

## TEAMSTERS 631 SUMMARY OF DENTAL BENEFITS

### Managed Care Plan

The Managed Care Dental Plan provides members with a comprehensive dental benefit plan with fixed, low out-of-pocket costs for covered procedures. Members may choose to receive services from any office within NDB's "Premier Benefit" Provider Network of general and specialty dentists.

On the Managed Care Dental Plan, there is:

- No plan year deductible
- No plan year maximum
- Child and Adult Orthodontic Benefits
- Broad Dentist Network

If your general dentist recommends the need for services from a specialist, your general dentist will submit a "Request for Referral" to NDB for pre-authorization.

### Preferred Provider Organization (PPO)

The Preferred Provider Organization (PPO) provides members with a wide-range of dental services that may be received through a network of participating general and specialty dental providers. There is no deductible when using an in-network dentist. If using an out-of-network dentist, there is a \$50.00 per person deductible every plan year. When using an in-network or out-of-network dentist, this plan has a \$3,000.00 per person annual maximum.



Claims are paid at a percentage of the plan's allowable expenses. Preventive Services are covered at 100%, Basic Services at 80% and Major Services at 50%. A member's out of pocket expense may vary by participating provider. Pre-authorization is required for treatment plans over \$750.00 and for crowns, bridges, molar root canals, all root canal re-treatments and periodontal procedures.

If a member receives services from a non-PPO dentist, there is no limit to the member's out-of-pocket costs. The member will be responsible for the difference between the dentist's usual and customary charges and the plan's allowable payment.

**The Teamsters, Local 631 Security Fund for Southern Nevada** offers eligible members a choice from two dental benefit plans. During the Open Enrollment Period, you will be asked to choose the dental plan that you feel will best meet the needs of you and your family. Annually, each employee will be given the opportunity to change dental plans. This change may only be made during the Annual Open Enrollment period.

#### The two dental benefit plan choices are:

- A Managed Care Dental Plan offered through Nevada Dental Benefits, Ltd.
- A Preferred Provider Organization (PPO) network, administered by Nevada Dental Benefits.

### Managed Care Dentist Locations in the Las Vegas Area



To find a Managed Care or PPO Dentist, go to:



[www.nevadadentalbenefits.com](http://www.nevadadentalbenefits.com)



DENTAL PLAN OPTIONS	Managed Care Dental (Member Pay)	PPO (Member Pay)
Plan Year Deductible	No Deductible	\$50 per person only when using an out-of-network dentist (not applicable to preventive care)
Plan Year Maximum	No Maximum	\$3,000 per person
PREVENTIVE DENTISTRY	No Charge	No Charge
Periodic oral evaluations	\$0	\$0
Full-mouth x-rays (incl. bite-wings)	\$0	\$0
Bitewing x-rays	\$0	\$0
Teeth cleaning (3 per year)	\$0 (first 2 per year) \$65 (adult)/\$45 (child) for 3rd in year	\$0
Topical application of fluoride	\$0	\$0
BASIC DENTISTRY	Copays Vary	20% of Allowable Expenses
Sealants	\$5.00	20%
Fillings	\$0	20%
Posterior Composite (white) Fillings	\$40 - \$75	20%
Extractions (erupted tooth or surgical)	\$0	20%
Oral surgery (impacted tooth)	\$17 - \$31	20%
General Anesthesia	\$50 (at oral surgeon only for third molar partial and completely bony extractions only)	20% (at oral surgeon only)
Root canals (initial)	\$25 - \$75	20%
Root Planing/Scaling	\$13 - \$20	20%
Osseous Surgery	\$99 - \$150	20%
Soft Tissue Graft	\$75	20%
Nitrous Oxide/Analgesia	\$0 (pedo. only)	No Benefit
Non-intravenous conscious sedation	\$0 (pedo. only)	No Benefit
MAJOR DENTISTRY	Copays Vary	50% of Allowable Expenses
Crown (Porcelain fused to base, noble and high noble metal)	\$110	50%
Bridges (Porcelain fused to base, noble and high noble metal)	\$110	50%
Dentures	\$125	50%
Partial Dentures	\$150	50%
ORTHODONTICS		50% of Allowable Expenses
Child	\$850	Plan pays 50% up to \$2,500 (in-network and out-of-network)
Adult	\$3,400	Plan pays 50% up to \$2,500 (in-network and out-of-network)

**Note:** This is not a comprehensive listing of all covered dental services. Other limitations and exclusions may apply. For a detailed listing, please see your Summary Plan Description (SPD).

## DENTAL FOCUS

NDB provides appropriate knowledge, education, guidance, and tools to help our members make healthy life choices.

Dental disease management and wellness programs lead the way for coordinated and appropriate oral health care.

The customer experience exceeds expectations in all ways.

## OUR MISSION

Our Mission is to help people live longer, healthier lives by supplying affordable dental care from trustworthy dental professionals that share common values.

## OUR CORE VALUES:

### INTEGRITY

We do what we say and when we say it, and everything will be done ethically

### INNOVATION

We always look for ways to develop new approaches that improve dental health and wellness

### DIVERSITY

We encourage a variety of perspectives and a workforce that reflects the diversity of our customers, markets, and communities

### EXPERIENCE

The customer's experience with our product and services defines our quality

### COMMUNITY

We take responsibility for how our work impacts people and communities. We volunteer our time and talents to improve the lives of the people in Nevada



**Nevada Dental Benefits, Ltd.**

a PRIMECARE<sup>™</sup> company