



Dental Plan

Delta Dental Plan – How the Dental Plan Works

The Dental Plans pay benefits for you and your Eligible Dependents for a wide range of dental services and supplies.

The Dental Plans:

- Encourage preventive care;
- Promote regular dental care by covering preventive and diagnostic services, such as routine checkups, cleanings, and X-rays;
- Offer protection for more extensive treatment;
- Provide oral surgery and restorative and prosthodontic services; and
- Offer coverage for orthodontia treatment for your covered children under age 21 in specified plans.

Choosing a Dentist

Participating dentists are independent contractors who have agreed to accept certain fees for the service they provide to you. Dentists who have not contracted with Delta Dental are referred to as “non-participating dentists.”

Although you are free to choose any dentist, your out-of-pocket expenses may be less if you choose a participating dentist. Therefore, you should always ask your dentist if he or she is a participating dentist or verify with Delta Dental that your dentist is a participating dentist before receiving any dental services.

Participating vs. Non-Participating Dentist

Seeing a dentist that participates in Delta’s Preferred Provider Organization (PPO) network or Delta Dental’s Premier network gets you the best discounted rates with no balance billing or paperwork to file. This is the maximum plan allowance (MPA).

You are responsible for charges exceeding the MPA if you go to a non-participating dentist. The MPA charges are based on fees charged in your geographic area. To find a Delta Dental participating PPO or Premier dentist visit www.deltadentaltn.com and click on “Find a Dentist” or call 1-800-223-3104.

Delta Dental Schedule of Benefits

In addition to the limitations and exclusions listed in this “Schedule of Benefits” section, the “General Limitations and Exclusions” section also applies.

Types of Dental Services

Preventive and Diagnostic Services are:

- Prophylaxis (cleaning), topical application of fluoride (up to age 19, twice a year), and space maintainers
- Periodontal maintenance cleanings following periodontal therapy
- Oral examination and X-rays to aid the dentist in planning required dental treatment

Limitations and Exclusions:

- Two oral exams and cleanings, to include periodontal maintenance procedures, per calendar year
- Full-mouth X-rays, which include bitewing X-rays, are payable once in any three-year period
- Two sets of bitewing X-rays twice per calendar year
- Two topical applications of fluoride for members up to 19 years of age per calendar year
- Adult prophylaxis for members under 14 years of age is not allowed
- Space maintainers once per area per lifetime for dependents up to age 15
- Sealants once per tooth per lifetime for occlusal surface of the first and second permanent molars up to age 16. The surface must be free from decay and restorations

Basic Services are:

- Oral Surgery – extractions and other surgical procedures (including pre- and postoperative care)
- General Anesthesia and Intravenous Sedation – only when administered by a properly licensed dentist in a dental office in conjunction with covered surgery procedures or when necessary due to concurrent medical conditions
- Endodontia – treatment of the dental pulp (root canal procedures)
- Periodontia – treatment of the gums and bones that surround the tooth
- Denture Repairs – services to repair complete or partial dentures
- Basic Restorations – amalgams (silver fillings), composites (white fillings), and prefabricated stainless steel crown restorations for the treatment of decay
- Sealants – resin filling used to seal grooves and pits on chewing surface of permanent molar teeth
- Occlusal guards

Limitations and Exclusions:

- Restorative benefits are allowed once per surface in a 12-month period, regardless of the number or combinations of procedures requested or performed
- Payment for root canal treatment includes charges for X-rays and temporary restorations. Root canal treatment is limited to once in a 24-month period by the same dentist or dental office
- Payment for periodontal surgery shall include charges for three months' post-operative care and any surgical re-entry for a three-year period. Root planing, curettage, and osseous surgery are not a benefit for members under 14 years of age
- The replacement of amalgam or composite restorations within 12 months by the same dentist or dental office is not a benefit

-
- The replacement of a stainless steel crown by the same dentist or dental office within a 24-month period of the initial placement is not a benefit
 - Gold foil restorations, porcelain composite, and metal inlays are an optional service
 - A sealant is a benefit only on the unrestored, decay-free chewing surface of the maxillary (upper) and mandibular (lower) permanent first and second molars. Sealants are only a benefit to members up to age 16. Only one benefit will be allowed for each tooth within a lifetime

Major Services are:

- Cast Restorations – crowns and on-lays are benefits for the treatment of visible decay and fractures of hard tooth structure when teeth are so badly damaged that they cannot be restored with amalgam or composite restorations
- Prosthodontics – procedures for construction of fixed bridges and partial or complete dentures and repair of fixed bridges
- Complete or Partial Denture Reline – chairside or laboratory procedure to improve the fit of the appliance to the tissue (gums)
- Complete or Partial Denture Rebase – laboratory replacement of the acrylic base of the appliance
- Denture Repairs – services to repair complete or partial dentures

Limitations and Exclusions:

- Replacement of crowns or cast restorations received in the previous five years is not a benefit. Payment for cast restorations shall include charges for preparations of tooth and gingiva, crown build-up, impression, temporary restoration, and any re-cementation by the same dentist within a 12-month period
- A cast restoration on a tooth that can be restored with an amalgam or composite restoration is not covered
- Procedures for purely cosmetic reasons are not covered
- Porcelain, gold, or veneer crowns for children under 12 years of age are not covered
- Replacement of any fixed bridges, or partial or complete dentures, that the member received in the previous five years is not covered
- Payment for a complete or partial denture shall include charges for any necessary adjustment within a six-month period. Payment for a reline or rebase of a partial or complete denture is limited to once in a three-year period and includes all adjustments required for six months after delivery
- Payment for standard dentures is limited to the maximum allowable fee for a standard partial or complete denture. A standard denture means a removable appliance to replace missing natural, permanent teeth. A standard denture is made by conventional means from acceptable materials. If a denture is constructed by specialized techniques and the fee is higher than the fee allowable for a standard denture, the patient is responsible for the difference
- Payment for fixed bridges or cast partials for children under 16 years of age is not a benefit
- A posterior bridge where a partial denture is constructed in the same arch is not covered
- Temporary partial dentures are covered only when upper anterior teeth are missing

Orthodontia Services

Note: Orthodontia services must be specifically elected, at a higher premium, unless you are in a class with different union negotiated services as noted in the Summary of Benefits.

- Delta Dental will pay benefits for procedures using appliances to treat poor alignment of teeth and/or jaws. Poor alignment must significantly interfere with function to be a benefit

Limitations and Exclusions:

- The orthodontia benefit's maximum age and maximum benefit is noted in the Summary of Benefits
- Delta Dental shall make regular payments for orthodontia benefits
- If orthodontia treatment began prior to enrolling in this plan, Delta Dental will begin benefits with the first payment due to the orthodontist after becoming eligible under this plan
- Benefits end with the next payment due to the dentist after loss of eligibility or immediately if treatment stops
- Benefits are not paid to repair or replace any orthodontia appliance received
- Orthodontia benefits do not pay for extractions or other surgical procedures; however, these additional services may be covered under other benefits of this plan
- The initial payment (initial banding fee) made by Delta Dental for comprehensive treatment will be 33% of the total fee for treatment subject to your Copayment percentage and lifetime maximum
- Subsequent payments will be issued on a regular basis for continuing active orthodontia treatment. Payments will begin in the month following the appliance placement date and are subject to your Copayment percentage and lifetime maximum

Predetermination of Benefits

Predetermination of benefits is an estimate of the cost of certain dental procedures before they are done. You may have your dentist send Delta Dental a claim form detailing the projected treatment, and Delta Dental will give an estimate of the benefits to be paid. This will let you know approximately how much the work will cost and what your share of the costs will be. A predetermination is not a guarantee of payment. Actual benefit payments will be based upon procedures completed and will be subject to continued eligibility along with plan limitations and maximums.

Optional Services

In cases where alternate or optional methods of treatment exist, Delta Dental will pay for the least costly, professionally accepted treatment. This determination is not intended to reflect negatively on the dentist's treatment plan or to recommend which treatment should be provided. It is a determination of benefits under the terms of your coverage. The dentist and you or Eligible Dependent should decide the course of treatment.

If the treatment rendered is other than the covered benefit, the difference between the Delta Dental allowance and the dentist's fee, up to the approved amount, for the actual treatment rendered is due from you. For example, if your benefit plan allows for amalgams only, even though a metal or porcelain inlay is suggested by your dentist, Delta Dental will pay for only the cost of the amalgam.

Some facts to remember about your dental plans:

- Dependents in military service are not eligible for dental coverage
- Plan limits may apply
- A predetermination of benefits is recommended for major services

General Provisions

- If you need a claim form for services provided by a non-participating dentist, you may contact Delta Dental. A claim must be filed within 15 months of the date of service.
- If you require emergency dental care, you may seek services from any dentist. Your out-of-pocket expenses may be less if you choose a participating dentist.
- If you or your covered Eligible Dependent receives an injury requiring dental treatment because of the action or fault of another person, and if Delta Dental is unaware of other coverage, Delta Dental may pay benefits but would assume your or your covered Eligible Dependent's rights to recover from the other person. You and your covered Eligible Dependent would be required to help Delta Dental in making such a recovery.
- This dental plan does not replace any workers' compensation coverage.
- If you or your covered Eligible Dependent has two dental coverages, Delta Dental will coordinate benefits with the other coverage. The following rules will be used to determine which coverage should be primary.
 - The program covering the patient as an employee is primary over a program covering the patient as a dependent.
 - Where the patient, who is a child, is an Eligible Dependent, primary dental coverage will be determined by the date of birth of the parents. The coverage of the parent whose date of birth occurs earlier in the calendar year will be primary. For a child who is an Eligible Dependent of legally separated or divorced parents, the coverage of the parent with legal custody or the coverage of the custodial parent's spouse (i.e., step-parent) will be primary.
 - If there is a court decree stating that one parent has financial responsibility for a child's dental care expenses, any dependent coverage of that parent will be primary to any other dependent coverage.
- After a claim is processed, an Explanation of Benefits (EOB) will be available to you. If any payment for services was denied, the EOB will give the reason why. If you disagree with the denial, you must submit a request in writing asking that the claim be reviewed. Such request should include the reason why you believe the claim was wrongly denied. The request must be received by Delta Dental within 180 days of your receipt of the EOB. Delta Dental will make a review and may ask for more documents if needed. Unless unusual circumstances arise, a decision will be sent to you within 30 days after Delta Dental receives the request for review.
- If you do not agree with the first-level review decision, you may refer the request for review to the Professional Relations Advisory Committee of Delta Dental. This second-level review request must be in writing and received by Delta Dental within a reasonable time after you receive the first-level review decision. Unless unusual circumstances arise, a decision will be sent to you within 30 days after Delta Dental receives the request for second-level review. If you do not agree with the second-level review decision, you may file civil action in court.

General Limitations and Exclusions

In addition to the limitations and exclusions shown in the Schedule of Benefits section, Delta Dental does not pay for the following:

- Treatment of injury or illness covered by Workers' Compensation or other Employer's Liability Laws
 - Services received without cost from any federal, state, or local agency (This exclusion will not apply if prohibited by law)
 - Cosmetic surgery or procedures for purely cosmetic reasons
 - Services for congenital (hereditary) or developmental malformations (Such malformations include, but are not limited to, cleft palate or upper- and lower-jaw malformations. This does not exclude those services provided under orthodontia benefits, if covered)
 - Treatment to restore tooth structure lost from wear
 - Treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion or treatment to stabilize the teeth (e.g., equilibration, periodontal splinting, double abutments on bridges)
 - Oral hygiene and dietary instructions, treatment for desensitizing teeth, prescribed drugs or other medication, experimental procedures, conscious sedation, and extra oral grafts (grafting of tissues from outside the mouth to oral tissues)
 - Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility
 - Diagnosis or treatment for any disturbance of the temporomandibular joints (jaw joints) or myofascial pain dysfunction
 - Services by a dentist beyond the scope of his or her license
 - Dental services for which the patient incurs no charge
 - Dental services where charges for such services exceed the charge that would have been made and actually collected if no coverage existed
 - Delta Dental will apply the limitations and exclusions of this benefit plan based upon the member's complete and prior history as reflected in Delta Dental's records
- i In the event a member transfers from one dentist to another during the course of treatment, payment by Delta Dental will be limited to the amount that would have been paid had only one dentist rendered the service.**

Extended Dental Care Benefits

Coverage for you or your Eligible Dependent terminates when you or your Eligible Dependent is no longer eligible for benefits as a member of the group. Specific state or federal laws or group policies may allow an extension of benefits for a limited time. Delta Dental will determine whether any benefits are available and how long the benefits could be extended.

i What happens to your benefits when?

For more information about what happens to your dental benefits when certain changes or events occur, see "How Changes Affect Your Benefits" in the "About Your Benefits" section. For more information about coverage you and your Eligible Dependents may be eligible to continue in certain cases when coverage would otherwise end, refer to COBRA within the "Administrative Information" section.

Delta Dental Plan

Atomic Trades and Labor Council (ATLC); International Guards Union of America (IGUA) Central Alarm Station Operators, Central Training Facility Instructors, and Beta 9 Operators; Metal Trades Council (MTC); Pantex and Y-12 Non-Bargaining; and United Steel Workers (USW)

| Summary of Benefits | | |
|--|--------------------------------|--------------------|
| Delta Dental | Basic | Buy-Up |
| Annual Benefit Maximum | \$1,500 per person | \$2,000 per person |
| Lifetime Maximum | None | |
| Annual Deductible | \$50 per person | |
| Preventive and Diagnostic Services* | | |
| Oral Examinations twice every calendar year | Plan pays 100% | |
| Prophylaxis twice every calendar year (cleanings) | Plan pays 100% | |
| Full-Mouth X-rays once every three years | Plan pays 100% | |
| Bitewing X-rays twice every calendar year | Plan pays 100% | |
| Fluoride twice every calendar year (up to age 19) | Plan pays 100% | |
| Space Maintainers | Plan pays 100% | |
| Sealants | Plan pays 80% after deductible | |
| Basic Services* | | |
| Emergency Palliative Treatment to temporarily relieve pain | Plan pays 80% after deductible | |
| Minor Restorative Services (fillings, excludes gold) | Plan pays 80% after deductible | |
| Endodontic Services (root canals) | | |
| Periodontia Services (to treat gum disease) | | |
| Oral Surgery (complex extractions and certain surgical procedures) | Plan pays 80% after deductible | |
| Adjustments and Repairs (to bridges and dentures) | Plan pays 80% after deductible | |
| Occlusal Guards once per lifetime | Plan pays 80% after deductible | |
| Major Services* | | |
| Crowns | Plan pays 50% after deductible | |
| Bridges | Plan pays 50% after deductible | |
| Partial, full dentures and implants | Plan pays 50% after deductible | |
| Orthodontia Services* | | |
| Orthodontia Services for Child(ren) (up to age 21) | Not covered | Plan pays 50% |
| Lifetime Orthodontia Maximum | N/A | \$1,500 per person |

*Plan limits apply to certain services.

Summary of Benefits: Dental Plan

International Guards Union of America (IGUA) Security Police Officers

| Summary of Benefits | |
|--|--------------------------------|
| Delta Dental | Delta Dental PPO |
| Annual Benefit Maximum | \$1,500 per person |
| Lifetime Maximum | \$10,000 per person |
| Annual Deductible | \$50 per person |
| Preventive and Diagnostic Services* | |
| Oral Examinations twice every calendar year | Plan pays 100% |
| Prophylaxis twice every calendar year (cleanings) | Plan pays 100% |
| Full-Mouth X-rays once every three years | Plan pays 100% |
| Bitewing X-rays twice every calendar year | Plan pays 100% |
| Fluoride twice every calendar year (up to age 19) | Plan pays 100% |
| Space Maintainers | Plan pays 100% |
| Sealants | Plan pays 80% after deductible |
| Basic Services* | |
| Minor Restorative Services (fillings, excludes gold) Endodontic Services (root canals) Periodontia Services (to treat gum disease) | Plan pays 80% after deductible |
| Oral Surgery (complex extractions and certain surgical procedures) | Plan pays 80% after deductible |
| Adjustments and Repairs (to bridges and dentures) | Plan pays 80% after deductible |
| Occlusal Guards once per lifetime | Plan pays 80% after deductible |
| Major Services* | |
| Crowns (excludes porcelain, gold, veneer for children under age 12) | Plan pays 50% after deductible |
| Bridges (excludes fixed bridges or cast partials for children under age 16) | Plan pays 50% after deductible |
| Partial, full dentures and implants | Plan pays 50% after deductible |
| Orthodontia Services* | |
| Orthodontia Services (up to age 24) | Plan pays 50% |
| Lifetime Orthodontia Maximum | \$1,500 per person |

*Plan limits apply to certain services.

Summary of Benefits: Dental Plan

Pantex Guards Union (PGU)

| Summary of Benefits | |
|--|--------------------------------|
| Delta Dental Network | Delta Dental PPO |
| Annual Benefit Maximum | \$1,500 per person |
| Lifetime Maximum | None |
| Annual Deductible | \$25 Employee / \$75 Family |
| Preventive and Diagnostic Services* | |
| Oral Examinations twice every calendar year | Plan pays 100% |
| Prophylaxis twice every calendar year (cleanings) | Plan pays 100% |
| Full-Mouth X-rays once every three years | Plan pays 100% |
| Bitewing X-rays twice every calendar year | Plan pays 100% |
| Fluoride twice every calendar year (up to age 19) | Plan pays 100% |
| Space Maintainers unlimited up to age 15 | Plan pays 100% |
| Sealants (unrestored chewing surface, 1 st /2 nd molars to age 16, 1 per tooth per lifetime) | Plan pays 100% |
| Basic Services* | |
| Minor Restorative Services (fillings, excludes gold) Endodontic Services (root canals) Periodontia Services (to treat gum disease) | Plan pays 80% after deductible |
| Oral Surgery (complex extractions and certain surgical procedures) | Plan pays 80% after deductible |
| Adjustments and Repairs (to bridges and dentures) | Plan pays 80% after deductible |
| Occlusal Guards once per lifetime | Plan pays 80% after deductible |
| Major Services* | |
| Crowns (excludes porcelain, gold, veneer for children under age 12) | Plan pays 50% after deductible |
| Bridges (excludes fixed bridges or cast partials for children under age 16) | Plan pays 50% after deductible |
| Partial, full dentures and implants | Plan pays 50% after deductible |
| Orthodontia Services* | |
| Orthodontia Services (no age limit) | Plan pays 50% |
| Lifetime Deductible | \$50 per person |
| Lifetime Orthodontia Maximum | \$1,500 per person |

*Plan limits apply to certain services.