Sheet Metal Workers' Health Plan
of Southern California, Arizona & Nevada

January 2027

Summary Comparison

of

Dental Plan Options

Plan A

Includes the pre-paid dental plan available in

California

To ensure the best coverage available for you and your eligible dependents, please review this comparison very carefully. **Once you have elected a dental plan, you may change your election only during the next Annual Open Enrollment.** Exceptions are made only if you move outside of your selected plan's service area, so please ***choose carefully***.

All completed enrollment forms received by the 15th of the month are processed for an effective date of the 1st day of following month.

Aviso a los participantes que hablan español: Si tiene alguna pregunta por favor no dude en comunicarse con la Oficina Administrativa al 800-947-4338, donde habrá varios representantes bilingües que con gusto le ayudarán.

Procedures	DeltaCare USA *Pre-paid DMO plan*	Delta Dental PPO℠ Plan *Preferred Provider Organization*
Important Information about each Plan	**Each family member must select a participating DeltaCare USA dentist from their provider directory and have all dental services performed by that dentist.** (Each member must designate a primary dentist.) If you go to a dentist other than your selected network dentist, you and/or your dependents will have *no coverage* for those services rendered, except for certain dental emergencies. There are no claim forms to fill out, and the Trust Fund pays DeltaCare directly for your dental care needs.	Benefits are paid based on contract allowances. **You may visit <u>any</u> licensed dentist**; however, you will receive the maximum benefits available **<u>only</u>** when you choose a **Delta Dental PPO** contracted dentist (refer to the PPO Directory). If you choose an out-of-network dentist (***Delta Dental Premier contracted dentists are considered out-of-network***) plan benefits are reduced. You will still benefit by selecting a Delta Dental Premier® dentist, however Premier contracted fees are usually somewhat higher than PPO contracted fees. Premier dentists cannot bill you above those fees, so you will usually save more compared to a non-Delta Dental dentist. Members visiting a non-Delta Dental dentist are responsible for submitting claims directly to Delta Dental for processing. Any plan reimbursement is paid to member.
Calendar Year Deductible	None	**Network Dentist (Delta Dental PPO)**: $50 per person; $150 per family. **Out-of-Network Dentist (Delta Dental Premier and non-Delta Dental)**: $75 per person; $225 per family. Deductible does not apply to diagnostic and preventive benefits.
Annual Maximum	None	**In and Out of Network**: $3,000 per person,
Diagnostic Oral examination Full mouth X-rays Bitewing X-rays Emergency treatment (Palliative) **Preventive** Prophylaxis Topical fluoride	 No cost No cost No cost $5 copay No cost No cost	**Network Dentist (Delta Dental PPO)**: Delta Dental pays 100% of the contract allowance. **Out-of-Network Dentist (Delta Dental Premier and non-Delta Dental)**: Delta Dental pays 80% of the contract allowance.
Sealants	$5 per tooth	**Network Dentist (Delta Dental PPO)**: Delta Dental pays 80% of the contract allowance. **Out-of-Network Dentist (Delta Dental Premier and non-Delta Dental)**: Delta Dental pays 50% of the contract allowance.
Periodontics	Co-payments range from $0 to $650	
Endodontics	Co-payments range from $0 to $220	
Restorative	Co-payments range from $0 to $175	
Crowns	Co-payments range from $35 to $780	
Bridges	Co-payments range from $0 to $195	
Prosthodontics Partials Dentures Implants	 Co-payments range from $80 to $170 Co-payments range from $100 to $120 Co-payments range from $345 to $1,005	
Oral Surgery	Co-payments range from $0 to $110	
Orthodontia Phase 1: Limited Phase 2: Interceptive Phase 3: Comprehensive Retention Records fee	(Child to age 19/adult) $950/$1,150 $950/$950 $1,700/$1,900 You pay $275 You pay $200	Delta Dental pays 80% of the contract allowance, up to $1,000 lifetime maximum (child or adult).
TMJ Rider	*n/a*	**Network Dentist (Delta Dental PPO)**: Delta Dental pays 80% of the contract allowance. **Out-of-Network Dentist (Delta Dental Premier and non-Delta Dental)**: Delta Dental pays 50% of the contract allowance. Up to $1,000 lifetime maximum.
Emergency Out-of-Area Treatment	Enrollee will be reimbursed up to $100 per emergency.	Benefits are payable as indicated above.

Important: This is not a contract. This is a *summary* of the dental plan options available to you. The group agreements and Plan documents must be consulted to determine the exact terms and conditions of coverage. All benefits are subject to change.

Questions?

For ***Specific Benefits*** available, please call the appropriate Member Service numbers indicated below:

Delta Dental PPO (888)-335-8227
Group # 5291-0501-CA

DeltaCare USA DMO (800)-422-4234
Group # 78705-0001-CA

Please review and retain this Summary for future use. It contains the most current benefit information on the plans available, as well as the current benefits effective January 1, 2027. All benefits are subject to change.



Sheet Metal Workers' Health Plan
of Southern California, Arizona & Nevada
P.O. Box 10067
Manhattan Beach, CA 90266
phone 800-947-4338 *or* 310-798-6572
fax 310-798-0766
smbpac.org