



# **BENEFITS WEBINAR - ACTIVES**



# Dental Savings

**Your Union Board of Trustees** values and understands the importance of your dental health. Studies have shown that dental health can have a direct effect on medical health, and has been correlated with conditions such as heart disease.

The Board of Trustees also recognizes that there are rising costs for dental health services, and without proper dental coverage, members would be faced with high out-of-pocket costs.

Family dental plans purchased privately cost an average of \$618 annually per family. This cost is absorbed by your Benefit Fund. Your Board of Trustees negotiates on your behalf in order to help you save money and offer you exceptional dental benefits.

Below is a comparison of highly utilized codes and usual and customary fees that providers charge, and what you would pay as a Benefit Fund member. In addition dependents that previously didn't have coverage would have had large out-of-pocket charges without this new benefit expansion.

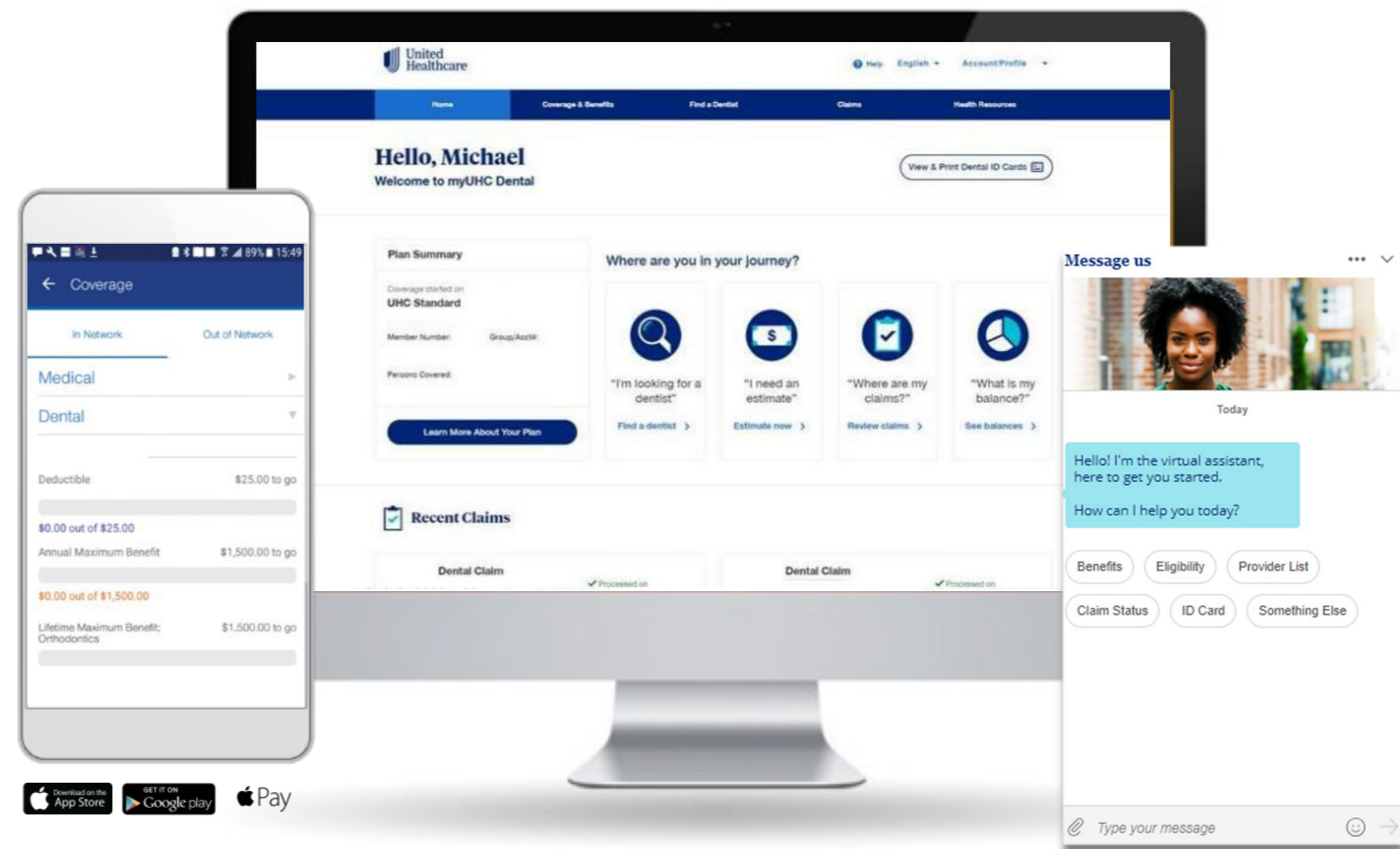
Dental Service	Customary Dental Cost without Your Union Benefits	Cost to Local 237 Union Members, and dependents when using a participating provider
Periodic Exam	\$100.00	No Charge
Complete Series Of X-rays	\$195.00	No Charge
Panoramic Image	\$180.00	No Charge
Adult Cleaning	\$150.00	No Charge
Child Cleaning	\$125.00	No Charge
Composite Filling - White	\$395.00	No Charge
Porcelain/high Noble Metal Crown	\$1,585.00	No Charge
Root Canal Therapy - Molar	\$1,450.00	No Charge
Osseous Surgery, Per Quad	\$1,500.00	No Charge
Periodontal Scaling - Quad	\$300.00	No Charge
Periodontal Maintenance	\$195.00	No Charge
Upper Partial With A Flex Base	\$2,200.00	No Charge
Components Of A Three Unit Bridge	\$6,865.00	No Charge
Surgical Extraction	\$475.00	No Charge



# myuhc.com designed for simplicity and 24/7 accessibility

We deliver digital tools and resources designed to make it easier for employees to take ownership of their health with anytime, anywhere access to:

- Find a dentist
- Consumer reviews
- Preventive care reminders
- Benefits and claims information
- Real time cost estimator
- Digital ID cards
- Direct access to teledentistry
- Online Chat



# Benefits Guide for Actives Full-Time

United Healthcare Services, LLC (30310)®			Dental Plan Custom/73P66/TOA	
Contributory Metro, Liberty, Capital / covered dental services				
	NON-ORTHODONTICS		ORTHODONTICS	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Individual Annual Deductible	\$0	\$0	\$0	\$0
Family Annual Deductible	\$0	\$0	\$0	\$0
Maximum (the sum of all Network and Non-Network benefits will not exceed Annual maximum)	\$2,500 per person per Calendar Year	\$2,500 per person per Calendar Year	\$3,660 per person per Lifetime	\$2,945 per person per Lifetime
New enrollee's waiting period	None			
Annual deductible applies to preventive and diagnostic services			No (In Network)	No (Out Network)
Annual Deductible Applies to Orthodontic Services			No	
Orthodontic Eligibility Requirement			Child Only (Up to Age 22)	
COVERED SERVICES *	NETWORK PLAN PAYS**	NON-NETWORK PLAN PAYS***	BENEFIT GUIDELINES	
<b>DIAGNOSTIC SERVICES</b>				
Periodic Oral Evaluation	100%	See Benefit Table of Allowance	See Exclusions and Limitations section for benefit guidelines.	
Radiographs	100%	See Benefit Table of Allowance		
Lab and Other Diagnostic Tests	100%	See Benefit Table of Allowance		
<b>PREVENTIVE SERVICES</b>				
Prophylaxis (Cleaning)	100%	See Benefit Table of Allowance	See Exclusions and Limitations section for benefit guidelines.	
Fluoride Treatment (Preventive)	100%	See Benefit Table of Allowance		
Sealants	100%	See Benefit Table of Allowance		
Space Maintainers	100%	See Benefit Table of Allowance		
<b>BASIC SERVICES</b>				
Restorations (Amalgams or Composite)	100%	See Benefit Table of Allowance	See Exclusions and Limitations section for benefit guidelines.	
Emergency Treatment/General Services	100%	See Benefit Table of Allowance		
Simple Extractions	100%	See Benefit Table of Allowance		
Oral Surgery (incl. surgical extractions)	100%	See Benefit Table of Allowance	Periodontal Scaling Max applies	
Periodontics	100%	See Benefit Table of Allowance		
Endodontics	100%	See Benefit Table of Allowance		
<b>MAJOR SERVICES</b>				
Inlays/Onlays/Crowns	100%	See Benefit Table of Allowance	See Exclusions and Limitations section for benefit guidelines.	
Dentures and Removable Prosthetics	100%	See Benefit Table of Allowance		
Fixed Partial Dentures (Bridges)	100%	See Benefit Table of Allowance		
Implants	See Copay Schedule	See Benefit Table of Allowance		
<b>ORTHODONTIC SERVICES</b>				
Diagnose or correct misalignment of the teeth or bite	100%	See Benefit Table of Allowance		



# Helpful Hints

- **Make sure you know what plan you enrolled in**
- Go on the portal or call the provider to confirm the office and provider you are seeing are participating.
- Take a screen shot of your summary plan description so you can confirm what your coverage is and if there is a charge while you are at the dental office.
- Always ask the provider to submit a pre-determination so you know what your financial liability will be for your treatment.
- Before you sign a “Care Credit” payment plan for your dental work please wait for the pre-determination for the services. You may find that you may not need a payment plan.
- If you feel you have been charged for something that should be covered, you need to contact the customer service department.
- Go into the dental office knowing your coverage. Keep in mind that everyone is in business to make money and that includes the dentist. They will want you to purchase something that isn’t covered under your insurance. Dentist will always look to upcharge
- Please contact the Customer Service Toll Free Number at 877-591-1789 for any questions regarding your eligibility, benefits, network and claim information.

