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

Nevada

To ensure the best coverage is 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 Premier®**
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 any licensed dentist**, but when you visit a Delta Dental Premier dentist, you are assured that his/her fees are based on contracted fees. If you visit a non-Delta Dental dentist, you must pay the difference between the dentist's fee and the contracted fee. 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	$50 per person; $150 per family Deductible does not apply to diagnostic and preventive benefits.
Annual Maximum	None	$3,000 per person
Diagnostic Oral examination Full mouth X-rays Bitewing X-rays Emergency treatment (Palliative)	 No cost No cost No cost $5 copay	Delta Dental pays 100% of the contract allowance.
Preventive Prophylaxis Topical fluoride Space maintainers Sealants – per tooth	 No cost No cost $10 copay $5 copay per tooth	Delta Dental pays 100% of the contract allowance. For Sealants- Delta Dental pays 80% of the contract allowance (*deductible applies).*
Periodontics Scaling and root planning Gingivectomy Muco-gingival or osseous surgery	 No cost Co-payments range $50 to $80 Copayments range $140 to $175	Delta Dental pays 80% of the contract allowance.
Endodontics Pulp capping Pulpotomy Root canals Apicoectomy - per root	 No cost No cost Co-payments range $90 to $205 No cost	Delta Dental pays 80% of the contract allowance.
Restorative *(other than crowns)* Amalgam Resin-based composite	 No cost Co-payments range no cost to $75	Delta Dental pays 80% of the contract allowance.
Crowns and Bridges Crowns Bridges Post and core	 Co-payments range from $35 to $195 Co-payments range from no cost to $195 No cost	Delta Dental pays 80% of the contract allowance.
Prosthodontics Dentures – Complete, Partials Dentures – Adjustments Denture reline *(office)* Denture rebase Implants	 Co-payments range from $80 to $170 No cost Co-payments range from $0 to $35 $35 co-payment Co-payments range from $345 to $1,005	Delta Dental pays 80% of the contract allowance.
Oral Surgery Simple extractions Surgical extractions Frenectomy	 No cost Co-payments range from $15 to $90 No cost	Delta Dental pays 80% of the contract allowance.
Orthodontia Limited Transitional Comprehensive Retention Records fee	(Child to age 19/adult) $950/$1,150 $950/$950 $1,700/$2,190 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*	Delta Dental pays 80% 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 Premier (800)-765-6003
Group # 5291-2901-NV

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

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

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