



SMART Local 36

Active Member – Plan B

Dental Benefits Information

This packet describes the dental benefits plan provided by the **SMART Local 36 (SMW36)** for Active Members. The benefits are administered by **Delta Dental** and include access to the Delta Dental PPOSM Network and Delta Dental Premier[®] Network.

Please review this information so that you are familiar with how to receive the highest level of benefits possible.

With Delta Dental you are able to:

1. Access the Delta Dental PPOSM Network. When you use a dentist in this network:
 - You receive the highest benefits!
 - The dentist will accept the *Delta Dental PPO fee schedule* and will not bill you for amounts over the Delta Dental PPO fee - **Reducing your costs!**
 - The dentist is under contract to file claims for Delta Dental patients - **Saving you time.**
 - Benefit payments are made directly to the dentist from Delta Dental - **EASY for YOU!**
2. Access the Delta Dental Premier[®] Network. When you use a dentist in this network:
 - The dentist will accept *Delta Dental's allowance* and will not bill the patient for amounts over the Delta Dental allowable fee. - **Reducing your costs!** (*Special Note: Delta Dental PPOSM Network dentists provide greater discounts than Delta Dental Premier[®] Network dentists*)
 - The dentist is under contract to file claims for Delta Dental patients - **Saving you time.**
 - Benefit payments are made directly to the dentist from Delta Dental - **EASY for YOU!**

You may search for a network dentist by visiting the SMART Local 36 website: www.smw36benefits.org

Benefits and Networks - Active Members Plan B

The following outlines the the SMART Local 36 Benefits for Active Members in Plan B.

Benefit Specific Category		<i>Save Time, Money, and Maximize Your Benefits</i>	<i>Save Time and Money</i>	Non-Network ⁽¹⁾
		Delta Dental PPO sm Network Dentists	Delta Dental Premier [®] Network Dentists	
Annual Deductible ⁽²⁾				
	Per Person	\$50	\$50	\$50
	Per Family	\$150	\$150	\$150
Annual Maximum ⁽³⁾	Per Person	\$1,000	\$1,000	\$1,000
No Deductible for Preventive Services				
Preventive Services (routine exams, x-rays, cleanings, fluoride, emergency relief treatment, space maintainers)	Plan Pays	80% (after deductible)	80% (after deductible)	80% (after deductible)
Deductible Applies Before the Following % are Paid for Basic and/or Major Services				
Basic General Services (minor restorative services, periodontics, endodontics, oral surgery)	Plan Pays	80% (after deductible)	80% (after deductible)	80% (after deductible)
Major Restorative Services (bridges, dentures, crowns)	Plan Pays	50% (after deductible)	50% (after deductible)	50% (after deductible)

(1) Network discounts are not available from non-network dentists. Benefits are paid based on a *maximum allowable charge* and the patient is responsible for the full difference between the benefit payment and the dentist's billed charge. Therefore, your out-of-pocket costs are higher.

(2) The annual deductible applies to Preventive, Basic and Major Restorative Services. Amounts paid by the member towards the deductible apply to all deductible categories (includes PPO, Premier, and non-network dentists.)

(3) Amounts paid by Delta Dental are applied to all benefit maximum categories (includes PPO, Premier, and non-network dentists.)

This overview highlights certain features of the SMART Local 36 Welfare Trust Fund dental benefits. Full details, including limitations and exclusions, are contained in the Fund documents (Summary Plan Description, Plan Document, etc.) that establish the Plan provisions. If there is a discrepancy between the benefits and/or wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.

Claims Examples -- Active Members Plan B

The following displays three example claims for the SMART Local 36 Dental Benefits Plan for Active Members in Plan B:

Note that there is a calendar year deductible per person covered under a membership (up to a maximum of 3 per family). In each example, it is assumed that this is the patient's first claim of the year and the deductible would apply. It is also assumed that the "maximum" annual benefit had not yet been reached when these claims were processed.

EXAMPLE 1: Preventive Services	Dentist Billed Charge	Delta Dental PPO sm Network Allowance	Delta Dental Premier [®] Network Allowance	Out-of-Network Dentist Allowance
Description				
Periodic Oral exam/2 intraoral x-rays & adult prophylaxis (cleaning)	\$195	\$120.00	\$160.00	\$180.00
Deductible per calendar year		\$50.00	\$50.00	\$50.00
SMW36 Benefit Coinsurance		80%	80%	80%
SMW36 Benefit Payment		\$56.00	\$88.00	\$104.00
Member Pays		\$64.00	\$72.00	\$91.00
Network Saves Member		\$75.00	\$35.00	\$0.00

EXAMPLE 2: Basic General Services	Dentist Billed Charge	Delta Dental PPO sm Network Allowance	Delta Dental Premier [®] Network Allowance	Out-of-Network Dentist Allowance
Description				
Amalgam one surface, resin composite one surface & extraction	\$495	\$235.00	\$395.00	\$480.00
Deductible per calendar year		\$50.00	\$50.00	\$50.00
SMW36 Benefit Coinsurance		80%	80%	80%
SMW36 Benefit Payment		\$148.00	\$276.00	\$344.00
Member Pays		\$87.00	\$119.00	\$151.00
Network Saves Member		\$260.00	\$100.00	\$0.00

EXAMPLE 3: Major Restorative Services	Dentist Billed Charge	Delta Dental PPO sm Network Allowance	Delta Dental Premier [®] Network Allowance	Out-of-Network Dentist Allowance
Description				
Root Canal and Crown - resin with high noble metal	\$1,800	\$1,050.00	\$1,380.00	\$1,700.00
Deductible per calendar year		\$50.00	\$50.00	\$50.00
SMW36 Benefit Coinsurance		50%	50%	50%
SMW36 Benefit Payment		\$500.00	\$665.00	\$825.00
Member Pays		\$550.00	\$715.00	\$975.00
Network Saves Member		\$750.00	\$420.00	\$0.00

Annual Benefit Maximum		\$1,000	\$1,000	\$1,000
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