APWU HEALTH PLAN

*34th Annual Open Season Seminar*

TOGETHER. BETTER HEALTH.®

Introducing the Brand New

# APWU Health Plan



# Dental Insurance Plan

**Administered by the Voluntary Benefits Plan**






# APWU Health Plan Dental Insurance

**A plan to keep you smiling that allows you to use any dentist you choose!**

- Eligibility
  - All APWU Dues-Paying Members:
    - Active/PSE
    - Retiree/Associate
  - Eligible dependents include:
    - Spouse
    - Domestic partner
    - Unmarried dependent children whom you support up to age 26 (subject to state variations)

# APWU Health Plan Dental Insurance

- Members can utilize any dentist they choose
- Economical and convenient payroll deduction for Active and PSE members
- Affordable calendar year deductibles
  - Type I benefits – No Deductible
  - $50 per person Type II and III benefits combined
  - Family deductible $150
- $20,000 calendar year maximum per person for covered services
- $5,000 Orthodontia benefit ($2,500 per year per person)

***If Optional Orthodontic Coverage is selected***

# APWU Health Plan Dental Insurance

- Calendar Year Maximum:
  The Calendar Year is defined as January 1 through December 31 of any given year. The 12-month period beginning on the effective date of coverage would not be a "Calendar Year"
- Lifetime Maximum for Orthodontic Services (if selected):
  $2,500 per person per year, Maximum of $5,000 for Orthodontic Service (if selected)

# APWU Health Plan Dental Insurance

- Reasonable and Customary or (R&C):

  (R&C) charge is based on the lowest of:

  1) the dentist's actual charge

  2) the dentist's usual charge for the same or similar services

  3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife

# APWU Health Plan Dental Insurance

- **Waiting Periods**
  - **Type I Services – NO Waiting Period** (exams, X-rays and cleanings)
  - **Type II Services – NO Waiting Period** (fillings, oral surgery, extractions and periapical X-rays)
  - **Type III Services – 12 Month Waiting Period** (crowns, bridges, dentures and periodontics)
  - **Type IV Services – NO Waiting Period** (optional orthodontic coverage) Optional orthodontic coverage applies to the insured APWU Member and their eligible dependents. An eligible dependent is your lawful spouse or domestic partner and any unmarried dependent children whom you support up to age 26.

# APWU Health Plan Dental Insurance

*(continued)*

- **Waiting Periods**
  If you drop a current Dental Plan to pick up the NEW APWU Health Plan Dental insurance Plan, a new waiting period will have to be satisfied before payment for benefits can occur.

# APWU Health Plan Dental Insurance

- **Eligible Expenses:**
  - Expenses must be incurred while the Group Policy is in force and the person is covered by the Policy
  - Dental service must be performed by:
    - A licensed Dentist acting within the scope or his/her license
    - A licensed Dental hygienist acting under the supervision and direction of a Dentist
  - Any amount of eligible expense incurred which exceeds the “Reasonable and Customary” amount will not be covered

# APWU Health Plan Dental Insurance

- Coverage will become effective on the first day of the period your first premium is received, following the date of approval
- Active/PSE members:  Must be actively at work on the date the insurance is to take effect; if you are not, the insurance will take effect on the day you return to work
- Dependent spouses/domestic partners and children, if enrolling, must not be hospitalized on the date the insurance is to take effect; if they are, the insurance will take effect on the day after they have been discharged

# APWU Health Plan Dental Insurance

- This coverage will end on the earliest following date:
  1) When the Group Policy ends
  2) When the premium is not paid when due
- Coverage for dependents will end at the earliest of:
  1) The date the members' insurance ends
  2) The date the insurance ends under the Group Policy
  3) The date the person ceases to be a dependent
  4) If premium is not paid for the dependent when due

# APWU Health Plan Dental Insurance

## Coverage Schedule

| | |
|---|---|
| Calendar Year Deductible | • Type I Benefits: None<br>• $50 per person – Type II and Type III benefits combined<br>• Family Deductible $150<br>• No deductible for Type IV benefits Orthodontic Coverage (if selected) |
| Calendar Year Maximum | • $20,000 per person for all covered services |
| Lifetime Maximum | • 2,500 per person per year, maximum of $5,000 for Orthodontic Services (if selected) |

# APWU Health Plan Dental Insurance

**Benefit Schedule -** After annual deductibles this plan will pay:

| Type I Benefits | Type II Benefits | Type III Benefits | Type IV Benefits |
|---|---|---|---|
| **Preventive Services**<br>• Exams<br>• X-rays<br>• Cleanings | **Basic Services**<br>• Fillings<br>• Oral Surgery<br>• Extractions<br>• Periapical X-rays | **Major Services**<br>• Crowns<br>• Bridges<br>• Dentures<br>• Periodontics | **(Optional Coverage) Orthodontic Services** |
| **100% of the Reasonable & Customary Charges** | **80% of the Reasonable & Customary Charges** | **50% of the Reasonable & Customary Charges (12-month waiting period)** | **50% of the Reasonable & Customary Charges** |

# APWU Health Plan Dental Insurance

## Exclusions:

1) Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature
2) Services for which you would not be required to pay in the absence of Dental Insurance
3) Services or supplies received by you or your dependent before dental insurance starts for that person
4) Services which are primarily cosmetic (for residents of Texas, see notice page section in Certificate)
5) Services which are neither performed nor prescribed by a Dentist except for those services of a licensed Dental Hygienist which are supervised and billed by a Dentist and which are for:
   - Scaling and polishing of teeth; or
   - Fluoride treatments

# APWU Health Plan Dental Insurance

## Exclusions:

6) Services or appliances which restore or alter occlusion or vertical dimension
7) Restoration of tooth structure damaged by attrition, abrasion or erosion
8) Restorations or appliances used for the purpose of periodontal splinting
9) Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco
10) Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss
11) Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work
12) Missed appointments

# APWU Health Plan Dental Insurance

## Exclusions:

13) Services:
    - Covered under any workers' compensation or occupational disease law
    - Covered under any employer liability law
    - For which the employer of the person receiving such services is required to pay
    - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital
14) Services covered under other coverage provided by the Employer
15) Temporary or provisional restorations
16) Temporary or provisional appliances
17) Prescription drugs
18) Services for which the submitted documentation indicates a poor prognosis

# APWU Health Plan Dental Insurance

## Exclusions:

19) The following when charged by the Dentist on a separate basis:
    - Claim form completion
    - Infection control such as gloves, masks, and sterilization of supplies
    - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide
20) Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food
21) Caries susceptibility tests
22) Replacement of an orthodontic device
23) Duplicate prosthetic devices or appliances
24) Replacement of a lost or stolen appliance Cast Restoration; or Denture
25) Intra or Extra oral photographic images

# APWU Health Plan Dental Insurance

## HP Dental Plan Bi-Weekly Premium Rates – Active & PSE Members

| | Without Orthodontic Coverage | | | | With Orthodontic Coverage | | | |
|---|---|---|---|---|---|---|---|---|
| **On the list below, locate the state you live in.** | **Member Only** | **Member & Spouse/Domestic Partner** | **Member & Child** | **Member & Family** | **Member Only** | **Member & Spouse/Domestic Partner** | **Member & Child** | **Member & Family** |
| ND, SC | $15.39 | $29.41 | $24.62 | $43.76 | $16.74 | $31.98 | $26.78 | $47.58 |
| AL, AR, GA, IA, ID, KY, MS, NC, NE, WI, WV, WY | $17.29 | $33.04 | $27.64 | $49.16 | $18.80 | $35.92 | $30.06 | $53.46 |
| HI, IN, KS, LA, ME, MN, MO, NM, OH, OK, TN, UT, VT | $18.99 | $36.30 | $30.38 | $54.02 | $20.66 | $39.47 | $33.04 | $58.74 |
| AZ, CO, DE, IL, MD, NV, PA, RI | $20.71 | $39.56 | $33.13 | $58.88 | $22.52 | $43.02 | $36.03 | $64.03 |
| DC, FL, MA, MI, NJ, TX, VA | $22.60 | $43.19 | $36.15 | $64.29 | $24.57 | $46.97 | $39.31 | $69.91 |
| CA, CT | $24.31 | $46.47 | $38.89 | $69.15 | $26.44 | $50.53 | $42.29 | $75.19 |
| NY | $26.58 | $50.81 | $42.54 | $75.64 | $28.91 | $55.25 | $46.26 | $82.25 |

To add optional Orthodontic Coverage, check off "Yes" on the Activation Form. Your selected premium will automatically be increased by 10%.

**Optional Orthodontic Coverage applies to the insured APWU Member and their eligible dependents.**
**An eligible dependent is your lawful spouse or domestic partner and any unmarried dependent children whom you support up to age 26.**

# APWU Health Plan Dental Insurance

## HP Dental Plan Monthly Premium Rates – Retiree & Associate Members

| | Without Orthodontic Coverage | | | | With Orthodontic Coverage | | | |
|---|---|---|---|---|---|---|---|---|
| **On the list below, locate the state you live in.** | **Member Only** | **Member & Spouse/Domestic Partner** | **Member & Child** | **Member & Family** | **Member Only** | **Member & Spouse/Domestic Partner** | **Member & Child** | **Member & Family** |
| ND, SC | $33.36 | $63.72 | $53.33 | $94.81 | $36.27 | $69.29 | $57.99 | $103.10 |
| AL, AR, GA, IA, ID, KY, MS, NC, NE, WI, WV, WY | $37.45 | $71.59 | $59.92 | $106.51 | $40.73 | $77.85 | $65.16 | $115.82 |
| HI, IN, KS, LA, ME, MN, MO, NM, OH, OK, TN, UT, VT | $41.15 | $78.64 | $65.84 | $117.04 | $44.75 | $85.52 | $71.59 | $127.28 |
| AZ, CO, DE, IL, MD, NV, PA, RI | $44.87 | $85.73 | $71.76 | $127.59 | $48.80 | $93.23 | $78.03 | $138.74 |
| DC, FL, MA, MI, NJ, TX, VA | $48.99 | $93.60 | $78.34 | $139.29 | $53.27 | $101.79 | $85.19 | $151.47 |
| CA, CT | $52.67 | $100.67 | $84.27 | $149.83 | $57.27 | $109.47 | $91.64 | $162.92 |
| NY | $57.62 | $110.10 | $92.18 | $163.88 | $62.66 | $119.73 | $100.24 | $178.20 |

To add optional Orthodontic Coverage, check off "Yes" on the Activation Form. Your selected premium will automatically be increased by 10%.

**Optional Orthodontic Coverage applies to the insured APWU Member and their eligible dependents.**
**An eligible dependent is your lawful spouse or domestic partner and any unmarried dependent children whom you support up to age 26.**

# APWU Health Plan Dental Insurance

- **How to Apply:**

  1) Simply complete a Group Dental Plan Activation Form authorizing payroll deductions for Active and PSE members or Quarterly Direct Billing for Retiree and Associate members. Please make sure you complete all the information requested. An incomplete Activation Form will be returned, resulting in a delay in processing your enrollment.

  2) Send NO money!

  3) Return the Activation Form to:

  Voluntary Benefits Plan,
  P.O. Box 12009, Cheshire, CT 06410

  4) Members may also call **1-800-307-8615** to enroll over the phone.

# APWU Health Plan Dental Insurance

## This is NOT a FEHB Plan!

- The APWU Health Plan Dental Insurance benefits in this presentation are not part of the FEHB contract or premium, and you cannot file a FEHB disputed claim about them. Fees you pay for these services do not count toward FEHB deductibles or catastrophic protection out-of-pocket maximums. These programs and materials are the responsibility of the Plan and all appeals must follow the Plan's guidelines. For additional information, contact the Plan at **1-800-222-2798** or visit their website at www.apwuhp.com.

# APWU Health Plan Dental Insurance

*(continued)*

- The Dental Plan is an indemnity plan. Under this program, after the deductible has been satisfied, covered services are reimbursed as a percentage of the "Reasonable and Customary" charges for that service in the same area where the charge is incurred.
- This is a Dental Insurance Plan for APWU Members ONLY!

# APWU Health Plan Dental Insurance

***(Administered by the Voluntary Benefits Plan)***

Due to State Insurance Regulations, this plan is not currently available in the following States:

- New Hampshire
- Montana
- Oregon
- South Dakota
- Washington

# THANK YOU!

You will receive an email following our Seminar with a link to fill out your class evaluations online.

Please note any questions for the Roundtable discussion on the card provided and place in the drop box at the Registration Desk.

The Roundtable discussion will be during Closing Session:

**Monday, October 28, 2019**

