



TO: All Eligible Active Participants and Their Dependents

RE: Comparison of Dental Plans - Effective September 1, 2021

The Laborers Health and Welfare Trust Fund for Northern California (“Fund”) offers four (4) Dental Plans to Active Participants and their eligible dependents who have satisfied the eligibility requirements of either the Active Laborers Plan or the Special Plan for Active Employees (“Plan”). When you first become eligible, you are automatically enrolled in the Anthem Blue Cross Dental Complete Plan for dental coverage. You may elect to switch to one of the other four Dental Plans by submitting a Dental Plan Election form before you become eligible or **within 60 days** of first becoming eligible. You are then allowed to change Dental Plans during the annual open enrollment period for an effective date of March 1 which is the beginning of the Plan Year. The four Dental Plans offered by the Fund are:

- 1. Anthem Blue Cross (ABC) Dental Complete** - this is a traditional fee-for-service dental plan. You may select any dentist. Your out-of-pocket costs is greater if you use a non-ABC dentist. Emergency dental care outside USA are covered under International Emergency Dental Program. Any dentist within USA. ABC dentists located within California. Outside California, dentists participate in Anthem Blue Cross Blue Shield dental network.
- 2. Bright Now! Newport Dental** - a pre-paid HMO dental plan. All services and referrals must be provided by a Bright Now! or contracted dentist. No Non-Emergency benefits will be paid if dental services are performed by other than a Bright Now! or contracted dentist. 21 Dental offices within Northern California.
- 3. DeltaCare USA** - a pre-paid HMO dental plan. All services and referrals must be provided by a DeltaCare dentist. No benefits will be paid if dental services are performed by other than a DeltaCare dentist. Dental offices within Northern California.
- 5. UnitedHealthcare Dental** - a pre-paid HMO dental plan. All services and referrals must be provided by a contracted UnitedHealthcare dentist. No benefits will be paid if dental services are performed by other than a contracted UnitedHealthcare dentist. Dental offices within Northern California.

On the reverse side of this notice is a Comparison and Summary of Dental Plans that describes in summary the type of service, how much each Dental Plan covers and your out-of-pocket costs. The Comparison has been designed to help you understand the differences of the four Dental Plans so that you can decide which Dental Plan suits your entire family’s dental care needs. We urge you to review the Comparison **before** selecting a Dental Plan. Again, you are allowed to switch Dental Plans during the open enrollment period only. To enroll or switch to another Dental Plan, request a Dental Plan Election form from the Fund Office, your Local Union or go to our website, www.lfao.org, to print or order the form. The Dental Plan Election form must be mailed back directly to the Fund Office at the above address - **do not mail it back to the Dental Plan provider that you elected.**

It is important that you notify the Fund Office immediately if you want to delete an existing dependent or add a new dependent. An updated Enrollment Form is required to add or delete a dependent. You may obtain an Enrollment Form by either visiting the Fund Office or any Local Union office, call the Fund Office to request a form mailed to you or print a form by visiting the Trust Funds’ website at www.lfao.org.

If you need more information or have any questions, please do not hesitate to contact the Fund Office.

Sincerely,

BOARD OF TRUSTEES

Revised 4/1/2022

**DENTAL BENEFITS
COMPARISON AND SUMMARY
OF DENTAL PLANS**

September 1, 2021

Plan Features	Anthem Blue Cross Dental Complete	Bright Now! Newport Dental	DeltaCare USA	UnitedHealthcare Dental
Annual Deductible	\$100 per person \$300 per family maximum Diagnostic and Preventive Services are NOT subject to the Deductible	None	None	None
Annual Benefit Maximum	\$2,500 per person Diagnostic and Preventive Services are NOT applied to the Annual Benefit Maximum	General Care: No maximum Specialty Referrals: \$2,500	No maximum	No maximum
Participant Coinsurance (Your portion)	Diagnostic & Preventive Services: 0% Basic & Major Services: 30% Endodontics & Periodontics: 30% Prosthodontics & Oral Surgery: 30%	No copayments	Varying copayments	Minimal copayments
Orthodontic Benefits	50% member coinsurance. \$3,500 lifetime maximum for member, spouse, or child.	Participant Copayments: Start-Up Fee: \$540 Treatment Adult: \$2,800 Treatment Child: \$2,400	Participant Copayments: Start-Up Fee: \$350 Treatment Adult: \$1,800 Treatment Child: \$1,600	Participant Copayments: Treatment Adult: \$1,250* Treatment Child: \$1,250* *Start-Up Fee included

 **Telephone Numbers and**  **Website Address**

Anthem Blue Cross Dental Complete: 1-877-567-1804 * www.anthem.com/ca/mydental

Bright Now! Newport Dental: 1-888-274-4486 * www.brightnow.com

DeltaCare USA: 1-800-422-4234 * www.deltadentalins.com

UnitedHealthcare Dental: 1-800-999-3367 * www.myuhc.com

This Comparison and Summary of Dental Plans is intended only as a summary of the benefits provided by each Plan. All exclusions and limitations of benefit coverage have not been included and may vary slightly from Plan to Plan. The contents of this Comparison are not to be construed or accepted as a substitute for the provisions of the Anthem Blue Cross Dental Complete, Bright Now! Newport Dental, DeltaCare USA, or UnitedHealthcare Dental. contract.