Frequently Asked Questions



How do I find information regarding the new plan choices?

Members are encouraged to visit the Superior Officers Council landing page on the UnitedHealthcare Dental website at https://www.whyuhc.com/nypdsoc to view information about all of the new plans, compare fees and co-pay schedules, and annual family out of pocket maximums associated with each plan.

How do I find a dentist within the United Health Dental network?

Members can visit our UHC landing page at https://www.whyuhc.com/nypdsoc and click on "search the plan provider network" for participating dentists within that specific plan network.

What is the difference between an in-network provider and an out-of-network provider?

In general, you will always pay less in co-pays with an in-network provider. An in-network provider has a contracted rate for each service they charge whereas an out of network provider can choose the amount to charge the patient for each service. If choosing an out of network provider, you will be responsible for any charges above the possible reimbursement.

Will I need a new identification card for the new plans?

- If you enroll in one of the UnitedHealthcare plan, (PPO10 or DHMO) you will be receiving new dental cards sometime in mid-April.
- If you are currently enrolled in the SOC Buy-Up plan and elect to stay in the Buy-Up plan, (now referred to as the Careington Buy-Up), no new card will be issued, you can continue to use you existing card.
- If you are enrolling in the Careington Buy-up plan for the first time, you will be receiving new ID cards from Healthplex.

What if I am currently in the SOC Healthplex buy-up plan and I want to stay in a buy-up type plan?

Members who are currently enrolled in the Healthplex buy-up plan and wish to continue within a buy-up type plan will still need to make a plan choice on the enrollment application. If you've been happy with the existing Buy-Up Plan you can choose the new Careington plan. Choosing the new Careington plan will have continued deductions from either your paycheck (active members), or pension check, (retired members). Retired members will have an increase in premiums to \$49 a month. The new Careington network shares all the same benefits as the current Buy-Up Plan.

If I am enrolled in the current PPO plan offered by the SOC and want to stay in a PPO style plan with UnitedHealthcare Dental, do I need to do anything?

Because we have contracted with a new dental provider members will have to fill out the Dental Enrollment Application and pick a specific plan. Members can either visit the SOC website at www.nypdsoc.com or fill out the attached application that was included in your welcome letter. Members who do not submit a response to the SOC by March 15, 2023 will be automatically placed in the UnitedHealthcare National Preferred Provider (National Options PPO 10).

What if I am enrolled in the current SOC Empire Blue Cross Blue shield Plan (Dentall)?

As of April 30th, 2023, the Superior Officers Council will **no longer** offer the Empire Blue Cross Blue Shield Dentall plan. Members <u>must</u> choose one of the three new Dental plan options. **IF WE DO NOT RECEIVE YOUR ELECTION BY MARCH 15, 2023 YOU WILL BE AUTOMATICALLY ENROLLED IN THE UNITEDHEALTHCARE NATIONAL PREFERRED PROVIDER (NATIONAL OPTIONS PPO 10) PLAN.**

What if I am enrolled in the existing Humana Florida dental plan?

Current Humana members do not need to take any action if they are staying with Humana. These members enrolled in the Humana Florida plan can either choose to continue with that plan OR the member can choose to switch to one of the new dental offerings. If the Superiors Officers Council does not receive a response with a new choice by March 15, 2023, that member will remain in the Humana plan. The Humana plan is a closed class offering. It is not accept new members.

Are there new benefits being offered with the UnitedHealth dental plans? If so, what are the changes?

Both UnitedHealth Care dental plans have an expanded listing of covered dental services. The most commonly utilized services have always been covered in your dental plans but dental services that have less utilization will now be covered as well. This includes dental implant services now being covered with copays on the UnitedHealthcare National Select Managed Care DHMO plan.

How are my annual spending limits affected by a mid-year changeover to this new UnitedHealth plan?

Amounts used on the current Capital PPO plan through the first five months of the year will be carried over to the UnitedHealthcare National Preferred Provider (National Options PPO 10) and applied to the annual maximum. Lifetime Orthodontic amounts used will also be carried over to the plan. The UnitedHealthcare National Select Managed Care DHMO plan does not have any annual/lifetime spend limit and will not be effected by any prior claims costs.

What if I have dental work that is in progress and not completed by May 1, 2023, when the new plan takes effect? If possible, we strongly recommend completing any work in progress before May 1, 2023. If this is not possible then please be mindful that your annual spend limit will transfer over to UnitedHealthcare on May 1, 2023. Ortho cases in progress will have a different copayment amount under the UnitedHealthcare plans due to different contracted rates. The lifetime ortho maximum is \$2,060 and is not changing with the switch in dental plans.

What if my prior dentist was out of network under the old carrier's dental plan, but now is an in-network dental provider under United Dental?

You are in luck! You may continue to see this dentist. Instead of being balance-billed you will now just be subjected to plan copayments where applicable.

Can I make a change to my dental plan in the future once I select my option?

Yes, you can switch between plans, however any changes must be processed during the open enrollment period, of November 1 thru November 30 of each year, effective the subsequent January 1.

Can I switch from the Careington Buy-up plan into either the PPO 10 plan or the National Select Managed Care plan? Members who enroll in the Buy-Up plan must stay for a period of 2 years before switching to another plan. If you have met this time period switching plans only occurs during the open enrollment period, November 1 thru November 30th of each year, effective the subsequent January 1. These members will not be making enrollment changes for 5/1 but can do so in November for a January 1, 2024, effective date.

The Trustees of the Superior Officers Council