



SOLANO AND NAPA COUNTIES  
**ELECTRICAL WORKERS BENEFIT FUNDS**



February 2016

SOLANO NAPA COUNTIES ELECTRICAL WORKERS  
HEALTH AND WELFARE PLAN

**Summary of Material Modifications**

**NOTICE TO ALL ACTIVE PARTICIPANTS REGARDING CHANGES TO THE  
SOLANO-NAPA COUNTIES ELECTRICAL WORKERS  
HEALTH & WELFARE PLAN**

In order to address increasing costs faced by the Solano-Napa Counties Electrical Health & Welfare Plan ("Plan"), at the December 10, 2015 Board meeting, the Board of Trustees voted to adopt the United Health Care (UHC) PPO Dental Plan effective April 1, 2016.

The current Self-Funded Dental Plan will no longer be an option and all eligible participants and dependents will be moved into the United Health Care (UHC) PPO Dental Plan effective April 1, 2016.

**Please note:** Claims and Claims inquiries for Dates of Service prior to April 1, 2016 will need to be submitted to the Trust Fund Office (Solano-Napa Counties Electrical Workers Health and Welfare Trust, P.O. Box 1306, San Ramon, CA)

The benefits under United Health Care (UHC) PPO Dental Plan effective April 1, 2016 that will be available are very similar to those that are provided through the current Self-Funded Dental Program however, there are some important differences. The annual maximum will be adjusted. However, the new Plan allows for a Consumer MaxMultiplier Rollover Benefit which is explained in the benefit comparisons below.

<u>Benefits</u>	<u>Current</u>	<u>Effective April 1, 2016</u>
<b>Deductible:</b>	\$25 Individual/ \$75 Family	\$25 Individual/ \$75 Family
<b>Annual Maximum:</b>	\$3,000	\$2,500
<b>Consumer MaxMultiplier Rollover:</b>	None	Up to \$700

*If your original annual maximum is: \$2,500 and the total dental claims paid for you in one year is less than this: \$1,250 then you qualify for an annual account award of: \$600. Also, if all your claims for the year are in network you could also earn an annual network bonus of \$100. Therefore, the potential total Consumer MaxMultiplier earning for the year added to the next year annual maximum is up to: \$700 and your following year annual maximum benefit would be \$2,500 + \$700 = \$3,200*

*Please note in order to qualify for the MaxMultiplier Rollover benefit you must:*

- 1. Visit your dentist at least once during the benefit year*
- 2. At the end of the benefit year, if the dollar amount is less than \$1,250 in paid dental claims for you, you earn an annual account award.*

<u>Benefits</u>	<u>Current</u>	<u>Effective April 1, 2016</u>
<b>Child Only Orthodontics</b>		
<b>Lifetime Maximum:</b>	\$3,000	\$2,500
<b>Waiting Period:</b>	None	None
<b>Diagnostics:</b>	100%	100%
<b>Preventative Care:</b>	90%	100% (if using a PPO Provider) 90% (if using a Non PPO Provider)
<b>Basic Services:</b>	90%	90%
<b>All Major Services, Except Prosthodontics:</b>	90%	90%
<b>Prosthodontics:</b>	60%	60%
<b>Network:</b>	Indemnity Plan	UHC Dental PPO

***Please Note:*** Under the new dental plan percentages paid to providers are the same in and out of network with the following exceptions:

*If you use a PPO Provider the percentage is paid based off of their contracted rate.*

*If you use a Non PPO Provider the percentage paid is based off of Usual Customary & Reasonable allowance (UCR).*

*Using a PPO Provider will result and cost savings for yourself and the Plan. Additionally using a PPO Provider will also reduce the usage off your annual maximum providing a better opportunity for the MaxMultiplier rollover benefit.*

*Using a Non PPO Provider may result in a higher out of pocket cost for yourself due to allowable charges being paid at UCR. Any charges that exceed the UCR become patient responsibility.*

*As noted above for Preventative Care if you are using a PPO Provider treatment is covered at 100% of the contracted rate and if you use a Non PPO Provider treatment is covered at 90% UCR.*

<b>Frequencies:</b>	<u>Current</u>	<u>Effective April 1, 2016</u>
<b>Cleanings:</b>	2 Per Calendar Year	2 Per Calendar Year
<b>Complete Mouth X-Rays:</b>	Every 3 Years	Every 3 Years
<b>Bite-wing X-Rays:</b>	Once In Any 6 Month Period	Once In Any 6 Month Period
<b>Periodontal Surgery:</b>	1 Time Every 3 Years	1 Time Every 3 Years
<b>Periodontal Maintenance:</b>	2 Times Per Year	2 Times Per Year
<b>Dentures:</b>	Full Set Every 5 Years	Full Set Every 5 Years
<b>Replacements:</b>		
<b>Implants:</b>	Every 5 Years	Every 5 Years
<b>Dentures &amp; Crowns:</b>	1 Per Tooth Every 5 Years	1 Per Tooth Every 5 Years

**You will receive your new UHC Dental PPO Identification Cards in the mail approximately 7-10 days prior to the April 1, 2016 effective date.**

*This document has been uploaded and is available on the participant website at [www.ibew180benefitfunds.org](http://www.ibew180benefitfunds.org)*