



WEEKLY UPDATE | January 11, 2021



COVID-19 & THE HEAD START COMMUNITY

Supportive Family-Staff Relationships

Whether delivering services virtually or in person, Head Start parents need support. Many families are spending more time together than normal. Use these resources to help parents who are stressed build deeper relationships with their children and support their learning.

Preparing for Challenging Conversations with Families



Stay CONNECTED WEEKLY UPDATE

Discover ways to prepare for conversations that include challenging topics. These conversations can be used to engage families, strengthen relationships, and build trust. It may be difficult to begin discussing a challenging topic with a family.

Explore this resource to learn:

- Why you should prepare for challenging conversations
- What makes conversations challenging
- Steps to prepare for conversations with families about challenging topics
- Strategies to use during conversations with families

Head Start and Early Head Start program staff can use this resource to partner with families.

Interested in learning more please visit the full resource center by clicking on the link below:

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/preparing-for-challenging-conversations-with-families-eng.pdf>



Stay CONNECTED WEEKLY UPDATE



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Website: www.childstartinc.org



Contact: Luis Pineda
707-333-1874



Email: lpineda@childstartinc.org

Stay CONNECTED WEEKLY UPDATE



Human Resources Department **IMPORTANT PAYCOM UPDATE**



Sick time update

I am aware that some of you are experiencing trouble requesting sick time. That is because the clock has not reset for the start of the year. The reset does not occur until after we process our first payroll, which will be on January 15th. after that date, you will be able to request sick time through Paycom.

For now, please ask your supervisor to enter the sick time or FMLA/sick for you.

The other issue you are probably seeing is the number of sick hours available. Everyone has at least 24 hours. However, you were not able to see them because I had to make the adjustment manually during the first week of the year. If you look in your available accruals, you have at least 24 hours available to you.

As always, if you have any questions, please contact me at aduarte@childstartinc.org or call me at 252-8931 ext. 2018



DENTAL BENEFITS UPDATES

As you probably remember, we switched to Cypress as our dental insurance starting January 2021. However, since our open enrollment closed on December 11th, we did not provide them with the employee census until near the end of December. With that said, Cypress just finished adding each of you and your dependents to their system. However, our group has not been configured for online access.

What does this mean?

You can still go to the dentist and have them call Cypress to verify coverage. All you need is your SSN and your birth date. If you have an emergency, you can let me know and I can have Cypress call your dentist to verify coverage.

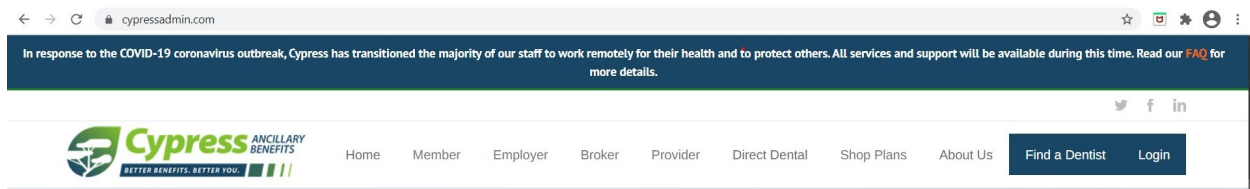
As soon as I have more updates, I will communicate them.

Cypress

- Group No: 10717
- Claims Address: P.O. Box 1998 Milwaukee, WI 53201
- Customer Service: (800) 350-3989
- Email: customerservice@cypressadmin.com
- Fax: (209) 478-5614
- Web Page: www.cypressadmin.com

How to Find a Dentist in Your Area

To find a dentist, go to www.cypressadmin.com and select find a dentist from the navigation bar:



From the dropdown menu, select the type of network you want to use; You have three networks to choose from: PPO, DHMO, or CEN. Enter your city name, and click on the “Yes, this is correct” button. For example:

PLAN*

Cypress Exclusive Network (CEN) ▼

Zip code or Address *

Napa, CA, USA

Use my current location

Yes, this is correct

You will be redirected to a new page with the list and a map of all the dentist available to you.

Added Features

- **VENEERS AND BLEACHING**
- **NO ANNUAL DEDUCTIBLE OR ANNUAL MAXIMUMS**
- **NO WAITING PERIODS OR MISSING TOOTH EXCLUSIONS**
- **COVERAGE FOR RESIN FILLINGS, ADULT AND CHILD ORTHO, AND IMPLANTS**
- **NO OFFICE VISIT COPAY**



Preventive Services		
	ADA CODE	CA7720 COPAY
Periodic Oral Exam	D0120	\$0
Full Mouth Series (FMX)	D0210	\$0
Bitewings- four films	D0274	\$0
Panoramic Film	D0330	\$0
Adult Cleanings	D1110	\$0
Child Cleanings	D1120	\$0
Space Maintainers	D1525	\$35.00

Basic Services		
	ADA CODE	CA7720 COPAY
Restorations - Amalgam Fillings	D2161	\$0
Extractions - Erupted tooth	D7140	\$20.00
Surgical Removal - Erupted tooth	D7210	\$15.00
Root Canal Therapy - Anterior	D3310	\$40.00
Root Canal Therapy - Bi-cuspid	D3320	\$60.00
Root Canal Therapy - Molar	D3330	\$75.00
Scaling & Root Planing, per quadrant	D4341	\$15.00

Major Services		
	ADA CODE	CA7720 COPAY
Crowns**	D2750	\$90.00
Bridges - per unit**	D6210	\$90.00
Complete Denture - per arch	D5110	\$120.00
Partial Denture - per arch	D5211	\$75.00
Orthodontia (Child)	D8080	\$1,600.00†
(Adult)	D8090	\$2,100.00†

This is a summary of the covered services. Please check the Evidence of Coverage for full details. Administered by Western Dental Plan, referred to as "MIB", myinsurancebundle. These services are covered only when covered dental services are performed by your Network Dentist or approved Specialist, unless otherwise authorized by Cypress Ancillary Benefits as described in your plan documents. The benefits shown are performed as deemed appropriate by the attending Primary Care Dentist (PCD) subject to the limitations and exclusions of the program. Enrollees should discuss all treatment options with their PCD prior to services being rendered.

† Based on 24 month treatment plan; additional ortho co-pays may apply, see Certificate of Insurance for full break down

* Refer to your Evidence of Coverage for details

** Metal charges apply to a maximum of \$125

To find a contracted provider: **cypressadmin.com**



Limitations

The following Limitations apply to Services Covered in the Schedule of Benefits:

Diagnostic

Full Mouth X-Ray, Panoramic Film, Cephalometric Film, and Oral/Facial Images - once in a two-year period.

Coverage for bitewing X-rays - no more than one series of four (4) films in any six-month period.

Preventive

Prophylaxis covered twice in twelve (12) months. Examples of situations where an additional prophylaxis within the twelve (12) month period may be necessary for the dental health of the Member and may be covered subject to the determination of the treating provider are:

- 1) Pregnancy,
- 2) Pre-radiation therapy as ordered by an oncologist,
- 3) Gingival hyperplasia due to the use of Dilantin or other medications,
- 4) Inflammation due to syphilis or tuberculosis,
- 5) Chronic menopausal gingivostomatitis,
- 6) Leukemia or HIV induced gingivitis.

Fluoride Treatments (Topical Application and Fluoride Varnish).

Topical Fluoride Treatments are limited to two (2) treatments in a 12 consecutive month period.

Restorative Services

Crowns, Inlays and Onlays

Will be covered when a filling cannot adequately restore the dental health of a Member in accordance with professionally recognized standards of dental care (Example: buccal or lingual walls are either fractured or decayed to the extent that the tooth cannot hold a filling).

Use of precious metal in fabrication of a crown, inlay or onlay is considered elective and an additional metal charge will apply.

Endodontics

Endodontic Re-treatments (ADA Codes D3346, D3347 and D3348) are limited to one (1) per tooth per lifetime.

Apicoectomies (ADA Codes D3410, D3421, D3425 and D3426) are limited to one (1) per root per lifetime.

Periodontics

Scaling and Root Planing (per quadrant) and Full Mouth Debridement are covered once every twelve (12) months.

Crown lengthening (ADA Code D4249) is limited to one (1) per tooth per lifetime.

Complete and Partial Dentures

Replacement of an existing appliance will be covered if the appliance is over five years old and cannot be made serviceable by reline, rebase or repair.

Tooth Additions and Repair to Existing Denture, Repair of appliances damaged due to Member abuse, Denture Reline and Rebase and Relines of full or partial dentures are limited to twice in a calendar year.

Fixed Bridge(s), Pontics, and Crowns

Replacement of an existing appliance will be covered if the appliance is over five years old, is defective and cannot be made serviceable

Fixed bridges are a covered benefit when a removable partial denture cannot satisfactorily restore the arch in accordance with professionally recognized standards of dental practice

If the Member elects a fixed bridge instead of the covered removable partial denture, the Member's benefit for the partial denture will be applied to the Member's cost for the fixed bridge as follows:

Copayment for the fixed bridge = UCR Cost of the Fixed Bridge – UCR Cost of the Removable Partial Denture + the Copayment of the Removable Partial Denture

If the Member has unreplaced missing teeth on opposite sides of the same arch, a removable partial denture is considered the covered benefit

The Plan provides coverage for up to six units for crown and/or fixed bridges in the same treatment plan.

Each tooth treated with a crown and replaced tooth in a fixed bridge ("pontic") included in the treatment plan is referred to as a "unit". When a treatment plan consists of more than six units of crowns and/or bridges, the term "full mouth reconstruction" is used to describe the treatment plan, and units in excess of six are not a Covered Service, and the Member will be charged at the Participating Provider's usual and customary rate.

Pediatric Dentistry Referrals

Referral for pediatric dentistry services for children under the age of six years must be pre-authorized by the Plan.

Exceptions for physical or mental handicaps or medically compromised individuals, when confirmed by the treating physician, may be considered on an individual basis with prior approval from the Plan. Limitations apply unless the treating Participating Provider can document that such services are necessary for the dental health of the Member consistent with professionally recognized standards of dental practice, at which point such services will be covered as set forth in the accompanying Schedule of Benefits.

Exclusions

The following dental procedures and services are excluded from this coverage by the Benefit Plan:

Preventive

Supplies used for oral hygiene, plaque control, oral physiotherapy instruction, and chemical analysis of saliva.

Restorative Services

Crowns, Inlays and Onlays

Crowns, inlays or onlays that are only for cosmetic purposes.

Crowns, inlays or onlays that are lost, stolen, or damaged due to Member abuse, misuse or neglect.

Crowns and pontics supported on a dental implant.

Charges for specialized techniques involving precision attachments, and personalization or characterization of such appliances.

Periodontics

Soft Tissue Grafts.

Complete and Partial Dentures

Replacement or repair of a lost, stolen, or damaged appliance due to Member abuse.

Removable Prosthetic Services and supplies that are only for cosmetic purposes.

Implant supported dentures, unless specifically listed as a covered benefit under your plan.

Fixed Bridges

Replacement or repair of a lost, stolen, or damaged bridge due to Member abuse.

Distal extension posterior cantilever pontics, which are supported at the front end only.

Implant supported bridges, unless specifically listed as a covered benefit under your plan.

Oral Surgery

Removal of third molars (wisdom teeth), supernumerary teeth or other teeth that are impacted that do not have associated pathology.

Removal of teeth for orthodontic purposes only.

General Exclusions

Treatment by someone other than a Participating Provider or dental auxiliary under the direction of a Participating Provider, except for Emergency treatment as provided in the EOC (Evidence of Coverage) or upon prior authorization by the Plan.

Charges for medical treatment, prescriptions or other charges not directly related to dental services provided.

Hospitalization costs for any dental procedure, including all hospital services, anesthesia and medications.

Any dental treatment that is determined by the Plan to be the responsibility of Worker's Compensation, employer, the health care plan, payable under any Federal Government or state program, or for treatment of any automobile related injury in which the Member is entitled to payment under an automobile insurance policy, or for services for which benefits are payable under any other insurance.

Treatment of malignancies, neoplasms, and cysts, unless specifically listed as a Covered Service on the Schedule of Benefits.

Treatment of Myofacial pain or disturbances of the Temporomandibular Joint (TMJ), including correction of occlusion or "occlusal equilibration".

Procedures, restorations, and appliances to correct congenital or developmental malformations.

Services and supplies that are not deemed necessary for a Member's dental health in accordance with professionally recognized standards of dental practice.

Dental expenses incurred in connection with any portion of the dental services provided prior to the effective date of coverage or dental expenses incurred in connection with any dental procedure started after termination of coverage.

Services and/or appliances that alter the vertical dimension or alter, restore or maintain the occlusion, including, but not limited to, full mouth rehabilitation, splinting, appliances or any other method.

Appliances to correct and control harmful habits (e.g. tongue thrust and thumb sucking).

Orthodontic Coverages

The Plan's orthodontic benefit covers only basic orthodontic treatment to resolve malocclusion and establish optimal dental and facial esthetics. Orthodontic treatment may involve the primary, transitional or permanent dentition. All orthodontic services must be provided by a Participating Provider to be covered under the Benefit Plan. Refer to the "Orthodontics" category of your Schedule of Benefits to determine which specific procedures are Covered Services and their Copayment amounts.

Orthodontic Limitations

Benefits for any phase of Orthodontic treatment are limited to a maximum of 24 months. Treatment extending beyond the 24th month may be charged a monthly continuation fee per the Member's Orthodontic contract with the provider.

Orthodontic Exclusions

The following dental procedures and services are excluded from this coverage:

Special appliances (including, but not limited to, headgear, orthopedic appliances, bite planes, functional appliances or palatal expanders).

TMJ/Myofunctional Therapy – Therapy for treatment of jaw joint problems, and teaching and therapy for improper swallowing and tongue posture.

Surgical Orthodontics – Orthodontic treatment in conjunction with Orthognathic surgery.

Orthognathic Surgery – Surgery to move the jaw bones into alignment.

Treatment of Cleft Palate – Treatment for problems involving holes or voids in the bone that forms the roof of the mouth.

Removable Orthodontic Appliance Therapy – The use of appliances that are removable from the mouth by the Member and which are used to hold or move and align teeth.

Treatment of Hormonal Imbalances – The treatment of hormone imbalances that influence growth and influence the ability of teeth to move without root damage.

Orthodontic Treatment Commenced Prior to Coverage – An orthodontic treatment program which commenced before the Member enrolled in this Benefit Plan.

Retreatment of Orthodontic Cases – The treatment of orthodontic problems that have been treated before.

Repair or replacement of lost, stolen, damaged or broken appliances, including retainers, brackets, bands, wires or other materials supplied by the orthodontist.

Extractions for Orthodontic Purposes – Removal of teeth specifically to correct orthodontic problems or due to lack of eruptive space are not covered.

Post-treatment Records - X-rays, photographs and models following orthodontic treatment.

Members with Questions, please call: Member Services 855-203-6015

Child Start, Inc.

HIGHLIGHTS OF YOUR CYPRESS DENTAL PLAN

The following chart provides a summary of the key benefits provided by your PPO plan.

	CEN ¹	PPO ¹	Non Network ²
<u>Calendar Year Maximum</u>	\$1,500	\$1,500	\$1,500
Calendar Year Deductible - Max 3 per Family <i>Waived for Preventive</i>	\$25 Yes	\$50 Yes	\$50 Yes
<u>Preventive Services</u> Routine exams & cleanings (2 per calendar year) Bitewing x-rays (once per calendar year) Sealants (permanent molars for dependents under age 16) Flouride (one per 12 months for dependents under age 16) Full-mouth x-rays (once every 36 months)	100%	100%	100%
<u>Basic Services</u> Restorative Fillings Simple Extractions, Emergency Treatment Endodontics, Periodontics, Oral Surgery	100%	90%	90%
<u>Major Services</u>³ Crowns, Bridges, Dentures	70%	60%	60%
<u>Orthodontia - Lifetime Maximum</u>³ Adults and dependent children	\$1,500	\$1,500	\$1,500

¹ Cypress does not guarantee that all services can be rendered by a CEN or PPO dentist. CEN not available in all areas.

² Benefits are paid at Usual, Customary, & Reasonable (UCR), less coinsurance and deductibles.

³ No waiting periods for timely applicants.

This is only a summary of benefits. Please have your provider contact Cypress for a full breakdown of benefits.

Using the Cypress Dental PPO Plan is as easy as ①, ②, ③

Just follow these simple steps:

- ① **Find a provider.** Select a participating provider by using the Cypress Dental provider on our website at www.cypressadmin.com. While you may visit any provider with your Cypress PPO Dental Plan, obtaining services from an contracted CEN or PPO provider will maximize your benefits and lower your out of pocket costs.
- ② **Make an appointment.** Make an appointment with the provider of your choice and inform them that Cypress Ancillary Benefits is your Dental plan.
- ③ **Your Provider will do the rest!** The provider will contact Cypress at 800-350-3989 to verify your benefits and eligibility to submit a claim for services covered by your Cypress Dental plan.

Things to Remember

- You do not need an ID card with your Cypress Dental Plan. Simply provide your SSN, name, and DOB at a provider's office for benefit and eligibility verification.
- If a card is desired, please visit www.cypressadmin.com and register for the Member Web Portal (MWP) to download.
- For services exceeding \$300 it is always recommended that you request from your provider a preauthorization before services are rendered.

Cypress Dental Member Services

800-350-3989

Monday – Friday, 8 am to 5 pm PST

www.cypressadmin.com

Please refer to your Certificate of Coverage for more information regarding your specific plan's benefits. Or you may contact Member Services at 800-350-3989 and one of our Members Services Representatives will be happy to assist you.



This Week Trivia Question



Early Childhood Education involves which of the following?

- a) Fight against child abuse
- b) Child care
- c) Child development
- d) The emotional development of children



Submit your answers by sending an email to:

lpineda@childstartinc.org By Thursday January 14, 2021.

Last week's trivia Question answer:

Can you name the document created for diagnosed disability ages 3- 12?

If your answer is **I.E.P. Individualized Education Plan** You are right!!

"An investment in knowledge pays the best dividends."

- Benjamin Franklin -



Website: www.childstartinc.org



Contact: Luis Pineda
707-333-1874



Email: lpineda@childstartinc.org