

**PART C: ADDITIONAL RULES AND INFORMATION APPLICABLE TO
DENTAL BENEFITS**

**SUMMARY OF DENTAL BENEFITS
FOR THE
SEIU HEALTHCARE PENNSYLVANIA
HEALTH AND WELFARE PLAN**

NOTE: This Booklet supplements, and is considered “PART C” of, your “Summary Plan Description” Booklet from the Plan. If you have not received or have lost any other portion of your Summary Plan Description, contact the Plan’s Contract Administrator, MCA Administrators, Inc., at 1-800-877-6490.

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PART C: ADDITIONAL RULES AND INFORMATION APPLICABLE TO DENTAL BENEFITS

For any eligible Participant whose "Benefit Class" provides for Dental Benefits, such benefits are subject to the Rules in this Part C in addition the general rules in Part A of this SPD Booklet. (In order to determine your Benefit Class and what types of benefits apply to your Benefit Class, refer to your collective bargaining agreement and to page "i" of this SPD Booklet.)

Dental Benefits, which are provided on a self-insured basis by the Plan, are administrated by the Plan's Contract Administrator, MCA Administrators, Inc., Suite 400, Gateway Corporate Center, 6345 Flank Drive, P. O. Box 6250, Harrisburg, Pennsylvania 17112 (717) 652-8040, Toll Free: 800-877-6490.

SECTION 1 SCHEDULE OF DENTAL BENEFITS

A. COVERED EXPENSES AND CO-PAYMENTS

Grade *I (Preventive and Diagnostic Treatment)	100% Reasonable and Customary**
Grade II (Basic Restorative Treatment) Fillings, endodontics, periodontics, maintenance of prosthodontics, and oral surgery	80% Reasonable and Customary
Grade III (Major Restorative Treatment) Installation of full and partial dentures, dental implants, fixed bridgework and crown, inlay and onlay restoration	50% Reasonable and Customary
Grade IV (Orthodontic Treatment) Benefits are provided only for Covered Persons under age 19	50% Reasonable and Customary

B. DEDUCTIBLE AMOUNT (PER PERSON)

Grade I	None
Grades II and III	\$25.00 Combined per Calendar Year
Grade IV	\$50.00 per Lifetime

C. MAXIMUM BENEFITS

Grades I, II and III	\$1,250 per Calendar Year
Grade IV	\$1,000.00 per Lifetime

* Dental treatment is categorized by the Plan into different "Grades" for which different levels of coverage apply. These Grades are defined below in Section 8 of this Part C.

****NOTE:** Under the Plan, the maximum "Reasonable and Customary Charge" is determined by the Plan with reference to certain published dental fee valuation schedules which vary depending upon the geographical area in which the treatment occurs. These Reasonable and Customary Charges are updated by the Plan on a periodic basis. If you need more specific information concerning a certain type of treatment in a given geographical area, please contact the Contract Administrator.

SECTION 2 DEDUCTIBLE

The amount of the cash deductible is specified in the Schedule of Dental Benefits above in Section 1 of this Part C. It applies separately to you and to each of your Dependents each calendar year, except that if two or more members of your family are injured in the same accident, only one deductible will be applied each year against all the covered dental charges incurred as a result of such accident.

SECTION 3 CO-PAYMENT

The percentage amount shared by the Plan and the Employee or Dependent is specified in the Schedule of Dental Benefits in Section 1.

SECTION 4 MAXIMUM AMOUNT

The maximum amount available for all dental expenses for each individual covered under the Plan is specified in the Schedule of Dental Benefits in Section 1 of this Part C.

SECTION 5 PRE-TREATMENT REVIEW (i.e., "PREDETERMINATION")

A. OPTIONAL PRE-TREATMENT ESTIMATE OF BENEFITS FOR NON-ORTHODONTIC SERVICES OVER \$300.00

One of the advantages of this Dental Plan is that you can find out how much will be paid by the Plan before you have the dentist do expensive work. This will eliminate misunderstandings as to what is covered by the Plan, and enable you to estimate what you may owe the dentist. The procedure is called Predetermination of Benefits, and here is how it works:

Customarily, before starting expensive work, the dentist will tell you what work needs to be done (dentists usually call this the Treatment Plan). This simply secures the information in writing so that the Claims Administrator may indicate, in advance, the benefits allowable as well as your portion of the dentist's charge.

Predetermination of Benefits may be filed when the dentist's estimated charge is \$300.00 or more. Dental care can be expensive, and it is to your advantage to know the benefits before you agree to have the work done.

Predetermination of benefits is not a guarantee of payment. Actual claim payment will be based on the coverage in effect on the date each service is performed.

B. OPTIONAL PREDETERMINATION FOR ORTHODONTIC REVIEW

A Predetermination regarding the proposed orthodontic services must be made by the Plan before the treatment is commenced is available from the Plan and, although not required as a condition for receiving benefits is highly recommended.

To obtain a Predetermination, you must submit, or have your dentist submit, to the Plan's Contract Administrator (1) a Treatment Plan setting forth the proposed services and charges, and (2) a completed Dental Claim Form indicating that a Predetermination is sought.

SECTION 6 ALTERNATE TREATMENT

If alternate services or supplies may be used to treat a dental condition, Covered Dental Expenses will be limited to the services and supplies which are customarily employed nationwide to treat the disease or injury and which are recognized by the profession to be appropriate methods of treatment in accordance with the broadly-accepted national standards of dental practice, taking into account the Participant's total current oral condition.

SECTION 7 DEFINITIONS

The following definitions apply to this Part C of the SPD Booklet:

"Dentist" - a doctor of dental surgery or doctor of dental medicine, doctor of medicine, or doctor of osteopathy.

"Dental Expense" - an expense incurred when the service is performed, except that it is deemed to be incurred when:

- (a) the final installation takes place, in the case of dentures, dental implants, crown work or fixed bridgework; and
- (b) work on the tooth is begun, in the case of root canal therapy.

"Treatment Plan" - a written report made by a dentist describing the findings of the examination of a Covered Person and recommended treatment for the person's dental disease, dental defect, or accident causing injury to teeth.

"Covered Dental Expenses" - the charges of a dentist for the services and supplies listed below in Section 8 that are required for dental care and treatment of any sickness, or for preventive dental care. Not included is any charge in excess of the Reasonable and Customary charge:

- (a) for similar services and supplies by dentists or physicians in the locality concerned; or
- (b) where alternate services or supplies are customarily available for such treatment, for the least expensive service or supply resulting in professionally adequate treatment.

SECTION 8 TREATMENT GRADES

A. GRADE I SERVICES – DIAGNOSTIC PREVENTATIVE

1. "COVERED SERVICES" The following are covered "Grade I" Services:

- (a) Oral examinations including prophylaxis (scaling and cleaning of teeth), but not more than twice in any calendar year.
- (b) Dental X-rays, including full mouth X-rays (but not more than once in any period of 36 consecutive months), supplementary bitewing X-rays (but not more than twice in

any calendar year) and other dental X-rays required in connection with the diagnosis of a specific condition requiring treatment.

- (c) Topical application of fluoride for children under 17 years of age (no more than one treatment per calendar year).
- (d) Space maintainers, fixed appliance, for children under 14 years of age (not made of precious metals).
- (e) Topical application of sealant on a posterior tooth for children under 14 years of age, limited to one treatment per tooth per lifetime.
- (f) Palliative emergency treatment of an acute condition requiring immediate care.

B. GRADE II SERVICES - BASIC RESTORATIVE: FILLINGS, ENDODONTICS, PERIODONTICS, MAINTENANCE OF PROSTHODONTICS AND ORAL SURGERY

1. "COVERED SERVICES" The following are covered "Grade II" Services:

- (a) General anesthesia (only when medically necessary and in connection with covered oral surgery). Local infiltration anesthesia is not covered when billed separately from surgical procedure.
- (b) Amalgam, silicate, acrylic, synthetic porcelain, and composite filling restorants to restore diseased or accidentally broken teeth.
- (c) Endodontics, including pulpotomy, direct pulp capping and root canal therapy.
- (d) Apicoectomy (dental root resection).
- (e) Alveolectomy (preparation of the mouth for dentures).
- (f) Gingivectomy, gingivoplasty, gingival curettage and mucogingivoplastic surgery.
- (g) Osseous (bone) surgery in connection with periodontal disease, including flap entry and closure.
- (h) Periodontal scaling and root planing.
- (i) Repairs and adjustments to full or partial dentures.
- (j) Relining and rebasing of full or partial dentures, but not more than once in any period of 24 consecutive months.
- (k) Replacement of broken tooth on complete or partial denture, not in conjunction with other repairs.
- (l) Simple extraction.
- (m) Surgical extraction, including soft tissue impacted.
- (n) Biopsy of oral tissue, hard or soft.
- (o) Surgical removal of maxillary or mandibular intrabony cysts.

- (p) Consultation by a specialist when referred by the attending dentist, limited to one consultation per consultant.
- (q) Injection of antibiotics by the attending dentist.

C. GRADE III SERVICES - MAJOR RESTORATIVE: INSTALLATION OF FULL AND PARTIAL DENTURES, FIXED BRIDGEWORK, DENTAL IMPLANTS, AND CROWN, INLAY AND ONLAY RESTORATIONS

1. "COVERED SERVICES" The following are "Grade III" Services:

- (a) Single, unconnected crown, inlay and onlay restorations to restore diseased or accidentally broken teeth, but only when the tooth, as a result of extensive caries or fracture, cannot be restored with an amalgam, silicate, acrylic, synthetic porcelain or composite filling.
- (b) Initial installation of fixed bridgework (including inlays and crowns as abutments) to replace one or more natural teeth extracted.
- (c) Initial installation of partial or full removable dentures to replace one or more natural teeth extracted.
- (d) Replacement of an existing partial or full removable denture or fixed bridgework by a new denture or by new bridgework, or the addition of teeth to an existing partial removal denture or to a fixed bridgework, but only if satisfactory evidence is presented that:
 - (i) The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed.
 - (ii) The existing denture or bridgework cannot be made serviceable, and at least 5 years have elapsed prior to its replacement.

Normally, dentures will be replaced by dentures, but if a professionally adequate result can be achieved only with bridgework, charges for such bridgework will be included as Covered Dental Expenses.

- (e) Initial installation of dental implants.
- (f) Repair or resecting of crowns, inlays, onlays or bridgework.

2. THE FOLLOWING LIMITATIONS APPLY TO GRADE III SERVICES

(a) RESTORATIVE

- (i) **Gold, Baked Porcelain Restorations, Crowns and Jackets** - If a tooth can be restored with a material such as amalgam and the patient and the dentist select another type of restoration, the Covered Dental Expenses for the procedure actually performed will be limited to the reasonable charges appropriate to the procedure using amalgam or similar material.
- (ii) **Reconstruction** - Covered Dental Expenses will include only charges for those procedures necessary to eliminate oral disease and to replace missing teeth. Appliances or restorations necessary to increase vertical dimension or restore the occlusion are not covered.

(b) PROSTHODONTICS

- (i) **Partial Dentures** - If a cast chrome or acrylic partial denture will restore a dental arch satisfactorily and the patient and the dentist select a more elaborate or precision appliance, the Covered Dental Expenses for the procedure performed will be limited to the reasonable charges appropriate to the cast chrome or acrylic denture.
- (ii) **Complete Dentures** - If, in the provision of complete denture services, the patient and the dentist decide on personalized restorations or specialized techniques as opposed to a standard procedure, the Covered Dental Expenses for the procedure actually performed will be limited to the reasonable charges appropriate to the standard procedure.
- (iii) **Replacement of Existing Dentures** - Charges for replacement of an existing denture can be included as a Covered Dental Expense only if the existing denture is not serviceable and cannot be made serviceable. Otherwise, the Covered Dental Expenses for the replacement will be limited to the reasonable charge appropriate for those services which would be necessary to render such appliances serviceable. Replacement of prosthodontic appliances will be covered only if at least five (5) years have elapsed since the date of the initial installation of the appliance.
- (iv) **Adjustment of Prosthetic Appliances** - Charges for adjustments of prosthetic appliances within six (6) months of initial installation are included in the cost of such appliance and will not be paid for separately.
- (v) **Precious Metal Dentures** - Payment of the applicable Plan allowance for a nonprecious metal denture will be made toward the charge for the precious metal denture selected by the Covered Person. The Plan will make no payment for the cost difference between precious and non-precious metal dentures. The balance of the charge remains the responsibility of the Covered Person.

D. GRADE IV SERVICES - ORTHODONTICS

1. **"COVERED SERVICES"** The following are "Grade IV" Services:

- (a) Comprehensive full banded orthodontic treatment, including:
 - (i) Preliminary study including cephalometric radiographs, diagnostic casts, and treatment plans.
 - (ii) First month of active treatment, including all active and retention appliances.
 - (iii) Active treatment per month after the first month.
 - (iv) Retention and observation treatment, per visit.
- (b) Orthodontic Treatment (no more than one appliance per individual), including:
 - (i) Fixed or cemented appliance for tooth guidance.
 - (ii) Fixed or cemented appliance for control of harmful habits.
 - (iii) Fixed or cemented retention appliance.

Note: Each month of active orthodontic treatment is considered a separate Dental Service.

2. THE FOLLOWING LIMITATIONS APPLY TO GRADE IV SERVICES

- (a) Benefits are provided only for Covered Persons under age 19.
- (b) The obligation of the Plan to make monthly or other periodic payments for an orthodontia treatment plan begun prior to the eligibility of the patient will commence with the first payment due following one month of participation under this Plan. The maximum amount payable by the Plan for orthodontia will apply fully to this and subsequent payments.
- (c) The Plan's obligation to make monthly or other periodic payments for an orthodontia treatment plan shall cease on the payment due date next following termination of treatment for any reason prior to completion of the case, the date the covered Employee or Dependent loses eligibility, or the termination date of the Plan, whichever shall first occur.
- (d) X-rays and extraction procedures incidental to orthodontia are not covered orthodontia benefits, but may be covered under Grade I or Grade II services.
- (e) The Plan's liability will be payable over a period not to exceed the length of the approved treatment plan. The initial payment will be equal to no more than 25% of the total Plan liability. The remaining 75% of the Plan's liability will be payable in equal monthly installments during the period covered by the approved treatment plan and while the Covered Person's coverage is in effect. If the treatment plan is satisfactorily completed in less than the period specified in the approved treatment plan, the Plan shall, upon appropriate notification from the dentist, make payment in the amount of the remainder of the Plan's liability.
- (f) **PREDETERMINATION BY THE PLAN IS RECOMMENDED FOR ALL ORTHODONTIC SERVICES.**

**SECTION 9
EXCLUSIONS**

In addition to the General Exclusions and Limitations summarized in Part A of this SPD Booklet for all types of benefits, there are also some specific additional exclusions that apply to Dental Benefits. Under the Plan no Dental Benefits are payable for:

- 1. Any dental services and supplies which are covered under any other plan or group benefits provided by the Employer.
- 2. Anything not furnished by a dentist, except X-rays ordered by a dentist and services by a licensed dental hygienist under the dentist's supervision.
- 3. Anything not necessary or not customarily provided for dental care.
- 4. Veneers or similar properties of crowns and pontics placed on or replacing teeth, other than the 10 upper and lower anterior teeth.
- 5. Services or supplies that are cosmetic in nature, including charges for personalization or characterization of dentures.

6. Services:
 - (a) furnished by or for the U.S. Government;
 - (b) by or for any other government unless payment is legally required; or
 - (c) to the extent provided under any governmental program or law under which the individual is, or could be, covered, except to the extent that this exclusion is prohibited by federal law.
7. An appliance, or modification of one, where an impression was made before the patient was covered; a crown, bridge or gold restoration for which the tooth was prepared before the patient was covered; or root canal therapy if the pulp chamber was opened before the patient was covered.
8. Prosthetic devices (including bridges and implants and dentures), crowns, inlays and onlays, and the fitting thereof, which were ordered while the individual was covered under this Dental Plan, but are finally installed or delivered to such individual more than 30 days after termination of coverage. Ordered, in the case of dentures and implants, means that impressions have been taken from which the denture or implant will be prepared; and, in the case of fixed bridgework, restorative crowns, inlays and onlays, means that the teeth which will serve as retainers or support or which are being restored have been fully prepared to receive the item, and impressions have been taken from which bridgework, crowns, inlays and onlays will be prepared.
9. Replacement of duplicate, lost, missing or stolen appliances or prosthetic devices; appliances or restorations for the purpose of splinting, to increase vertical dimension or restore occlusion, or for control of harmful habits (other than appliances that may be necessary in the course of covered orthodontic treatment).
10. Charges for oral hygiene, a plaque control program or dietary instructions.
11. Services or supplies which are not appropriate or which do not meet professionally recognized standards of quality.
12. Services rendered through a medical department, clinic or similar facility provided or maintained by the individual's Employer.
13. Failure to keep a scheduled visit with the dentist.
14. Charges for the completion of insurance forms.
15. Treatment of temporomandibular joint (TMJ) disorders or any method to alter vertical dimension.
16. Extraction of full or partial bone impacted teeth (a covered expense under your medical plan).
17. Any services or supplies which are not dental services or supplies.
18. A temporary denture.
19. Any other services and supplies except as described in Part C of this SPD Booklet.

Other exclusions and limitations are set forth in the Exclusions Sections of Part A of this SPD. Any excess of a Covered Dental Expense is not eligible for payment under the Medical Benefit provisions of the Plan.