



Carpenters Southwest Administrative Corporation

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Comparison of Dental Options for California 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

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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 CALIFORNIA PARTICIPANTS**

DENTAL PROVIDER	Dental ADA CDT Codes 2009-2010	SOUTHWEST CARPENTERS H&W Trust	DeltaCare® USA	GOLDEN WEST (GW)	PACIFIC UNION DENTAL (PUD)	LIBERTY DENTAL
Dental Plan	<i>All Plans</i>	<i>Fee-For-Service Plan</i>	<i>Plan 11A DHMO Plan</i>	<i>Plan 89L3 DHMO Plan</i>	<i>Carmel 600 DHMO Plan</i>	<i>LDP5 DHMO Plan</i>
REGIONS AVAILABLE	ALL STATES	ALL STATES	AZ, CA, NM, NV, UT, TX	CA ONLY	CA ONLY	CA ONLY
Deductible		None	None	None	None	None
Maximum Benefit		\$1,500 per person per calendar year	No Annual Maximum	No Annual Maximum	No Annual Maximum	No Annual Maximum
		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
		<i>(What the Plan Pays)</i>	<i>(Your Cost)</i>	<i>(Your Cost)</i>	<i>(Your Cost)</i>	<i>(Your Cost)</i>
DIAGNOSTIC and PREVENTIVE						
X-Rays, Intraoral, full mouth series with bitewings	D0210	\$69	No Charge	No Charge	No Charge	No Charge
X-Rays, bitewings, two films	D0272	\$22	No Charge	No Charge	No Charge	No Charge
Teeth cleaning	D1110 – Adult D1120 – Children	\$50 \$36	No Charge	No Charge	No Charge	No Charge
Space maintainer, fixed Unilateral	D1510	\$178	\$25	\$30	\$13	\$20
Bilateral	D1515	\$247	\$25	\$30	\$18	\$20

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RESTORATIONS						
Amalgam filling, one surface, primary or permanent tooth	D2140	\$40	No Charge	No Charge	No Charge	No Charge
Amalgam filling, three surfaces, primary or permanent tooth	D2160	\$63	No Charge	No Charge	No Charge	No Charge
Porcelain crown / base metal	D2751	\$366	\$140	\$220***	\$90***	\$115
Full cast crown / base metal	D2791	\$365	\$110	\$220***	\$90***	\$99
Full cast noble metal crown	D2792	\$375	\$150	Gold is member's responsibility	Gold is member's responsibility	\$99***
PERIODONTICS						
Gingivectomy, per quadrant	D4210	\$250	\$80 - \$130	\$40	\$85	\$38
Scaling and root planing, per quadrant	D4341	\$89	\$20 - \$25	\$20	\$40	\$18

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ENDODONTICS (Root Canals)						
Anterior Bicuspid Molar	D3310 D3320 D3330	\$231 \$270 \$346	\$55 \$120 \$250	\$50 \$100 \$150	\$50 \$75 \$100	\$15 \$49 \$99
Apicoectomy per tooth (anterior)	D3410	\$212	\$60	\$50	\$60	\$45
PROSTHETICS						
Complete upper Complete lower denture	D5110 D5120	\$540 \$544	\$145	\$150***	\$190***	\$145
Partial denture upper, cast metal	D5213	\$584 upper	\$160	\$175***	\$200***	\$170
Partial denture, lower, cast metal	D5214	\$582 lower			\$200***	
ORAL SURGERY						
Extraction, erupted tooth	D7140	\$65	\$5	No Charge	\$5	No Charge
Surgical extraction, erupted tooth	D7210	\$65 or \$98 depending on complexity	\$25	\$15	\$20	\$12
Surgical extraction, complete bony impaction	D7240	\$179	\$90	\$50	\$75	\$45

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ADJUNCTIVE GENERAL SERVICES						
IV conscious sedation/analgesia, 1 st 30 minutes.	D9241	\$160	\$165	Not covered	Not covered unless medically necessary	\$225
Occlusal guard	D9940	\$98	\$100	Not covered	Not covered – Plan only covers adjustments at \$20	\$160
External teeth bleaching per arch	D9972	Not covered	\$125	Not covered	Not covered	Not covered
Specialist consultation	D9310	\$45	\$10	Not covered	\$15	No Charge
ORTHODONTIC						
Full banded treatment (not including diagnostic x-rays)						
Children up to age 19	D8070, D8080	\$1,500	\$1,700	\$1,795	\$1,700	\$1,700
Adults	D8090	Not covered	\$1,900	\$1,795	\$1,700	\$1,900

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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	GW will reimburse up to \$50 per year for emergency treatment received more than 50 miles from your home and your selected GW dental office	Emergency services are subject to the limitations and exclusions found in PUD's evidence of coverage	If member is out-of-area and/or cannot contact their LDP dentist, care for emergency services only can be received from any licensed dentist. Member will be reimbursed up to \$75 less any applicable co-payments.

*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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