

The FUND

PPACA made us do it! by Kevin Peterman and Sean Tvelia

This FUND is a must read and save!

Why?

Because in order to comply with the Patient Protection and Affordable Care Act (PPACA), or Obamacare as it is commonly known, the trustees of the Faculty Association Benefit Fund needed to make a few modifications to the Fund's benefit programs and eligibility procedures.

PPACA is definitely an improvement to what many Americans had before; after all, once fully operational it will bring coverage to 32 million previously uninsured people and it already prevents insurers from dropping the seriously ill from their plans.

As a limited scope dental and vision plan, the FA Benefit Fund was originally believed to be "excepted" from these mandates and taxes. However, a recent determination by the Fund's attorneys states that "insured dental and/or optical benefits would be considered excepted benefits by definition. For self-insured benefits [such as the FA Benefit Fund], they would not meet the strict definition of excepted benefits unless (i) they are elected separately, and (ii) the participant pays a premium/contribution for the coverage."

So what does this mean for us? Simply



stated: if the Benefit Fund does not require member contributions, it would be liable for the taxes imposed by PPACA. And because we are funded purely through contractual county contributions, the plan would have to allocate its funds for paying PPACA taxes at the expense of member benefits.

So what does this mean for you? Since the federal government is requiring a contribution that would satisfy the definition for excepted status, the Benefit Fund trustees have agreed to set the price of our plan at \$1.00 for dental coverage and \$1.00 for optical.

Again, in order to ensure that our benefits remain at the same level without affecting our covered faculty, at its regularly scheduled meeting on October 10, 2013, the FA Executive Council voted unanimously to deduct \$2.00 per year from the dues of each covered FA member to pay for these benefits.

Please note there will be no dues increase. This will be a simple reallocation of expenditures. In short,

both your benefits and your out-of-pocket remains the same.

One of the major changes to health care under PPACA is that there can be no monetary limit on essential health-related benefits. Although this is incredibly good for covered individuals, this is painful for benefit providers.

Fortunately this rule does not apply to much of our Benefit Fund; however our prescription co-pay reimbursement benefit does qualify, as medication is considered an essential health-related benefit. Under our current plan design eligible members are entitled to receive up to \$450 in co-pay reimbursement.

Having a prescription co-pay (or any health-related benefit) without a monetary limit could potentially bankrupt the plan. Many plans have chosen to simply forego offering some benefits. We have chosen an alternative. At the October 2, 2013, quarterly meeting the trustees voted to approve a new plan design that will

continued on page 2

1 PPACA made us do it!
2 Plan changes, plan enrollment and nominal fee for participation

4 Notice of privacy
8 New Dependent Child Benefit Form
9 Schedule of dental allowances

15 Benefit Enrollment Form
16 BF trustees and staff

Plan changes, plan enrollment and nominal fee for participation

letter to membership from Benefit Fund trustees

align our prescription drug co-pay reimbursement benefit with the rules of the PPACA mandate while still maintaining the benefit.

Under the new plan design, prescription co-pay reimbursement will be administered on a per script basis which will allow eligible members to be reimbursed up to a set number of scripts chosen by the member at the time reimbursement is requested.

This plan will allow members to opt for one of seven options that provide reimbursement depending on the number of generic, preferred or nonpreferred scripts received throughout the plan year.

Although this may seem a bit cumbersome at first, this new design allows the Benefit Fund to continue offering this benefit without jeopardizing other benefits or the plan itself.

This issue of *The FUND* includes the necessary explanations, a new dependent child form, a Dental Fee Schedule, a privacy notice and a new Enrollment Form which you must complete and return to the Fund Office by December 31, 2013.

In trust and for your benefit,

Kevin Peterman, Chair
Sean Tvelia, Vice Chair

November 1, 2013

Re: Benefit Plan Changes,
Plan Enrollment and Nominal
Fee for Participation in Benefit
Fund Required Because of
Patient Protection Affordable
Care Act (PPACA)

Dear members:

Due to uncertainties with respect to the impact of the federal health care reform law, PPACA, on the operations and finances of the Faculty Association of Suffolk Community College Benefit Fund ("Fund"), the Board of Trustees will be making certain modifications to the Fund's benefit programs and eligibility procedures.

Until now, PPACA has had little to no effect on the Fund's programs, which for the most part are considered "excepted benefits" under the law. However, the Fund's legal counsel and NYSUT have both advised that

certain modifications should be made in the way the Fund's benefits are administered to limit its exposure to certain high cost mandates and taxes imposed by the law as we enter its primary enforcement period.

The first of these modifications is to require each covered member to make separate elections of coverage for dental and vision benefits and to pay a separate nominal contribution of \$1 for each to the Fund. (This contribution is the same for either individual or family coverage).

If you are a member of the Faculty Association or the Guild, this nominal contribution will be remitted on your behalf by your union.

Necessary benefit plan enrollment

To meet the above requirement, on page 15 please find a Benefit Enrollment Form, which must be completed and returned to the Fund office no later than December 31, 2013, with the



The FUND

Kevin Peterman.....Chair
Cynthia Eaton.....Editor

Plan changes cont. from page 2

applicable contribution payment (i.e., \$1 for dental benefits and \$1 for vision benefits).

As indicated above, if you are an active member of the Faculty Association or the Guild, this payment will be remitted on your behalf.

If you are a retiree enrolled in the Basic Plan, you are responsible for the annual fee. The \$2.00 fee must be included with your completed enrollment form no later than December 31, 2013.



If you are in the Enhanced or Enhanced Plus Retiree Plan, the \$2.00 for 2013-2014 plus the \$2.00 for 2014-2015 will be added to your 2014-2015 invoice. Your enrollment form still must be completed and returned no later than December 31, 2013.

Plan design changes

In addition to the foregoing, the Board of Trustees is constrained to make the following plan design changes.

ALL CHANGES ARE EFFECTIVE WITH SERVICES RENDERED/RECEIVED ON OR AFTER JANUARY 1, 2014.

Prescription Drug Copayment Reimbursement Benefit

The annual maximum of \$450 per family is eliminated. All other terms of the benefit remain the same, except for the extent of the types and number of prescriptions that can be submitted for reimbursement by the member. The terms of the benefits are defined below:

A member can submit one (1) claim annually, by the current deadline of April 30th of the year following the year charges were incurred, in one (1) category of the following choices. Prescriptions can be for retail or mail order fills:

- A.** Generic drug prescriptions only – up to a maximum of 90 scripts; OR
- B.** Preferred drugs prescriptions only – up to a maximum of 22 scripts; OR
- C.** Non-preferred drugs prescriptions only – up to a maximum of 8 scripts; OR
- D.** A combination of up to 34 generic drug prescriptions AND up to 14 preferred drug prescriptions; OR
- E.** A combination of up to 6 preferred drug prescriptions AND up to 6 non-preferred drug prescriptions; OR
- F.** A combination of up to 24 generic drug prescriptions AND up to 6

non-preferred drug prescriptions; OR

G. A combination of up to 22 generic drug prescriptions AND up to 6 preferred drug prescriptions AND 4 non-preferred drug prescriptions.

The option the member selects each year he/she submits a claim can be different, so long as the prescriptions underlying the claim fall within one of the above categories. There is no comingling of categories. Prescriptions must be for the member and/or his/her covered eligible dependents.

Pediatric Oral (Dental) Care



The following benefit changes apply to eligible dependent children up to age 19 *only*. For members and dependents over the age of 19, all dental benefits remain the same.

Dental exams (ADA codes 0120, 0140 and 0150) at the current frequency limitations of two per year (ADA code of 0150 at once per year) for out-of-network services will be reimbursed at 70% of Reasonable and Customary rates, as determined by the Fund's Third Party Administrator.

continued on page 4



Vision Care Benefits (out of network)

Effective January 1, 2014, for out of network vision care benefits payable to dependent children under age 19, the Fund will reimburse as follows:

100% of reasonable and customary allowances for exams performed by an optometrist or optician. Exams performed by an ophthalmologist are not covered.

100% of reasonable and customary allowances for prescription lenses to improve vision.

50% of the in-network allowance for frames.

Maternity Benefit

The Maternity Benefit is being renamed as the “New Dependent Child Benefit.”

It will reimburse up to \$500 to a covered member for the birth or adoption of a new dependent child to help defray the costs of caring for a new dependent.

If you have any questions, please contact the Fund office.

Very truly yours,

Board of Trustees
Faculty Association
Suffolk Community College
Benefit Fund

Effective date: September 23, 2013

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

If you have any questions about this notice, please contact Mary Kaffaga, Benefit Administrator, at 631-451-4323.

Our obligations

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect.

How we may use and disclose health information

The following describes the ways we may use and disclose health information that identifies you (“Health Information”).

Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including

people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may

continued on page 6

Privacy notice

cont. from page 4

notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

Special situations

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services.

For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of

your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health

care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

continued on page 7

Privacy notice

cont. from page 6

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Uses and disclosures that require us to give you an opportunity to object and opt out

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify,

your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Your written authorization is required for other uses and disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization.

If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your rights

You have the following rights regarding Health Information we have about you.

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Faculty Association SCC Benefit Fund, 533 College Road, Southampton 224D, Selden, New York 11784, Attn: Mary Kaffaga.

We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program.

We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity.

We will make every effort to provide access to your Protected Health Information in the form or format you



continued on page 8

Privacy notice cont. from page 7

request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach.

You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office.

To request an amendment, you must make your request, in writing, to: Faculty Association SCC Benefit Fund, 533 College Road, Southampton 224D, Selden, New York 11784, Attn: Mary Kaffaga.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to: Faculty Association SCC Benefit Fund, 533 College Road, Southampton 224D, Selden, New York 11784, Attn: Mary Kaffaga.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations.

You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse.

To request a restriction, you must make your request, in writing, to: Faculty Association SCC Benefit Fund, 533 College Road, Southampton 224D, Selden, New York 11784, Attn: Mary Kaffaga.

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work.

To request confidential communications, you must make your request, in writing, to: Faculty Association SCC Benefit Fund, 533 College Road, Southampton 224D, Selden, New



York 11784, Attn: Mary Kaffaga. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.fascc.org, or by contacting Mary Kaffaga, Benefit Administrator, at 631-451-4323.

Changes to this notice

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of the current notice at our office and on the website at www.fascc.org. The notice will contain the effective date on the first page, in the top right-hand corner.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Mary Kaffaga, Benefit Administrator, at 631-451-4323. All complaints must be made in writing. You will not be penalized for filing a complaint.

New Dependent Child Benefit

Faculty Association Suffolk Community College Benefit Fund
533 College Road, Southampton 224D
Selden, New York 11784-2899
631-732-6500 or 631-451-4323



The New Dependent Benefit will reimburse up to \$500 to a covered member for the birth or adoption of a new dependent child to help defray the costs of caring for a new dependent.

You must complete the following form and return it to the Fund office at the above address along with the necessary documentation: copies of birth certificate (or final adoption decree) *and* copies of receipts for expenses incurred for your new dependent child.

All claims must be filed within 12 months of the birth or adoption of your child.

Active faculty

Active Guild member

Member name (please print)

Member Social Security Number

Street address

City

State

Zip code

Name of dependent

Dependent Social Security Number

Relationship to member

Date of birth/adoption of child

Signature of member

Date

Schedule of dental allowances

from the Dental Claim Office

*Comprehensive benefits for eligible members, spouses, and dependent children.
Pre-authorization required for dental services amounting to \$600 or more.*

Maximum per plan year

Active member: \$2,250 per individual **Retired member:** \$500 per family **Retired member (Enhanced Plan):** \$2,250 per individual

Special Benefits (in addition to maximum per plan year) for active members and retirees with enhanced plan

- **Periodontal benefit** Codes 4210-4910: up to \$2,000 yearly maximum
- **Implant benefit** Codes 6010, 6040 & 6050 only: payable up to \$2,000 per tooth with a lifetime maximum of \$3,500
- **Orthodontic benefit** Code 8080 or 8090, procedures 8462, 8660, 8670 and 8680: according to schedule up to \$5,991 lifetime maximum

PLAN YEAR: September 1 - August 31

EFFECTIVE: January 1, 2014

CODES: S.A. - Specialty allowance: Benefits listed under S.A. will be available when services are rendered by board eligible or board certified specialists.

Freq. - Frequency limit

- 1/1 Once per plan year
- 2/1 Two times per plan year
- 4/1 Four treatments per plan year
- 1/3 Once per 3 plan years
- 2/3 Two times per 3 plan years
- 1/4 Once per 4 plan years
- 1/5 Once per 5 plan years
- 1/L Once per patient lifetime
- 2/L Twice per patient lifetime (once for primary tooth, once for permanent tooth)
- 12/L Twelve times per patient lifetime
- 24/L Twenty-four times per patient lifetime

ADA	Description	Allowance	Freq.	S.A.
0120*	Periodic Oral Examination	40.00	2/1	
0140*	Oral Examination - Limited	55.00	2/1	
0150*	Oral Examination - Comprehensive	60.00	1/1	
0180	Comprehensive periodontal evaluation – new or established patient	60.00	2/1	
0210	Intraoral - complete series - including bitewings (once every 3 plan years)	74.00	1/3	
0220	Intraoral, Periapical, first film	13.00		
0230	Intraoral, Periapical, each additional film	12.00		
0240	Intraoral, Occlusal film	25.00	2/3	
0270	Bitewings, single film	12.00	2/1	
0272	Bitewings, two films	22.00	2/1	
0274	Bitewings, four films	33.00	2/1	
0290	Survey Film, face and skull	18.00	1/1	
0330	Panoramic film (once every 3 plan years)	70.00	1/3	
0340	Cephalometric Film	56.00	1/1	
0460	Pulp Vitality Test	41.00	1/1	

Schedule of dental allowances

from the Dental Claim Office

ADA	Description	Allowance	Freq.	S.A.
0470	Diagnostic Casts, upper and/or lower	37.00	1/L	
1110	Prophylaxis - Adult	65.00	2/1	
1120	Prophylaxis - Child	45.00	2/1	
1203	Flouride - Child	23.00	2/1	
1204	Flouride - Adult	21.00	2/1	
1351	Sealants, for newly erupted molars only-per tooth, for dependent children to age 16	35.00	2/L	
1510	Space Maintainer - Fixed - Unilateral	75.00	1/L	
1515	Space Maintainer - Fixed - Bilateral	120.00	1/L	
1520	Space Maintainer - Removable - Unilateral	95.00	1/L	
1525	Space Maintainer - Removable - Bilateral	150.00	1/L	
1550	Recementation of Space Maintainer	24.00	1/1	
2140	Amalgam - 1 Surface, primary or permanent	70.00	1/1	
2150	Amalgam - 2 Surfaces, primary or permanent	85.00	1/1	
2160	Amalgam - 3 Surfaces, primary or permanent	105.00	1/1	
2161	Amalgam - 4 or more Surfaces, primary or permanent	125.00	1/1	
2330	Resin - 1 Surface, Anterior	90.00	1/1	
2331	Resin - 2 Surfaces, Anterior	115.00	1/1	
2332	Resin - 3 Surfaces, Anterior	140.00	1/1	
2335	Resin - 4 or more Surfaces or involving Incisal Angle (anterior)	165.00	1/1	
2391	Resin-based composite - 1 Surface, Posterior	90.00	1/1	
2392	Resin-based composite -2 Surfaces, Posterior	115.00	1/1	
2393	Resin-based composite – 3 Surfaces, Posterior	140.00	1/1	
2394	Resin-based composite - 4 or more Surfaces, Posterior	165.00	1/1	
2510	Inlay - Metallic - 1 Surface	120.00	1/5	
2520	Inlay - Metallic - 2 Surfaces	195.00	1/5	
2530	Inlay - Metallic - 3 Surfaces	240.00	1/5	
2542	Onlay – Metallic – 2 Surfaces	150.00	1/5	
2543	Onlay - Metallic - 3 Surfaces	400.00	1/5	
2544	Onlay - Metallic – 4 or more Surfaces	400.00	1/5	
2610	Inlay - Porcelain/Ceramic - 1 Surface	150.00	1/5	
2620	Inlay - Porcelain/Ceramic - 2 Surfaces	210.00	1/5	
2630	Inlay - Porcelain/Ceramic - 3 Surfaces	450.00	1/5	
2642	Onlay - Porcelain/Ceramic - 2 Surfaces	225.00	1/5	
2643	Onlay - Porcelain/Ceramic - 3 Surfaces	325.00	1/5	
2644	Onlay - Porcelain/Ceramic - 4 or more Surfaces	475.00	1/5	
2662	Onlay - Composite/Resin - 2 Surfaces (Lab)	175.00	1/5	
2663	Onlay – Composite/Resin - 3 Surfaces (Lab)	200.00	1/5	
2664	Onlay – Composit/Resin – 4 or more Surfaces	475.00	1/5	
2710	Crown - Resin (laboratory)	150.00	1/5	
2720	Crown - Resin with high noble metal	400.00	1/5	
2721	Crown - Resin with predominantly base metal	400.00	1/5	
2722	Crown - Resin with noble Metal	400.00	1/5	
2740	Crown - Porcelain/Ceramic Substrate	450.00	1/5	
2750	Crown - Porcelain fused to high noble metal	500.00	1/5	
2751	Crown - Porcelain fused to predominantly base metal	500.00	1/5	
2752	Crown - Porcelain fused to noble metal	500.00	1/5	

Schedule of dental allowances

from the Dental Claim Office

ADA	Description	Allowance	Freq.	S.A.
2790	Crown - Full Cast high noble metal	500.00	1/5	
2791	Crown - Full Cast predominantly base metal	500.00	1/5	
2792	Crown - Full Cast noble metal	500.00	1/5	
2910	Recement inlay	45.00	1/1	
2920	Recement crown	55.00	1/1	
2940	Sedative filling	60.00	1/L	
2950	Crown Buildup, including any pins	120.00	1/L	
2951	Pin Retention-per tooth	25.00	1/L	
2952	Cast post and core in addition to crown	200.00	1/5	
2954	Prefabricated post and core in add. to crown	175.00	1/5	
2960	Labial Vaneer (laminate) - chairside	198.00	1/3	
2961	Labial Vaneer (resin laminate) - lab	250.00	1/5	
2962	Labial Vaneer (porcelain laminate) - lab	310.00	1/5	
2970	Temporary Crown (fractured tooth) - upper and lower anterior teeth only	75.00	1/L	
3110	Pulp cap - direct (exclud. final restoration)	18.00	1/1	
3120	Pulp cap - indirect (exclud. final restoration)	25.00	1/1	
3220	Therapeutic pulpotomy (exclud. final restoration)	76.00	1/L	
3310	Anterior Root Canal (exclud. final restoration)	350.00	1/L	
3320	Bicuspid Root Canal (exclud. final restoration)	450.00	1/L	
3330	Molar Root Canal (exclud. final restoration)	550.00	1/L	
3346	Retreatment-RCT (Anterior)	350.00	1/L	
3347	Retreatment-RCT (Bicuspid)	450.00	1/L	
3348	Retreatment-RCT (Molar)	550.00	1/L	
3410	Apicoectomy/Periradicular surgery - anterior	350.00	1/L	
3421	Apicoectomy/Periradicular surgery – bicuspid (1st root)	425.00	1/L	
3425	Apicoectomy/Periradicular surgery, molar (1st root)	475.00	1/L	
3426	Apicoectomy/Periradicular surgery, each additional root	200.00	1/L	
3430	Retrograde filling - per root	112.00	1/L	
3920	Hemisection (including any root removal) - not including RCT	50.00	1/L	75.00
4210	Gingivectomy or Gingivoplasty – 4 or more teeth per quadrant	215.00	1/4	
4211	Gingivectomy or Gingivoplasty – 1-3 teeth per quadrant	129.00	1/4	
4249	Crown lengthening, hard or soft tissue	340.00	1/4	
4260	Osseous Surgery - 4 or more teeth per quadrant	550.00	1/4	
4261	Osseous Surgery - 1-3 teeth per quadrant	375.00	1/4	
4263	Bone replacement graft – 1st site in quadrant	261.00	1/4	
4264	Bone replacement graft – each additional site in quadrant	220.00	1/4	
4270	Pedicle Soft Tissue Graft	250.00	1/4	
4271	Free Soft Tissue Graft (including donor site)	512.00	1/4	
4341	Periodontal Scaling & Root Planning – 4 or more teeth per quadrant	75.00	4/1	
4342	Periodontal Scaling & Root Planning – 1-3 teeth per quadrant	45.00	4/1	
4381	Chemotherapeutic agents	50.00	4/1	
4910	Periodontal Maintenance Procedures (following active therapy)	85.00	2/1	
5110	Complete upper dentures	900.00	1/5	
5120	Complete lower dentures	900.00	1/5	
5130	Immediate upper dentures	900.00	1/5	
5140	Immediate lower dentures	900.00	1/5	

Schedule of dental allowances

from the Dental Claim Office

ADA	Description	Allowance	Freq.	S.A.
5211	Partial upper denture - resin base (includ. clasps, rests & teeth)	525.00	1/5	
5212	Partial lower denture - resin base (includ. clasps, rests & teeth)	525.00	1/5	
5213	Partial upper denture - cast metal base w/resin saddles (includ. clasps, r ests & teeth)	757.00	1/5	
5214	Partial lower denture - cast metal base w/ resin saddles (includ. clasps, rests & teeth)	757.00	1/5	
5281	Removable unilateral partial denture - one piece cast metal (including clasps & pontics)	210.00	1/5	
5410	Adjust Complete Denture (upper)	15.00	1/1	
5411	Adjust Complete Denture (lower)	15.00	1/1	
5421	Adjustment, Partial Denture (upper)	15.00	1/1	
5422	Adjustment, Partial Denture (lower)	15.00	1/1	
5510	Repair Broken Complete Denture Base	35.00	1/1	
5520	Replace Missing or Broken Teeth - Complete Denture, first tooth	35.00	1/1	
5610	Repair resin saddle or base	88.00	1/1	
5620	Repair cast framework	74.00	1/1	
5630	Repair or replace broken clasp	118.00	1/1	
5640	Replace broken teeth - per tooth	68.00	1/1	
5650	Add tooth to existing partial denture	65.00	1/L	
5660	Add clasp to existing partial denture	56.00	1/L	
5730	Reline complete upper denture (chairside)	65.00	1/3	
5731	Reline complete lower denture (chairside)	65.00	1/3	
5740	Reline upper partial denture (chairside)	65.00	1/3	
5741	Reline lower partial denture (chairside)	65.00	1/3	
5750	Reline complete upper denture (laboratory)	115.00	1/3	
5751	Reline complete lower denture (laboratory)	115.00	1/3	
5760	Reline upper partial denture (laboratory)	115.00	1/3	
5761	Reline lower partial denture (laboratory)	115.00	1/3	
5820	Temporary Partial - Stayplate Denture (upper)	125.00	1/5	
5821	Temporary Partial - Stayplate Denture (lower)	150.00	1/5	
5850	Tissue Conditioning - per denture	45.00	1/3	
5860	Overdenture, complete, by report	375.00	1/5	
6010	Surgical placement of implant body: endosteal implant	**		
6040	Surgical placement: eposteal implant	**		
6050	Surgical placement: transosteal implant	**		
6053	Implant/abutment supported removable denture for completely edentulous arch	114.00	1/5	
6054	Implant/abutment supported removable denture for partially edentulous arch	114.00	1/5	
6056	Prefabricated abutment	175.00	1/5	
6057	Custom abutment	750.00	1/5	
6058	Abutment supported porcelain/ceramic crown	750.00	1/5	
6059	Abutment supported porcelain fused to metal crown (high noble metal)	750.00	1/5	
6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	750.00	1/5	
6061	Abutment supported porcelain fused to metal crown (noble metal)	750.00	1/5	
6062	Abutment supported cast metal crown (high noble metal)	750.00	1/5	
6063	Abutment supported cast metal crown (predominantly base metal)	750.00	1/5	
6064	Abutment supported cast metal crown (noble metal)	750.00	1/5	

Schedule of dental allowances

from the Dental Claim Office

ADA	Description	Allowance	Freq.	S.A.
6065	Implant supported porcelain/ceramic crown	750.00	1/5	
6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	750.00	1/5	
6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	750.00	1/5	
6068	Abutment supported retainer for porcelain/ceramic FPD	750.00	1/5	
6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	750.00	1/5	
6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	750.00	1/5	
6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	750.00	1/5	
6072	Abutment supported retainer for cast metal FPD (high noble metal)	750.00	1/5	
6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	750.00	1/5	
6074	Abutment supported retainer for cast metal FPD (noble metal)	750.00	1/5	
6075	Implant supported retainer for ceramic FPD	750.00	1/5	
6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	750.00	1/5	
6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	750.00	1/5	
6210	Pontic - cast high noble metal	335.00	1/5	
6211	Pontic - cast predominantly base metal	335.00	1/5	
6212	Pontic - cast noble metal	335.00	1/5	
6240	Pontic - porcelain fused to high noble metal	500.00	1/5	
6241	Pontic - porcelain fused to predominantly base metal	500.00	1/5	
6242	Pontic - porcelain fused to noble metal	500.00	1/5	
6250	Pontic - resin with high noble metal	355.00	1/5	
6251	Pontic - resin with predominantly base metal	355.00	1/5	
6252	Pontic - resin with noble metal	355.00	1/5	
6545	Retainer - cast metal for acid etched fixed prosthesis	165.00	1/5	
6610	Repair broken facing with slotted or other facing	56.00	1/1	
6720	Crown - resin with high noble metal	355.00	1/5	
6721	Crown - resin with predominantly base metal	355.00	1/5	
6722	Crown - resin with noble metal	355.00	1/5	
6750	Crown - porcelain fused to high noble metal	500.00	1/5	
6751	Crown - porcelain fused to predominantly base metal	500.00	1/5	
6752	Crown - porcelain fused to noble metal	500.00	1/5	
6780	Crown - 3/4 cast high noble metal	390.00	1/5	
6790	Crown - full cast high noble metal	410.00	1/5	
6791	Crown - full cast predominantly base metal	355.00	1/5	
6792	Crown - full cast noble metal	355.00	1/5	
6930	Recement Bridge	57.00	1/1	
6940	Stress Breaker	110.00	1/5	
6950	Precision Attachment	125.00	1/5	
6972	Prefabricated post and core in addition to bridge retainer	85.00	1/5	
7111	Extraction – coronal remnants – deciduous tooth	114.00	1/L	
7140	Extraction – erupted tooth or exposed root	123.00	1/L	
7210	Surgical removal of erupted tooth requiring elevation mucoperiosteal flap and removal of bone and/or section of tooth	165.00	1/L	

Schedule of dental allowances from the Dental Claim Office

ADA	Description	Allowance	Freq.	S.A.
7220	Removal of impacted tooth - soft tissue	198.00	1/L	
7230	Removal of impacted tooth - partially bony	300.00	1/L	
7240	Removal of impacted tooth - completely bony	350.00	1/L	
7241	Removal of impacted tooth - completely bony with unusual surgical complications	350.00	1/L	
7250	Surgical removal of residual roots (cutting procedure)	150.00	1/L	
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	150.00	1/L	185.00
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	100.00	1/L	155.00
7285	Biopsy of oral tissue - hard	70.00	1/1	95.00
7286	Biopsy of oral tissue - soft	209.00	1/1	
7310	Alveoloplasty in conjunction with extractions - per quadrant	98.00	1/L	
7320	Alveoloplasty not in conjunction with extractions - per quadrant	125.00	1/5	
7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm	136.00	1/L	
7451	Removal of odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	150.00	1/L	
7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	50.00	1/L	90.00
7461	Removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	75.00	1/L	115.00
7510	Incision and drainage of abscess - intraoral soft tissue	127.00	1/1	
7520	Incision and drainage of abscess - extraoral soft tissue	45.00	1/1	65.00
8080	Comprehensive Orthodontic Treatment of the adolescent dentition (Once Lifetime)	900.00	1/L	
8090	Comprehensive Orthodontic Treatment of the adult dentition (Once Lifetime)	900.00	1/L	
8220	Fixed appliance therapy (Once Lifetime)	300.00	1/L	
8462	Orthodontic passive treatment (12 Months Lifetime)	55.00	12/L	
8660	Pre-Orthodontic treatment visit	131.00	1/L	
8670	Periodic orthodontic treatment (24 Months Lifetime)	150.00	24/L	
8680	Orthodontic Retention (removal of appliances, construction & placement of retainers - 1 each - top & bottom)	200.00	1/L	
9110	Palliative (emergency) treatment of dental pain - minor procedures	57.00	1/1	
9220	General Anesthesia - first 30 minutes	160.00/session		
9221	General Anesthesia - each additional 15 minutes (maximum 30 minutes)	77.00/session		
9241	Intravenous conscious sedation/analgesia – 1st 30 minutes	160.00/session		
9242	Intravenous conscious sedation/analgesia – each additional 15 minutes (maximum 30 minutes)	77.00/session		
9310	Professional Consultation by Specialist	78.00	2/1	
9940	Occlusal guards	223.00	1/L	
9951	Occlusal Adjustment (limited)	60.00	1/4	
9952	Occlusal Adjustment (complete)	170.00	1/4	

* For out of network services rendered to eligible dependent children under age 19, these procedures will be reimbursed at charges up to 100% of the reasonable and customary allowance at the same frequency limitation.

** Implants: Payable up to \$2,000 per tooth with a lifetime maximum of \$3,500.

Benefit Enrollment Form

Faculty Association Suffolk Community College Benefit Fund
 533 College Road, Southampton 224D
 Selden, New York 11784-2899
 631-732-6500 or 631-451-4323

Return no later than
 December 31, 2013.

- New enrollment Updated enrollment
 Active Faculty Active Guild Retiree Enhanced/Enhanced Plus Retired Basic

Member last name First name Middle Initial

Social Security Number Date of birth Male Female

Street address

City State Zip code

Employment start date School

Election of benefits: In accordance with new federal health insurance law, you must elect which coverage you wish to continue and remit a fee for each. For FA and Guild union members, this fee will be paid from your union dues. Each elected coverage costs \$1 per annum (whether you enroll under individual or family). Please complete the form below indicating your choices:

Dental (*circle one*): individual family
Vision (*circle one*): individual family

Marital status: single married as of _____ (*date*)
 widowed divorced as of _____ (*date*)

Dependent information, including domestic partnerships (*affidavit is required for domestic partner registration*):

Dependent's full name Date of birth Relationship

Dependent's full name Date of birth Relationship

Dependent's full name Date of birth Relationship

Are you, your spouse/domestic partner, or dependent children covered by any other dental benefit program which may pay for dental services? yes no If yes, please list the name and address of the dental insurance company or administrator.

I hereby certify that all information provided above is complete and accurate to the best of my knowledge and understand that failure to provide complete and accurate information may result in denial or suspension of benefits. In addition, any person who knowingly and with intent to defraud any insurance company or this fund files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

Member signature Date



Faculty Association Suffolk Community College Benefit Fund

Southampton Building 224D
533 College Road
Selden, New York 11784-2899
631-451-4151

FA Benefit Fund Trustees and Staff

Trustees

- **Kevin Peterman**
Chairperson
- **Sean Tvelia**
Vice Chair
- **Marie Hanna**
Trustee
- **Joyce Gabriele**
Trustee, Treasurer
- **Pete DiGregorio**
Trustee

- **Cynthia Eaton**
Trustee
- **Tom Breeden**
Trustee

Third Party Administrator

- **Daniel H. Cook Associates, Inc.**
253 West 35th Street - 12th Floor
New York, NY 10001
800-DH-COOK-1
(800-342-6651)
212-505-5050

Counsel

- **Mirkin & Gordon, P.C.**

Accountants

- **Buchbinder, Tunick & Company**

Financial Consultants

- **Stacey Braun Associates**