

Benefits at a Glance – Dental Plan International Brotherhood of Electrical Workers 1007 (IBEW1007)

Coverage	Benefit Description
<p>Basic Services</p> <ul style="list-style-type: none"> 100% coverage based on Usual and Customary Fees 	<ul style="list-style-type: none"> diagnostic, preventive, minor restorative and certain oral surgical services, periodontics (treatment of gum disease), endodontics (root canal work), removable prosthodontics (removable dentures) oral examinations once every 2 years recall exams for adults once a year recall exams for dependents under age 18 once every 6 months complete series of x-rays once every 2 years bite-wing x-rays once a year cleaning or scaling for adults once a year cleaning or scaling and fluoride treatments for dependents under age 18 once every 6 months extractions and other oral surgery including pre and post operative care amalgam, synthetic porcelain and plastic fillings diagnostic and treatment procedures for root canal therapy diagnostic and treatment procedures for treatment of tissues supporting the teeth partial or full-removable dentures replacement dentures limited to once every 5 years unless existing dentures cannot be made serviceable
<p>Restorative Services</p> <ul style="list-style-type: none"> 80% coverage for the repair of existing crowns and bridges 50% coverage for new crowns, bridges and major restorative benefits 	<ul style="list-style-type: none"> repair of existing crowns and bridges including recementing of inlays/onlays and crowns, removal of crowns and inlays/onlays, and retentive pre-formed posts new crowns and bridges, inlays and onlays fixed bridgework replacement of bridgework limited to once every 5 years unless existing bridgework cannot be made serviceable
<p>Orthodontic Services</p> <ul style="list-style-type: none"> 50% coverage Maximum of \$2,000 per covered person per lifetime 	<ul style="list-style-type: none"> procedures for the correction of malposed teeth
<p>Exclusions</p> <ul style="list-style-type: none"> Some examples of the types of items not covered 	<ul style="list-style-type: none"> replacement of mislaid, lost or stolen appliances crowns, bridges, or dentures for which impressions were made prior to the effective date of coverage charges for broken appointments or completion of claim forms experimental or cosmetic procedures orthodontic services or treatment prior to the effective date of coverage for orthodontic benefits services or supplies intended for sport or home use (e.g. mouth guards) fluoride treatments for members or dependents over age 18
<p>Pre-Authorizations</p>	<ul style="list-style-type: none"> pre-authorization must be obtained for treatment or services expected to exceed \$500

The Dental Plan is not provided through a contract of insurance. For this Plan, the benefits are payable from premiums, interest or investment earnings and an excess of revenue over expenditures.

This summary provides general information only. The terms and conditions of the collective agreement will apply. **June 2010**