

Mahoning & Trumbull County Building Trades Insurance Fund

3660 Stutz Drive, Suite 101

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Canfield, Ohio 44406

Phone: (330) 779-8860

Toll Free: 800-435-2388

MEMORANDUM

Date: October 2026
To: Active Participants, Early Retirees, and Their Eligible Dependents
From: The Board of Trustees
RE: **VOLUNTARY DENTAL BENEFIT OPEN ENROLLMENT 2027**

As you were previously advised, the Plan now offers a **voluntary** dental program through Delta Dental (Voluntary Dental Plan). If you chose to elect this voluntary dental benefit, your benefit will become effective January 1, 2027.

If you wish to enroll in the Voluntary Dental Plan for the 2027 calendar year, you must complete the enclosed enrollment form and return it to the Fund office by November 15, 2026. If you do not wish to enroll no action is required. If you do not return an enrollment form, you will not be eligible for the voluntary dental benefit until the next open enrollment.

Your election will be binding for a period of one year. The cost of this coverage will be deducted from your Dollar Bank. If you do not have a Dollar Bank, your self-payment will include this cost.

The cost of coverage for medical and prescription drug coverage is \$1,113.75 per month for 2027. The cost for the Voluntary Dental Plan coverage will be \$61.90 per month. If you elect the Voluntary Dental Plan coverage, the total cost per month for your medical, prescription drugs, and dental coverage is \$1,175.65 per month, which will be deducted from your Bank each month or reflected in your self-payment amount. These amounts are subject to change in future years, within the sole and exclusive discretion of the Trustees. If your coverage terminates during the year, then you will also lose your dental coverage. You will only be able to reinstate dental coverage at the next annual enrollment period.

Please note that if you do elect the Dental Benefit, Delta Dental does not issue ID cards, but access to their network is available on the Delta Dental website, in the mobile app, or by toll-free number. This information is included on the enclosed Delta Dental letters.

If you have any questions about enrolling, please contact the Fund Office at 330-779-8860.

Sincerely,
Board of Trustees

MAHONING & TRUMBULL COUNTY BUILDING TRADES INSURANCE FUND

2027 Optional Dental Plan Enrollment Form

Plan Participant Information				
<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Social Security Number XXX-XX-</i>	
<i>Home Address: Street</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Marital Status</i>		<i>Sex</i>	<i>Date of Birth (Mo/Day/Yr)</i>	
Married / Single / Divorced / Widowed		M / F		

Plan Coverage: Please Indicate Your Acceptance
I select the Optional Dental Plan for 2027 at a cost of \$61.90 per month. I acknowledge and agree that the additional cost for this coverage will be deducted from my dollar bank or be billed to me monthly if self-payments are required (initials)

Family Members					
Complete this section for each eligible dependent (do not list yourself). Attach a separate sheet if necessary.					
Name (Last, First, MI)	Sex	Relationship	Date of Birth	Soc. Sec Number	Disabled? Yes / No
1)					
2)					
3)					
4)					
5)					

Coordination of Benefits
Are you, your spouse, or your eligible dependents enrolled in any other dental care plan(s)? ☐ Yes ☐ No If yes, please provide the following information: Name of Insured: _____ Relationship: _____ Soc. Sec. #: _____ Employer Sponsoring Coverage: _____ Name/Address of Insurance Company: _____ Policy/Group Number: _____

Authorization
I hereby authorize, the additional monthly cost of coverage for the 2027 Optional Dental Plan. I understand that all benefits are subject to guidelines set forth in the Plan Document and Summary Plan Description. Under penalty of law, I certify the above information is complete and accurate. Signature Date

Delta Dental of Ohio
Dental Benefit Highlights for
Mahoning and Trumbull Building Trades #11670



Delta Dental PPO™ (Point of Service)

**Delta Dental PPO
Dentist**

**Delta Dental
Premier® Dentist**

**Nonparticipating
Dentist**

Coverage effective January 1, 2027

Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings and crown repair	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Relines and Repairs - to prosthetic appliances	80%	80%	80%
Major Services			
Major Restorative Services – crowns	50%	50%	50%
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	Through age 18 and under		

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

Maximum Payment - \$1,000 per Member total per calendar year on basic services and major services. Diagnostic & preventive services are excluded from the annual maximum. \$1,000 per Member total per lifetime on orthodontics.

Deductible - None.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

Welcome to Ohio's largest dental benefits family!

As a member of Delta Dental of Ohio, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your Copayments and/or Deductibles when you receive care from network dentists – there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our BenchmarkPortal Certified Center of Excellence call center.

Online Access

Our online Member Portal lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more – all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at 800-524-0149 or look online at www.DeltaDentalOH.com.



Maximizing your benefits

Get the most out of your Delta Dental of Ohio plan

Using your dental plan shouldn't be complicated.

Understanding how your plan works and definitions to common terms can optimize your dental benefits experience. Take advantage of our easy-to-use online tools and resources.

Visit: deltadental.pub/OH-PPO-POS



Stay in network and save!

Visiting an in-network dentist will likely save you the most money



All Delta Dental participating dentists agree to accept lower fees as full payment for covered services. They also agree to abide by our processing policies and will submit claims for you.

Savings example for a crown by network: Delta Dental PPO (Point-of-Service)

Submitted charge: \$1,100 (covered at 50% coinsurance)

Network	Delta Dental PPO	Delta Dental Premier®	Out-of-network
Savings level	Most significant savings	Significant savings	No savings
Dentist's agreed upon fee	\$754	\$988	\$1,100
Amount Delta Dental pays	\$377	\$494	\$399
Amount you pay	\$377	\$494	\$701
Amount you save	\$346	\$112	\$0

No balance billing

Dentist can balance bill up to **submitted charge**

NOTE: Payment example above is illustrative only. Fees and reimbursements can vary by location and dentist.

Finding a dentist: Searching for an in-network dentist near you is easy!



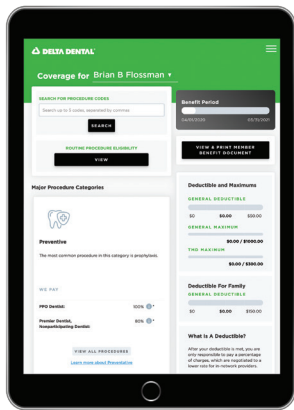
Find a participating dentist by logging in to your Member Portal account at www.memberportal.com or by using our online Find a Dentist tool at www.deltadental.com/findadentist.

Questions? Call customer service at 800-524-0149—they'll be happy to help!

Member Portal

Our easy-to-use dental benefits tool designed with you in mind

Member Portal gives you easy, secure online access to your dental benefits information, 24/7.



This mobile-friendly tool allows you to:

- View eligibility
- Review coverage details
- Review claims information
- Print ID cards
- Find a dentist
- And more!

Member Portal uses highly secure encryption technology to protect your personal information. For even greater protection and convenience, you can opt-in to go paperless and receive your Explanation of Benefits digitally.

All users must first register to gain access to Member Portal.

Register your account today at www.memberportal.com.



Oral health and wellness

Oral health information and materials available to you

A healthy mouth is more than just a nice smile. It helps you to eat, drink, talk and smile. And since oral health and overall health are connected, having a healthy smile can help keep the rest of your body healthy, too. This is why Delta Dental is your source for oral health information and offers a series of brief, informative handouts covering subjects such as children's oral health, diabetes, oral cancer and smoking, free of charge at www.deltadentaloh.com/lifesmile.

Most of our informational handouts are available in both English and Spanish. **Make today the beginning of your LifeSmile Wellness journey.**



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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call (330) 270-0453 or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al (330) 270-0453 o hable con su proveedor.

中文 (Chinese) 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 (330) 270-0453 或咨询您的服务提供商。

Tiếng Việt (Vietnamese) LƯU Ý: Nếu bạn nói một ngôn ngữ khác, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các dịch vụ và trợ giúp bổ sung phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng có sẵn miễn phí. Gọi (330) 270-0453 hoặc nói chuyện với nhà cung cấp của bạn.

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyon tulon sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulon at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa (330) 270-0453 o makipag-usap sa iyong provider.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. (330) 270-0453 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Հայերեն (Armenian) ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք այլ լեզվով, ձեզ հասանելի են անվճար լեզվական աջակցության ծառայություններ: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համար համապատասխան օժանդակ օժանդակ միջոցներն ու ծառայությունները նույնպես հասանելի են անվճար: Չանգահարեք (330) 270-0453 կամ խոսեք ձեր մատակարարի հետ

فارسی (Persian) توجه: اگر به زبان دیگری صحبت می کنید، خدمات کمکی و کمکی مناسب کمک زبان رایگان برای شما در دسترس است. خدمات کمکی و کمکی مناسب برای ارائه اطلاعات در قالب های قابل دسترس نیز به صورت رایگان در دسترس هستند. با (330) 270-0453 تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону (330) 270-0453 или обратитесь к своему поставщику услуг.

日本語 (Japanese) 注意: 別の言語を話す場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助手段やサービスも無料でご利用いただけます。(330) 270-0453 に電話するか、プロバイダーにお問い合わせください。

العربية (Arabic) تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم (330) 270-0453 أو تحدث إلى مقدم الخدمة.

ਗੁਰਮੁਖੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਉਪਲਬਧ ਸਹਾਇਕ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। (330) 270-0453 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

ខ្មែរ (Khmer) យកចិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាគតិកត្តាអាចរកបានសម្រាប់អ្នក។ ជំនួយ និងសេវាជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចចូលប្រើបានក៏អាចរកបានដោយគតិកត្តាផងដែរ។ ទូរស័ព្ទទៅ (330) 270-0453 ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Hmoob (Hmong) CEEB TOOM: Yog tias koj hais lwm hom lus, muaj kev pabcuam lus pub dawb rau koj. Cov kev pabcuam tsim nyog thiab cov kev pabcuam los muab cov ntaub ntawv hauv cov qauv siv tau kuj muaj pub dawb. Hu rau (330) 270-0453 lossis tham nrog koj tus kws kho mob.

हिंदी (Hindi) ध्यान दें: यदि आप दूसरी भाषा बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक उपकरण और सेवाएँ भी निःशुल्क उपलब्ध हैं। (330) 270-0453 पर कॉल करें या अपने प्रदाता से बात करें।

ภาษาไทย (Thai) หมายถึง: หากคุณพูดภาษาอื่น คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี นอกจากนี้ ยังมีบริการช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โปรดโทร (330) 270-0453 หรือพูดคุยกับผู้ให้บริการของคุณ