

DENTAL BENEFITS

COMPREHENSIVE DENTAL EXPENSE BENEFITS

The WCT Welfare Trust Fund provides Comprehensive Dental Expense Benefits. This benefit is self-insured and is administered by a third-party administrator.

Comprehensive Dental Expense Benefits are provided for you and your eligible dependents.

What are covered expenses?

Covered expenses are charges for a broad range of dental services. For most services the amount counted as a Covered Expense is determined from a schedule of Covered Dental Services provided at the back of the booklet.

What is the Deductible?

THERE IS NO DEDUCTIBLE.

How does comprehensive dental expense Benefit Work?

Comprehensive Dental Expense Benefits provide scheduled reimbursement for expenses you have for preventive, basic and major non-orthodontic dental services with no deductible requirement.

The Schedule Of Benefits

Your Comprehensive Dental Expense Benefits program pays a set amount for covered expenses you incur for preventive, basic and major dental services up to a maximum benefit of \$2,000 per year for each covered member and \$2,000 per year for each spouse and eligible dependent. There is no annual deductible for you or your dependents. The maximum amounts the Plan will pay for specific services are given at the back of the booklet.

Pre-Authorization

Pre-authorization is not required, however, benefits should be determined before you begin treatment if the charges for the treatment will be more than \$400. You should ask your dentist to describe the proposed treatment and charges on a Dental Claim Form. The form should then be sent to Daniel H. Cook Associates, Inc. whose address appears on the top portion of the claim form. We will notify you and your dentist how much we will consider as Covered Expenses and how much we will pay. It is to your advantage to know exactly what you will be paid before treatment begins.

Alternate Benefit Provisions

When more than one dental service would provide suitable treatment, your benefits will be based on the treatment determined by the Plan to be best suited to your condition by accepted standards of dental practice. If two services would each provide satisfactory results according to accepted standards of dental practice and one service is less expensive than the other, the Plan will reimburse up to the maximum allowance for the less expensive treatment.

DENTAL BENEFIT MAXIMUMS

	Member	Spouse	Dependents
Dental (Annual)	\$2,000	\$2,000	\$2,000

****ALL PROSTHETIC SERVICES ARE PAYABLE ONCE PER FIVE YEARS****

All lifetime maximums are subject to the Annual Dental Maximum. The annual dental maximum is a calendar year maximum.

PARTICIPATING PROVIDER OPTIONS

On behalf of the WCT Welfare Trust Fund, its third party administrator, Daniel H. Cook Associates, Inc., has contracted with certain dentists to provide basic dentistry for covered services at no out-of-pocket expense for members and co-payments for dependents. A listing of the dentists, fee schedule, and the co-payments are included at the back of this booklet.

ORTHODONTIC BENEFITS

Orthodontic services are reimbursed according to a fee schedule up to a lifetime maximum of \$1,800.00 per eligible dependent child up to their 19th birthday. A period of orthodontic treatment starts on the first day you incur a covered expense for you dependent child for orthodontia and extends for a period of 24 consecutive months or less if the treatment is completed in less time. The orthodontic benefit is not included in the yearly dental maximum.

What are Your Orthodontic Benefits?

- Up to \$100 for the initial work-up. Once per eligible dependent child per lifetime.
- Diagnosis and insertion of the initial appliance: Once, up to \$500.00, per eligible dependent child per lifetime.
- Up to \$50 per active monthly visit with a lifetime maximum of 24 consecutive visits. If your dependent misses a monthly visit, the Fund will not reimburse for that month but it will be counted toward the 24 consecutive month's maximum.
- You will be responsible for any out of pocket expenses incurred above what the fund provides.

Please note that the initial work-up and the initial appliance are reimbursed only once during a period of orthodontic treatment.

Note: You will be responsible for any out-of-pocket expenses incurred in excess of the benefits the Fund provides.

ORTHODONTIC DISCOUNT PROGRAM

The following orthodontists have agreed to charge members a discounted fee of \$750.00 for orthodontic diagnosis and initial appliance. The Fund will reimburse the member \$500.00 for this service in accordance with the Funds Dental Schedule. These orthodontists have also agreed to charge a discounted fee of \$90.00 per month for 24 consecutive months for active monthly maintenance. The Fund will reimburse \$50.00 for this service in accordance with the Dental Schedule.

All other procedures will be charged to the member at the orthodontist's usual rate. All fees will be paid to the dentist by the member. No payment is made by the fund.

Dr. Robert Wasserman
220 North Street
Newburgh, NY 12550
(845) 561-2393

Dr. Stephen Wilantewicz
282 New Hackensack Rd.
Wappingers Falls, NY 12590
(845) 462-1118

Dr. Jonathan Kim
280 Mamaroneck Ave.
White Plains, NY 10605
(914) 946-1213

EXCLUSIONS

Benefits will not be paid for charges for:

- treatment from anyone other than a licensed dentist or physician, except routine cleaning of teeth and fluoride application which is performed by a licensed dental hygienist under the direct supervision of, and billed by, a dentist or physician,
- facings, veneers, or similar material placed on molar crowns or pontics,
- services performed by a member of your or your spouse's family,
- services or supplies that are cosmetic in nature or directed toward a cosmetic end,
- any service or supplies incurred, installed, or delivered before you or your dependents become eligible for benefits under this Plan,
- replacing a lost, missing or stolen prosthetic appliance,
- a broken appointment,
- any services received from a medical department, clinic or any facility provided or furnished by your or your dependent's employer,

- any service that is not necessary or is not normally performed for proper dental care of the condition or any service that is not approved by the attending dentist,
- services or supplies that do not meet accepted standards of dental practice including experimental services or supplies,
- services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared,
- any duplicate prosthetic appliance except as specifically provided,
- completing claim forms,
- oral hygiene, or dietary instruction or plaque control programs,
- implants and implant services,
- wiring or bonding teeth or crowns to act as a splint for any reason,
- an injury arising from employment,
- illness covered by Workers' Compensation,
- services or supplies for which you are not required to pay,
- expenses incurred outside of the United States or Canada unless you or your dependents are residents of one or the other and the charges are incurred while traveling on business or for pleasure,
- appliances, restorations, or any procedure to alter vertical dimension or restore occlusion,
- services or supplies not specifically listed under covered expenses.

Extension Of Dental Benefits

If your dental coverage terminates, benefits will be extended for expenses you have for dentures, fixed bridgework, crowns and inlays, or endodontic treatment, including root canal therapy, if:

- treatment was begun before coverage ended,
- appliances, where appropriate, were ordered before coverage ended, and treatment is completed within 60 days after the date your ended.