

TILE INDUSTRY TRUST FUNDS

TO: Tile Industry Health and Welfare Trust Fund
Members Enrolled in the Ameritas Dental Plan

SUBJECT: Dental Plan Benefit Year Maximum Increase

DATE: September 12, 2022

Dear Members:

We are pleased to announce an increase to the Ameritas Dental Plan Benefit Year Maximum from \$1,500 to \$2,500 per person effective retroactive to January 1, 2022. The Orthodontia Lifetime Maximum remains at \$1,500 per person.

Ameritas programming has been completed, and claims will be processed in accordance with the new maximum benefit. Since this is a retroactive benefit change, Ameritas will reprocess claims for services rendered and claims received on or after January 1, 2022, for you and your covered dependents who have reached the previous \$1,500 maximum this year.

If you paid out-of-pocket costs for dental services, rendered after January 1, 2022, that exceeded the prior \$1,500 maximum, you may be due a refund from your provider once Ameritas reprocesses your claims; not to exceed the new \$2,500 Benefit Year Maximum.

If you have questions regarding this change or any other matters regarding your dental plan, please call Ameritas Customer Service at (800) 487-5553.

The Board will continue to evaluate our benefit programs and look for ways to improve Tile Industry Health and Welfare Trust Fund benefits for you and your family.

This document has been uploaded and is available on the participant website at
www.tileindustrytrustfunds.org

Thank you,

Board of Trustees

TILE INDUSTRY HEALTH & WELFARE TRUST

Policy #: 010-301332

**Dental Plan Benefits-Annual max increases to \$2500 1/1/2022**

	In-Network	Out-of-Network
Type 1 Preventive No Waiting Period	100%	90%
	<ul style="list-style-type: none"> • Routine Exam (2 per Benefit Period) • Bitewing X-rays (2 per Benefit Period) • Cleaning (2 per Benefit Period) 	<ul style="list-style-type: none"> • Routine Exam (2 per Benefit Period) • Bitewing X-rays (2 per Benefit Period) • Cleaning (2 per Benefit Period)
Type 2 Basic No Waiting Period	100%	90%
	<ul style="list-style-type: none"> • Surgical Extractions • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Periodontics (nonsurgical) • Endodontics (surgical) • Periodontics (surgical) • Simple Extractions 	<ul style="list-style-type: none"> • Surgical Extractions • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Periodontics (nonsurgical) • Endodontics (surgical) • Periodontics (surgical) • Simple Extractions
Type 3 Major No Waiting Period	100%	90%
	<ul style="list-style-type: none"> • Crowns (1 in 5 years per tooth) • Prosthodontics (Bridges, Dentures) (1 in 5 years) 	<ul style="list-style-type: none"> • Crowns (1 in 5 years per tooth) • Prosthodontics (Bridges, Dentures) (1 in 5 years)

Deductible

Type 1, 2 and 3	\$0	\$0
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Benefit Year Maximum

Type 2 and 3 (per person, per calendar year)	\$2,500	\$2,500
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Orthodontia Benefits (adult ortho included)

No waiting period		
Plan Benefit	60%	60%
Lifetime Deductible	\$0	\$0
Lifetime Maximum (per person)	\$1,500	\$1,500

Claims Allowance

Type 1, 2 and 3	Discounted Fee	80th U&C
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