



Carpenters Southwest Administrative Corporation

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www.carpenterssw.org

Comparison of Dental Options for Nevada 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

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4547 W. McDowell Rd., Ste. 6
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(602) 352-6805

Nevada

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

New Mexico

Satellite Office
3900 A Pan American Freeway, NE Ste. 120
Albuquerque, NM 87107-4747
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Utah

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8149 S. Welby Park Drive
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(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 NEVADA PARTICIPANTS**

DENTAL PROVIDER	Dental ADA CDT Codes 2009-2010	SOUTHWEST CARPENTERS H&W Trust	DeltaCare® USA	NEVADA PACIFIC DENTAL (NPD)	LIBERTY DENTAL
Dental Plan	<i>All Plans</i>	<i>Fee-For-Service Plan</i>	<i>Plan 11A DHMO Plan</i>	<i>Affinity 110 POS Plan</i>	<i>NV-7 EPO Plan</i>
REGIONS AVAILABLE	ALL STATES	ALL STATES	AZ, CA, NM, NV, UT, TX	NV ONLY	NV ONLY
Deductible		None	None	None	None
Maximum Benefit		\$1,500 per person per calendar year	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
		<i>(What the Plan Pays)</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
X-Rays, bitewings, two films	D0272	\$22	No Charge	No Charge	No Charge
Teeth cleaning	D1110 – Adult D1120 – Children	\$50 \$36	No Charge No Charge	No Charge No Charge	No Charge No Charge
Space maintainer, fixed Unilateral	D1510	\$178	\$25	\$33	\$25
Bilateral	D1515	\$247	\$25	\$46	\$25

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Dental Plan		<i>Fee-For-Service Plan</i>	<i>Plan 11A DHMO PLAN</i>	<i>Affinity 110 POS Plan</i>	<i>NV-7 EPO Plan</i>
REGIONS AVAILABLE		ALL STATES	AZ, CA, NM, NV, UT, TX	NV ONLY	NV ONLY
		PLAN BENEFITS* (See Schedule of Allowances)	SAMPLE OF MEMBERS CO-PAYMENT	SAMPLE OF MEMBERS CO-PAYMENT	SAMPLE OF MEMBERS CO-PAYMENT
RESTORATIONS					
Amalgam filling, one surface, primary or permanent tooth	D2140	\$40	No Charge	\$12	\$10
Amalgam filling, three surfaces, primary or permanent tooth	D2160	\$63	No Charge	\$18	\$18
Porcelain crown / base metal	D2751	\$366	\$140	\$201	\$175
Full cast crown / base metal	D2791	\$365	\$110	\$219	\$170
Full cast noble metal crown	D2792	\$375	\$150	\$223	\$185***
PERIODONTICS					
Gingivectomy, per quadrant	D4210	\$250	\$80 - \$130	\$89	\$35-\$75
Scaling and root planing, per quadrant	D4341	\$89	\$20 - \$25	\$57	\$20-\$23

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ENDODONTICS (Root Canals)					
Anterior Bicuspid Molar	D3310 D3320 D3330	\$231 \$270 \$346	\$55 \$120 \$250	\$114 \$157 \$200	\$80 \$135 \$200
Apicoectomy per tooth (anterior)	D3410	\$212	\$60	\$109	\$100
PROSTHETICS					
Complete upper Complete lower denture	D5110 D5120	\$540 \$544	\$145	\$323	\$248
Partial denture upper, cast metal Partial denture, lower, cast metal	D5213 D5214	\$584 upper \$582 lower	\$160	\$173	\$206-\$212
ORAL SURGERY					
Extraction, erupted tooth	D7140	\$65	\$5	\$26	\$9 - \$10
Surgical extraction, erupted tooth	D7210	\$65 or \$98 depending on complexity	\$25	\$36	\$10
Surgical extraction, complete bony impaction	D7240	\$179	\$90	\$80	\$80

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REGIONS AVAILABLE		ALL STATES	AZ, CA, NM, NV, UT, TX	NV ONLY	NV ONLY
		PLAN BENEFITS* (See Schedule of Allowances)	SAMPLE OF MEMBERS CO-PAYMENT	SAMPLE OF MEMBERS CO-PAYMENT	SAMPLE OF MEMBERS CO-PAYMENT
ADJUNCTIVE GENERAL SERVICES					
IV conscious sedation/analgesia, 1 st 30 minutes.	D9241	\$160	\$165	Not covered	\$225
Occlusal guard	D9940	\$98	\$100	\$25	\$25
External teeth bleaching per arch	D9972	Not covered	\$125	Not covered	Not covered
Specialist consultation	D9310	\$45	\$10	No Charge	No Charge
ORTHODONTIC					
Full banded treatment (not including diagnostic x-rays)					
Children up to age 19	D8070, D8080	\$1,500	\$1,700	\$3,400	\$1,700
Adults	D8090	Not covered	\$1,900	Not Covered	\$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	If an NPD provider is not available, the plan allows for a \$100 out-of-network emergency benefit	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.

NPD offers a **Point of Service plan with both in and out of network benefits. To utilize the in network benefits, members will need to select from a list of participating dentists. If you would like to utilize the out of network providers, simply go to the provider of your choice - you will be subject to a \$50 deductible and a \$1,000 yearly maximum. See full fee schedule in the NPD packet. For a list of NPD DHMO panel providers, contact your Administrative Office at (702) 851-4510 or (800) 501-0210.

***Plus actual dental lab fee.

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