



# TEAMSTERS LOCAL UNION 77

HEALTH & WELFARE FUND

P.O. BOX 9 • COLLINGSWOOD, NJ 08108

## **Contacts list & Guidelines 7/01/2020**

### **Dental • DOMINION • GROUP: #208142 - PLAN: CHOICE PPO**

- 1) Questions regarding your benefits, claims status, or finding a network dentist
- 2) **Contacts:** • **Member Services:** (888) 518-5338; **Claims:** (888) 518-5338; **Online:** <https://DominionMembers.com>
- 3) **Find a Network Dentist:** Logon to Dominion, click on "Find a Dentist" and search for dentists in your zip code, or search for your current dentist. If he/she is not listed in the network, then either use your out-of-network dentist (see out-of-network below), or select a dentist in the network.
- 4) **Out-of-Network Dentist:** Ask a Dominion service representative to have someone contact your dentist and ask he/she to join the network, or contact ASP, Inc., Fund Manager, (856) 382-2421, who will contact Dominion for you.
- 5) **Claim Status or Problem:** Register online to receive email alerts on claim status, explanation of benefits (EOB) or check claim status, and claims history. After you speak to a Dominion service representative and you still need further assistance contact ASP, Inc., Fund Manager, (856) 382-2421.
- 6) **Out-Of-Network Claim:** Member may obtain a Dental Claim Reimbursement Form from Dominion by phone or online. Dominion also includes a detailed list of procedures to follow in order for the member to be reimbursed in accordance with the Plan provisions.

### **Vision • EYEMED • PLAN ID's: VISION #9913534 - SUNGLASSES #9913583**

- 1) Questions regarding your benefits, claims status, or finding a network provider
- 2) **Contacts:** • **By Phone:** (866) 939-3633 • **Online:** [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) • **Plan Network:** Insight
- 3) **Find a Network Provider:** Logon to EyeMed, click on "Find a Provider" and search for providers in your zip code, or search for your current provider. If he/she is not listed in the network, then either use your out-of-network provider (see out-of-network below), or select a provider in the network.
- 4) **Out-of-Network Provider:** Ask an EyeMed service representative to have someone contact your provider and ask he/she to join the network, or contact ASP, INC., Fund Manager, (856) 382-2421, who will contact EyeMed for you
- 5) **Claim Status or Problem:** Register online to receive email alerts on claim status, explanation of benefits (EOB), check claim status, and claims history. If you speak to an EyeMed service representative and you still need further assistance contact ASP Inc, Fund Manager, (856) 382-2421..
- 6) **Out-Of-Network Claim:** Member may obtain a Vison Services Claim Form from EyeMed by phone or online. EyeMed also includes a detailed list of procedures to follow in order for the member to be reimbursed in accordance with the Plan provisions.

### **Administrative Changes • PA Turnpike (PTC) • (717) 831-7198**

This applies to Teamsters Local Union 77 members currently employed by PTC. Notify PTC HR Department, to change address, marital status, name, and to add or delete dependents including spouse or domestic partner, and add or delete dependents ages 19 - 26

### **Fund Manager • Administrative Service Professionals, Inc. (ASP) • (856) 382-2421**

**Fund Management and Continuation of Benefits (COB):** While employed by PTC, contact ASP with questions concerning your eligibility and dental or vision benefits. If you are on a leave of absence or no longer employed by PTC, contact ASP concerning your rights to continue benefits under COB regulations, premiums status and other issues processed by the Fund.

# Choice PPO 100/100/50/50

## Benefit Features

<b>Deductibles:</b>	\$0
<b>Annual Maximum:</b>	\$2,000
<b>Lifetime Ortho Max:</b>	\$2,000
<b>Waiting Periods:</b>	None
<b>Receive Care From:</b>	Any Dentist or Choice PPO Dentist

You may use any licensed dentist or choose from over 270,000 participating dentists nationwide.<sup>1</sup> The use of a network dentist can significantly reduce your out-of-pocket costs (Dominion members save an average of 18%).<sup>2</sup> Out-of-network dentists may charge above the amount covered by the Dominion plan, which will be balanced billed to you, the member. To ensure you do not receive additional out-of-pocket charges, visit a dentist in the Dominion Dental PPO network.

**Deductible:** There are no deductibles.

**Annual Maximum:** Benefits are subject to an annual maximum of \$2,000 per insured person.

**Orthodontic Maximum:** Benefits are subject to a lifetime orthodontic maximum of \$2,000 per insured person.

**There are no waiting periods.**

**Claims Filing:** Benefits will be paid to you or they may be assigned directly to your dentist. 99% of all claims are submitted by the dentist.<sup>3</sup> Your dentist may use the standard American Dental Association claims form. Claims can be filed electronically; **Mailed To:** Dominion Dental Services, P.O. Box 1126, Elk Grove Village, IL 60009; **Or Faxed To:** 888-208-8290.



**We Work For Your Benefit.®**

Need to find a participating dentist?  
Simply visit [DominionDental.com](http://DominionDental.com).

## Summary Of Benefits

Benefits Coverage	In-Network	Out-of-Network See Schedule
<b>Diagnostic &amp; Preventive Care</b>	100%	See Schedule
<ul style="list-style-type: none"> <li>• Oral Exams</li> <li>• Bitewing X-rays</li> <li>• Full and Panoramic X-rays</li> <li>• Topical Fluoride for Children</li> <li>• Semiannual Teeth Cleaning</li> <li>• Sealants</li> </ul>		
<b>Basic Care</b>	100%	See Schedule
<ul style="list-style-type: none"> <li>• Fillings                             <ul style="list-style-type: none"> <li>○ Amalgam (Silver)</li> <li>○ Composite (White)</li> </ul> </li> <li>• Extraction, Erupted Tooth</li> <li>• Periodontics</li> <li>• Endodontics</li> <li>• Oral Surgery</li> </ul>		
<b>Major Restorative Care</b>	50%	See Schedule
<ul style="list-style-type: none"> <li>• Crowns and bridges</li> <li>• Dentures</li> </ul>		
<b>Orthodontics</b>	50%	See Schedule

<sup>1</sup> Participating dentists are subject to change.

<sup>2</sup> Dominion Dental Services, Inc. - based on review of 2015 PPO claims data.

<sup>3</sup> Dominion Dental Services, Inc. Internal Performance Report, 2015.

You and your dependents are eligible. Dependents include your spouse and unmarried children under age 26. Refer to your policy documents for further details regarding your dependent coverage.

If you leave your place of employment, you have the option of converting your coverage to an alternate Dominion program using a different method of payment.

Yes. Dominion provides members with secure online access to:

- ID card requests
- Plan information
- Dentist search
- Contact information
- Member services requests and general correspondence

All changes are confirmed by return email. For more information, visit [DominionDental.com](http://DominionDental.com).

Please note the benefits are licensed dental products, but they are not pediatric dental essential health benefits offered by a stand-alone dental plan under the Affordable Care Act.

## A New Level of Service<sup>1</sup>

- Less than .01% of our members called with a service issue.
- Our network increased by 12% in the last year.
- ID cards and member packets were mailed within 4 days of enrollment.
- Over 95% of claims were processed in fewer than 15 days.
- 98% of Dominion members have access to at least two PPO dentists within 10 miles.
- 97% member satisfaction rate.<sup>2</sup>

<sup>1</sup> Dominion Dental Services, Inc. Internal Performance Report, 2015.

<sup>2</sup> Dominion Dental Services, Inc. Member Satisfaction Survey, November 2015.



## WHY DENTAL INSURANCE MATTERS

are the **most-requested** benefits after medical insurance.<sup>1</sup>

are **missed** each year because of dental-related illnesses.<sup>2</sup>

The **average annual savings**  
for diabetics who received  
proper dental care.

of Americans over age  
20 have had **cavities** at  
some point in their lives.<sup>3</sup>

People with dental  
coverage are twice as  
likely to visit a dentist  
than those **without**  
**dental insurance.**<sup>4</sup>

Gum disease  
can actually **make**  
**it harder** for people  
who have diabetes to  
control their blood sugar.<sup>5</sup>

When oral  
cancer is  
caught early,  
survival rates  
**reach 80%–90%.**<sup>6</sup>

workdays are **lost** each year due  
to dental illness.<sup>7</sup>

**Gum disease has been  
linked to oral cancer,**  
heart disease, diabetes,  
respiratory ailments, preterm  
birth, skin diseases, thyroid  
problems and leukemia.<sup>8–10</sup>

Researchers have found that  
**people with gum  
disease are almost  
twice as likely  
to suffer from  
coronary artery disease.**<sup>11</sup>

1. LHMRA, 2009. A justice shift: Examining employee benefits in the midst of the economic uncertainty.

2. American Dental Education Association. Journal of Dental Education. June 2001.

3. Medical Dental Integration Study. Study: Culture and United Healthcare. 2013.

4. CDC, NCHS. National Health and Nutrition Examination Survey. 2011–2012.

5. National Association of Dental Plans. The Haves and the Have-nots: Consumers With and Without Dental Benefits. February 2009.

6. National Diabetes Information Clearinghouse in service of the National Institute of Diabetes and Digestive and Kidney Diseases. National Institutes of Health. NIH Publication No. 12-4260. Prevent diabetes problems. Keep your mouth healthy. September 2014.

7. American Cancer Society. 2010. January 27. Oral cavity and oropharyngeal cancer.

8. Oral Health in America: A Report of the Surgeon General. September 2000.

9. According to the American Dental Hygienists' Association. 2008.

10. Gustafson A-M. 2006. Dec. Discussing dental. National Practitioner. 22(12): 26–29.

11. American Academy of Periodontology. (Accessed 2012). Gum disease links to heart disease and stroke. Retrieved from <http://www.pao.org/consumer/mpc/heart.htm>

<b>Code</b>	<b>Description</b>	<b>Maximum Allowance</b>
D0120	Periodic oral evaluation	27
D0140	Limited oral evaluation - problem focused	27
D0145	Oral Evaluation Under Three	27
D0150	Comprehensive oral evaluation	31
D0160	Detailed and extensive eval.- problem focused	55
D0170	Re-evaluation - limited, problem focused	50
D0171	Re-evaluation - post-operative office visit	50
D0180	Comprehensive periodontal evaluation	31
D0210	Intraoral - complete series of radiographic images	59
D0220	Periapical - 1st radiographic image	13
D0230	Periapical image - each additional radiograph image	11
D0240	Intraoral - occlusal radiographic image	22
D0250	Extraoral - 2D radiographic image	58
D0270	Bitewing - single image	17
D0272	Bitewings - 2 images	23
D0273	Bitewings - 3 images	28
D0274	Bitewings - 4 images	28
D0277	Vertical bitewings - 7-8 images	28
D0330	Panoramic radiographic image	55
D0340	2D cephalometric radiographic image	55
D1110	Prophylaxis - adult	45
D1120	Prophylaxis - child	33
D1206	Topical application of fluoride varnish	24
D1208	Topical application of fluoride	24
D1351	Sealant - per tooth	35
D1352	Preventive resin restoration - caries risk	35
D1510	Space maintainer - fixed - unilateral	200
D1515	Space maintainer - fixed - bilateral	200
D1520	Space maintainer - removable - unilateral	200
D1525	Space maintainer - removable - bilateral	200
D2140	Amalgam - one surface, primary or permanent	51
D2150	Amalgam- two surfaces, primary or permanent	63
D2160	Amalgam- three surfaces, primary or permanent	78
D2161	Amalgam- four+ surfaces, primary or permanent	100
D2330	Resin-based composite - one surface, anterior	74
D2331	Resin-based composite- two surfaces, anterior	84
D2332	Resin-based composite - three surfaces, ant.	97
D2335	Resin-based composite - four or more surfaces	75
D2390	Crown -Resin-based composite, anterior	75
D2391	Resin-based composite- one surface, posterior	75
D2392	Resin-based composite-two surfaces, posterior	96
D2394	Resin-based comp.-four or more surfaces, post	75
D2510	Inlay - metallic - one surface	424

D2520	Inlay - metallic - two surfaces	424
D2530	Inlay - metallic - three or more surfaces	447
D2542	Onlay - metallic-two surfaces	383
D2543	Onlay - metallic-three surfaces	383
D2544	Onlay - metallic-four or more surfaces	383
D2610	Inlay - porcelain/ceramic - one surface	424
D2620	Inlay - porcelain/ceramic - two surfaces	424
D2630	Inlay - porcelain/ceramic - three + surfaces	447
D2642	Onlay - porcelain/ceramic - two surfaces	390
D2643	Onlay - porcelain/ceramic - three surfaces	390
D2644	Onlay - porc./ceramic- four or more surfaces	390
D2650	Inlay - resin-based composite - one surface	320
D2651	Inlay - resin-based composite - two surfaces	320
D2652	Inlay - resin-based comp. - three + surfaces	320
D2662	Onlay - resin-based composite - two surfaces	320
D2663	Onlay - resin-based composite- three surfaces	320
D2664	Onlay - resin-based comp. - four + surfaces	300
D2710	Crown - resin (indirect)	300
D2712	Crown - 3/4 resin-based composite(indirect)	300
D2720	Crown - resin with high noble metal	613
D2721	Crown - resin with predominantly base metal	613
D2722	Crown - resin with noble metal	613
D2740	Crown - porcelain/ceramic substrate	400
D2750	Crown - porcelain fused to high noble metal	400
D2751	Crown - porc. fused to predom. base metal	400
D2752	Crown - porcelain fused to noble metal	400
D2780	Crown - 3/4 cast high noble metal	300
D2781	Crown - 3/4 cast predominantly base metal	300
D2782	Crown - 3/4 cast noble metal	300
D2783	Crown - 3/4 porcelain/ceramic	300
D2790	Crown - full cast high noble metal	437
D2791	Crown - full cast predominantly base metal	437
D2792	Crown - full cast noble metal	437
D2794	Crown - titanium	437
D2920	Re-cement crown	38
D2930	Prefab. stainless steel crown - primary tooth	151
D2931	Prefab. stainless steel crown - perm. tooth	151
D2932	Prefabricated resin crown	174
D2971	New crown under partial denture framework	99
D3110	Pulp cap - direct (excl. final restoration)	40
D3120	Pulp cap - indirect (excl final restoration)	40
D3220	Therapeutic pulpotomy- excl final restoration	75
D3221	Pulpal debridement, primary and perm. teeth	40
D3230	Pulpal therapy- resorbable filling - anterior	166
D3240	Pulpal therapy-resorbable filling- posterior,	191
D3310	Root canal, anterior tooth	315
D3320	Root canal, bicuspid tooth	375
D3330	Root canal, molar	475
D3331	Treatment of root canal obstr. non-surgical	155
D3332	Incomp endo. Therapy-inop. or fractured tooth	478
D3333	Internal root repair of perforation defects	92

D3348	Retreat of prev root canal therapy - molar	500
D3410	Apicoectomy/periradicular surgery - anterior	436
D3426	Apico./periradicular surgery (each add. root)	150
D3430	Retrograde filling - per root	91
D3450	Root amputation - per root	319
D4210	Gingivectomy or gingivoplasty (4+ teeth)	459
D4211	Gingivectomy or gingivoplasty (1-3 teeth)	194
D4240	Gingival flap procedure, incl. root planing (4+ teeth)	568
D4241	Gingival flap procedure, incl. root planing (1-3 teeth)	487
D4249	Clinical crown lengthening - hard tissue	711
D4260	Osseous surgery- 4 or more teeth	1048
D4261	Osseous surgery - 1 to 3 teeth	870
D4263	Bone replacement graft - first site in quad	435
D4264	Bone replacement graft- each add site in quad	260
D4265	Biologic mat. to aid in soft/osseous tissue	307
D4266	Guided tissue regeneration per site	435
D4267	Guided tissue regen. - nonresorbable barrier	433
D4270	Pedicle soft tissue graft procedure	774
D4273	Subepithelial connective tissue graft proc.	989
D4274	Distal or proximal wedge procedure	495
D4275	Soft tissue allograft	864
D4276	Combined connective tissue and double pedicle	1145
D4341	Periodontal scaling and root planing	160
D4342	Periodontal scaling and root planing	115
D4381	Localized delivery of antimicrobial agents	39
D4910	Periodontal maintenance	77
D4920	Unschedule dressing change by another dentist	53
D5110	Complete denture - maxillary	650
D5120	Complete denture - mandibular	691
D5130	Immediate denture - maxillary	700
D5140	Immediate denture - mandibular	724
D5211	Maxillary partial denture - resin base	702
D5212	Mandibular partial denture - resin base	724
D5281	Remov. unilat. partial denture-1 piece cast metal	393
D5410	Adjust complete denture - maxillary	36
D5411	Adjust complete denture - mandibular	36
D5421	Adjust partial denture - maxillary	44
D5422	Adjust partial denture - mandibular	44
D5510	Repair broken complete denture base	64
D5520	Replace missing or broken teeth - compl dent.	64
D5610	Repair resin denture base	64
D5620	Repair cast framework	72
D5630	Repair or replace broken clasp	106
D5640	Replace broken teeth - per tooth	51
D5650	Add tooth to existing partial denture	72
D5660	Add clasp to existing partial denture	106
D5670	Replace all teeth and acrylic (maxillary)	432
D5710	Rebase complete maxillary denture	190
D5711	Rebase complete mandibular denture	190
D5720	Rebase maxillary partial denture	249
D5721	Rebase mandibular partial denture	249

D5730	Reline complete maxillary denture- chairside	177
D5731	Reline complete mandibular denture- chairside	177
D5760	Reline maxillary partial denture- laboratory	249
D5761	Reline mandibular partial denture- laboratory	249
D6205	Pontic - indirect resin based composite	400
D6214	Pontic - titanium	400
D6608	Onlay -porcelain/ceramic, two surfaces	390
D6611	Onlay- cast high noble metal, three+ surfaces	489
D6614	Onlay - cast noble metal, two surfaces	366
D6615	Onlay - cast noble metal, three + surfaces	489
D6634	Onlay - titanium	350
D6710	Crown - indirect resin based composite	577
D6720	Crown - resin with high noble metal	275
D6721	Crown - resin with predominantly base metal	275
D6722	Crown - resin with noble metal	275
D6740	Crown - porcelain/ceramic	275
D6750	Crown - porcelain fused to high noble metal	275
D6751	Crown - porcelain fused to predom base metal	275
D6752	Crown - porcelain fused to noble metal	275
D6780	Crown - 3/4 cast high noble metal	275
D6781	Crown - 3/4 cast predominantly base metal	275
D6782	Crown - 3/4 cast noble metal	275
D6783	Crown - 3/4 porcelain/ceramic	275
D6790	Crown - full cast high noble metal	275
D6930	Re-cement fixed partial denture	56
D6980	Fixed partial denture repair	194
D7111	Coronal remnants - deciduous tooth	40
D7140	Extraction, erupted tooth or exposed root	65
D7210	Surg. removal of erupted tooth req elev, etc	84
D7220	Removal of impacted tooth - soft tissue	93
D7230	Removal of impacted tooth - partially bony	233
D7240	Removal of impacted tooth - completely bony	233
D7241	Removal of compl bony impact tooth w/ complic	170
D7250	Surgical removal of residual tooth roots	180
D7880	Occlusal orthotic device in conj w TMJ, by report	225
D8010	Lim. ortho treatment of the primary dentition	50% to LTM
D8020	Lim. ortho treatment of the transit. dentitio	50% to LTM
D8030	Lim. ortho treatment of the adol. dentition	50% to LTM
D8040	Lim. ortho treatment of the adult dentition	50% to LTM
D8050	Interc ortho treatment of the prim dentition	50% to LTM
D8060	Interc ortho treatment of the trans dentition	50% to LTM
D8070	Comp. ortho treatment of the trans dentition	50% to LTM
D8080	Comp. ortho treatment of the adol. dentition	50% to LTM
D8090	Comp. ortho treatment of the adult dentition	50% to LTM
D8660	pre-ortho treatment exam to monitor growth & devel	50% to LTM
D8670	pre ortho treatment visit	50% to LTM
D8680	orthodontic retention	50% to LTM
D8999	Unspecified orthodontic procedure, by report	50% to LTM
D9110	Palliative (emerg) treatment of dental pain	40
D9223	Deep sedation/general anesth - each 15 mins	122
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 mins	129