Local 734 Welfare Fund / Pension Fund

6643 NORTH NORTHWEST HIGHWAY • CHICAGO, ILLINOIS 60631-1360 • Tel.: 773-594-2810
Fax: 773-631-3824

DNO – DENTAL PPO PLAN

(Dental Network of America, a BCBSIL Subsidiary)

Member ID# Prefix: IBT **Group ID: P73339**

(THIS DOES NOT GUARANTEE BENEFITS – YOU MUST CALL THE FUND FOR ELIGIBILITY)

Calendar year deductible per person (does not apply to diagnostic and preventive care) $50

Plan co-pay percentages of R&C allowances:

PAYMENT OF BENEFITS –

	In-Network	Out-of-Network
Diagnostic and preventive	100%	100%
Restorative (minor and major)	90%	80%
Calendar year maximum benefit payable per person		$1,500

Calendar year maximum does not apply to diagnostic and preventive services received by persons under age 19.

NO... Frequencies, Limits, Waiting Period, Missing Tooth Clause and NO Downgrade on anything

Patient is responsible for paying amounts not paid by the Plan

Coordination of Benefits is Non-Duplicating

Orthodontia -

	In-Network (DNOA)	Out-of-Network
	90%	80%

Lifetime maximum benefit payable per person for orthodontia $2,000
No deductible, No age limit.

COVERED DENTAL EXPENSES -

"Covered dental expenses" are the reasonable and customary charges incurred by a covered person for the services and supplies listed below which are necessary for the treatment of a non-occupational dental condition. Charges will be considered "reasonable and customary" only to the extent that they are the usual, reasonable, and customary charges made for services and supplies customarily employed for treatment of that particular dental condition. They must be rendered in accordance with accepted standards of dental practice, be performed by a licensed dentist (except for services legally performed by a dental hygienist) and be received while the person is eligible for benefits under the Dental PPO Plan.

1. **Diagnostic and preventive services** include charges made for the following:
   - Routine oral examinations, diagnosis, and preparation of reports
   - Prophylaxis (scaling and cleaning of teeth) Application of sodium or stannous fluoride Dental X-rays as necessary
   - Sealants
   - Space maintainers

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2. **Restorative services** include charges made for the following:

- Extractions
- Fillings
- Oral surgery
- Crowns
- Partial and complete bridges and dentures
- Periodontal treatment

The list shown above is only a partial list of covered services. If you want to find out if coverage is provided for a particular service that is not listed, contact the Fund Office.

3. **Orthodontia** includes charges made for services and supplies provided by a dentist for necessary orthodontic treatment.

Dental Exclusions and Limitations

The following exclusions apply to the Dental PPO Plan only. The HMO Plan exclusions are in the Blue-Care HMO certificate of coverage

No dental benefits will be provided for any of the following:

1. Services or supplies for which benefits are paid under the Comprehensive Medical Benefit (for example, hospital services for dental work that cannot be performed in a dental office).
2. Replacement of a lost, stolen, damaged or missing denture, bridgework and/or dental appliance which was previously supplied under either the Dental HMO Plan or Dental PPO Plan.
3. Duplicate prosthetic devices or any other duplicate appliances.
4. Replacement of a denture unless there has been five years since the installation of the previous denture.
5. Prosthetic devices, including bridges and crowns, and their installation, that are ordered while a person is not eligible for dental benefits.
6. Services pertaining to the temporomandibular joint (TMJ). (The Plan covers TMJ under the Comprehensive Medical Benefit.)
7. Any cosmetic or beautifying procedure.
8. Any elective or experimental procedure.
9. Implantation.

(for a full list of Exclusions and Limitations, visit https://bakerydrivers-local734.com)

WHEN DENTAL CHARGES ARE CONSIDERED INCURRED - For payment purposes, treatment is considered incurred on the date the service is provided, except that:

- For full or partial dentures when the impression is taken for the appliances.
- For root canal therapy when the tooth is opened.
- For fixed bridgework, crowns, and other gold restorations when the tooth is first prepared.

We do not accept Electronic Claims. Please mail to:

Local 734 Welfare Fund
6643 N. Northwest HWY
Chicago, IL 60631