



**LABORERS HEALTH AND WELFARE TRUST FUND FOR ACTIVE AND SPECIAL PLANS PARTICIPANTS
COMPARISON AND SUMMARY OF THE DENTAL PLANS EFFECTIVE NOVEMBER 1, 2017**

Plan Features	Anthem Blue Cross (ABC) Dental Complete	Bright Now!	PrimeCare (Union Dental)	United HealthCare	DeltaCare USA
Type of Plan	Traditional Dental Plan.	Pre-paid HMO Dental Plan.	Pre-paid HMO Dental Plan.	Pre-paid HMO Dental Plan.	Pre-paid HMO Dental Plan.
Choice of Dentists	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.	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.	All services and referrals must be provided by a PrimeCare dentist. No benefits will be paid if dental services are performed by other than a PrimeCare dentist.	All services and referrals must be provided by a contracted UHC dentist. No benefits will be paid if dental services are performed by other than a contracted UHC dentist.	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.
Area Covered	Any dentist within USA. ABC dentists located within California. Outside California, dentists participate in Anthem Blue Cross Blue Shield dental network.	21 Dental offices within Northern California .	Dental offices within Northern California.	Dental offices within Northern California.	Dental offices within Northern California.
Annual Deductible	\$100 per person, \$300 per family. Preventative and diagnostic services are NOT subject to the Deductible.	None	None	None	None
Annual Maximum	\$2,500 per person	General care: No maximum Specialty Referrals: \$2,500	No maximum	No maximum	No maximum
Participant Coinsurance Copayment	0% for preventive & diagnostic services; 30% for major services.	No copayments on covered procedures.	No copayments	Minimal copayments	Varying copayments
Orthodontic Benefits	50% member coinsurance. \$1,500 lifetime maximum for member, spouse or child.	Member Copayments: Start-Up Fee: \$540 Treatment Adult: \$2,800 Treatment Child: \$2,400	Member Copayments: Start-Up Fee Adult: \$200 Start-Up Fee Child: \$100 Treatment Adult: \$3,400 Treatment Child: \$1,350	Member Copayments: Treatment Adult: \$1,250* Treatment Child: \$1,250* *including Start-Up Fee	Member Copayments: Start-Up Fee: \$350 Treatment Adult: \$1,800 Treatment Child: \$1,600
Phone No. & Website	1-877-567-1804 anthem.com/ca/mydental	1-888-274-4486 brightnow.com	1-866-998-3944 primecaredental.net	1-800-999-3367 myuhc.com	1-800-422-4234 deltadentalins.com

THIS IS NOT A COMPREHENSIVE LISTING OF ALL COVERED DENTAL SERVICES AND OTHER LIMITATIONS AND EXCLUSIONS MAY APPLY.