



TO: All Eligible Retired Participants and Their Dependents
RE: Comparison of Dental Plans - Effective March 1, 2021

The Laborers Health and Welfare Trust Fund for Northern California (“Fund”) offers two (2) Dental Plans to Retired Participants and their eligible dependents who have satisfied the eligibility requirements of the Retired Laborers Plan (“Plan”). When you initially become eligible to participate in the Plan, you have to decide whether or not you want Dental Plan coverage. Enrollment is **OPTIONAL** - meaning you do not have to elect Dental Plan coverage. **However, if you decline coverage, you will not be given another opportunity to enroll in the future.**

If you decide to enroll, you must pay the monthly premium for the cost of Dental Plan coverage provided to you and your enrolled dependents, if any, in addition to your monthly premium for Medical Plan coverage. You are not allowed to enroll in a Dental Plan without enrolling in a Medical Plan. Dental Plan enrollment is also subject to a mandatory minimum coverage period of **6 months** - meaning you cannot cancel your Dental Plan at any time but only after you have had coverage for 6 consecutive months. 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 two 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 is 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. 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.

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, your out-of-pocket costs and the monthly premium that you have to pay for dental coverage. The Comparison has been designed to help you understand the difference of the two 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 and Cancellation 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 and Cancellation 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 from or add a new dependent to your Dental Plan such as your spouse or child. 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, calling the Fund Office to request a form be mailed to you, or printing a form by visiting the 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 2/4/2021

Plan Features	Anthem Blue Cross Dental Complete	DeltaCare USA
Monthly Premium	\$63 regardless of family size	\$47 regardless of family size
Annual Deductible	\$50 per person \$150 per family maximum Diagnostic and Preventive Services are NOT subject to the Deductible	None
Annual Benefit Maximum	\$2,500 per person Diagnostic and Preventive Services are NOT applied to the Annual Benefit Maximum	No maximum
Participant Coinsurance (Your portion)	Diagnostic and Preventive Services: 0% Basic & Major Services: 30% Endodontics & Periodontics: 30% Prosthodontics & Oral Surgery: 30%	Varying copayments
Orthodontic Benefits	Not covered	Participant Copayments: Start-Up Fee: \$350 Treatment for Adult: \$1,800 Treatment for Child: \$1,600

 Telephone Numbers and  Website Addresses

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

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