan maximums and frequency limitations have been met, where under the pre-treatment review estimate procedure we have approved payment for an alternate course of treatment). In these instances, your dentist's charges may not exceed the Welfare Fund Dental Schedule fees for those services.

If you are a beneficiary under more than one dental plan, the dentist is entitled to the benefits available from both plans. The combined payment for any procedure.

IMPORTANT: You should be aware that your dental plan applies certain payment limitations based on frequency. Oral examination, prophylaxis, x-rays and certain periodontal treatments are examples of services which have payment limitations based on frequency of utilization. Specific limitations are described in the Dental Schedule. It is not possible for your dentist to determine in advance whether these frequency limitations have been reached. Therefore, if you are being seen by a periodontist, oral surgeon, or other dental specialist, you may be requested to pay for these frequency limited services. The dentist will file a claim form on your behalf and, if your benefits have not been exhausted, you will be reimbursed directly by the Fund.

for fixed bridgework and removable dentures, it starts when the first impressions are taken and/or abutment teeth are prepared;

for a crown, inlay, or onlay, it starts when the preparation of the tooth involved is completed;

for root canal therapy, it starts when the pulp chamber of the tooth is opened.

ALTERNATE BENEFITS PROVISION: Due to the element of choice available in the treatment of some dental conditions, there may be more than one course of treatment that could provide a suitable result based on commonly accepted dental standards. In these instances, the Fund will determine the alternate course of treatment on which payment will be based and the expenses that will be included as covered expenses. You may elect to follow the original course of treatment and be responsible for charges which exceed Plan allowances for the alternate treatment.

EXTENSION OF BENEFITS: An expense incurred in connection with a Dental Service that is completed after a person's benefits cease will be deemed to be incurred while that person was eligible if:

for fixed bridgework and full or partial dentures, a pretreatment review estimate was issued, impressions were taken and/or abutment teeth were prepared while that person was an eligible beneficiary and the device was installed or delivered within one month after that person's eligibility terminated;

for a crown, inlay or onlay, pre-treatment review estimate was issued, the tooth was prepared while that person was an eligible beneficiary, and the crown, inlay or onlay was installed within one month after that person's eligibility terminated;

for root canal therapy, the pulp chamber of the tooth was opened while that person was eligible for benefits and the treatment was completed within one month after that person's eligibility terminated.

There is no extension for any Dental Service not shown above.

PRE-TREATMENT REVIEW: The process is intended to inform the patient and dentist, in advance of treatment, what benefits are provided by the Dental Program. It enables you to obtain full knowledge of the operation of your dental plan prior to undertaking treatment and incurring expenses. The process identifies coverage and limitations and clarifies specific limits and scheduled allowances; it provides the member with a detailed understanding of plan benefits available as a result of specific dental services being rendered, before any actual treatment and expenses are incurred. Its emphasis is quality care for the benefit of the Fund member.

A Claim Form for Pre-Treatment Review should be filed by your dentist if the course of treatment prescribed for you is expected to cost more than $1000 in a 90 day period and/or

ELIGIBILITY: You are eligible to receive benefits under the CSA Retiree Welfare Fund Program if:

- you were a Supervisory or Administrative Employee who was separated from service with the Board of Education subsequent to June 30, 1970; and
- you were eligible to receive supplemental welfare benefits; and
- you were covered by the CSA Welfare Fund at the time of such separation: and
- you remain a primary beneficiary of the NYC Health Insurance Program: and
- you are entitled to benefits paid for by the City through such program.

DEPENDENT COVERAGE: Coverage for dependents is a member benefit and is provided at the request of the member. Eligible dependents of covered members are fully covered for all CSA Retiree Welfare Fund benefits. Dependents, as defined by the Fund, are: the legally married spouse (or registered domestic partner) eligible for coverage by the city-provided health benefit plan; each dependent child from birth until the age of 26 is reached so long as they are not covered by or eligible for other health insurance through their employer and have completed an "Age 26 Young Adult Dependent Coverage Enrollment Form"., Regardless of age, who is incapable of self-sustaining employment by reason of an extreme mental illness expected to be permanent, mental retardation, or a physical handicap and who became so incapable prior to attainment of age 19 and is wholly dependent on the covered employee for support. Applications for such disabled status must be made prior to the age of 19 or at the time of enrollment. You must submit proof of your dependent child's incapacity to the Fund office 31 days before the date he or she attains the age at which his or her coverage would otherwise terminate. Proof of the continued existence of such incapacity shall be furnished to the Fund Office from time to time at its request.

MAXIMUM ANNUAL BENEFIT: $7,500 per covered individual in a calendar year.

LIFETIME ORTHODONTIC BENEFIT: $3,300 per covered individual.

MAXIMUM IMPLANT BENEFIT: $3,000 per covered individual in a three year period.

COVERED EXPENSES: Covered expenses include charges made by a Dentist for the performance of Dental Services provided for in the Schedule of Dental Services, when the Dental Service is performed by or under the direction of a Dentist, is essential dental care, and begins and is completed while the individual is covered for benefits.

A Dental Service is deemed to start when the actual performance of the service starts except that:

includes any of the following services: inlays, crowns, bridges, dentures, laminate veneers or periodontal surgery. The Dentist should complete the claim form describing the planned treatment and the intended charges before starting treatment. Complete your part of the form and mail it together with the necessary x-rays and other supporting documentation to:

S.I.D.S., DEPT. 16
P.O. Box 9005
Lynbrook, N.Y. 11563-9005

S.I.D.S. will review the proposed treatment and apply the appropriate plan provisions. You and your Dentist will receive a report showing the exact amount the Plan will pay for each procedure. If there are disallowances, these will also be indicated along with an explanation for the disallowances. Discuss the treatment plan and the benefits payable with your Dentist.

If you receive a pre-treatment review estimate for a proposed course of treatment that was submitted by one Dentist, that pretreatment review estimate will remain valid if you elect to have some or all of the work done by another Dentist. The pre-treatment review estimate will be honored for one year after issuance.

Please be aware that a pre-treatment review estimate is not a promise of payment. Work must be done while you are still covered by the Fund for benefits (except where there is an Extension of Benefits as described above) and there is no significant change in the condition of your teeth and mouth after the pre-estimate was issued. Payment will be made in accordance with plan allowances and limitations in effect at the time services are provided.

We urge you to file a Pre-Treatment Estimate so that you will know, in advance of treatment, what benefits are provided by the dental
Program.

GUARDED PROGNOSIS LIMITATION: If, in the opinion of the claims administrator, the longevity of the proposed or rendered treatment is limited, payment may be made in accordance with plan provisions.However, any future benefits for services provided in that jaw may be affected.

COSMETIC LIMITATION: Where there is more than one method of restoring a decayed or fractured tooth, one of which may result in a more aesthetic restoration than others, payment will be based on the least costly professionally acceptable treatment option.

EXPENSES NOT COVERED: Covered Expenses will not include, and no payment will be made for, expenses incurred for:

- cosmetic restoration;
- replacement of a lost or stolen appliance;
- replacement of a bridge, crown or denture within five years after the date it was originally installed;
- any replacement of a bridge, cr own or denture which is or can be made usable according to commonly accepted dental standards;
- procedures, appliances or rest orations (except full dentures) whose main purpose is to:
(a) change vertical dimension; or
(b) diagnose or treat conditions or dysfunctions of the temporomandibular joint; or
(c) stabilize periodontally involved teeth
- multiple bridge abutments;
- dental services that do not meet commonly accepted dental standards;
- services not included as Covered Dental Services in the CSA Retiree Welfare Fund Dental Schedule;
- services for which benefits are not payable according to the "General Limitations" section.

GENERAL LIMITATIONS: No payment will be made for expenses incurred for you or any one of your dependents:

- for or in connection with an injury arising out of, or in the course of, any employment for wage or profit;
- for or in connection with an injury arising out of, or in the course of, an act or omission of a third party;
- for or in connection with a sickness which is covered under any worker's compensation or similar law;

- for charges made by a hospital owned or run by the United States Government unless there is a legal obligation to pay such charges whether or not there is any insurance;

- to the extent that payment is unlawful where the person resides when the expenses are incurred;

- for charges which would not have been made if the person had no insurance, including services provided by the member's spouse;

- to the extent that they are more than Reasonable and Customary Charges;

- for charges for unnecessary care, treatment or surgery;

- to the extent that you or any of your dependents is in any way paid or entitled to payment for those expenses by or through a public program;

- for or in connection with experimental procedures or treatment methods.

HOW BENEFITS ARE PAID: After dental work is performed, have your Dentist complete all items in the Dentist Information portion of the claim form and list the procedures, dates of services and charges and sign in the space provided for Dentist signature. You should then complete all items in the Member Information portion. Be sure to include spouse and dependent information where applicable. Completed claim forms, with x-rays and other attachments, should be sent to:

S.I.D.S., Dept. 16
P.O. Box 9005
Lynbrook, N.Y. 11563-9005
718-204-7172 \ 516-396-5500

Claim forms are available from the CSA Retiree Welfare Fund Office. Dental claims must be filed within 12 months of the date of service. Claims filed later than 12 months from the date of service will not be reimbursed. If you would like the payment made directly to your Dentist, you must sign the "Authorization to Assign Benefits" box on the claim form. Reimbursement will be at the rate of 100% of the fees listed in the Schedule of Allowances, not to exceed actual Dentist charges.

COORDINATION OF DENTAL BENEFIT: If you or your family members are eligible to receive dental benefits under another group plan in addition to the CSA Retiree Welfare Fund Dental Plan, benefits will be coordinated with the benefits from your other group plan so that up to 100% of the allowable expenses incurred will be paid jointly by the plans. The allowable expense for a procedure is based on the usual and customary charge for a specific geographic area. In order to obtain all of the benefits available, you and your family members should file claims under each plan.Members should file with the primary plan first and then the secondary plan. Be certain to enclose a copy of the payment voucher from the primary plan when filing a claim with the secondary plan.

You cannot receive benefits from the same benefit program as both a Member and as a Dependent.

No one can receive benefits as a Dependent of more than one Employee.

COORDINATION OF BENEFITS WITH CAPITATION PLANS-
when services are provided by a DMO (Dental Maintenance Organization) participating dentist: When CSA Retiree Welfare Fund is the primary plan, CSA will consider up to the schedule allowance for a procedure, if and only if the benefits are assigned to the DMO provider. When CSA Retiree Welfare Fund is the secondary plan, CSA will only consider the member's out-of-pocket expense, the DMO established co payment, if and only if the benefits are assigned to the provider. If there is no co-payment that the member is responsible to pay, CSA Retiree Welfare Fund will now consider that the services provided by the DMO provider have been "paid in full" with the monthly stipend the provider receives from the DMO plan.

CLAIMS APPEAL AND REVIEW PROCEDURE: Your right to appeals and review are defined in the CSA Retiree Welfare Fund Health and Welfare Benefits Booklet.

CONTINUATION OF COVERAGE: You and/or your Dependents may be eligible for continuation of coverage under the Federal COBRA regulations described in the Benefits Booklet should coverage be terminated for you or your Dependents.

CSA RETIREE WELFARE FUND
40 Rector Street, 12th Floor
New York , New York 10006
212-962-6061
www.csawf.org

Douglas V. Hathaway, Ph.D.
Administrator

DISCLAIMER: Reasonable efforts are made to ensure that the information contained in this brochure is complete, accurate and current. No responsibility is assumed for errors or omissions.

DIAGNOSTIC & PREVENTIVE

ORAL EXAMINATION	50.00
maximum-two in a calendar year	
FULL MOUTH SERIES X-RAYS	
10 to 14 periapical and bitewing films	50.00
INTRAORAL FILMS	
periapical or bitewing-each film	6.00
OCCLUSAL FILM	15.00
EXTRAORAL FILM	
anteroposterior, lateral, per film 30.00	
TMJ FILM	30.00
PANORAMIC FILM	50.00
maximum-$50 in a calendar year for all x-rays	
PROPHYLAXIS, including scaling and polishing	
adult	60.00
maximum-one every three consecutive months	
SEALANT, per tooth, to age 17	
for unrestored permanent posterior teeth	30.00
lifetime maximum-one application per tooth	
SPACE MAINTAINER	250.00
ADJUNCTIVE PRE-DIAGNOSTIC TEST	30.00
CONE BEAM CT	200.00
maximum-one every three years	
PALLIATIVE TREATMENT	30.00
no other treatment rendered that same visit	
SPECIALIST CONSULTATION	75.00
maximum-two in a calendar year	

RESTORATIVE

SILVER AMALGAM FILLINGS, permanent or primary teeth	
one surface	55.00
two surface	65.00
three or more surfaces	75.00
COMPOSITE RESIN, anterior	70.00
COMPOSITE RESIN, two or more surfaces	70.00
COMPOSITE RESIN involving the incisal angle	85.00
PIN RETENTION	20.00
METALLIC or PORCELAIN INLAY	
one surface	150.00
two surface	175.00
three surface	200.00
METALLIC or PORCELAIN ONLAY	70.00
CROWNS	
Pre-operative periapical x-ray required. There is a 5 year Frequency limitation on replacements	
acrylic jacket (laboratory processed)	300.00
porcelain jacket	450.00
plastic with metal	400.00
porcelain with metal	500.00
full cast	400.00
3/4 cast	350.00
PORCELAIN LAMINATE	365.00
PREFAB STAINLESS STEEL CROWN, primary tooth	150.00
CAST POST & CORE separate procedure	125.00
PREFABRICATED POST & CORE	60.00
POST REMOVAL	270.00

ENDODONTICS

x-ray evidence of satisfactory completion required

PULP-CAP	15.00
PULPOTOMY	50.00
ROOT THERAPY	
anterior	. 300.00
bicuspid	375.00
molar	550.00
APICOECTOMY	
first root	275.00
maximum per tooth	425.00
RETROGRADE ROOT FILLING-per root	75.00

ORAL SURGERY

ROUTINE EXTRACTION	55.00
SURGICAL EXTRACTION	
must be demonstrated by x-ray	
erupted tooth	145.00
retained root	170.00
+impaction-soft tissue	170.00
+impaction-partial bony	250.00
+impaction-complete bony	350.00

+ MEMBERS ENROLLED IN GHI-CBP, MUST SUBMIT CLAIMS FOR IMPACTIONS TO GHI-CBP FIRST, SINCE GHI-CBP COVERS EXCISION OF IMPACTED TEETH. A COPY OF THE PAYMENT VOUCHER FROM GHI-CBP MAY THEN BE ATTACHED TO A DENTAL CLAIM FORM AND SUBMITTED TO THE FUND FOR ANY ADDITIONAL BENEFITS.

BIOPSY OF ORAL TISSUE	65.00
ALVEOLOPLASTY-per quadrant	75.00
REMOVAL of CYST or TUMOR	125.00
FRENULECTOMY	85.00
VESTIBULOPLASTY	140.00
CLOSURE OF ORAL-ANTRAL FISTULA	65.00
SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH	200.00
ROOT RESECTION/HEMISECTION	100.00
GENERAL ANESTHESIA/IV SEDATION	
Per 15 minutes	65.00
Maximum 45 minutes per visit	
ANALGESIA (for Surgical Procedures Only)	35.00
JAW FRACTURE (if not covered by another group)	
Closed reduction	200.00
Open reduction	250.00

PROSTHODONTICS

A Pre-Treatment Estimate should be filed for all prosthetics. Pre-operative X-rays are required when filing a claim for pre-treatment review or payment on all prosthetics. X-rays of the full arch must be included for all bridgework. There is a five year frequency limitation from date of installation on all prosthetics.

COMPLETE DENTURE	
immediate or permanent	500.00
PARTIAL DENTURE-unilateral	
one tooth	300.00
PARTIAL DENTURE-bilateral	
acrylic base	400.00
cast metal base	500.00
TISSUE CONDITIONING	38.00
OBTURATOR	65.00
RELINE	
complete denture-office procedure	90.00
complete denture-laboratory procedure	165.00
partial denture-office procedure	85.00
partial denture-laboratory procedure	165.00
BRIDGE ABUTMENT	
crown-plastic with metal	375.00
crown-porcelain fused to metal	500.00
crown-full cast	400.00
BRIDGE PONTIC	
full cast	375.00
plastic with metal	375.00
porcelain with metal	375.00
CAST METAL RETAINER-acid etch	
including cementation	375.00
RECEMENTATION	
crown or inlay	20.00
Bridge	30.00
DENTURE REPAIRS	
adjust denture	30.00
broken denture base	90.00
replace tooth in denture	90.00
replace broken facing	50.00
broken cast framework	110.00
replace broken clasp	110.00
add tooth to existing partial denture	90.00
add clasp to existing partial	110.00

IMPLANTS AND IMPLANT-RELATED SERVICES

*This service is not covered by the CSA Retiree Welfare Fund. CSA Participating dentists will limit their charges to the members and their eligible dependants as follows:

Discount Rate	
225.00	*CLINICAL CROWN LENGTHENING Hard tissue, per tooth area. *maximum $450.00 per tooth*

Plan Pays	In-network copay	
600.00	600.00	Surgical placement of an implant body
237.50	237.50	Custom or Prefabricated abutment
337.50	337.50	Abutment supported porcelain/ceramic crown
337.50	337.50	Abutment supported porcelain/high noble metal crown
337.50	337.50	Abutment supported porcelain/noble metal crown
337.50	337.50	Abutment supported cast high noble metal crown
300.00	300.00	Abutment supported cast noble metal crown
487.50	487.50	Implant supported porcelain/ceramic crown
487.50	487.50	Implant supported porcelain/high noble metal crown
487.50	487.50	Implant supported high noble metal crown

***When utilizing the services of a participating provider the Member pays the above listed co payment directly to the dentist.**
****The maximum for all Implant and Implant related services is $3,000 per covered individual in a three year period.**

PERIODONTICS

Periodontal Limitations: Although eight teeth constitute the anatomic complement of a quadrant, for purposes of settling claims for periodontal treatment, payment will be based on five teeth per quadrant. Accordingly, if at least five teeth are treated in a quadrant, payment will be based on the allowance for a full quadrant. If fewer than five teeth are treated, payment will be pro-rated on the basis of five teeth per quadrant. When more than one periodontal procedure is performed on the same day, claims for services will be combined and payment will be based on the most costly procedure.

PERIODONTAL TREATMENT- root scaling & subgingival curettage, subgingival irrigation, including prophylaxis, any combination	
per quadrant	50.00
maximum per visit	100.00
PERIODONTAL MAINTENANCE PROCEDURE	
following active therapy, including prophylaxis	
full mouth	80.00
The maximum payment for any combination of the above two procedures will be $250 in a calendar year.	
PERIODONTAL SURGERY	
(confirmation by charting and/or x-rays required)	
gingivectomy or gingivoplasty, soft tissue graft, vestibuloplasty, any combination	
maximum per quadrant	140.00
osseous graft, maximum 2 per quadrant	110.00
osseous surgery, including gingivectomy	
maximum per quadrant	400.00
limited to once in thirty-six months per quadrant.	
GUIDED TISSUE REGENERATION	110.00
maximum per quadrant	220.00
PEDICLE SOFT TISSUE GRAFT	140.00
FREE SOFT TISSUE GRAFT	140.00
LOCALIZED DELIVERY OF CHEMO AGENT	
one per 36 months, per tooth	30.00

ORTHODONTICS

($3,300 lifetime maximum)

INITIAL ORTHODONTIC APPLIANCE	
full treatment-fixed appliance	675.00
full treatment-removable appliance	200.00
ACTIVE TREATMENT	
per month of treatment (24 months max.)	75.00
ADJUNCTIVE APPLIANCE	
harmful habit	200.00
retention	300.00
PASSIVE TREATMENT	
per 3 months of treatment (9 months max.)	75.00

ADJUNCTIVE SERVICES

SPECIALIST CONSULTATION	
(including an oral examination)	75.00
PALLIATIVE TREATMENT	
(no other treatment that visit)	30.00
BRUXISM APPLIANCE	300.00