



Concern:	Contact
Benefit Questions Network Providers	One Digital Siobhan Leach, sleach@onedigital.com Lauren Wengler, lwengler@onedigital.com 724.935.2310
New Enrollment New ID Card Changes to your coverage	One Digital Andrea Murray, amurray@onedigital.com 724.935.2310
PPO Dental Member Services	Sun Life 1-800-442-7742
HMO Dental Member Services	Sun Life 1-800-877-7195
Vision Member Services	Highmark Davis Vision 1-800-223-4795
<b><u>DENTAL</u></b> Online Member Account Network Provider Search Individual Claims Details Print ID Card	Sun Life Dental <a href="https://account.sunlifeconnect.com/commonlogin/#/login/10">www.sunlife.comhttps://account.sunlifeconnect.com/commonlogin/#/login/10</a>
<b><u>VISION</u></b> Online Member Account Network Provider Search Individual Claims Details Print ID Card	Highmark Davis Vision <a href="http://www.highmarkbcbs.com">www.highmarkbcbs.com</a>

[www.onedigital.com/team/pittsburgh-pa/](http://www.onedigital.com/team/pittsburgh-pa/)

One Digital / 180 Swinderman Road, Suite 400 / Wexford / PA / 15090

Phone 724-935-2310

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# ***Veteran Fire Fighter's Association of Pittsburgh***

## ***Dental and Vision Benefit***

### ***Frequently Asked Questions***

#### **When does my coverage take effect?**

Your coverage takes effective the first of the month following date of receipt of your enrollment form.

**How do I pay for my coverage?** The premium is deducted from your monthly pension check. The deduction taken is for the prior month's coverage.

**Do I have to enroll in both dental and vision?** No, you can enroll independently on the dental or vision plan or both. You do not have to have the same status for both plans either. Different dependents can be covered on either plan.

**How do I know my enrollment has been processed?** **Send the enrollment form back to One Digital at the address listed on the form.** If you are enrolling in the dental program (either the DHMO or the PPO) you will receive an identification card in the mail which indicates the policy number. The dental benefit can be accessed with your social security number; however, your social security number is not listed on your identification card.

If you enroll in the vision plan you will receive a hard Highmark ID card in the mail. You will receive a unique vision ID number.

**If I have any problems or questions with my coverage, who do I call?** **One Digital** does the enrollment and administration of your dental and vision plan. You can call anytime from 8 AM to 5 PM Monday through Friday, 724.935.2310.

**Can I enroll at any time during the year?** No, enrollment for this plan is limited to once a year, unless you have a qualifying event. That would include a family life change - divorce, marriage, birth, or loss of coverage through another plan. Open enrollment for dental takes place in October for a November 1<sup>st</sup> effective date. Open enrollment for vision takes place the month of August for a September 1<sup>st</sup> effective date.

**What are the networks for the dental plans and how do I know if my dentist is in the network?** The DHMO dental plan has NO out of network benefit. You must go to a network provider to receive the benefit. Network providers can be found at <https://www.sunlife.com/us/Resources/Tools/Find+a+dentist/> Heritage Series is the DHMO network.

The PPO dental plan has an out of network benefit, although your best benefit is achieved when utilizing a network provider. Network providers can be found at <https://www.sunlife.com/us/Resources/Tools/Find+a+dentist/> Sun Life Dental Network is the PPO network. The vision plan utilizes the Davis Vision network. There is an out of network benefit, but your best benefit is achieved by utilizing a network provider. Providers can be found at [www.highmarkbcbs.com](http://www.highmarkbcbs.com)

**When I enroll in the DHMO plan do I have to choose a dentist?** Yes. You will not be enrolled unless a dental facility number is provided. This plan functions on a capitation basis and you must be associated with a particular facility BEFORE service will be provided.

**What if I enroll in the DHMO plan and visit the dentist I chose and dislike him/her?** You can simply choose a different dentist in the network by contacting either One Digital or Sunlife directly and provide a new dental facility number PRIOR to service being rendered.

# Veteran Fire Fighter's Association of Pittsburgh



Plan Name

## Option 1 - DHMO (HERITAGE SERIES)

Network

[www.sunlife.com/us/resources/toos/Find+a+dentist/](http://www.sunlife.com/us/resources/toos/Find+a+dentist/)

### **NETWORK COVERAGE ONLY**

#### **Appointments**

Periodic Oral Evaluation (D0120)

\$10

100%

Limited Oral Evaluation - problem focused (D0140)

\$20

100%

Comprehensive Oral Evaluation (D0150)

\$0

100%

#### **Diagnostic Dentistry**

Intraoral - complete series (including bitewings) (D0210)

\$0

100%

Intraoral - per apical first film (D0220)

\$0

100%

bitewings - four films (D0274)

\$0

100%

#### **Preventive Dentistry**

Prophylaxis - Adult (D1110)

\$5

100%

Prophylaxis - Child (D1120)

\$5

100%

Topical Application of Fluoride (prophylaxis not included) - child (D1203)

\$0

100%

Sealant - Per Tooth (D1351)

\$15

100%

#### **Restorative Dentistry**

Amalgam - 1 surface primary or permanent (D2140)

\$20

100%

Amalgam - 2 surfaces primary or permanent (D2150)

\$25

100%

Resin-Based Composite - 1 surface anterior (D2330)

\$35

100%

Resin-Based Composite - 2 surfaces, anterior (D2331)

\$45

100%

Resin-Based Composite - 4 or more surfaces or involving incisal angle (anterior) (D2335)

\$70

100%

Crown - Porcelain fused to high noble metal (D2750)

\$265

100%

#### **Endodontics**

Molar (excluding final restoration) (D3330)

\$275

100%

#### **Periodontics**

Periodontal scaling and root planing - 4 or more teeth per quadrant (D4341)

\$65

100%

Periodontal maintenance (D4910)

\$45

100%

#### **Oral Surgery**

Extraction, Erupted Tooth or exposed root (elevation and/or forceps removal) (D7140)

\$20

100%

Removal of Impacted Tooth - completely bony (D7240)

\$100

100%

#### **Monthly Rates**

Retiree

\$12.57

Retiree Plus One

\$21.27

Retiree and Family

\$33.55



## Option 2 - PPO (Sun Life Dental Network)

[www.sunlife.com/us/resources/toos/Find+a+dentist/](http://www.sunlife.com/us/resources/toos/Find+a+dentist/)

**Network**  
**You Pay**

**Non-Network**  
**You Pay**

#### **Type I Preventive**

Oral evaluations; Bitewing X-Rays; Routine Cleanings; Fluoride Treatments; Sealants; Space maintainers and treatments to control harmful habits; Genetic test for susceptibility to oral disease.

\$0

The difference between what the plan allows and what your dentist charges.

#### **Type II Basic**

Amalgam and composite restorations; Pin retention restorations; Intraoral complete series, periapical or occlusal x-rays; Simple extractions and minor oral surgery; Accession and examination of tissue; Incision and drainage.

20%

The difference between what the plan allows and what your dentist charges.

#### **Type III Major**

Crowns, inlays and onlays; Recementing inlays, crowns and bridges; Full and partial dentures; Fixed bridges; Tissue conditioning; Denture adjustments; Endodontics, including root canal therapy; Complex oral surgery; Biopsy including brush biopsy; General anesthesia and intravenous sedations; Periodontics; Localized delivery of antimicrobial agents; Periodontal maintenance procedures; Implants

50%

The difference between what the plan allows and what your dentist charges.

#### **Plan Maximum**

Plan will pay \$1,250 maximum benefit per person per calendar year, **preventive services excluded.**

#### **Monthly Rates**

Retiree

\$26.99

Retiree Plus One

\$50.15

Retiree and Family

\$79.41

**\$50 Deductible / person, Type II and III Services**

# Summary of Fashion Advantage Option VI Benefits

BENEFIT	NETWORK	OUT-OF-NETWORK REIMBURSEMENT <sup>(1)</sup>
<b>FREQUENCY<sup>(2)</sup></b> Eye examination (including dilation, as professionally indicated) Eyeglass lenses Frames Contact lenses (in lieu of eyeglass lenses)	Once every 12 months Once every 12 months Once every 12 months Once every 12 months	
<b>EYE EXAMINATION</b> (including dilation as professionally indicated)	Covered In Full	Up to \$32 allowance
<b>FRAMES</b> Fashion level frames from “The Collection” Designer level frames from “The Collection” Premier level frames from “The Collection” Retail allowance towards a provider’s frame	Covered In Full \$20 copayment \$40 copayment Up to \$60 allowance	Up to \$30 allowance
<b>STANDARD EYEGLASS LENSES<sup>(3)</sup></b> (per pair) Single vision Bifocal Trifocal Lenticular	Covered In Full Covered In Full Covered In Full Covered In Full	Up to \$25 allowance Up to \$36 allowance Up to \$46 allowance Up to \$72 allowance
<b>OPTIONAL EYEGLASS LENSES</b> (per pair) Standard progressive lenses <sup>(4)</sup> Premium progressive lenses <sup>(4)</sup> Glass Grey #3 prescription sunglasses Polycarbonate lenses <i>Adult<sup>(5)</sup></i> <i>Dependent children</i> Single vision Polycarbonate lenses (in lieu of single vision eyeglass lenses)	\$50 discounted price \$90 discounted price \$11 discounted price  \$30 discounted price  Covered In Full	Not Covered Not Covered Not Covered  Not Covered  Not Covered
Bifocal Polycarbonate lenses (in lieu of bifocal eyeglass lenses)	Covered In Full	Not Covered
Trifocal Polycarbonate lenses (in lieu of trifocal eyeglass lenses)	Covered In Full	Not Covered
Blended segment lenses Intermediate vision lenses Glass photochromic lenses Plastic photosensitive lenses High-index (thinner and lighter) lenses Polarized lenses	\$20 discounted price \$30 discounted price \$20 discounted price \$65 discounted price \$55 discounted price \$75 discounted price	Not Covered Not Covered Not Covered Not covered Not Covered Not Covered
<b>OPTIONAL EYEGLASS LENS COATINGS/TREATMENTS</b> Fashion, sun or gradient tinted plastic lenses Ultraviolet coating Scratch-resistant coating Standard ARC (anti-reflective coating) Premium ARC (anti-reflective coating) Ultra ARC (anti-reflective coating)	\$11 discounted price \$12 discounted price \$20 discounted price \$35 discounted price \$48 discounted price \$60 discounted price	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
<b>CONTACT LENSES<sup>(6)</sup></b> (in lieu of eyeglass lenses – per pair or initial supply of disposable contact lenses) Contact lens evaluation and fitting <i>Daily wear</i> <i>Extended wear</i>  Standard daily wear contact lenses Specialty contact lenses Disposable contact lenses Medically necessary contact lenses (prior approval required)	Covered in full when formulary contact lenses are prescribed Covered in full when formulary contact lenses are prescribed <b>Formulary<sup>(7)</sup>/Nonformulary</b> Covered In Full/ Up to \$85 allowance <sup>(8)</sup> Covered In Full/ Up to \$85 allowance <sup>(8)</sup> Covered In Full/ Up to \$85 allowance <sup>(8)</sup> Covered In Full	Not Covered Not Covered  Up to \$85 allowance Up to \$85 allowance Up to \$85 allowance Up to \$225 allowance
<b>LOW VISION SERVICES</b> Evaluation – one visit every 5 years (prior approval required) Follow-up visits – up to four follow-up visits every 5 years Low vision aids	Up to \$300 allowance per visit Up to \$100 allowance per visit Up to \$600 allowance per aid/\$1,200 allowance lifetime maximum	

- (1) If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement.
- (2) Eligibility will be determined from the date of the last similar service paid under this program, or any other Highmark Blue Cross Blue Shield vision program for this group.
- (3) Includes glass, plastic or oversized lenses.
- (4) Progressive multifocals can be worn by most people. Conventional bifocals will be supplied at no additional charge for anyone who is unable to adapt to progressive lenses, however the discounted price will not be refunded.
- (5) Discounted member price waived for monocular patients and patients with prescriptions +/- 6.00 diopters or greater.
- (6) Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses fitted, they may not be exchanged for eyeglasses.
- (7) Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.
- (8) Reimbursement amount covers contact lens evaluation, fitting and cost of contact lenses.

*This is a summary of the vision benefits. Please refer to the group contract for complete benefit information. Should the information in this summary differ from the information contained in the group contract, the terms of the group contract shall govern.*

**Veteran Fire Fighter's Association of Pittsburgh**  
**Retiree Benefit Enrollment Form**  
**Participant Information:**



ONE DIGITAL  
 180 Swinderman Rd, Suite 400  
 Wexford, PA 15090  
 Phone 724.935.2310  
 Fax 724.934.2339  
 www.onedigital.com

Retiree First Name	Retiree Last Name
Male / Female	Date of Birth
Street Address	City, State, Zip
Social Security Number	Phone Number

**Dental Benefit:**

**I elect coverage for ONE of the following dental plans (choose one):**

	DHMO Plan (Sun Life)		PPO Plan (Sun Life)	
Coverage Type	Monthly Cost	Check One	Monthly Cost	Check One
<b>Provide Dental Facility Number for Enrollment: _____</b>				
Retiree Only	\$12.57		\$26.99	
Retiree + One	\$21.27		\$50.15	
Retiree + Family	\$33.55		\$79.41	

Dependents To Be Covered	Relationship	Date of Birth	Dependents To Be Covered	Relationship	Date of Birth

**Vision Benefit:**

**I elect the below coverage for the vision plan:**

Coverage Type	Monthly Cost	Check One
Retiree Only	\$6.80	
Retiree + One	\$12.24	
Retiree + Family	\$19.04	

Dependents To Be Covered	Relationship	Date of Birth	Dependents To Be Covered	Relationship	Date of Birth

I certify the above information to be correct and true to the best of my knowledge. I also authorize the selected amounts to be deducted from my pension payments on a monthly basis. Any person who knowingly and with intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information or concepts for the purpose of misleading, information concerning fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. I further understand that the pension deduction(s) will be in effect for the plan year and cannot be revoked unless I experience an eligible change in status as defined under the terms of the plan.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Veteran Fire Fighters Association of Pittsburgh**

### **Finding a participating service provider**

#### **Dental Insurance:**

*If you elect the Dental HMO Option through Sun Life Financial, a network general dentist must be designated, and the facility number must be provided for enrollment to be processed.*

### **SUN LIFE Dental Provider Search**

#### **FOR THE Dental HMO (DHMO) PLAN:**

1. Go to <https://www.sunlife.com/us/Resources/Tools/Find+a+dentist/>
2. Go to "Option 3: Select your network below" and under "DHMO or Prepaid Dental Plan" use the "Select a State" drop down box and choose "Pennsylvania"
3. Click the link that says "Heritage Series"
4. You can search within a certain radius of your Zip Code, or search for a specific Dental office by name
5. Please include the Facility ID number on the election form.

#### **FOR THE Dental PPO Plan:**

1. Go to <https://www.sunlife.com/us/Resources/Tools/Find+a+dentist/>
2. Go to "Option 3: Select your network below"
3. Navigate to the Network drop down directly under the PPO (Preferred Provider Network) Plan
4. Select "Sun Life Dental Network" from the drop down Network
5. Click "Go"
6. You can search within a certain radius of your Zip Code, or search for a specific Dental office by name.

### **Highmark Davis Vision Provider Search:**

To look up participating vision providers under the Highmark site, you can follow these steps:

1. Got to [www.highmarkbcbs.com](http://www.highmarkbcbs.com)
2. Click "Find a Doctor or Pharmacy"
3. A window will pop up and click on "Find an Eye Care Provider"
4. You can search within a certain radius of your Zip Code, or search for a specific Vision office by name.

