



UFT DIRECT ACCESS DISCOUNT DENTAL PLAN PLAN DESCRIPTION & FEE SCHEDULE

This document is a brief description of the program. In cases of discrepancy the dental program document will control.

ELIGIBILITY

- All members enrolled in the Direct Access Dental Plan.
- Members will have a Direct Access identification card
- UFT members and their families who are NOT covered for dental benefits by any other plan.
- Family subscriptions may include a spouse, domestic partner and children under the age of 26
- If you have any questions regarding a member's eligibility please call 1-866-679-7437

PLAN OPERATION

- The plan, organized exclusively for UFT members and their families is designed to provide access to quality dental care for its members. Direct Access members must choose a dentist from the directory and pay the dentist directly out of their own pocket following the UFT/ CIGNA Fee Schedule.
- To locate a UFT participating provider please visit our website: UFTDirectAccess.com
- For a fee schedule please view "Printable Schedule" tab on our website.

DEDUCTIBLE

- There is no deductible

PLAN MAXIMUM

- There is no annual maximum

PLAN LIMITATIONS

- There are no frequency limitations.

CLAIM SUBMISSION

- Because the UFT Direct Access Discount Dental Plan is a reduced fee-for-service program, there are no claim forms to file.

PPO ADMINISTRATION

- The UFT Direct Access Plan administered by Self-Insured Dental Services. If you have any questions, please contact:

Self-Insured Dental Services
P.O. Box 9005
Lynbrook, NY 11563-9005

If you have any questions regarding the operation of this program please contact S.I.D.S. at:

1-866-679-7437



Direct Access Fee Schedule

*FLORIDA PROVIDERS CAN CHARGE UP TO 30% MORE

DIAGNOSTIC

Examination And Diagnosis	45.00
Complete Set Of X-Rays	50.00
Bitewing X-Ray - Per Film	6.00
Periapical X-Ray - Per Film	6.00
Occlusal Film	15.00
Panoramic Film	50.00
Consultation	75.00

PREVENTIVE

Prophylaxis	45.00
Sealant	30.00
Space Maintainer	300.00
Palliative Treatment	30.00
Analgesia	35.00

RESTORATIVE

Amalgam - 1 Srf	55.00
Amalgam - 2 Srf	65.00
Amalgam - 3 Srf	75.00
Composite Resin-Per Filling (Anterior)	70.00
Bonded Resin-Incisor Angle	85.00
Metallic Inlay Or Onlay	
1 Surface	150.00
2 Surface	175.00
3 Or More Surfaces	200.00
Pin Retention-Per Tooth	12.00
Labial Veneer, Chairside	215.00

CROWNS AND BRIDGE

3/4 Crown, Metal	325.00
Crown-Acrylic With Metal	370.00
Crown, Acrylic Jacket	250.00
Crown-Porcelain Jacket	425.00
Crown-Porcelain With Metal	475.00
Crown- Full Cast	350.00
Pontic-Metal, Resin, Porcelain	375.00
Maryland Bridge Retainer	150.00
Recement Inlay Crown Or Bridge	15.00
Prefab Ss Crown-Primary	150.00
Cast Post And Core	125.00
Prefab Post And Core	60.00

ENDODONTICS

Pulp Cap	10.00
Vital Pulpotomy	35.00
Root Therapy-Anterior	350.00
Root Therapy-Bicuspid	425.00
Root Therapy-Molar	600.00
Root Canal Retreatment Therapy - Anterior	550.00
Root Canal Retreatment Therapy - Bicuspid	700.00
Root Canal Retreatment Therapy - Molar	1050.00
Apicoectomy-1st Root	275.00
Apicoectomy-Per Tooth	425.00
Retrograde Filling	100.00

PERIODONTICS

Gingivectomy-Per Quadrant	110.00
Osseous Surgery-Per Quad	525.00
Bone Replacement Graft-Per Site	175.00
Scale\Root Planing-Per Quad	50.00
Periodontal Maintenance Procedure	70.00
Crown Lengthening Per Site	110.00

DENTURES

Complete Denture	475.00
Immediate Denture	475.00
Partial Denture-Acrylic Base	375.00
Partial Denture-Cast Base	475.00
Unilateral Partial Denture	275.00

REPAIRS

Repair Comp Dent Base Or Partial Dent Base	90.00
Replc Miss/Brkn Tth-Com Dent	65.00
Add Clasp To Existing Part Dent	63.00
Replac Tooth To Existing Partial	65.00
Reline Complete Denture-Chair	85.00
Reline Partial Denture-Chair	85.00
Reline Complete Denture-Lab	165.00
Reline Partial Denture-Lab	165.00
Replace Facing	50.00

ORAL SURGERY

Simple Extraction	55.00
Surgical Extraction	
Erupted Tooth	150.00
Retained Root	120.00
Impaction-Soft Tissue	175.00
Impaction-Partial Bony	225.00
Impaction-Complete Bony	300.00
Root Recovery	120.00
Exposure Unerupted/Aid Eruption	150.00
Exposure Unerupted/Ortho	250.00
Alveoplasty-Per Quad	150.00
Biopsy Of Oral Tissue	150.00
Cyst Removal < 1.25Cm	150.00
Frenulectomy	200.00
Root Resection	200.00
General Anesthesia Each 15 Min	85.00

ORTHODONTIC SERVICES

Initial Appliance	675.00
Retainer Each	300.00
Passive Treatment-Per 3 Months	60.00
Active Treatment Per Month	60.00

IMPLANT

Placement	1200.00
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