



TRANSPORT WORKERS UNION

OF GREATER NEW YORK • AFL-CIO • LOCAL 100

Tony Utano
President

Earl Phillips
Secretary Treasurer

LaTonya Crisp
Recording Secretary

Lynwood Whichard
Administrative VP

October 2021

Brothers and Sisters:

Your open enrollment period is now in progress and will continue until November 15, 2021. Please take this opportunity to review the benefits of the two (2) dental plans available to you: Managed Care and PPO.

If you are satisfied with your current TWU Dental plan, there is no need to take action

In this letter, you will find the group benefit page, plan comparison, as well as the Member/Dependent Change Form that would be utilized to make your plan selections.



If you are an existing Member and wish to change plans, please complete and sign the Member/Dependent Change Form. You can also visit twulocal100.org, select medical benefits, click onto: **Dental Benefits –Healthplex**, and complete the online fillable form.

If you are a new enrollee and wish to sign up for one of the dental plans, please complete and sign the enrollment form at twulocal100.org. All executed forms must be returned via email to member.services@twulocal100.org, or faxed to (347) 643-8063, or walked into TWU Member Services at 180 Livingston Street 4th fl. Brooklyn NY 11201, by November 15, 2020.


Please note: if you change plans while an existing dental procedure is being rendered, be certain that your current provider is participating in the new plan. Please be aware that if you have an open orthodontic case, we suggest you stay in your current plan until all orthodontic services are completed; and if you choose the Managed Care plan, you must select one primary care dentist for your family.

There are many exciting enhancements added to each plan this year that you can continue to take advantage of. A snapshot of the enhancements is viewable in the table below:

<p>PPO Plan (Group Number GG-668P01)</p>	<ul style="list-style-type: none"> • Implants and implant related services covered up to an annual maximum of \$1,000 per covered life. • Bone Replacement Graft coverage has been added. • Core build up is now a covered benefit. • All classes of traditional orthodontic cases covered plus the added benefit of a second retainer. • Crown lengthening is now covered without clinical review requirements. • Periodontal Cleanings - Now two perio cleanings will be covered twice ANYTIME within a calendar year. A third perio cleaning is available with a letter of medical necessity from the rendering provider.
<p>Managed Care Plan (Group Number GG-668M01)</p>	<ul style="list-style-type: none"> • Implants and implant related services covered up to an annual maximum of \$1,000 per covered life. • Bone Replacement Graft coverage has been added. • Core build up is now a covered benefit. • All classes of traditional orthodontic cases covered plus the added benefit of a second retainer. • Pediatric Specialists - Managed care plan will NOW have access to pediatric dentists for dependent children up to age 10. • Crown lengthening is now covered without clinical review requirements. • Periodontal Cleanings - Now two perio cleanings will be covered twice ANYTIME within a calendar year. A third perio cleaning is available with a letter of medical necessity from the rendering provider.

If you have any questions regarding your dental plan, TWU has a dedicated phone line at Healthplex: 1-844-TWU-HPLX (844-898-4759). This information is also available by visiting: healthplex.com/member/local100

In Solidarity,



Tony Utano
President, TWU Local 100

Name of Group: Transport Workers Union Local 100

Group Number: GG-668M01

Effective Date: September 1, 2014

Benefit Period: Calendar Year

Managed Care Plan - To use this plan, members must select one participating dentist per family from the Comprehensive Panel to provide general dental services. Your dentist will provide all covered services according to the *Copayment Schedule*. Many services will be provided at no cost, while others may have a small copayment that patients will pay directly to the dentist. When specialty treatment is needed, your dentist will refer the case to a participating specialist. Members have no benefits when treatment is provided by a non-participating dentist or when specialty services are provided without a referral from Dentcare or a participating dentist.¹

For a list of participating dentists, go to healthplex.com, select "Our Dentists", enter your group number on the right hand side and click "Search". You can change your dentist at any time. To do so, log into healthplex.com/member, select "Change Primary Provider" and follow the instructions listed on that page.

Dependent Eligibility - Dependent children are covered up to their 26th birthday.

Orthodontics - Coverage includes one case per lifetime for dependent children only. Dependent children must be fully banded prior to their 23rd birthday to have coverage up to age 26.

Implants - There is a \$1,000 annual maximum for implants and implant related services. Once the \$1,000 annual maximum has been reached, the member is responsible for 100% reduced fees for covered implant services.

Pediatric Coverage - Dependent children up to and including age 10 can be treated by any participating Pedodontist¹.

Note - **Due to certain Exclusions and/or Limitations, all member copayments may not be applicable.** Prior to receiving any treatment, please obtain the Certificate of Insurance from your benefit administrator for an explanation of these Exclusions and Limitations. A copy of your Certificate of Insurance may also be obtained from our website at healthplex.com. All benefits are governed by the provisions of your group's contract.

¹With the exception of Oral Surgeons and Pedodontists, referrals are required to see a dental specialist. In the event that a participating specialist is not available within 50 miles of your residence, please contact Healthplex Member Services at (800) 468-0600 for assistance.

Services	Member Pays
Diagnostic & Preventive	
Periodic Oral Examination	No Charge
X-Rays, Complete Series	No Charge
Periapical, First Film	No Charge
Bitewings, Four Films	No Charge
Prophylaxis, Adult/Child	No Charge
Fluoride Treatment	No Charge
Sealants, Per Tooth	No Charge
Basic Restorative	
Amalgam, 1/2/3/4+ Surfaces	No Charge
Composite, 1/2/3/4+ Surfaces Anterior/Posterior	No Charge
Endodontics	
Pulp Cap, Direct/Indirect	No Charge
Root Canal Therapy, Anterior/Bicuspid/ Molar	No Charge
Apicoectomy, Anterior/Molar	No Charge
Periodontics	
Gingivectomy, Per Quad	No Charge
Osseous Surgery, Per Quad	No Charge
Crown Lengthening	No Charge
Scaling & Root Planing, Per Quad	No Charge
Localized Delivery of Antimicrobial Agents ²	No Charge
Periodontal Maintenance	No Charge
Oral Surgery	
Routine/Surgical Extraction	No Charge
Soft Tissue Impaction	No Charge
Partial/Full Bony Impaction	No Charge
Biopsy, Hard/Soft Tissue	No Charge
Major Restorative	
Porcelain with High Noble Metal Crown	No Charge
Full Cast Metal Crown	No Charge
Re-cement Crown	No Charge
Core Buildup	No Charge
Post and Core	No Charge
Prosthetics - Removable	
Complete Upper/Lower Denture	No Charge
Partial Upper/Lower Denture, Cast Base	No Charge
Prosthetics - Fixed Bridges	
Porcelain with High Noble Metal Pontic/Abutment	No Charge
Full Cast Metal Abutment	No Charge
Implant Services³	
Endosteal Implant	No Charge
Prefabricated/Custom Fabricated Abutment	No Charge
Abutment Supported Porcelain Fused to Metal Crown	No Charge
Implant Supported Porcelain/Ceramic Crown	No Charge
Bone Graft at Time of Implant Placement	\$100.00
Bone Replacement Graft for Ridge Preservation	100.00
Prosthetic Repairs/Relines	
Denture Repairs	No Charge
Add Tooth to Existing Partial Denture	No Charge
Replace Broken Tooth	No Charge
Reline Complete/Partial Denture - Chair/Laboratory	No Charge
Adjunctive Services	
Palliative Treatment	No Charge
Anesthesia	No Charge
Specialty Consultation	No Charge
Occlusal Guard	\$300.00

Managed Care

Our managed care dental plans feature:

- No deductibles
- No claim forms
- Coverage for pre-existing conditions

Important

- The *Copayment Schedule* contains a partial listing of the most frequently utilized services covered under this plan
- Pre-certification is recommended for services not listed, as well as major restorative and prosthetic services
- Members are responsible for all costs not covered by this dental plan
- Frequencies and limitations apply

²Localized Delivery of Antimicrobial Agents

This service is included in a \$100 lifetime maximum.

³Implant Services

These services are included in a \$1,000 annual maximum.

Treatment Options/Materials

Due to the element of choice involved in the utilization of many dental services, situations arise where two or more methods of treatment for a particular dental condition could be used, each of which may produce a desirable professional result. Please speak with your dentist regarding the options covered under your dental plan.

Underwritten by



Administered by



Group Benefit Page

Name of Group: Transport Workers Union Local 100
Group Number: GG-668P01
Effective Date: September 1, 2014
Benefit Period: Calendar Year

Plan Description - Covered services can be rendered by any licensed dentist. To use the plan, members should be treated by the dentist of their choice and submit claims to Dentcare. Using one of our In-Network PPO providers may eliminate or reduce the member's Out-of-Pocket expense. Additional information can be found on the reverse.

Payments by the plan are subject to the following terms:

Individual/Family Deductible: N/A

Plan Coverage:

Category I Diagnostic Services 100 % of the maximum allowable amount.
 Preventive Services

Category II Basic Restorative Services 100 % of the maximum allowable amount.
 Endodontic Services
 Periodontal Services
 Oral Surgery Services
 Adjunctive Services

Category III Major Restorative Services 100 % of the maximum allowable amount.
 Prosthetic Services
 Implant Services

Category IV Orthodontic Services 100 % of the maximum allowable amount.

Individual Maximum (Category I, II, III): \$1,800.00¹ per benefit period

Family Maximum (Category I, II, III): \$3,600.00 per benefit period

Implant Maximum: \$1,000.00 per benefit period

Local Delivery of antimicrobial agents Maximum: \$100.00 Lifetime allowance

Orthodontic Maximum (Category IV): \$2,195.00 Lifetime maximum In-Network allowance

 \$1,800.00 Lifetime maximum Out-of-Network allowance

¹Individual annual maximum does not apply to Dependent Children less than or equal to age 18.

Dependent Eligibility - Dependent Children are covered up to their 26th birthday.

Orthodontics - Dependent Children must be fully banded prior to their 23rd birthday to have coverage up to age 26. Lifetime orthodontic maximum includes initial banding and up to 24 monthly adjustments for class I,II, and III cases. Coverage for two retainers (one per arch) is included in the individual/family annual maximum.

Note: The Schedule of Benefits on the reverse side contains a general description of your dental care program for your use as a convenient reference. **Due to certain Exclusions and/or Limitations, all member copayments may not be applicable.** Prior to receiving any treatment, please obtain the Certificate of Insurance from your benefit administrator for Exclusions and Limitations. A copy of your Certificate of Insurance may also be obtained from our website at healthplex.com. All benefits are governed by the provisions of your group's contract.

Services	In-Network PPO Copayments	Out-of-Network Reimbursement
Diagnostic & Preventive		
Periodic Oral Examination	No Charge	\$10.00
X-Rays, Complete Series	No Charge	20.00
Periapical, First Film	No Charge	2.00
Bitewings, Four Films	No Charge	10.00
Prophylaxis, Adult/Child	No Charge	10.00/7.00
Fluoride Treatment	No Charge	10.00
Sealants, Per Tooth	No Charge	8.00
Space Maintainer, Fixed/Removable	No Charge	50.00/40.00
Basic Restorative		
Amalgam, One/Two/Three/Four+ Surfaces	No Charge	10.00/20.00/25.00/25.00
Composite, One/Two/Three/Four+ Surfaces	No Charge	15.00/25.00/30.00/35.00
Endodontics		
Pulp Cap, Direct/Indirect	No Charge	8.00
Root Canal Therapy, Anterior/Bicuspid/ Molar	No Charge	75.00/100.00/150.00
Apicoectomy, Anterior/Molar	No Charge	70.00
Periodontics		
Gingivectomy, Per Quad	No Charge	65.00
Osseous Surgery, Per Quad	No Charge	65.00
Crown Lengthening	No Charge	65.00
Scaling & Root Planing, Per Quad	No Charge	20.00
Local Delivery of Antimicrobial Agents	No Charge	60.00
Periodontal Maintenance	No Charge	15.00
Oral Surgery		
Routine/Surgical Extraction	No Charge	10.00/30.00
Soft Tissue Impaction	No Charge	30.00
Partial/Full Bony Impaction	No Charge	50.00/90.00
Biopsy, Hard/Soft Tissue	No Charge	20.00
Major Restorative		
Porcelain with High Noble Metal Crown	No Charge	170.00
Full Cast Metal Crown	No Charge	110.00
Re-cement Crown	No Charge	8.00
Core Buildup	No Charge	52.00
Post and Core	No Charge	35.00
Prosthetics - Removable		
Complete Upper/Lower Denture	No Charge	200.00
Partial Upper/Lower Denture, Cast Base	No Charge	225.00
Prosthetic - Fixed Bridges		
Porcelain with High Noble Metal Pontic/Abutment	No Charge	100.00/175.00
Full Cast Metal Abutment	No Charge	125.00
Implant Services*		
Endosteal Implant	No Charge	1,000.00
Prefabricated/Custom Fabricated Abutment	No Charge	550.00/650.00
Abutment Supported Porcelain Fused to Metal Crown	No Charge	1,000.00
Implant Supported Porcelain/Ceramic Crown	No Charge	1,000.00
Bone Replacement Graft for Ridge Preservation	\$100.00	200.00
Prosthetic Repairs/Relines		
Denture Repairs	No Charge	14.00-25.00
Add Tooth to Existing Partial Denture	No Charge	30.00
Replace broken tooth	No Charge	15.00
Reline full/partial denture (chair/laboratory)	No Charge	30.00/50.00
Adjunctive Services		
Palliative Treatment	No Charge	15.00
Anesthesia	No Charge	4.00
Specialty Consultation	No Charge	20.00
Occlusal Guard	\$300.00	Not Covered

In-Network PPO Copayments

You may select any dentist from the Metro Directory of Participating Providers. Some services are rendered without any cost while others may have a minimal copayment you pay directly to the dentist. Frequencies and limitations apply.

Out-of-Network Reimbursement

When services are rendered by a non-participating provider, you will be reimbursed up to the Out-of-Network Reimbursement allowance indicated in the Schedule of Benefits. You will be responsible for all costs exceeding that amount.

*Implant Services

These services are included in a separate \$1,000 annual implant maximum. Once the \$1,000 implant maximum has been reached In-Network, the member will be responsible for 100% reduced fees for implant or implant related services performed by an In-Network PPO Provider.

Treatment Options/Materials

Due to the element of choice involved in the utilization of many dental services, situations frequently arise where two or more methods of treatment for a particular dental condition could be used, each of which may produce a desirable professional result. Please speak with your dentist regarding the options covered under your dental plan.

Underwritten by



Administered by



Above services represent a partial listing of benefits covered by this plan

CONTRACT RATIFICATION DENTAL BENEFIT ENHANCEMENTS



More to Love - Effective January 1, 2020

Comprehensive (Managed Care) Plan

Bone Replacement Graft - Healthplex absorbs the added cost to reduce member out-of-pocket for this service.

Crown Lengthening - **WITHOUT** proof of medical necessity.

Core Build-Up is now a covered benefit!

Pediatric Specialists - Managed care plan will **NOW** have access to pediatric dentists for dependent children up to age 10.

Already a covered benefit!

Periodontal Cleanings - Now **TWO** perio cleanings will be covered twice **ANYTIME** within a calendar year. Third perio cleaning available with letter of medical necessity.

Orthodontia - **ALL** classes of orthodontic cases will now be covered for traditional braces!

Implants - Now receive \$1,000 reimbursement per member and dependent per year towards implant or implant related services!

PPO Plan

Bone Replacement Graft - Healthplex absorbs the added cost to reduce member out-of-pocket for this service.

Crown Lengthening - **WITHOUT** proof of medical necessity.

Core Build-Up is now a covered benefit!

Already a covered benefit!

PPO Plan will **NOW** cover **TWO** retainers.

Periodontal Cleanings - Now **TWO** perio cleanings will be covered twice **ANYTIME** within a calendar year. Third perio cleaning available with letter of medical necessity.

Orthodontia - **ALL** classes of orthodontic cases will now be covered for traditional braces!

Implants - Now receive \$1,000 reimbursement per member and dependent per year towards implant or implant related services!



CONTRACT RATIFICATION DENTAL BENEFIT ENHANCEMENTS



Continue to Love

Comprehensive (Managed Care) Plan	PPO Plan
Dependent Children covered to age 26.	Dependent Children covered to age 26.
Tooth covered fillings on molars.	Tooth covered fillings on molars.
Porcelain crowns on molars.	Porcelain crowns on molars.
Fixed bridgework for members under age 40 by report.	Fixed bridgework for members under age 40 by report.
Splinting if periodontal disease or tooth mobility is present.	Splinting if periodontal disease or tooth mobility is present.
Anesthesia with participating provider sites.	Anesthesia with participating provider sites.
Orthodontia covered as a full case per dependent child. <i>(Child must be banded by age 23)</i>	Orthodontic maximum raised to \$1,800 per dependent child. <i>(Child must be banded by age 23)</i>
No annual maximum.	Maximum: \$1,800 per person \$3,600 per family <i>(only applied to members and dependents that are 19 and older)</i>





MEMBER/DEPENDENT CHANGE FORM

MEMBER INFORMATION			
Member Name		Member BSC# (ID#)	
<input type="checkbox"/> CHANGE OF PLAN			
From <input type="checkbox"/> Managed Care Plan <input type="checkbox"/> PPO Plan		To <input type="checkbox"/> Managed Care Plan <input type="checkbox"/> PPO Plan	
Effective Date of Plan Transfer			
<input type="checkbox"/> CHANGE OF NAME/ADDRESS			
Last Name		First Name	
Address		City	
State		Phone Number	
Zip Code		M.I.	
Apt #			
<input type="checkbox"/> DENTAL PROVIDER CHANGE <i>(MANAGED CARE PLAN ONLY)</i>			
A second provider option has been provided in the event your first choice is not accepting new patients or no longer on the panel.			
Dental Provider/Office Name - Selection 1		Provider ID Number	
Dental Provider/Office Name - Selection 2		Provider ID Number	
Reason for Change:			
<input type="checkbox"/> CHANGE DEPENDENTS - SPOUSE/DOMESTIC PARTNER AND DEPENDENT CHILDREN <i>(COVERED UP TO THEIR 26TH BIRTHDAY).</i>			
<input type="checkbox"/> Add Dependents		<input type="checkbox"/> Remove Dependents	
<input type="checkbox"/> Reinstatement Dependents			
Dependent (Last Name, First Name)		D.O.B.	
		Relationship to Member	
		Reason and Date of Occurrence	
Dependent (Last Name, First Name)		D.O.B.	
		Relationship to Member	
		Reason and Date of Occurrence	
Dependent (Last Name, First Name)		D.O.B.	
		Relationship to Member	
		Reason and Date of Occurrence	
Dependent (Last Name, First Name)		D.O.B.	
		Relationship to Member	
		Reason and Date of Occurrence	
<i>I hereby apply to change my insurance coverage and/or records, as set forth herein.</i>			
<i>If a change in dental provide is requested, I authorize my dentist with whom I have been enrolled to provide copies of my dental records or those of my dependents to the dentist I now select.</i>			
Member Signature			Date

Return completed form to:
Transport Workers Union, Local 100
180 Livingston Street, Suite 4017
Brooklyn, NY 11201

Email: member.services@twulocal100.org -or- Fax: 347-643-8063