

**Employee Trustees**

Robert W. Newell, Jr., *Plan Manager*  
Aly Y. Waddy (*Pension*)  
Joseph D. Waddy (*Pension & Welfare*)  
Paul Santarpia (*Welfare*)



**Employer Trustees**

Patrick J. Durning  
Robert M. Jandovitz  
Robert Spinella

**WELFARE & PENSION FUNDS**

425 MERRICK AVENUE, WESTBURY, NY 11590  
TEL: 516-214-1300

December 2020

To All Participants:

This notice, called a "Summary of Material Modifications" ("SMM"), is being provided to advise you of changes the Board of Trustees has made to your Plan of Benefits under the UFCW Local 1500 Welfare Fund ("Fund"), effective March 1, 2021. After you have read this SMM, please keep it with your Summary Plan Description ("SPD") so you will be reminded of this change.

If English is not your primary language, you may be eligible for assistance in the non-English language in which you are knowledgeable. Please call Associated Administrators, LLC at (855) 266-1500 for more information.

**NOTA:** Si no saben leer y escribir en Inglés, usted puede ser elegible para recibir asistencia en el lenguaje no-Inglés en el que está alfabetizada. Por favor llame Associated Administrators, LLC en (855) 266-1500 para más información.

**DENTAL FEE SCHEDULE - INCREASE IN REIMBURSEMENT**

**Effective March 1, 2021** – In an effort to assist you with your dental and orthodontic needs, the Trustees of the Fund have voted to increase the fee schedule that is to be reimbursed for covered services.

The increases are based upon the type/category of service provided, i.e., diagnostic, preventative, restorative, endodontic, periodontic, prosthodontic, oral surgery, and orthodontic.

On the following page, please find a chart of the overall percentage increase for each category, for services rendered on or after March 1, 2021.

A full copy of the increased fee schedule is posted on the Associated Administrator's website, [www.associated-admin.com](http://www.associated-admin.com). You may also request a copy from the Fund, free of charge, at [info@ufcw1500.org](mailto:info@ufcw1500.org) or contact the Medical Department at (516) 214-1337.

**IMPORTANT NOTE:** All other rules that apply to your respective Plan, including but not limited to eligibility, medical necessity, annual maximums, etc. remain in effect.

<b>Service</b>	<b>Procedure Codes</b>	<b>Description of Services</b>	<b>Percent Increase</b>
Diagnostic	D0110- 0999	Clinical Oral Evaluations Radiographs/Imaging Testing & Pathology	<b>30%</b>
Preventive	D1000- 1999	Prophylaxis Topical Treatment Preventive/Maintenance Services	<b>30%</b>
Restorative	D2000- 2664	Amalgam Restorations Resin-based Composite Inlay/Onlay	<b>30%</b>
Restorative	D2710- 2999	Crowns Other Restorative Services	<b>20%</b>
Endodontics	D3000- 3999	Pulpotomy Endodontic Therapy/Retreatment Apicoectomy/Periradicular Services	<b>15%</b>
Periodontics	D4000- 4999	Surgical Services Non-Surgical Services Other Periodontal Services	<b>20%</b>
Prosthodontics, removable	D5000- 5899	Dentures Interim Prosthesis Other Prosthetic Services	<b>15%</b>
Maxillofacial Prosthetics	D5900- 5999	Surgery Obturator	<b>15%</b>
Prosthodontics, fixed	D6200- 6999	Fixed Partial Denture Pontics Fixed Partial Denture Retainers Other Fixed Partial Denture Services	<b>15%</b>
Oral & Maxillofacial Surgery	D7000-7999	Surgical Extractions/Excision/Incision Alveoloplasty, Vestibuloplasty Treatment of Fractures/Other Repairs	<b>15%</b>
Orthodontics	D8000-8999	Dentition Limited/Comprehensive Treatment Other Orthodontic Services	<b>15%</b>
Adjunctive General Services	D9000-9999	Anesthesia Professional Consultation Miscellaneous Services	<b>15%</b>

**VISION FEE SCHEDULE - INCREASE IN REIMBURSEMENT**

**Effective March 1, 2021** – In an effort to assist you with your vision care needs, the Trustees of the Fund have voted to increase the fee schedule that is to be reimbursed for covered services.

Below please find a chart of the increased fee schedule reimbursement to be paid for services rendered on or after March 1, 2021.

<b>Services</b>	<b>Current Fee Schedule Reimbursement</b>	<b>Fee Schedule Reimbursement Effective March 1, 2021</b>
Frames	\$35	\$70
Single Vision Lenses*	\$28	\$56
Bifocal Lenses*	\$42	\$84
Trifocal Lenses*	\$70	\$140
Progressive Lenses*	\$70	\$140
Lenticular Lenses*	\$88	\$166
*Maximum payment for 2 lenses		
Exam	\$8	\$16
Exam w-Tests	\$16	\$32
Contacts (Standard & Disposable)	\$100	\$200

**IMPORTANT NOTE:** All other rules that apply to your respective Plan, including but not limited to eligibility, medical necessity, annual maximums, etc. remain in effect.

If you have any questions regarding any of the information in this notice, please contact the Fund Office at [info@ufcw1500.org](mailto:info@ufcw1500.org) or 1-800-522-0456 or Associated Administrators, LLC at 1-855-266-1500.

Sincerely,  
The Board of Trustees

