

## DENTAL BENEFITS

Fund Name: **Sacramento Independent Hotel, Restaurant and Tavern Employees Welfare Plan**

Revised: 2/29/2016 RG

Fund ID: W300

TID: 94-6277871

Who is Covered? Active Employees Only – No Dependent Coverage

SPD: 2015

### **Trust Fund Office Contact Information:**

To access eligibility, claims status and summary of benefits for medical, dental and/or vision as well as to contact the Trust Fund Office for general questions, please visit our Provider Portal:

[www.memberbenefitsonline.com](http://www.memberbenefitsonline.com)  
or email [providers@SIHRTebenefits.org](mailto:providers@SIHRTebenefits.org)

**Claims can be submitted electronically to Payer ID: 38238**

### **Claims can be mailed to:**

Sacramento Independent Hotel, Restaurant and Tavern Employees Welfare Plan  
PO Box 1618  
San Ramon, CA 94583

### **Dental PPO Network:** **HealthSmart PPO**

To locate a HealthSmart participating network dentist:  
(800) 444-4036  
Or  
[www.healthsmart.com](http://www.healthsmart.com)

PAGE #		BENEFITS	COMMENTS
50	<b>Deductible</b>	None	
50, Q&A	<b>Annual Maximum</b>	\$1,250	The Annual Maximum is calculated based on the Plan's Fiscal Year of July 1 <sup>st</sup> -June 30 <sup>th</sup> .
35, 51, Q&A	<b>Timely Filing Limit</b>	90 Days	Except for in cases where there is an absence of legal capacity. In this case claims can be filed up to one year from the end of the 90-day period.
51	<b>Coordination of Benefits</b>	Standard Coordination of Benefits. When the Plan is the secondary payer and the covered individual has received benefits from the other plan which equal the benefits he or she would have received if the Plan was the primary payer, no benefits will be paid by the Plan.	
N/A	<b>Missing Tooth Clause</b>		None
50	<b>Pre-Determination</b>	It is recommended that a pre-determination be submitted before performing any work whose estimated charges will exceed \$250. However, a pre-determination is not required.	

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51	<b>Eligible Expenses</b>		<p>An Eligible Expense is considered incurred on the following dates:</p> <ul style="list-style-type: none"> <li>• For dentures – on the date the final impression is taken.</li> <li>• For fixed bridges, crowns, inlays and onlays – on the date the teeth are first prepared.</li> <li>• For root canal therapy – on the date the pulp chamber is opened.</li> <li>• For periodontal surgery – on the date the surgery is performed.</li> <li>• For all other services – on the date the service is performed.</li> </ul>
51	<b>Class I (Preventive Treatment)</b>	100%	<p><b>Covered Services:</b></p> <ul style="list-style-type: none"> <li>• Oral Exams – Once every 6 months</li> <li>• Periodic Exams – Once every 6 months</li> <li>• Prophylaxis (Cleaning) – Once every 6 months</li> <li>• X-rays, Bitewings – Once every 12 months</li> <li>• FMX/Panoramic – Once every 60 months</li> <li>• Occlusal X-rays – No limit</li> <li>• Periapical X-rays – No limit</li> <li>• Extraoral X-rays (<i>sialography; cephalometric film, posterior-anterior or lateral skull &amp; facial bone survey and other extraoral films. Only one procedure will be covered in any 6 consecutive month period</i>) – Once every 6 months</li> </ul>
51-54	<b>Class II (Basic Procedures)</b>	80%	<p><b>Covered Services:</b></p> <ul style="list-style-type: none"> <li>• Repairs to Complete or Partial Dentures, Bridges or Crowns – Covered only if repair is done more than 12 months after the initial insertion, and then not more than one time in any 24 consecutive months.</li> <li>• Relining or Rebasing Complete or Partial Dentures – Covered only if rebasing is done more than 12 months after the initial insertion, and then not more than one time in any 24 consecutive months.</li> <li>• Recementing of Inlays, Onlays, Crowns and Bridgework – Covered only if done more than 12 months after the initial insertion, and then not more than one time in any 24 consecutive months.</li> <li>• Fillings (amalgam, silicate, plastic, or composite) – Multiple restorations on one surface will be paid as a single filling. Replacement of existing fillings are covered only if at least 24 consecutive months have passed since placement of prior filling, unless required by new decay in an additional tooth service.</li> <li>• Oral Surgery</li> <li>• Other Surgical Procedures</li> </ul>

This is not a guarantee of Benefits. This is a general summary of benefits available under this plan and is not intended to be used as an authorization for services to be provided. We are providing this summary without knowledge of the diagnosis or type of treatment you plan to provide. All specific plan exclusions and limitations will be applied at the time the claim is processed. Participant's eligibility and benefits are based upon the information currently available to us. Both are subject to change without notice to you. All covered charges will be limited to reasonable and customary charges. Benefits will be coordinated with another carrier if other coverage is involved.

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			<ul style="list-style-type: none"> <li>• Periodontic Appliance (non-surgical) – One appliance is covered in any 36 consecutive months.</li> <li>• Root Canals</li> <li>• Anesthesia (general) – Covered as a separate procedure only when required for complex oral surgical procedures (as determined by the administration office); and only when performed in a dental office.</li> <li>• Emergency Examinations – Covered as a separate procedure only if no other service (except x-rays) is provided during the visit.</li> <li>• Consultation with Specialist – Covered once every 12 months.</li> <li>• Histopathologic Examination</li> <li>• Periodontal Surgical Procedures – Includes Gingival Flap Procedure, Gingivectomy, Gingival Curettage, Osseous Surgery. Only one of the listed periodontal surgical procedures is covered for each quadrant in any 24 consecutive months.</li> <li>• Endodontic Services – Vital pulpotomy is covered for deciduous teeth only.</li> <li>• Tissue Conditioning – Covered only if at least 12 months has elapsed since the initial insertion of a complete or partial denture and not more than one time in any 24 consecutive months.</li> <li>• Denture Adjustment – Covered once in any 12 consecutive months and only if at least 12 months have elapsed since the insertion of the denture.</li> <li>• Restorations Gold Inlays and Onlays – Gold inlay or onlay restorations are covered only if the tooth cannot be restored by a filling and for replacement at least seven years (84 consecutive months) have elapsed since the last placement.</li> <li>• Labial Veneer – Veneer restorations are covered only if the tooth cannot be restored by a filling and (for replacements) at least seven years (84 consecutive months) have elapsed since the last placement.</li> </ul>
54-	<b>Class III (Major Procedures)</b>	50%	<p><b>Covered Services:</b></p> <ul style="list-style-type: none"> <li>• Crowns – Covered only if the tooth cannot be restored by a filling and (for replacement) at least seven years (84 consecutive months) have elapsed since the last placement. Crowns for primary purpose of splinting, altering, or maintaining vertical dimension, or restoring occlusion are not covered. Crowns for the replacement of veneer, inlay or onlay are covered only if at least seven years (84 consecutive months) have elapsed since the last placement of the</li> </ul>

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			<p>restoration. Crowning of implant replacing a tooth missing prior to the effective date is not covered.</p> <ul style="list-style-type: none"> <li>• Cast Post and Core – Covered only for teeth that have had root canal therapy.</li> <li>• Steel Post Composite or Amalgam – Covered only for teeth that have had root canal therapy.</li> <li>• Prosthodontics – Fixed</li> <li>• Fixed Bridges (initial placement or replacement) – Benefits for the replacement of an existing fixed bridge are payable only if the existing bridge is more than 7 years old (84 consecutive months), is not serviceable, and cannot be repaired unless there is a necessary extraction of an additional Functioning Natural Tooth (which was not an abutment to an existing partial denture or fixed bridge that is less than 5 years old).</li> <li>• Prosthodontics (removable) – Benefits for the replacement of an existing removable bridge are payable only if the existing bridge is more than seven years old (84 consecutive months), is not serviceable, and cannot be repaired unless there is a necessary extraction of an additional Functioning Natural Tooth (which was not an abutment to an existing partial denture or fixed bridge that is less than 5 years old).</li> <li>• Complete Full or Partial Dentures (initial placement or replacement) – Replacement of complete full or partial dentures is covered only if the existing denture cannot be made serviceable and 5 years (60 consecutive months) have elapsed since the last placement. Covered charges for complete full or partial dentures do not include any additional charges for overdentures or for precision or semi-precision attachments.</li> </ul>

**Dental Benefit Exclusions and Limitations:**

**No benefits will be paid under the Indemnity Dental Plan for the following:**

- (1) Service for injuries or conditions which are covered under Workers' Compensation, Employees' Liability laws or services which are provided at no cost to the Employee by any governmental agency.
- (2) Dispensing of drugs.
- (3) Services, which in the opinion of the attending dentist are not necessary for the patient's dental health.

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		(4) Orthodontia.
		(5) Congenital defects, cosmetic, elective or aesthetic dentistry.
		(6) Oral surgery requiring the setting of fractures or dislocations.
		(7) In the event that the patient desires to be Hospitalized for any dental procedures, the cost will be borne by the patient.
		(8) Treatment required for conditions resulting from major disaster, epidemic, or military service connected conditions.
		(9) Loss or theft of dentures or bridgework.
		(10) Treatment of malignancies, cysts or neoplasms.
		(11) Services which are paid under any other health service plan, insurance program, or self- insured dental plan. (See Coordination of Benefits)
		(12) Patients requesting general anesthesia for any dental procedure must pay the full cost of such anesthesia expenses unless general anesthesia is required for complex oral surgical procedures (as determined by the Administration Office) and only when performed in a dental office.
		(13) Replacement of dentures less than five years after a preceding placement or replacement, except when a placement of an opposing full denture necessitates the replacement of an existing denture.
		(14) Replacement of a removable partial by a fixed bridge, or the replacement of a fixed bridge by a removable partial for a period of five years after initial placement of the partial or bridge unless it is necessary to extend the partial or bridge.
		(15) Charges for completion of forms or for broken appointments.
		(16) Any procedure which is not listed in the Summary of Dental Benefits.
		(17) Dental expense incurred after termination of eligibility under the Plan.
		(18) Charges incurred for an injury sustained while committing or attempting to commit a felonious act or while engaged in an illegal occupation. This exception does not apply to charges for injuries sustained by a victim of an act of domestic violence, provided the charges are otherwise covered under the Plan.