



**Coverage Summary for
Roofers Local Union # 33
Group Number
004558**

Delta Dental Premier
with National Coverage

Deductible: None
Calendar Year Maximum: \$2,500 per person.

Category / Procedure	Qualifications	Co-insurance	
		In Network	Out of Network*
		Based on Table of Allowance	
Diagnostic		100%	100%
Comprehensive Evaluation	Once every 60 months per dentist.		
Periodic Oral Exam	Once every 6 months.		
Full Mouth X-rays	Once every 60 months.		
Bitewing X-rays	Once every 6 months.		
Single Tooth X-rays	As needed.		
Preventive		100%	100%
Teeth Cleaning	Once every 6 months.		
Fluoride Treatments	Once every 6 months for members under age 19.		
Space Maintainers	Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth.		
Sealants	Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay.		
Chlorhexidine Mouthrinse	This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing.		
Fluoride Toothpaste	This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery.		
Restorative		100%	100%
Silver Fillings	Once every 24 months per surface per tooth.		
White Fillings (Front Teeth)	Once every 24 months per surface per tooth.		
White Fillings (Back Teeth)	Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible up to the submitted charge.		
Temporary Fillings	Once per tooth.		
Stainless Steel Crowns	Once every 24 months per tooth.		
Oral Surgery		100%	100%
Simple Extractions	Oral surgical benefits not provided when rendered in a surgical day care or hospital setting.		
Surgical Extractions	Oral surgical benefits not provided when rendered in a surgical day care or hospital setting.		
Periodontics*		100%	100%
Periodontal Surgery	Periodontic benefits not provided when rendered in a surgical day care or hospital setting.		
Scaling and Root Planing	Once in 24 months, per quadrant.		
Periodontal Cleaning	Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.	100%	100%
Endodontics		100%	100%
Root Canal Treatment	Once per tooth.		
Vital Pulpotomy	Limited to deciduous teeth.		
Prosthetic Maintenance		100%	100%
Bridge or Denture Repair	Once within 12 months, same repair.		
Rebase or Reline of Dentures	Once within 36 months.		
Recement of Crowns & Onlays	Once per tooth.		
Emergency Dental Care		100%	100%
Minor treatment for Pain Relief	Three occurrences in 12 months.		
General Anesthesia	Allowed with covered surgical services only.		
Prostodontics		100%	100%
Dentures	Once within 60 months.		
Fixed Bridges and Crowns	When part of a bridge. Once within 60 months		
Implants	An Endosteal Implant is covered to replace one missing tooth (in lieu of a three unit bridge, and when all adjacent teeth do not require crowns.) Once per 60 months per Implant.		
Major Restorative		100%	100%
Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth		

Orthodontics: Covered at 100% of Maximum Plan Allowance charges to any age. \$2,500 separate LIFETIME maximum.

Dependent Eligibility: Dependents covered to age 19. Full-time students covered to age 25.



****100% coverage is based on a table fee schedule.

Additional Benefit Information

Deductible waived for periodontal cleanings.

This plan is eligible for Rollover Max. See the benefit guide for details.

*Periodontics: Separate \$360 Calendar year maximum.

*Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.

Delta Dental Premier with National Coverage

Easy Access and Great Value — Your Delta Dental Network

As a Delta Dental Premier *with National Coverage* subscriber, you have access to Delta Dental's extensive national network — Delta Dental Premier is the largest dental network in the country with over 186,000 dentist locations. Three out of four dentists nationwide and 96% of Massachusetts dentists participate in this network.

With Delta Dental Premier, you enjoy the greatest savings in out-of-pocket expenses when visiting a dentist who participates in the Delta Dental Premier network. Participating dentists typically accept discounted fees for their services, and since your co-payments are based on these fees, you pay lower out-of-pocket costs for your care. You will still receive coverage if you visit a non-participating dentist, but your benefit will be at the out-of-network level shown in the right-hand column of this coverage summary.

To find a dentist, simply visit www.deltadentalma.com (click on the *Find a Dentist* link and select *Delta Dental Premier*) or call Delta Dental customer service at 1-800-872-0500.

The information on this coverage summary should be used only as a guideline to your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Certificate, which is available through your benefits administrator.

If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.

Learn More at www.deltadentalma.com

You can find more information about your benefits plan in the *Delta Dental Member Guide*, available from your benefits administrator or online at www.deltadentalma.com. In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how the claims and appeal processes work, and more about keeping a healthy mouth for life.

Visit www.deltadentalma.com to find plan information, review eligibility status, check on claim status, or find a dentist.

If you have any questions or need additional information, you can call customer service at 1-800-872-0500.

Some Plans Administered by:

Delta Dental of Massachusetts
1-800-872-0500

 DELTA DENTAL

Delta Dental of Massachusetts
465 Medford Street, Boston, MA 02129

www.deltadentalma.com

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Delta Dental of Massachusetts

ALL ABOUT YOUR DENTAL BENEFIT

Dental disease exists in nearly everyone and is cumulative in its destructive effect. Delayed oral examinations or poor dental health habits may progress from tooth decay to severe oral complications. More extensive and expensive dental treatment may be the consequence.

The Fund's dental plan described in the following pages has been designed to:

- Encourage diagnostic treatment
- Eradicate existing dental disease
- Provide preventative dental care
- Supply reasonable assistance toward major restoration and replacement services

The dental plan's emphasis is on preventative services such as routine examination, cleaning and scaling of teeth, application of topical fluoride solutions, and prevention of severe tooth destruction or loss of teeth. These preventative measures lessen the need for extensive tooth restoration, or replacement services; treatments that are costly to both the Participant and the Insurance Fund.

Any benefits payable under the medical plan will be excluded under the dental plan.

TYPES OF SERVICES PROVIDED

Our dental benefits cover four categories of dental services:

- **Diagnostic and Preventive Services** to diagnose or prevent tooth decay and other oral diseases. These are the types of dental services most members receive during a routine dental checkup or visit.
- **Restorative and Other Basic Services** to restore or remove diseased or damaged natural teeth; treat oral disease; and repair dentures, bridges, crowns, inlays, and onlays.
- **Prosthodontic and Major Restorative Services** to replace missing natural teeth with artificial ones and to restore severely diseased or damaged teeth. Services requiring the use of gold are always classified as major restorative services, and may be subject to an alternative benefit. Dentures, complete and partial, are limited to once per 60-month period.
- **Orthodontic Services** to correct the position of teeth using braces and other appliances.

DENTAL NETWORK

The Fund uses Delta Dental for our dental coverage. Dentists in the dental network will, generally, charge lower fees than those charged by dentists outside the network.

Summary of Covered Services

You will receive benefits for only those dental services that are "necessary and appropriate" to diagnose and treat your dental condition, as determined by Delta Dental Plan. To be necessary and appropriate, Delta Dental Plan must determine that the service its:

- Consistent with the prevention of oral disease or with the diagnosis and treatment of the dental condition.
- In accordance with standards of good dental practice.

- Not solely for the convenience of you or your dentist.
- Not more costly than the services that are customarily provided (benefits will be based on the least costly method of treatment).
- Generally accepted as appropriate for treating your condition.

Delta Dental Plan determines what is necessary and appropriate based on its review of dental records describing your condition and treatment. Delta Dental may decide a service is not necessary and appropriate under the terms of your group's plan even if your dentist has furnished, prescribed, ordered, recommended, or approved the service. Please note that you have a right to appeal decisions regarding your claim (see "Claims Review and Appeals").

DENTAL BENEFIT

Calendar Year Maximum per patient per year: **\$2,500**

All dental benefits are paid by Delta Dental based on a table of allowance. In most cases you will still owe a portion for all services (even if you have not met the \$2,500 max).

It's a good idea to have your provider obtain a pre-estimate for all procedures before they are performed so you will know the amount you will owe. The maximum for Periodontic Services per year is **\$360** in addition to the overall maximum of \$2,500 per patient per year.

The maximums for Orthodontic Services per lifetime are:

Diagnostic and initial orthodontic appliances	Orthodontic treatment	\$ 800
Orthodontic treatment -- 24 months of treatment, per month.....		\$ 80
Lifetime orthodontic maximum.....		\$ 2,500

Orthodontic benefits are available to all covered members, eligible spouses, and eligible dependent children.

ELIGIBLE EXPENSES

Eligible expenses are the usual, customary, and reasonable charge for the services for dental care. The usual, customary, and reasonable charge for a service will be the fee charged by the dentist, but only to the extent that the fee is reasonable taking into consideration the prevailing range of fees charged in the locality for similar services by dentists of similar training and experience; and/or up to the Delta Dental allowance.

DENTAL SERVICES RECEIVED ON AN OUTPATIENT HOSPITAL BASIS

In certain instances, under strict guidelines, the Fund will consider the facility and anesthesia charges for a participant or a dependent child, based upon their age and circumstances as well as the services involved, the medical necessity of the situation, and confirmation by Delta Dental. In addition, the Fund will consider the facility and anesthesia charges for Participants who have suffered a major accidental injury to sound natural teeth.

INELIGIBLE DENTAL EXPENSES

The Fund will not pay for any of the following:

- Dental care not included in the list of eligible expenses, or that does not meet the standards of dental practice accepted by the American Dental Association
- Dental care that is furnished while a Participant is confined in a hospital operated by the United States government or any agency thereof, or dental care for which the Participant would not be required to pay if there were no insurance
- Dental care that is provided by employer-related facilities
- Dental care that is provided by a HMO or similar organization
- Dental care that is provided solely for the purpose of improving appearance, when form and function of the teeth are satisfactory and no pathological condition exists
- Any charges in excess of Delta Dental's negotiated rate or the usual, customary, and reasonable charge of a less-expensive alternative service or material consistent with adequate dental care, when such alternate services or materials are customarily provided
- Charges for appointments not kept, for completion of claims forms, or for treatment by other than a dental practitioner
- Expenses related to services or supplies normally intended for sport or home use
- Charges, in respect of any dental care directly or indirectly due to or resulting from:
 - War, insurrection, or the hostile action of the armed forces of any country
 - Any cause for which indemnity or compensation is provided under any Workers' Compensation Law or similar legislation
- Charges for
 - Drugs administered by the attending dental practitioner
 - Periodontal splinting
 - Education or training in and supplies used for dietary or nutritional counseling, personal oral hygiene, or dental plaque control
- Charges for the treatment of Temporomandibular Joint (this is covered by the medical portion of this Insurance Fund).
- Service received or supplies purchased outside the United States except for Canada.
- Charges for:
 - Replacement of an appliance or prosthetic device, crown, cast restoration or a fixed bridge within five years of the date it was last placed. This exclusion will not apply if replacement is necessary due to an accidental injury received while insured.
 - Duplicate bridges or dentures or any other duplicate dental appliances
 - Replacement of bridges or dentures lost, misplaced, or stolen
 - Appliances or restorations to increase the vertical dimensions or restore occlusion or splinting
 - Dental care to correct congenital or development malformation
 - Charges for bony impacted wisdom teeth are covered under the Medical Benefit.
 - Accidental injuries to sound natural teeth are covered by the Medical benefits of the Plan.