Reimbursement Plan Summary

ACTIVE MEMBERS PPO

Name of Group: ATU Local 726 Benefit Fund - PPO Plan

Group Number: 1730394 (64173)

Effective Date: January 1, 2019

Benefit Period: Calendar Year

Reimbursement Plan – Covered services can be rendered by any dentist. To use the plan, members should be treated by the dentist of their choice and submit claims to Dentcare. Payments by the plan are subject to the following terms:

Individual Deductible: $50 (Waived for Diagnostic and Preventive Services)

Family Deductible: $100 (Waived for Diagnostic and Preventive Services)

Coinsurance Percentages:

Category I	Diagnostic Services	100 %	of the maximum In-Network allowable amount.
	Preventive Services	70 %	of the maximum Out-of-Network allowable amount.
Category II	Basic Restorative Services	100 %	of the maximum In-Network allowable amount.
	Endodontic Services	70 %	of the maximum Out-of-Network allowable amount.
	Periodontal Services		
	Oral Surgery Services		
Category III	Major Restorative Services	100 %	of the maximum In-Network allowable amount.
	Prosthetic Services	70 %	of the maximum Out-of-Network allowable amount.
Category IV	Orthodontic Services	50 %	of the maximum In-Network allowable amount.
		50 %	of the maximum Out-of-Network allowable amount.

Individual Maximum (Category I, II, III):	$2,500.00	per benefit period
Family Maximum (Category I, II, III):	N/A	per benefit period
Orthodontic Maximum (Category IV):	$2,500.00	Lifetime
Implant Maximum (Category III):	$2,000.00	per benefit period

Dependent Eligibility – Dependent Children are covered up to the end of the month of their 26th birthday.

Orthodontics – Dependent Children up to age 19.

Note - As of January 1st, 2024 your new group number is **1730394** and your new portal is **yourdentalplan.com/healthplex**

Schedule of Benefits

ATU Local 726 Benefit Fund
PPO Plan - 1730394 (64173)

Category	Services	In-Network PPO Copayments	Out-of-Network Reimbursement %
Diagnostic	Periodic Oral Examination	No Charge	70%
& Preventive	Full Mouth Series X-Rays	No Charge	70%
	Periapical, First Film	No Charge	70%
	Prophylaxis, Adult	No Charge	70%
	Prophylaxis, Child	No Charge	70%
	Fluoride Treatment	No Charge	70%
	Sealants, Per Tooth	No Charge	70%
Basic	Amalgam, 1 Surface	No Charge	70%
	Amalgam, 2 Surfaces	No Charge	70%
	Amalgam, 3 Surfaces	No Charge	70%
	Amalgam, 4+ Surfaces	No Charge	70%
	Resin-Based Composite, 1 Surface	No Charge	70%
	Resin-Based Composite, 2 Surfaces	No Charge	70%
	Resin-Based Composite, 3 Surfaces	No Charge	70%
	Resin-Based Composite, 4+ Surfaces	No Charge	70%
	Root Canal Therapy, Anterior	No Charge	70%
	Root Canal Therapy, Bicuspid	No Charge	70%
	Root Canal Therapy, Molar	No Charge	70%
	Apicoectomy, Anterior	No Charge	70%
	Gingivectomy, Per Quad	No Charge	70%
	Osseous Surgery, Per Quad	No Charge	70%
	Scaling/Root Planing, Per Quad	No Charge	70%
	Routine Extraction	No Charge	70%
	Surgical Extraction	No Charge	70%
	Soft Tissue Impaction	No Charge	70%
	Partial Bony Impaction	No Charge	70%
	Full Bony Impaction	No Charge	70%
	Alveolectomy, Per Quad, w/Extraction	No Charge	70%
	Broken Body of Denture	No Charge	70%
	Replacement of Broken/Missing Teeth	No Charge	70%
	Palliative Treatment	No Charge	70%
Major	Endoseal Implant	No Charge	70%
	Porcelain with High Noble Metal Crown	No Charge	70%
	Implant - Porcelain/Ceramic Crown	No Charge	70%
	Complete Upper or Lower Denture	No Charge	70%
	Partial Upper or Lower Denture, Cast Base	No Charge	70%
	Recementation Bridge	No Charge	70%
	Stainless Steel Crown (Primary Tooth)	No Charge	70%
	Post and Core, Casted	No Charge	70%
	Porcelain with High Noble Metal Pontic	No Charge	70%
	Porcelain with High Noble Metal Abutment	No Charge	70%
Orthodontics	Lifetime Orthodontic Maximum	$2,500.00	$2,500.00

**Initial Insertion and 24 monthly adjustments for traditional braces*

In-Network PPO Copayments

You may select any dentist from the National Plus Directory of Participating Providers. Some services are rendered without any cost, while others have a minimal copayment you pay directly to the dentist.

All copayments are based on Dentcare's National Plus Schedule of Allowances. Member copayments will vary based on the provider seen at the time of care.

Out-of-Network Reimbursement

When services are received from an Out-of-Network dentist, you will be reimbursed based on Dentcare Capital Schedule of Allowance and you will be responsible for costs exceeding your reimbursement.

This schedule of benefits contains a general description of your dental care program for your use as a convenient reference. **Due to certain Exclusions and/or Limitations, all member copayments** may not be applicable. Prior to receiving any treatment, please obtain the Certificate of Insurance from your benefit administrator for Exclusions and Limitations. A copy of your Certificate of Insurance may also be obtained from our website at yourdentalplan.com/healthplex. All benefits are governed by the provisions of your group's contract.

yourdentalplan.com/healthplex

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