

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Employee and Family | **Plan Type:** Dental PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document by calling 1-619-849-1060 Note: the Uniform Glossary can be accessed at: www.dol.gov/ebsa/healthreform and www.cciio.cms.gov)

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$ 50 (waived when using UNITE HERE Family Health Center or preventative services at Bonita Dental	See the chart starting on page 3 for your costs for services this plan covers.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services, but see the chart starting on page 3 costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	No	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, coinsurance, co-pays and dental expenses this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	Yes. \$3,500 calendar year at Family Health Center, \$2,000 calendar year member, \$1,500 for dependents otherwise.	This plan will pay for covered services only up to this limit during each coverage period, even if your own need is greater. You're responsible for all expenses above this limit. The chart starting on page 3 describes <i>specific</i> coverage limits, such as limits on the number of office visits.
Does this plan use a network of providers?	Yes, FHC and First Dental Health EPO Providers	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use

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If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform and www.cciio.cms.gov or call 1-866-444-EBSA (3272) to request a copy.

SD UNITE-HERE FUND SELF FUNDED DENTAL

Coverage Period: 01/01/2024

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	and Bonita Dental.	an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 3 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist?	No for Dental Services	You can see the dental specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 3. See your policy or plan document for additional information about excluded services .

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Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
If your <u>child</u> needs dental or eye exam	Eye exam	\$0	\$5, plan pays up to \$45.	Limited to one exam every 12 months
	Glasses	\$5 copay, plan pays up to \$120.	\$15 copay, plan pays up to \$45.	Limited to one set of glasses every 24 months
	Dental check-up	\$0	\$0, provided \$50 deductible is met.	Plan pays 100% up to the schedule limit for preventive services.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other **excluded services**.)

- Cosmetic procedures
- Orthodontia for Adults
- Temporomandibular joint (TMJ)
- Replacement bridge, denture, inlay or crown within five years.

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

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- Orthodontia (Dependent Children)

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Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. You may contact the Department of Labor's Employees Benefit Security Administration at 1-866-444-EBSA(3272) or www.dol.gov/ebsa/healthreform.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 619-849-1060. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Language Access Services:

| Spanish (Español): Para obtener asistencia en Español, llame al

1-619-849-1060.

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