

## Dental Benefits

Retiree Plan 82

***This Benefit has changed Effective 01/01/2007***

Coverage is provided to plan participants and eligible dependents through either the ***Guardian Life Insurance Company or Delta Dental***. Plan participants are required to select one of the options for themselves and their families. Those who do not make an election are automatically enrolled in the Guardian Program. Both the Guardian program and the Delta program are available to eligible members without premium payment. Neither has a “rider” option.

### ***Guardian Dental Guard Preferred***

This is a “preferred provider” (PPO) program with two components:

- 1) access to a panel of dental providers who charge **reduced fees**, and
- 2) partial reimbursement for services rendered (by a **Reimbursement Schedule**).

Benefits include *most* standard dental procedures. There are no annual or lifetime maximum payment limitations. Plan participants may use *any licensed dentist* to provide services, although non-participating dentists are not required to charge the reduced fees, thereby eliminating the value of component 1). above.

The provider panel maintained by Guardian Life is **Dental Guard Preferred**.

Information on participating dentists is available from Guardian:

Phone: (800) 848-4567

Website: [Guardian Providers](#)

Schedule: [PSC-CUNY Guardian Schedule](#) of Reimbursements

**Frequency Limits:** Standard prophylactic care (cleaning and necessary x-rays is covered once every six months.

**Benefit Limits:** Coverage is not provided for certain types of care. Please refer to [Guardian Benefit Limits](#) and [Guardian Contract Limitations](#). Limitations often involve technical matters. Pre-Treatment Review is recommended.

**Pre-Treatment Review:** Each plan participant is entitled to be informed by Guardian of the total cost, plan reimbursement and out-of-pocket costs associated with a course of dental treatment. Forms are available at participating dentist offices or from Guardian.

*Filing a Claim:* Claim forms are available by clicking [here](#), from participating providers, by mail from Guardian or through the Guardian Website. Guardian Forms have the mailing address on them. Claim forms should be submitted to:

Guardian Group Dental Claims  
P. O. Box 2459  
Spokane, WA 99210-2459

## **DeltaCare USA**

This is a dental Health Maintenance Organization; Members who enroll will select a primary care dentist for each eligible family member. That dentist will be responsible for all dental care including referral to specialists as necessary. Members will pay for dental services in accordance with the agreements that Delta has with the dentists. The patient fee is set for each service.

Unlike traditional insurance, there are no claims to complete or reimbursement to await. There is no Annual or Lifetime limit on services.

Enrollment in the Delta program is available each year and coincides with the City-wide open enrollment period.

The HMO program is sponsored by Delta Dental and called **DeltaCare USA**.

It is administered by PMI Dental Health Plan  
12898 Towne Center Drive  
Cerritos, CA 90703-8579

Information on dentists participating with the HMO is available from Delta here:

Phone: (800) 422-4234 *NJ Residents Only*: (800) 722-3524

Website: [Delta Main Page and Providers](#)

Schedule: [DeltaCare Provider Allowed Charges](#)

*Benefit Limits:* Coverage is not provided for certain types of care. Please refer to [Delta Exclusions and Limitations](#).

*“Optional” Fee Payments:* Certain procedures are deemed “optional” in the Delta Fee list which typically indicates that it is a procedure that may exceed an accepted norm of service. For example, color-matched fillings are above the norm on molars, whereas they are standard practice on front teeth. Members who decide to have color-matched fillings on molars would pay a higher fee and that fee is in accordance with the profile of each dentist maintained by Delta dental. PMI Dental Health can provide this information.

*Emergency Care:* Whereas members are generally required to use the primary dentist or an HMO specialist referred by that dentist, there is a provision for

emergency treatment up to \$100 per year. Claim forms and regulations are available from PMI Dental Health at the address listed above.

**Dental Benefits -**

**Retiree Plan 80**

The Fund will reimburse up to \$150 per year per plan participant (in combination with dependents) for covered dental expenses. Claim forms are available from the Fund Office.

**Dental Benefits -**

**Retiree Plan 70**

The Fund will reimburse up to \$300 per year per plan participant (in combination with dependents) for covered dental expenses. Claim forms are available from the Fund Office.