



NOTE: This Newsletter Advocates no Partisan Activity or Actions Pro or Con Regarding Political Candidates.

MEETING NOTICE

4/28/2020

In accordance to our AFGE Local 200 Bylaws Section C: Nominations, the following members were appointed by acclamation:

President: Ron Consalvo
V. President: Richard Levey
Chief Steward: Derek Gilbert
Secretary: Adam Rapp
Treasurer: Pamela Schuman

To hear the newly elected Executive Board take the Oath of Office on Monday, May 4, 2020 at 1:00 p.m., the number is 888-335-6670, passcode 735480

Donation Process for Dues Paying Members.

Dues Paying members - call for submissions!!! AFGE Local 200 budget contained provisions for donations, which is outlined in Appendix 1 – Criteria and Process for Donations and Gifts-Remembrances of the AFGE Local 200 Bylaws. Please submit your consideration by COB May 29, 2020.

If you wish to participate or have questions, please reach out to your AFGE Local 200 Executive Board.

AFGE Local 200 on the Web:

Web – General Info, Organization, Links
<http://afgelocal200.org/>
Facebook – Posts, Pictures, Interaction
<https://www.facebook.com/AfgeLocal200/>
Twitter – tweets of general interest.
<https://twitter.com/AFGELocal200>

If provided, we reach out to dues paying members thru **private email** for updates.

AFGE Local 200 BJ's Group Account

- Allows for Dues Paying Members to get annual membership at: \$30
- Contact our Treasurer for the eligibility letter needed for the discount

WJHTC OSCHECCOM

AFGE/NFFE/NATCA Join Mgt For Safety

Due to COVID-19 Distancing, the next meeting will be scheduled in June 2020.

Contract Article Overview

ARTICLE 50: AFGE LOCAL 200 FV PAY PLAN

Page 55 of 99 of the 2017 Collective Bargaining Agreement. To read in full, please go to the AFGE Local 200 Library website at
<http://afgelocal200.org/library/>

SECTION 4, Subsection C. Beginning in 2017, each employee will receive an annual length of service adjustment of one-point-six percent (1.6%) to Base Pay, not to exceed the pay band maximum, effective the first full pay period in June. If the length of service adjustment will cause the employee's Base Pay to exceed the band maximum or the employee's Base Pay is already equal to or exceeds the band maximum, the employee will receive a pay increase up to the band maximum and the remainder as a lump sum payment, effective the first full pay period in June.

Pay Period 13 is the first full pay period in June 2020 (6/7 – 6/20/2020).

KNOW YOUR RIGHTS

Contact any Union officer to review your Employee/Representation Rights.
(Meetings, Discussions, Discipline, etc.)

Coronavirus 2019 (COVID-19) Information

For those experiencing financial hardship and considering TSP loans, FedSmith had an interesting article worth investigating:

<https://www.fedsmith.com/2020/03/28/honey-dont-hit-your-tsp/>

AFGE Local 200 has uploaded to its website articles and other information pertaining to COVID-19 such as Commonwealth of Pennsylvania and State of New Jersey Division of Motor Vehicle articles.

Please visit the AFGE Local 200 website at <http://afgelocal200.org/2020-coronavirus-covid-19-information/>

Dental Coverage for Dues Paying Members –

AFGE Local 200 Dental program with Healthplex is \$383.50 per year for an individual or family. The current provider of services is Eastern Dental with several locations throughout New Jersey:
<https://www.easterndental.com/offices/>. See the union to obtain an electronic copy of their brochure for more information.



AFGE Local 200 Union officers are:

President – Robert Challenger
Vice President – Ron Consalvo
Chief Shop Steward – Richard Levey
Treasurer – Pam Schuman
Secretary/Steward – Daphne Atwood

Fair Practices Coordinator - Vacant
Women's Issues Coordinator – Kim Astillero
Veteran's Issues Coordinator – Joe Iovanisci
Social Media Coordinator – William Pomaes
Safety Representative/Steward – David Madara
Vacancies exist for Union Reps – Contact Us!

Steward – Lakeisha Bing
Steward – Derek Gilbert
Steward – David King
Steward – Maureen Smith
Steward - vacant

EXCLUSIONS AND LIMITATIONS

The following exclusions apply:

1. Any dental services which were not rendered or approved by a participating dentist or specialist except in cases of out-of-area dental emergency. If you require specialty care and there are no participating specialists in your area, you may only be entitled to receive a benefit equal to the amount we would pay a participating specialist.
2. A service not furnished by a dentist, unless the service is performed by a licensed dental hygienist under the supervision of a dentist or for an x-ray ordered by a dentist.
3. Treatment of a disease, defect, or injury covered by a major medical plan, Workers' Compensation Law, occupational disease law, or similar legislation.
4. General anesthesia, analgesia and any service rendered in a hospital environment.
5. Any dental procedures which are undertaken primarily for cosmetic reasons, or dental care to treat accidental injuries, congenital or developmental malformations.
6. Restorations, crowns or fixed prosthetics when acceptable results can be achieved with alternative methods or materials. In cases where the selection of a more expensive treatment plan is decided upon, the Plan will allow for the least costly alternative and the patient is responsible for all additional fees charged by the dentist.
7. Services which were started prior to the person becoming covered under this plan.
8. Implants, grafts, precision attachments or other personalized restorations or specialized techniques.
9. Broken Appointments - If specified by Plan Dentist for appointments not canceled 24 hours in advance, there is a \$30.00 charge.
10. Replacement of any existing crown, bridge or denture which can be made serviceable according to common dental standards.
11. Procedures, appliances or restorations whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint; stabilize periodontally involved teeth, or restore occlusion.
12. Treatment of unmanageable children and/or unruly patients. An attempt will be made to treat all patients. However, if a patient is untreatable by virtue of apprehension or any other reason, and is referred to another office for treatment, the responsibility for payment lies with either the patient or with the parent/guardian of the patient.

The following limitations apply:

- Oral exams, bitewing x-rays, prophylaxes, and fluoride treatments - Once every 6 months.
- Full mouth and panoramic x-rays - Once every 36 months.
- Crowns, bridges, dentures & periodontal surgery - Once every 60 months.
- Orthodontic treatment of Class II/Class III malocclusions - One 24 month case.
- Certain other procedures may have age limitations. A list of such services is available on request.

GRIEVANCE AND COMPLAINT PROCEDURE

INTERNATIONAL HEALTHCARE SERVICES has provided a formal grievance and complaint procedure for all enrolled members. IHS is committed to resolving member complaints to the fullest extent possible:

1. The member will call the following telephone number to report his or her complaint: **1-800-468-0600**.
2. All telephone contacts, including complaints, are initially received through our toll-free line by a Customer Service representative. If an issue cannot be addressed at the Customer Service level, members have the right to file a complaint. Formal complaints must be filed in writing to:

International Healthcare Services (IHS)
Quality Management Department
333 Earle Ovington Boulevard, Suite 300
Uniondale, NY 11553-3608

All member complaints are resolved as quickly as possible, but in no more than 30 days from receipt of the complaint. If an extension is necessary, IHS will send a notice to the member explaining the need for a delay in resolution. The Quality Management Department is responsible for investigating and resolving member formal complaints and grievances. As necessary, IHS will request information from the member's treating provider to consider as part of the complaint investigation. A resolution will be sent to the complainant once the investigation is complete. Members will have an opportunity to appeal the complaint determination within 60 days of receipt of the complaint resolution. Members may also contact their group if they are not satisfied with the outcome of the complaint investigation.

This brochure contains a general description of your dental care program for your use as a convenient reference. All benefits are governed by the provisions of your group's contract.

**AMERICAN FEDERATION OF
GOVERNMENT EMPLOYEES**

2nd DISTRICT

DENTAL CARE PROGRAM



Underwritten by



**International Healthcare
Services, Inc.**

Administered by



HEALTHPLEX
THE DENTAL BENEFIT EXPERTS™

Healthplex, Inc.

333 Earle Ovington Boulevard, Suite 300
Uniondale, NY 11553-3608
www.healthplex.com

Customer Service
(800) 468-0600

THE COMPANY

This Managed Care Plan is offered by International Healthcare Services, Inc., a Dental Plan Organization certified by the New Jersey Department of Insurance.

Our purpose is simple. It is to provide members with access to a wide range of dental benefits, with a special emphasis on preventive dentistry. In this way, we work to hold down major dental problems - and their high cost - by assuring that highly qualified care is available to you on both a regular and an "as-needed" basis.

THE MANAGED CARE PLAN

Under the Managed Care Plan, you are asked to select one dentist for you and your family from the Comprehensive Panel. This dentist will provide you with all necessary care, referring to a wide range of specialists should it become necessary. We request that you wait until you receive your eligibility card (except of course in case of emergency) before making appointments. It is important to note that, care provided by a non-participating dentist or specialist is NOT covered, unless arranged for by Healthplex. A request to change your dentist must be in writing and only the member can make the change. If you require specialty care and there are no participating specialists in your area, you may only be entitled to receive a benefit equal to the amount we would pay a participating specialist.

All dentists in our network are credentialed by Healthplex, a Credentials Verification Organization certified by the National Committee for Quality Assurance for 10 out of 10 credentialing services. We conduct site visits to ensure all offices are well equipped, adequately staffed and are following proper sterilization techniques. Panel locations have been selected with a view to provide coverage in nearly all geographical areas. Participating dentists and specialists may not be available in all areas. Please check the Provider Directory or log onto www.healthplex.com and click on "Our Dentists", select "Managed Care Panels", then "Comprehensive Panel".

ADVANTAGES:

- Eliminates out-of-pocket expenses in most cases.
- No forms to complete.
- Specialty services covered by participating specialists.
- No deductibles or maximums.

In the event you are unable to reach your own affiliated dentist, IHS provides 24 hour emergency service operators.

EMERGENCY REFERRAL
24 HOUR SERVICE
(800) 468-0600

ELIGIBILITY

Coverage is available to members of the American Federation of Government Employees and their dependents on a payroll deduction basis. Dependents are your lawful spouse and unmarried dependent children up to their 19th birthday, or up to their 23rd birthday if a full-time student. Dependent Children include step-children and adopted children, provided such children are dependent upon the member for support.

CLAIM REVIEW PROCEDURE

Precertification by a Plan Dentist is necessary before any prosthetic services will be provided.

COORDINATION OF BENEFITS

Coordination of Benefits is the method in which claims are processed when the patient is covered by more than one insurance company. When this occurs, Healthplex will follow the guidelines developed by the National Association of Insurance Commissioners in order to determine the primary and secondary payors. Under C.O.B. rules, both plans may pay up to their maximum amounts as long as the total does not exceed the dentist's fees being charged.

EXPIRATION OF COVERAGE

Your insurance ceases when either your group or your employment terminates. You or any of your dependents no longer eligible for any reason may convert their dental insurance to a regular Direct Payment contract. This direct payment contract provides all basic benefits.

Coverage under this program may be continued after an employee terminates his/her employment pursuant to the rules and regulations of COBRA.

MANAGED CARE DENTAL PROGRAM

PATIENT
COPAYMENT

DIAGNOSTIC AND PREVENTIVE SERVICES

Periodic Oral Examination (once every 6 months)	No Charge
Full Mouth X-Rays (once every 36 months)	No Charge
Single Films (periapical/bitewing)	No Charge
Bitewing Series	No Charge
Prophylaxis, Adult/Child	No Charge
Fluoride Treatment (once every 6 months)	No Charge
Specialty Consultation	No Charge
Emergency Treatment	No Charge

RESTORATIVE

Amalgam, 1 surface	No Charge
Amalgam, 2 surfaces	No Charge
Amalgam, 3+ surfaces	No Charge
Composite Filling, 1 surface, Anterior	No Charge
Composite Filling, 2 surfaces, Anterior	No Charge
Composite Filling, 3+ surfaces, Anterior	No Charge

ORAL SURGERY

Routine Extractions	No Charge
Surgical Extractions	No Charge
Soft Tissue Impactions	No Charge
Bony Impactions (Partial/Full)	No Charge
Alveolectomy, per quadrant w/extraction	No Charge
Deep Sedation/General Anesthesia (15 min. increment)	\$15.00

ROOT CANAL THERAPY

Pulp Capping, Direct/Indirect	No Charge
Pulpotomy	No Charge
Root Canal Therapy, Anterior	No Charge
Root Canal Therapy, Bicuspid	No Charge
Root Canal Therapy, Molar	No Charge
Apicoectomy (Anterior)	No Charge

PERIODONTICS

Scaling of Teeth, per quad	No Charge
Gingivectomy, per quad	50.00
Osseous Surgery, per quad	150.00

PROSTHETICS - CROWNS

Acrylic Crown	125.00
Porcelain Crown	125.00
Porcelain w/High Noble Metal Crown	125.00
Stainless Steel Crown (up to age 16)	125.00
Cast Post	125.00
Recementation, per crown	No Charge

PROSTHETICS - FIXED BRIDGES

Acrylic w/High Noble Metal Bridge Crown or Pontic	200.00
Porcelain w/High Noble Metal Bridge Crown or Pontic	200.00
Recementation, bridge	No Charge

PROSTHETICS - REMOVABLE

Full Upper/Lower Denture, Inc. Adjustments	125.00
Partial Upper/Lower Denture, Cast Base	125.00

PROSTHETIC REPAIRS

Denture Adjustments	15.00 + Lab Fee
Broken Body of Denture	15.00 + Lab Fee
Replacement of Broken/Missing Teeth	15.00 + Lab Fee

ORTHODONTIA - 24 MONTH CASE

Dependent Children	\$1,200.00
Adult Orthodontia	\$1,950.00