



**The New York Council of Nonprofits, Inc. (NYCON, INC.)
272 Broadway
Albany, NY
(800) 515-5012**

**STATEWIDE
GROUP DENTAL PLAN- YEAR 2010**

Delta Dental of New York - Group 1431

**AVAILABLE TO NONPROFIT 501(c) AGENCIES
WHO ARE MEMBERS OF NYCON, INC.**

The NY Council of Nonprofits, Inc.

2010 DELTA DENTAL INSURANCE PROGRAM

Dental Services	Paid by Delta
Diagnostic	90%
Preventive	90%
Basic Restorative	80%
Oral Surgery	70%
Endodontic	70%
Periodontal	50%
Major Restorative	50%
Orthodontics	50%
TMJ	50%

Maximums: \$2000 per person per calendar year. Orthodontics has a separate maximum of \$1250 lifetime per patient.

Deductible: \$50 per person per calendar year. Maximum of \$150 per family per calendar year. Does not apply to Diagnostic and Preventative care.

Eligible dependent children are covered to age 19, unless they are students in a bona fide institution of higher education, in which case, eligibility is extended to age 23. Mentally and physically disabled dependent children are eligible for dental care under the program regardless of age. Orthodontics is a benefit for dependent children to age 19. Subscribers must notify NYCON, Inc. when their dependents age-out, or if they are no longer full time students eligible for coverage.

MONTHLY COST 2010

Individual	\$32.00
2-person	\$83.36
Family	\$107.23

Enrollment Guidelines:

All eligible employees of active council member agencies are eligible to enroll effective the first of any month after the signing of a group contract with NYCON, Inc. Delta Dental does not supply identification cards for this plan, subscribers may use their social security number and the group number indicated as proof of their enrollment and benefits.

The waiting period for those employees hired on or after the above contract date are eligible to enroll the 1st of the month following 60 days of employment.

If an eligible employee does not enroll in the plan immediately after their 60-day anniversary, and at later date requests coverage, they will need to wait until the next open enrollment date. There will be an open enrollment period in November & December for an effective date of January 1st.

Employees who cancel coverage for themselves or their dependents during the year, employed by the same agency, will not be eligible for coverage for two years and only at open enrollment.

Agency Participation Requirement:

Groups over 50 employees should contact CCSNYS for information and assistance.
Groups under 50 employees must enroll 50% of their eligible employees.

Covered Benefits:

Diagnostic: Procedures to assist dentists to evaluate existing conditions and dental care required - to include visits, exams, diagnosis and x-rays (exams & bitewing x-rays are benefits twice in any twelve month period).

Preventive: Prophylaxis (cleaning is a benefit twice in any twelve month period), fluoride treatments (limited to age 19), space maintainers, sealant (to age 14, once in every 36 months on unfilled permanent first and second molars).

Basic Restorative: Amalgam and composite fillings.

Major Restorative: Crowns, inlays, onlays are benefited where above materials are not adequate.

Oral Surgery: Extraction and oral surgery procedures including pre- and post-operative care.

Endodontics: Procedures for pulpal therapy and root canal filling.

Periodontal: Surgical and non-surgical procedures for treatment of gums and supporting structures of teeth.

Orthodontics: Procedures for straightening teeth (orthodontics is a benefit for dependent children to age 19).

TMJ: Reversible procedures for treatment of temporomandibular joint dysfunction.

Complete definition of benefits, limitations and exclusions is contained in the Group Dental Service Contract. This explanation is informational only. Benefits subject to all terms and conditions of the Group Dental Service Contract.