

MEDICAL AND DENTAL PROVIDERS FOR 2017

MEDICAL:

YOUR MEDICAL AND HOSPITAL PLAN CHOICES EFFECTIVE FEBRUARY 1, 2017 ARE:

EMPIRE BLUE CROSS BLUE SHIELD –Will cover both medical and hospitalization services. There is no need to elect a primary care physician with this plan. **No Referrals are needed to see a specialist.** Blue Cross has a \$10.00 co-pay for in-network services. Out of network services are subject to a deductible and co-insurance which you will be responsible for. In New York – Empire Blue Cross POS Alt Network; in Connecticut – Anthem Blue Cross PPO; in New Jersey – Horizon Blue Cross PPO and in Pennsylvania – National PPO Blue Card (not basic) all others use Blue Card PPO.

CIGNA EPO PLAN (OPEN ACCESS PLUS NETWORK) – This **in-network only** plan covers both medical and hospitalization services. You must utilize doctors and hospitals that are in the Cigna Open Access Plus Network. **No Referrals are needed to see a specialist.** The Cigna Plan has a \$25.00 co-pay for most services.

DENTAL:

Delta Dental - (Dental Maintenance Organization) Group 76993 – Unless you live in Connecticut or North Carolina, you must elect a primary dentist from the Delta Dental website (DeltaCare USA network) in order to be enrolled. **This plan provides coverage for in-network benefits only. Participants will be responsible for payments and or copays for certain procedures partially covered by the Plan. Please check with your dentist prior to beginning all services regarding any out of pocket expenses for procedures not fully covered by the Plan.**

If you elect to have services by a provider who is not in the Delta D.M.O. Plan (DeltaCare USA network) , you will be responsible for all of the charges.

HEALTHPLEX P.P.O. PLAN – With Healthplex, you can choose a participating dentist from a panel of in-network providers listed on the website or you can choose to have services rendered by an out-of-network dentist. If you elect to receive services from an out-of-network provider, you will be responsible for **all charges** that exceed the plan allowances. This plan offers the same level of coverage as the D.D.S. Inc. Plan.

D.D.S., INC. – With DDS, you can choose a participating dentist from a panel of in-network providers listed on the website or you can choose to have services rendered by an out-of-network dentist. If you elect to receive services from an out-of-network provider, you will be responsible for **all charges** that exceed the plan allowances. This plan offers the same level of coverage as the Healthplex Plan.

AETNA D.M.O. PLAN - (Dental Maintenance Organization) With Aetna D.M.O. Plan, you must elect a primary dentist from the Aetna website in order to be enrolled. **This plan provides coverage for in-network benefits only. Participants will be responsible for payments and or copays for certain procedures partially covered by the Plan. Please check with your dentist prior to beginning all services regarding any out of pocket expenses for procedures not fully covered by the Plan**

If you elect to have services by a provider who is not in the Aetna D.M.O. Plan, you will be responsible for all of the charges.

If you need information on a specific benefit that is not listed, or you have a question about the benefits provided, please do not hesitate to call the Fund Office at 718-847-8484 or you can contact each provider listed below:

PROVIDER INFORMATION FOR 2017:

Empire Blue Cross	800-553-9603	www.empireblue.com
Cigna	800-244-6224	www.cigna.com or www.mycigna.com
Delta Dental	800-422-4234	www.deltadentalins.com
Healthplex	800-468-0600	www.healthplex.com
DDS Inc.	800-255-5681	www.ddsinc.net
Aetna DMO	877-238-6200	www.aetna.com (Doc-Find)