

## **SECTION SIX: Dental Benefits**

### **Level 1, Level 1 EBL, Level 2 AND Level 2 EBL**

#### **I. Introduction**

The Trustees have chosen Delta Dental of Rhode Island to administer your dental benefits. The Plan provides 100% coverage for preventive, minor restorative, and diagnostic dental treatment when you visit a participating Delta Dental provider (as long as you have not exceeded your annual maximum benefit). The following pages provide a brief overview of dental benefits.

If you have questions about your dental benefits, please contact Delta Dental customer service at 1 (800) 843-3582.

#### **A. Fast Facts**

##### **Fast Facts:**

- *You do not have to meet a deductible to receive dental care.*
- *The Delta Dental network gives you the freedom to choose a dentist in or out of the network and still receive benefits.*
- *You and your eligible dependents are covered at 50% of the allowance for Orthodontia, up to a lifetime maximum of \$2,500 or \$3,000 (Enhanced Benefit Level) per covered person.*

#### **B. What You Need To Do:**

- To get the most value for yourself and the Fund, find a dentist who participates in the network. You may contact the Fund Office, or log on to the Delta Dental's website at [www.deltadentalri.com](http://www.deltadentalri.com) to find a Delta Dental provider near you.
- Show your Delta Dental ID card at the time of your appointment to receive the discounted rate for services.

#### **II. Delta Dental**

Teamster members have access to the country's largest networks available exclusively through Delta Dental. With the Delta Dental PPO plus Premier coverage, Teamster members have the freedom to choose a dentist from either our PPO or Premier networks. Our PPO network includes more than 108,000 participating dentists in more than 270,000 office locations nationwide. In addition our Premier network includes more than 155,000 participating dentists in more than 332,000 office locations in all 50 states. That's more than three out of four dentists in the country and nine out of ten dentists in Rhode Island. Delta Dental network dentists agree to a negotiated fee for services and handle all claim filings and paperwork for you.

Your benefits are paid according to an allowance — a pre-negotiated rate for services. When you receive treatment from a participating Delta Dental provider, the provider accepts the allowance as payment in full.

**Your Dental Benefits at a Glance**

<b>Preventive and Diagnostic/Minor Restorative</b> Includes one oral exam or two oral exams for EBL per calendar year, two cleanings per calendar year, x-rays, fluoride treatments, sealants and space maintainers.	100% of the allowance
<b>Minor Restorative and Oral Surgery</b> Includes amalgam and composite fillings, extractions, root canals and general anesthesia for complex surgical procedures.	100% of the allowance
<b>Periodontal Maintenance</b>	100% of the allowance
<b>Periodontal Surgery</b>	80% of the allowance
<b>Implants</b>	50% of the allowance to a lifetime maximum of \$3,500
<b>Crowns and Prosthodontics</b> Includes crowns, bridges and partial and complete dentures	80% of the allowance
<b>Orthodontics</b> Includes coverage for all covered members	50% of the allowance to a lifetime maximum of \$2,500 or \$3,000 for the Enhanced Benefit Level.

**A. Annual Maximum Dental Benefit:**

The Plan will pay up to \$2,000 or \$2,500 for Enhanced Benefit Level per covered person per year. These annual dollar limits do not apply to covered individuals under age 19.

**B. Filing of Claims**

All dental claims must be filed within one year of the date of service in order to be considered for payment. Delta Dental will send you written or electronic notice of an adverse decision, or notice that more information is required to process your claim, within 30 calendar days of receiving the claim. If the service is denied, the notice will explain the reason(s) for the denial. It will also include the procedures for filing an appeal. You have a right to request a full and fair review of your claim. Once an adverse determination is made, you have 180 days from the day you receive our notice to file an appeal.

### C. Out-of-Network Benefits

Of course, you are free to visit any dentist you'd like, even one that does not participate in the network. If you receive dental care from an out-of-network provider, you may have to pay the entire cost at the time you receive services, and you may have to file your own claim form to receive reimbursement. Ask your dentist to complete a standard American Dental Association claim form and mail it to:

Delta Dental of Rhode Island  
P.O. Box 1517  
Providence, RI 02901-1517

You will have to pay any amount that the dentist charges above the allowance amount. In other words, the Plan will only reimburse you for the out of network allowance established by the Delta Dental plan where services were completed. It is in your best interest to always use a dentist that participates in the network. For Example: *Jim needs to have some dental work done. The chart below shows Jim's out-of-pocket expenses if he uses a Delta Dental provider, or a provider who does not participate in the network. Please note that this chart presumes that Jim has not met his annual maximum.*

	<b>Delta Dental Dentist</b>	<b>Out-of-Network Dentist</b>
Cost	The Plan pays 100% of the allowance for the treatment Jim needs. The Plan has negotiated with Delta Dental for a rate of \$200 for these services.	The Plan Pays 100% of the allowance for Jim's treatment. Jim's out-of-network provider charges \$250 for these services.
Payment	The Plan pays the entire cost of \$200.	The Plan pays 100% of the allowance, or \$200. Jim must pay the difference between the out-of-network rate and the allowance — \$50.
Claim Forms	The Delta Dental dentist files Jim's claim forms.	Jim may need to file his own claim forms.
Jim's out-of-pocket costs	\$0	\$50

### D. Emergency Coverage

If you have an urgent dental condition, you should seek treatment at the nearest dentist's office, regardless of whether the dentist participates in the Delta Dental network. You do not need prior approval before seeking treatment; however, if you seek care from a non-network dentist, Delta Dental will only pay for covered benefits, up to the allowance. You will be responsible for any amount the provider charges above the Delta Dental allowance.

## **E. Pre-Treatment Authorization**

If your dentist recommends treatment that is expected to cost \$300 or more, it is recommended that your dentist file a pre-treatment estimate with Delta Dental for review. Delta Dental will determine how much of the treatment will be covered under the Plan so that you will know your out-of-pocket costs in advance.

## **F. What's Not Covered**

Before receiving treatment, please review the services this Plan does not cover. The Plan does not cover dental services:

- That are not *dentally necessary* and appropriate according to *our* review guidelines. Services subject to these guidelines include, but are not limited to, root canals; crowns and related services; bridges; periodontal services; *orthodontics*; and, oral surgery. *We* will make a decision whether a service *dentally necessary* based on these guidelines. A service may not be covered under these guidelines even if it was recommended by a *dentist*. *Our* guidelines can be found on *our* website at [www.deltadentalri.com](http://www.deltadentalri.com). You can have *your dentist* send *us* a request for a pre-treatment estimate in advance of the service to see if the service meets *our* guidelines.
- **Unless** specifically covered in the Plan's Certificate of Coverage.
- **Greater than the annual maximum.**
- **Received** from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trustee or similar person or group.
- **For** an illness or injury that Delta Dental determines arose out of and in the course of employment.
- **For** which you are not required to pay, or for which you would not be required to pay if you did not have Delta Dental coverage.
- **For services or supplies that are experimental in terms of generally accepted dental standards.**
- **For services done by a dentist who is a member of your immediate family.**
- **For** an illness, injury or dental condition for which benefits in one form or another are available, in whole or in part, through a government program or would have been available if you did not have coverage through Delta Dental.
- **Rendered** by someone other than a licensed dentist or a licensed hygienist if operating as authorized by applicable law.
- **For** consultations.
- **For** specialty oral exams (exams provided by endodontists, periodontists, oral surgeons, orthodontists or prosthodontists),
- **To treat** temporomandibular joints (TMJ);
- **To increase** the height of teeth (vertical dimension) or restore occlusion.
- **For restorations** for reason other than decay or fracture, such as erosion, abrasion or attrition.

- **That are** meant primarily to change or improve your appearance.
- **For** splints. **To stabilize** teeth when required due to disease such as periodontal splinting.
- **For** any lab exams or reports.
- **For** temporary, complete dentures and temporary, fixed bridges or crowns.
- **For** prescription drugs.
- **For** general anesthesia for non-surgical extractions, diagnostic, preventive or minor restorative services, including anesthesiologist fees.
- **For general anesthesia or intravenous sedation given by anyone other than a dentist.**

**G. Delta Dental Disclaimer**

Delta Dental also reserves the right to adopt and to apply administrative policies when reasonable in approving the eligibility of members and the appropriateness of treatment plans and related charges.

**H. Accidental Dental Coverage through UnitedHealthcare**

UnitedHealthcare provides dental care in the event that you suffer an accident as defined herein. Accident includes an accidental Injury to sound, natural teeth. Accidental injuries are those caused by unexpected and unintentional means. If you receive treatment in an Emergency room for an accidental Injury to your sound, natural teeth, and/or any facial fractures, and the Injury is the direct cause, independent of disease or bodily Injury, this Plan covers the Hospital or Emergency room services and the Physician’s services. If you receive these services in a Physician/dentist’s office, you are responsible for any applicable office visit Copay and/or Deductible.

1. **Only the following services are covered when received within seventy-two (72) hours of the onset of an accidental Injury to your sound, natural teeth:**
  - a. extraction of teeth needed to avoid infection of teeth damaged in the Injury;
  - b. suturing;
  - c. reimplanting and stabilization of dislodged teeth;
  - d. repositioning and stabilization of partly dislodged teeth; and
  - e. medication received from the provider.
  - f. Suture removal performed where the original Emergency medical or dental services were received is covered as part of the allowance for the original Emergency treatment. This Plan will ONLY cover a separate charge for suture removal if the suturing and suture removal are performed at different locations (e.g., sutures at Emergency room and suture removal at Physician’s office).
2. **Dental services are covered by the Plan when all of the following are true:**

- a. treatment is necessary because of accidental damage to sound, natural teeth;
- b. dental damage does not occur as a result of normal activities of daily living or extraordinary use of the teeth;
- c. dental services are received from a Doctor of Dental Surgery or a Doctor of Medical Dentistry; and
- d. the dental damage is severe enough that initial contact with a Physician or dentist occurs within 72 hours of the accident. (You may request an extension of this time period provided that you do so within 60 days of the Injury and if extenuating circumstances exist due to the severity of the Injury.)

The Plan also covers dental care (oral examination, X-rays, extractions and non-surgical elimination of oral infection) required for the direct treatment of a medical condition limited to:

- dental services related to medical transplant procedures;
- initiation of immunosuppressives (medication used to reduce inflammation and suppress the immune system); and
- direct treatment of acute traumatic Injury, cancer or cleft palate.

Dental services for final treatment to repair the damage caused by accidental Injury must be started within three months of the accident, or if not a Covered Person at the time of the accident, within the first three months of coverage under the Plan, unless extenuating circumstances exist (such as prolonged hospitalization or the presence of fixation wires from fracture care) and completed within 12 months of the accident, or if not a Covered Person at the time of the accident, within the first 12 months of coverage under the Plan.