

**NASSAU COMMUNITY COLLEGE
FEDERATION OF TEACHERS
LOCAL 3150
SELF-INSURED DENTAL PLAN**

NEWMAN COMPANY – Plan Administrators
A Tradition of Excellence in Service
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This is your dental plan description for the Nassau Community College Federation of Teachers self insured dental plan.

This plan description will explain who can be covered on the plan and how the plan works. If you have questions, please contact the plan administrator or the union office. Contact information is included at the end of this document.

Who can be covered?

All active full time faculty and administrators are automatically enrolled for individual dental coverage at no cost. The benefit starts on the first day of the month following a two month waiting period. However, claims cannot be paid until there is an enrollment card on file.

Spouses, domestic partners, children under 19 and children who are full time students between 19 and 25 can also be enrolled at your request, with some payroll contribution required. If not added when first eligible these dependents will have a period of reduced benefits.

For any dependent not added within 30 days of becoming eligible, there will be a “late entrant penalty” reducing the schedule of dental benefit benefits by half until the late entrant has been covered for 24 consecutive months. This provision does not apply to children under two years of age.

When you retire you will be given the option to continue your coverage at your own expense. You must have been a member in good standing for at least 90 days before retirement, and must maintain affiliation with the union by paying an affiliation fee. The NCCFT will notify the plan administrator and you will receive a bill for the premium.

If you separate from employment for any reason other than retirement, you might be allowed to continue dental coverage for up to 18 months at your own expense under COBRA. The NCCFT will notify the plan administrator and you will receive the necessary paperwork.

When your dependent child loses eligibility due to age and/or lack of full time student status they might be allowed to continue coverage for up to 36 months at their own expense. The NCCFT will notify the plan administrator and your child will receive the necessary paperwork for COBRA. If your dependent child resumes full-time student status and is under 25 they may be eligible to rejoin the plan as your dependent. Claims for the period when they were not full time students will not be paid unless they maintained COBRA or other dental coverage during that period. Documentation of other coverage will be required. Note: when a dependent's full-time student status ends after a Spring semester, coverage will end August 31 of that year; full-time student status that ends after a Fall semester, coverage will end January 31 of the following year.

If your dependent child is disabled when their coverage would normally end, they might be allowed to continue on the plan as your dependent. Contact the plan administrator or union for more information.

If your spouse or domestic partner ends eligibility because of divorce, they will be given the option to continue the coverage at their own expense for up to 36 months under COBRA. The NCCFT, once notified by you, will notify the plan administrator and your ex-spouse or partner will receive the necessary paperwork.

If you die while an active full-time employee, and if you have dependents covered on the plan, their coverage will continue at no expense to them for two years. At the end of that two year “Family Survivor Benefit” they will be allowed to continue the coverage at their own expense. The NCCFT will notify the plan administrator.

If you die while a retiree and if you have dependents covered on the plan, they will be allowed to continue the coverage at their own expense. The NCCFT will notify the plan administrator and your surviving dependent(s) will receive the necessary paperwork.

How does the plan work?

The plan is self-insured by the Nassau Community College Federation of Teachers. The NCCFT establishes the benefit plan and provisions and retains the plan administrator to maintain enrollment records, receive claims, adjudicate the claims according to the plan, process payments accordingly, and field questions from plan participants and providers about eligibility, benefits and claims payments.

The plan reimburses you for covered expenses you incur. You can use any licensed dentist, anywhere in the world. Using the optional participating provider network (www.newmanppo.com) may reduce your out of pocket expense but does not change the amount reimbursed by the plan. Whichever provider you choose, a completed claim form must be submitted to the plan administrator. You or the dentist can submit the claim form. The plan uses the standard American Dental Association claim form. Most dental offices have forms. You can also download a form from the union’s website at www.nccft.org.

The plan requires claims to be submitted within one year from the date of service.

Each covered person must pay the first \$35.00 of covered services incurred in each calendar year. This deductible applies to all services. A family is limited to a total of \$105 deductible each calendar year. Any deductible satisfied during October, November and/or December will also count toward satisfaction of the following year’s deductible.

Each covered person is limited to receive \$1,600 in Maximum Dental Benefits in each calendar year. Each covered person is limited to receive a total of \$1,500 in benefits for orthodontia per lifetime which is subject to the Maximum Dental Benefits. Expenses are

considered to be incurred in the year the work on a tooth begins. Expenses will not be reimbursed until work is completed.

The plan pays for dental work that is considered necessary, subject to exclusions and frequency limitations which are listed in a separate section of this document.

The plan pays 100% of the dentist charge, but never more than usual and customary, for diagnostic procedures such as oral evaluations and x-rays, and preventive procedures such as dental cleanings, fluoride treatment and sealants.

The plan pays according to a “Schedule of Dental Benefits” for covered procedures that are not preventive or diagnostic. The “Schedule of Dental Benefits” document may be found on the www.nccft.org website.

The plan does not require preauthorization or preapproval. However, you may want to receive an estimate of benefits and determination of coverage before beginning major work. Your dentist can submit a written treatment plan to the plan administrator, and a written pre-estimate will be sent to your dentist.

Procedural and frequency limitations

Oral evaluations, exams, consultations	2 per calendar year
Dental Prophylaxis, cleaning, maintenance debridement, periodontal maintenance	3 per calendar year
Bitewing X rays	2 charges per calendar year
Panoramic or Full mouth x ray	1 per 3 years
Replacement of crown, bridge	5 years wait
Porcelain crowns on molar teeth	paid as metal crowns

Topical application of fluoride – Limited to persons less than 19 years old; only one per person in any calendar year.

Fixed or Cemented Appliances-Only one appliance per person.

Topical application of sealant on a posterior tooth for a person less than 14 years old - Only one treatment per tooth in any 3 calendar years.

Gold or porcelain crown restorations are covered dental services only when the tooth, as a result of extensive caries or fracture, cannot be restored with amalgam, silicate, acrylic or plastic restoration.

Local anesthetic, analgesic and routine post-operative care for extractions and other oral surgery are part of the allowance for each Dental Service. The administration of a general anesthetic is covered only when medically necessary in conjunction with oral or dental surgery and only if the anesthetic agent produces a state of unconsciousness with absence of pain sensation over the whole body.

Not Covered

Covered Dental Charges do not include charges for services and supplies:

- a) not ordered by a doctor.
- b) in a Veterans' Administration Hospital.
- c) due to loss or theft of an appliance.
- d) which a covered person would not legally have to pay if there were no coverage.
- e) due to war if declared or not.
- f) from a health department maintained by an employer, a union, a trustee or a similar type of entity.
- g) which are payable by a government agency, local or other.
- h) for cosmetic reasons, including altering or extracting and replacing sound teeth to change appearance.
- i) oral hygiene, dietary, plaque control and other educational programs.
- j) duplicate prosthetic appliances, bite registrations.
- k) precision or semi-precision attachments; or splinting.
- l) for porcelain or acrylic veneers of crowns or pontics on or replacing the upper and lower first, second or third molars.
- m) for appliances or restorations, other than full dentures, whose main purpose is to:
 - a. change vertical dimension, stabilize periodontically involved teeth, or restore occlusion.
- n) for replacing of a bridge, crown or denture within five years following the date of its original installation unless
 - a. such replacement is made necessary by the placement of an original opposing full denture or the necessary extraction of natural teeth, or
 - b. the bridge, crown or denture, while in the mouth, has been damaged beyond repair as a result of an accidental injury occurring while covered.
- o) for replacing a bridge, crown or denture which is or can be made usable according to common dental standards.
- p) for dental services that do not meet common dental standards.
- q) for which benefits are provided under the Employer's group medical care plan.
- r) for an injury or sickness due to employment with any employer or self-employment.

Note: The provisions in (n) and (o) will not apply if the person's teeth were extracted while such person was covered under this plan in effect just prior to and had no break in coverage since he or she first became covered.

APPEALS PROCEDURES

If the result of Newman Company's reviewing a claim results in a declination, partial denial of benefits, reduction of benefits, etc., the insured and/or dentist may appeal to Newman Company.

The initial appeal should be in writing, in the form of a narrative, giving full detail as to why the original decision should be amended or revised.

The claim will be reviewed by the Claims Examiner and Claims Manager. If it is determined that the claim was processed in error it will be returned to the claims examiner with the approval for further payment.

In the event that additional reimbursement cannot be made, a written appeal may be made to the NCCFT Executive Committee for a final determination. Upon receipt of such an appeal, the NCCFT Executive Committee will refer the appeal to Newman Company. Newman Company will assemble all pertinent information, assign the appeal a unique appeals number and remove all indications of name, tax ID#, etc. to maintain confidentiality of the claims process.

Newman Company will then forward this appeal material to the NCCFT Executive Committee for a final determination.

The NCCFT will make final determination on appeals and will notify Newman Company in writing as to the result of the appeal. The NCCFT will also be responsible for notifying the insured as to the results.

Contact Information

NCCFT (Nassau Community College Federation of Teachers)
One Education Drive F-3292
Garden City, NY 11530
(516) 572-7198
email nccft@ncc.edu

Benefit and Claim inquiries should be directed to the Plan Administrator:

NEWMAN COMPANY
925 Hempstead Turnpike
Suite No. 340
Franklin Square, NY 11010
(516) 488-1100
email service@newmancompany.com

Providers can submit claims electronically to Newman Company using payer id TFQ30

Dental PPO Search

www.newmanppo.com

Dental Claims Status

www.newmanclaims.com