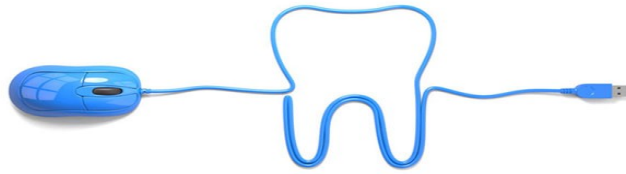


BENEFIT UPDATES MADE IN 2018 & 2019



Here are the benefits and eligibility updates to the Fund's plan effective in 2018 & 2019 to date.

Dental ADA Code Changes, Effective 1/1/18

Code D1206 – Topical application of fluoride, *excluding varnish* - allowance, \$14/per treatment for individuals over age 13

Code D2940 – Protective restoration, at the same allowance as code D9110 palliative (emergency) treatment of dental pain – *minor procedure* - \$25/per treatment.

Code D2161 – Amalgam – four or more surfaces, *primary or permanent*, allowance, \$70/per treatment.

Code D2394 – resin-based composite – four or more *surfaces, posterior*, allowance of \$90/per treatment.

Dental ADA Code Changes, Effective 1/1/18

Code D1515 to 1517– space maintainer - fixed, bilateral, and mandibular. **remove:** any conventional clasps/**add:** retentive/clasping materials

Code D5211 – maxillary partial denture-resin base (including retentive/clasping materials, rests, and teeth) **remove:** any conventional clasp.

Code D5212 – mandibular partial denture-resin base (including retentive/clasping materials, rests, and teeth) **remove:** any conventional clasps/ **add:** retentive/clasping materials.

Code D5630 – repair or replace broken retentive/clasping materials - per tooth. **remove:** clasp - each clasp; per tooth/ **add:** retentive/clasping materials - per tooth

Code D9940 to 9944 – occlusal guard - hard appliance, full arch.

Code D9940 to 9945 – occlusal guard - soft appliance, full arch.

Invisalign, Effective 1/1/19

The Board of Trustees of the SCMEBF approved providing payment of up to \$1,995 toward Invisalign Treatment for General Dentists, **regardless** if they are participating in the Fund's network so long as they are certified on the Invisalign equipment from which they treat. A certificate of authorization must be provided to the Fund.

The Fund members would still be responsible for any out-of-pocket expenses and must remain compliant with the approval process for Orthodontic treatment through a pre-determination and clinical necessity. All other limitation apply.



BENEFIT UPDATES MADE IN 2019

Tax Preparation Benefit, Effective 1/1/19

The Board of Trustees of the SCMEBF **AMENDED** its recently approved language change to the Tax Preparation Reimbursement Benefit due to the changes in the IRS code making all tax returns reportable on one form, the 1040, and eliminating the “short-form” previously known as the 1040A or the 1040EZ.

The Fund will NO LONGER pay \$30 for the preparation of IRS form 1040A or 1040EZ. **It will instead pay \$70 for the preparation of ALL IRS Filings on form 1040.** Members may use any tax preparer, enrolled agent or accountant of their choice. For reimbursement, eligible members should return their filing with their voucher and the required documentation requested on the front of the voucher.



Participating Tax Panel Providers

The Fund has compiled a panel of Participating Tax Preparers who have agreed to accept \$75 for the preparation of form 1040, including preparation of the related New York State return. The member is responsible for paying \$5 of the 1040 preparation charge. The Fund will continue to remit the balance to the preparer.

This benefit is only available to Active Members or Retirees on the Premium Plus-T “Self-Pay” Enhanced Retiree Plan.

Dental Fee Improvements, Effective 7/1/2019

Code D0330 – PANORAMIC FILM, [increased from](#) \$35 to \$60 for all providers.

Code D7220 – REMOVAL-SOFT TISSUE IMPACTED increased from \$157 to \$175 for specialists.

Code D7230 – REMOVAL-PARTIAL BONY IMPACTED increased from \$203 to \$250 for specialists.

Code D7240 – REMOVAL-COMPLETE BONY IMPACTED increased from \$234 to \$300 for specialists.

Code D7241 – COMPLETE BONY IMPACT-W/COMP increased from \$280 to \$325 for specialists.

Code D7283 – DEVICE TO AID ERUPTION OF IMPACTED increased from \$28 to \$175 for specialists.

Code D9222 – DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES increased from \$60 to \$100.

Code D9223 – DEEP SEDATION/GENERAL ANESTHESIA – [EACH ADD 15 MINUTES](#)

reduced, from \$60 to \$50 for the 2nd 15 minutes and increased from \$40 to \$50 for the 3rd and 4th 15 minutes, (with a maximum of 45 additional minutes for sedation and an increase of fees from \$200 to 250.)

Code – D9239 – INTRAVENOUS MODERATE (CONSCIOUS)- FIRST 15 MINUTES from \$60 to 100.

Code – D9243 – INTRAVENOUS MODERATE (CONSCIOUS)- EACH ADD 15 MINUTES

reduced, from \$60 to \$50 for the 2nd 15 minutes and increased from \$40 to \$50 for the 3rd and 4th 15 minutes, (with a maximum of 45 additional minutes for sedation and an increase of fees from \$200 to \$250.)

Code – D9310 – CONSULTATION FOR SPECIALIST, added reimbursement of \$50. GP remains at a fee of \$35.

BENEFIT UPDATES MADE IN 2019

General Anesthesia/IV Sedation, Effective 7/1/19

Please note, the current Plan Design allows for General Anesthesia/IV Sedation at \$60 per 15 minutes for the first 30 minutes then \$40 per each additional 15 minutes with a maximum allowance of 30 additional minutes. Maximum allowed presently is one-hour for \$200.

In adopting these fee changes, the Fund's Plan Design now allows for General Anesthesia/IV Sedation, according to the CDT procedure code/description changes made in 2018, which was D9222/D9239 for the first 15 minutes and then code D9223/D9242 each additional 15 minutes. With this change, the Fund's Plan Design increased the first 15 minutes allowance to \$100 and each additional 15 minutes to \$50, with a maximum of 45 additional minutes. Maximum allowed under these new fees is one-hour at \$250.

Continuous Enrollment NOW Available for "Self-Pay" Enhanced Retiree Plans, (SPERP), Effective 7/1/2019

Beginning July 1st, the Fund is eliminating its annual Open Enrollment so that Fund members no longer have to wait until January 1st to upgrade their ancillary Fund Coverage.

With **Continuous Enrollment**, an eligible Fund Retiree may enroll in one of the SPERP coverages, anytime throughout the year, as long as the minimum enrollment requirements are met. The 2-years minimum enrollment in SPERP, which include a 2-year rate guarantee, is still required and provided. Fund members risks losing their Fund benefits should they default on this requirement.

A separate mailing on the program's details will follow in July, 2019.

And More Good News for Out-of-State Fund Members. A Florida Dental Network, Effective 9/1/2019

A New Dental Network called MetroDent, will be available in Florida, offering discount Dental Rates for SC Municipal Employees Benefit Fund members and their eligible dependents.

The Board of Trustees of the SCMEBF approved providing the members of the SCME Benefit Fund with access to a network of dentists that are outside of the New York, Long Island area. The fees reimbursable by the Fund, may differ from the fees those dentist may charge.

Fund members would be responsible for any out-of-pocket expenses for the difference between the Network Fees and the Fund's Fee schedule and must still comply with all approval processes for treatment through a pre-determination. However, these dentists cannot charge you more than the agreed upon **MetroDent** schedule, so your savings could be significant.

Additional States may be added at a future date. A separate mailing on the program's details will follow in August, 2019.

