



Dental Benefit Enrollment Form

DEADLINE: NO LATER THAN 60 DAYS FROM INITIAL ELIGIBILITY DATE

NOTICE: All eligible participants interested in obtaining dental coverage are required to return a Dental Enrollment Form to the Fund Office by the end of the Open Enrollment period.

If you do not return a Dental Enrollment Form by the deadline, you and your family will lose your dental coverage.

SECTION 1—PARTICIPANT INFORMATION

Participant Name _____

Participant Social Security Number (only last 4 required) or T-Number _____

Address _____

City, State, ZIP Code _____

Date of Birth (required) _____

Phone Number _____

Email Address _____

(You must use a U.S. address in order to qualify for **DeltaCare USA.**)

SECTION 2—DENTAL BENEFIT ELECTION (check one)

I elect the following dental benefit option for myself and eligible dependents effective September 1, 2018:

- A** **OPTION 1 – DELTACARE USA DENTAL HMO PLAN**
 SIX-DIGIT DELTACARE USA FACILITY CODE (OPTIONAL): _____
- B** **OPTION 2 – DELTA DENTAL PPO PLAN**

SECTION 3—PARTICIPANT AGREEMENT AND SIGNATURE

I have read and understand the material describing the dental benefits provided to me and if I had any questions, I have asked them of the Southern California Pipe Trades Administrative Corporation or Delta Dental and have received acceptable answers.

I understand that if I do not submit a Dental Enrollment Form my dental coverage will be terminated. If I submit a Dental Enrollment Form after the deadline, my dental coverage will begin one to two months following the date when the form is received.

I understand that I will not be permitted to change my dental plan again until the next open enrollment period, which is scheduled late in 2019 for changes effective January 1, 2020.

I understand that if I do not enter a Facility Code in Section 2, Delta Dental will initially assign me to a primary dentist based on my home zip code. I will be permitted to change my dentist by contacting Delta Dental after I've enrolled.

X _____
 Participant Signature

 Date



DENTAL PLAN ENROLLMENT—EFFECTIVE SEPTEMBER 1, 2018

OPEN ENROLLMENT: JUNE 1, 2018 – JULY 31, 2018

**DELTACARE USA
DHMO**

The **DeltaCare USA** (DHMO) option features the following:

- Copayment schedule nearly identical to the current CIGNA DHMO schedule.
- A dental deductible will continue to **not apply**.
- A calendar year benefit maximum will continue to **not apply**.
- **DeltaCare USA** is the nation's largest DHMO network.
- **Services must be provided by your assigned DeltaCare USA primary care dentist.** If you wish to enroll with a specific primary care dentist please indicate the 6 digit facility code on the Dental Enrollment Form. If left blank, Delta Dental will automatically assign you to the closest contracted provider based on your home zip code.
- Patients currently in active Orthodontia treatment must request that their provider submit to **DeltaCare USA** the Orthodontia Treatment in Progress Form in order to (1) keep their existing Orthodontist regardless of contracted status with **DeltaCare USA** and (2) keep the original out-of-pocket cost arrangement for treatment, honoring all prior member payments.
- **REMEMBER TO USE YOUR ASSIGNED DELTACARE USA NETWORK DENTIST IF YOU CHOOSE THE DELTACARE USA OPTION.**

**DELTA DENTAL
PPO**

The **Delta Dental PPO** option features the following:

- Coverage for additional dental services compared to the \$1,800 Indemnity Dental Plan.
- A \$50 per patient dental deductible will continue to apply, but satisfying this deductible will no longer offset the \$250 medical deductible.
- The \$1,800 per patient calendar year benefit maximum will also continue to apply, but **Orthodontia payments will no longer count towards the \$1,800 calendar year benefit maximum** and the \$600 calendar year Orthodontia maximum will no longer apply.
- Payments toward covered dental services will be subject to Delta Dental PPO's contracted fee schedule, which are generally higher than the \$1,800 Indemnity Dental Plan.
- Diagnostic, Preventive, Basic restorations/fillings, Oral Surgery, Periodontics, Endodontics and Orthodontia services paid at 100% by the plan. Major services paid at 90% by the plan, with participants being responsible for 10% of the contracted fee.
- Benefit from two levels of contracted providers:
 1. Participants visiting a **Delta Dental PPO** contracted provider:
 - Will not be subject to balance billing (a "network benefit").
 2. Participant visiting a **Delta Dental Premier** contracted provider:
 - Will be responsible for paying the difference between the PPO and Premier contracts, but not be subject to balance billing beyond the Premier contracted fee.
- The \$50 dental deductible will not be charged for the remainder of 2018 and the \$1,800 calendar year benefit maximum, Orthodontia lifetime maximum, and all procedure limitations will be reset as of September 1, 2018.

QUESTIONS

If you have any questions, please contact the Fund Office at (800) 595-7473 and choose option 2 for Customer Service. You may also reach us via e-mail at info@scptac.org.