

CWA LOCAL 1180 SECURITY BENEFIT FUNDS DENTAL PLAN

What are your choices? You may choose the Dentcare Dental Plan or the Scheduled Dental Benefit Plan.

**READ THE INSTRUCTIONS AND THE ENCLOSED LITERATURE
BEFORE YOU MAKE YOUR CHOICE**

► **DENTCARE DENTAL PLAN:**

This program provides all necessary dental services with little or no out-of-pocket expense. Any procedures not fully covered under this plan are clearly explained in the enclosed brochure. You are required to use a DENTCARE AFFILIATED PROVIDER. Please refer to the enclosed Affiliated Providers brochure for a dentist that would be convenient for you and your eligible dependents. You will receive an ID card that you will present to your provider. No claim forms are required under this plan.

► **THE SCHEDULED DENTAL BENEFIT PLAN** (claim forms are required):

Enclosed is a Benefit Booklet, which provides a brief description of the plan, the allowance schedule, the participating dentists under the Scheduled Dental Benefit Plan and an enrollment application.

Under the plan you may go to any dentist you choose, but when you use a dentist who is not a participating dentist, you may incur an out-of-pocket expense for covered services. Payment is made for dental expenses up to \$2000 per calendar year, for each covered member and eligible dependent. Payments are made according to the Schedule of Dental Allowances. In addition, there is an orthodontia benefit based on a schedule. Only those services listed in the Benefit Booklet are covered under this plan. Participating dentists will accept the fixed fee set by the plan as payment-in-full for the services you receive.

If cost of treatment is to be \$500 or more, YOU MUST SUBMIT A PRE-TREATMENT PLAN TO THE DENTAL CONSULTANT'S OFFICE BEFORE TREATMENT BEGINS. Benefits will be denied on any claim not submitted for pre-treatment review when the charges are \$500 or more.

INSTRUCTIONS TO FOLLOW WHEN CHOOSING YOUR DENTAL PLAN OPTION

Enclosed please find the following material:

- Brochures marked Dentcare Managed Care Plan and a Dentcare enrollment card. These brochures contain a directory of Affiliated Providers, a list of services under the program and a description of the plan
- A Benefit Booklet that describes the Scheduled Dental Benefit Plan and includes a cut-out enrollment application

SELECT ONE PLAN ONLY

► **How to enroll in the Dentcare Dental Plan:**

If you are enrolling in the DENTCARE DENTAL PLAN, please complete, sign and date the Dentcare enrollment card. You must select a dentist from the list of Affiliated Providers. Return your enrollment card to the Fund Office in the return envelope provided.

► **How to enroll in the Scheduled Dental Benefit Plan:**

If you wish to enroll in the SCHEDULED DENTAL BENEFIT PLAN, please complete, sign and date the enrollment form that you will find on the last page of the Scheduled Dental Benefit Plan booklet. Cut it out and mail it to the Fund Office in the return envelope provided.

You must remain with your choice of dental plans until the next Dental Open Enrollment period, which will allow you to change plans effective January 1st of each year.

