



IBEW LOCAL 915 HEALTH & WELFARE FUND



DECEMBER 20, 2019

IMPORTANT ANNOUNCEMENT — PLEASE READ CAREFULLY

- DENTAL BENEFIT IMPLEMENTED — EFFECTIVE JANUARY 1, 2020
- DENTAL IDENTIFICATION CARDS ENCLOSED

Dear Participant:

We are pleased to correspond with you at this time to make an important announcement pertaining to your participation and coverage in the IBEW Local 915 Health and Welfare Fund. As we have discussed with you on a number of occasions in the past, one of our primary objectives as Trustees of your Benefit Fund is to provide for you the best and broadest plan of benefits possible from the financial resources available to us. With the assistance of our professional advisors we are constantly exploring ways to make the most efficient use of the Plan's assets so as to maximize your health care dollars.

The primary purpose of this newsletter is to announce the implementation of a dental benefit. Please familiarize yourself with this change and place this newsletter with your Summary Plan Description and other important benefit announcements for future reference.

IBEW LOCAL 915 HEALTH & WELFARE FUND

Administered by:



**Southern Benefit
Administrators, Incorporated**
P.O. Box 1449
Goodlettsville, Tennessee 37070-1449

Phone: (615) 859-0131 Toll-Free: (800) 831-4914
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DENTAL BENEFIT IMPLEMENTED

Effective January 1, 2020 a dental benefit is being implemented under the IBEW Local 915 Health and Welfare Fund. The dental benefit will provide a calendar year maximum benefit per covered person of **\$500**. There will be no annual deductible. Expenses incurred for preventive care such as cleanings, x-rays, etc. will be paid at 100%, while expenses for all other covered services will be paid at 80%, up to the \$500 maximum. Included with this newsletter is a list of covered services.

The dental benefit is being added to the Schedule of Benefits for all participants. Participants and/or their covered dependents may opt-out of coverage for this benefit by filing a written, signed request with the Fund office.

DENTAL IDENTIFICATION CARDS ENCLOSED

Dental identification cards are included with this newsletter. On the front of the card is a blank line for the name of the covered participant which should be written in permanent ink. On the reverse side of the card is the address for the submission of dental claims. Dental claims should be submitted to:

CONTINUED ON REVERSE

**IBEW Local 915
Health & Welfare Fund
P.O. Box 1449
Goodlettsville, TN 37070-1449**

We trust you are pleased with the addition of this Dental Benefit. If you should have any questions regarding the information provided herein, please feel free to contact the Fund office at one of the phone numbers included on the front of this newsletter.

Best regards,

BOARD OF TRUSTEES

Union Trustees

Mr. Randall King

Mr. Ronald Greenough

Mr. Leon Ward

Management Trustees

Mr. Vance Anderson

Mr. Robert R. Coppersmith

Mr. Tony Grieco

DENTAL BENEFITS

Deductible.....	None
Percentage Payable:	
Class I Preventive Services.....	100%
Class II Major Services.....	80%
Maximum Benefit per Covered Person per Calendar Year.....	\$500

DENTAL BENEFITS

This benefit provides for the payment of the usual, reasonable and customary expenses incurred for dental care provided by, or under the supervision of, a Doctor of Dental Surgery (D.D.S.) or a Doctor of Dental Medicine (D.M.D.) when rendered for the care and treatment of the teeth and gums and when not otherwise covered under the Plan.

Benefits are subject to the maximum payment amount and co-payment percentages listed in the Schedule of Benefits, as well as the Exclusions and Limitations listed below.

Covered Persons may choose to voluntarily waive this coverage (opt-out) by filing a written, signed request with the Fund office.

BENEFITS

The maximum benefit payable per person is shown in the Schedule of Benefits. The following describes covered dental benefits.

Class I - Preventive Services

1. Two routine oral examinations per calendar year;
2. Prophylaxis (cleaning, scaling and polishing of teeth), two times per calendar year;
3. Topical application of fluoride in conjunction with prophylaxis for covered Dependent children under 18 years of age, two times per calendar year; and
4. Bitewing x-rays once per calendar year, complete mouth x-rays or panoramic x-rays once in any 36 consecutive month period (a panoramic x-ray will be considered a complete mouth x-ray and subject to the same limit), and periapical (root area) x-rays as required.

Class II - Major Services

1. Emergency treatment for relief of pain.
2. Restorative services (fillings).

3. Oral surgery which provides for extractions and other oral surgery, including pre- and post-operative care.
4. Endodontics, including pulpotomy, pulp capsounds ping and root canal treatment.
5. Periodontics (treatment for diseases of the gums).
6. Space maintainers.
7. Crowns.
8. Bridges.
9. Full and partial dentures.
10. Relining, repair or duplication of full and partial dentures.

EXCLUSIONS AND LIMITATIONS

No payment will be made under this section for any of the following:

1. Orthodontics.
2. Expenses which are otherwise payable under other provisions of the Plan.
3. Expenses incurred for any treatment required because of congenital malformations or treatment required for cosmetic or aesthetic reasons.
4. Expenses incurred for the treatment required to correct a temporomandibular joint dysfunction.