



Carpenters Southwest Administrative Corporation

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Comparison of Dental Options for Arizona, Utah, New Mexico and Texas Active Southwest Carpenters 2011

Note: This document constitutes only a brief summary of the benefits available. Refer to your Summary Plan Description Booklet (SPD) or HMO Evidence of Coverage document for details. You may also visit us on-line at www.carpenterssw.org

Arizona

Satellite Office
4547 W. McDowell Rd., Ste. 6
Phoenix, AZ 85035-4124
(602) 352-6805

Nevada

Satellite Office
980 Kelly Johnson Dr., Ste. 180
Las Vegas, NV 89119-3722
(702) 851-4510 • (800) 501-0210

New Mexico

Satellite Office
3900 A Pan American Freeway, NE Ste. 120
Albuquerque, NM 87107-4747
(505) 266-8869

Utah

Satellite Office
8149 S. Welby Park Drive
West Jordan, UT 84088-5948
(801) 282-6528

SOUTHWEST CARPENTERS HEALTH & WELFARE TRUST • SOUTHWEST CARPENTERS PENSION TRUST • SOUTHWEST CARPENTERS VACATION TRUST • SOUTHWEST CARPENTERS TRAINING FUND

**SOUTHWEST CARPENTERS HEALTH AND WELFARE TRUST
COMPARISON OF DENTAL OPTIONS
FOR ACTIVE ARIZONA, UTAH, NEW MEXICO and TEXAS PARTICIPANTS**

DENTAL PROVIDER	Dental ADA CDT Codes 2009-2010	SOUTHWEST CARPENTERS H&W Trust	DeltaCare® USA	TOTAL DENTAL ADMIN. (TDA)	TOTAL DENTAL ADMIN. (TDA)	DentalSource Dental Plan	UNITED HEALTHCARE DENTAL
Dental Plan	<i>All Plans</i>	<i>Fee-For-Service Plan</i>	<i>Plan 11A DHMO Plan</i>	<i>A200S DHMO Plan</i>	<i>TC-6000 DHMO Plan</i>	<i>Preferred Elite EPO Plan</i>	<i>PPO PLAN</i>
REGIONS AVAILABLE	ALL STATES	ALL STATES	AZ, CA, NM, NV, UT, TX	AZ ONLY	UT ONLY	NM & El Paso, TX only	NM ONLY
Deductible		None	None	None	None	None	\$50 per person, \$150 per family
Maximum Benefit		\$1,500 per person per calendar year	No Annual Maximum	No Annual Maximum	No Annual Maximum	\$1,500 per person, per calendar year	\$1,000 per person per calendar year
		PLAN BENEFITS* (See Schedule of Allowances)	SAMPLE OF MEMBERS CO-PAYMENT	SAMPLE OF MEMBERS CO-PAYMENT	SAMPLE OF MEMBERS CO-PAYMENT	SAMPLE OF MEMBERS CO-PAYMENT	PLAN BENEFITS (See Schedule of Allowances)
		<i>(What the Plan Pays)</i>	<i>(Your Cost)</i>	<i>(Your Cost)</i>	<i>(Your Cost)</i>	<i>(Your Cost)</i>	<i>(What the Plan Pays)</i>
DIAGNOSTIC and PREVENTIVE							
X-Rays, Intraoral, full mouth series with bitewings	D0210	\$69	No Charge	No Charge	No Charge	No Charge	100%
X-Rays, bitewings, two films	D0272	\$22	No Charge	No Charge	No Charge	No Charge	100%
Teeth cleaning	D1110 – Adult D1120 – Children	\$50 \$36	No Charge No Charge	No Charge No Charge	No Charge No Charge	No Charge No Charge	100% 100%
Space maintainer, fixed Unilateral	D1510	\$178	\$25	\$120	\$30***	No Charge	80%
Bilateral	D1515	\$247	\$25	\$160	\$50***	No Charge	

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Dental Plan		<i>Fee-For-Service Plan</i>	<i>Plan 11A DHMO PLAN</i>	<i>A200S DHMO Plan</i>	<i>TC-6000 DHMO Plan</i>	<i>Preferred Elite EPO Plan</i>	<i>PPO PLAN</i>
REGIONS AVAILABLE		ALL STATES	AZ, CA, NM, NV, UT, TX	AZ ONLY	UT ONLY	NM & El Paso, TX only	NM ONLY
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RESTORATIONS							
Amalgam filling, one surface, primary or permanent tooth	D2140	\$40	No Charge	\$10 primary \$12 permanent	\$16 permanent	\$28	80%
Amalgam filling, three surfaces, primary or permanent tooth	D2160	\$63	No Charge	\$24 primary \$25 permanent	\$37 permanent	\$43	80%
Porcelain crown / base metal	D2751	\$366	\$140	\$375 includes lab	\$250***	\$385 includes lab	50%
Full cast crown / base metal	D2791	\$365	\$110	\$335 includes lab	\$250***	\$383 includes lab	50%
Full cast noble metal crown	D2792	\$375	\$150	\$350 includes lab	\$250***	\$433 includes lab	50%
PERIODONTICS							
Gingivectomy, per quadrant	D4210	\$250	\$80 - \$130	\$225	\$200	\$237	50%
Scaling and root planing, per quadrant	D4341	\$89	\$20 - \$25	\$85	\$85	\$98	50%

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ENDODONTICS (Root Canals)							
Anterior Bicuspid Molar	D3310 D3320 D3330	\$231 \$270 \$346	\$55 \$120 \$250	\$175 \$250 \$395	\$180 \$250 \$240	\$257 \$293 \$395	50%
Apicoectomy per tooth (anterior)	D3410	\$212	\$60	\$290	\$250	\$321	50%
PROSTHETICS							
Complete upper Complete lower denture	D5110 D5120	\$540 \$544	\$145	\$495 includes lab \$495 includes lab	\$190*** \$190***	\$682 includes lab \$682 includes lab	50%
Partial denture upper, cast metal Partial denture, lower, cast metal	D5213 D5214	\$584 upper \$582 lower	\$160	\$575 includes lab \$445 includes lab	\$220*** \$220***	\$640 includes lab \$640 includes lab	50%
ORAL SURGERY							
Extraction, erupted tooth	D7140	\$65	\$5	\$30	\$40	\$47	80%
Surgical extraction, erupted tooth	D7210	\$65 or \$98 depending on complexity	\$25	\$60	\$75	\$90	80%
Surgical extraction, complete bony impaction	D7240	\$179	\$90	\$145	\$115	\$159	80%

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ADJUNCTIVE GENERAL SERVICES							
IV conscious sedation/analgesia, 1 st 30 minutes.	D9241	\$160	\$165	\$150	Not covered	\$137	80% when medically necessary
Occlusal guard	D9940	\$98	\$100	\$99	\$155	Not covered	80%
External teeth bleaching per arch	D9972	Not covered	\$125	Not covered	Not covered	Not covered	Not covered
Specialist consultation	D9310	\$45	\$10	No charge	No charge		No Charge
ORTHODONTIC							
Full banded treatment (not including diagnostic x-rays)							
Children up to age 19	D8070, D8080	\$1,500	\$1,700	\$2,975	15-25% discount	50% up to \$1,000	50% up to \$1,000
Adults	D8090	Not covered	\$1,900	\$3,200	15-25% discount	Not covered	Not covered

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EMERGENCY CARE							
Received from a Non-Participating Dentist		Not applicable (covered dental care does not have to be obtained from any specific provider)	The program pays up to \$100 for out-of-network emergency dental expenses per emergency for each enrollee	Maximum allowable reimbursement is \$50 less any member costs which you would normally be charged	If your plan provider is not accessible, the Plan will pay a maximum of \$50 per person, per year	Not Covered	Non-network % is the same as above but is based on the U&C charges in the geographic area in which the expenses are incurred

*Contracting Panel Providers currently accept the Fee-For-Service Dental Plan Scheduled Allowances as payment in full. (Excludes orthodontics, specialty dentists and lab costs) Panel Providers are not available in all areas. For a list of the Panel Providers, contact the Administrative office.

***Plus actual dental lab fee.

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