

DELTA DENTAL OF NEW YORK

IATSE National Health & Welfare Fund (Plan C3)

Group No.: 2430

BENEFIT HIGHLIGHTS FOR DELTA DENTAL PPO – TABLE OF ALLOWANCE

The Delta Dental PPO table plan provides you great dental benefits at a reasonable cost. With a table of allowance plan, you know in advance exactly how much the plan covers for each dental service. Just refer to the table of allowances listed inside to see how much the plan covers for each dental service. You are responsible for the portion of the fee not covered by the allowance.*

The PPO Table of Allowance program allows you the freedom to visit any licensed dentist, including a dentist from our Delta Dental Premier® network.** However, there are advantages to visiting a PPO network dentist (PPO Flex in New York) instead of a Premier or non-Delta Dental dentist: Since PPO dentists agree to accept reduced fees, you will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist (PPO Flex in New York). If you can't visit a PPO network dentist, a Premier dentist may still be able to save you money on out-of-pocket costs. With either network, you'll only be responsible for the difference between Delta Dental's table allowance and the dentist's approved amount.* Non-Delta dentists may balance-bill you up to their entire submitted amount.

Delta Dental offers you what no other dental plan can – The Delta Dental DifferenceSM. Here's what makes us a leading provider of dental benefits:

- **Exceptional Cost Savings** – Our networks protect enrollees from balance billing and prevent dentists from charging more by “unbundling” services that should be billed as one service. Your costs are usually lowest when you visit a Delta Dental PPO dentist.
- **Guaranteed Coinsurance/Copayment** – Delta Dental dentists agree to accept our determination of fees. They won't balance bill over Delta Dental's approved amount.
- **Professional Treatment Standards** – Delta Dental reviews utilization patterns and office practices to ensure that Delta Dental dentists meet professional standards for safety and quality of care.

* Plus amounts required to meet any remaining deductible, any amount over the annual maximum and any services your plan does not cover.

** If you visit a non-network dentist, Delta Dental will send the benefit payment directly to you. You are responsible for paying the non-network dentist's total fee, which may include amounts in excess of your share of your plan's contract allowance.

WHO'S ELIGIBLE	Primary enrollee, spouse and eligible dependent children to age 19 or to age 25 if dependent is full-time student
DEDUCTIBLES	\$0 per person, \$0 per family, per plan year
WAITING PERIOD(S)	Basic Benefits 0 Months



Delta Dental of New York
One Delta Drive
Mechanicsburg, PA 17055

Customer Service
800-932-0783

www.WeKeepYouSmiling.com/IATSE

Claims Address
One Delta Drive, Mechanicsburg, PA 17055

The information contained herein is not intended or designed to replace or serve as an Evidence of Coverage or Summary Plan Description for the program. If you have specific questions regarding benefit structure, limitations or exclusions, consult the fund office.

**IATSE NATIONAL HEALTH & WELFARE FUND (Plan C3)
GROUP NUMBER NY 2430**

DIAGNOSTIC

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
0120	periodic oral evaluation - established patient	\$ 28.00
0140	limited oral evaluation - problem focused	40.00
0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	28.00
0150	comprehensive oral evaluation - new or established patient	28.00
0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	28.00
0180	comprehensive periodontal evaluation - new or established patient (The procedure codes listed above are collectively covered twice in a calendar year.)	28.00
0210	intraoral - complete series (including bitewings) (Procedure 0210 and 0330 are collectively covered once in five years.)	70.00
0220	intraoral - periapical first film	8.00
0230	intraoral - periapical each additional film	5.00
0240	intraoral - occlusal film (once in a calendar year) (Delta Dental allows up to 10 films once in a calendar year)	15.00
0250	extraoral - first film	25.00
0260	extraoral - each additional film (The procedure codes listed above are collectively covered once in a calendar year)	25.00
0270	bitewing - single film	8.00
0272	bitewings - two films	13.00
0273	bitewings - three films	18.00
0274	bitewings - four films	23.00
0277	vertical bitewings - 7 to 8 films (The procedure codes listed above are collectively covered once in a calendar year)	23.00
0290	posterior-anterior or lateral skull and facial bone survey film (once in a calendar year)	30.00
0330	panoramic film (Procedure 0210 and 0330 are collectively covered once in five years.)	55.00
0340	cephalometric film (once in a calendar year)	55.00
0350	oral/facial photographic images (once in a calendar year)	55.00
9110	palliative (emergency) treatment of dental pain - minor procedure (twice in a calendar year)	40.00
9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or Physician (twice in a calendar year)	50.00
9430	Office visit for observation (during regularly scheduled hours) - no other services performed (twice per calendar year)	28.00

PREVENTIVE

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
1110	prophylaxis – adult (twice per calendar year)	\$ 50.00
1120	prophylaxis – child (twice per calendar year)	35.00
1203	topical application of fluoride (prophylaxis not included) – child (twice per calendar year)	17.00