

**SOUTHWEST CARPENTERS HEALTH AND WELFARE TRUST  
COMPARISON OF DENTAL PLANS  
FOR ACTIVE PARTICIPANTS**

DENTAL PROVIDER	SOUTHWEST CARPENTERS H&W Trust	DeltaCare® USA	GOLDEN WEST (GW)	PACIFIC UNION DENTAL (PUD)	NEVADA PACIFIC DENTAL (NPD)	LIBERTY DENTAL	LIBERTY DENTAL	TOTAL DENTAL ADMIN. (TDA)	TOTAL DENTAL ADMIN. (TDA)	DentalSource Dental Plan	UNITED HEALTHCARE DENTAL
Dental Plan	<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>Affinity 110 POS Plan</i>	<i>LDP5 DHMO Plan</i>	<i>NV-7 EPO 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	<b>ALL STATES</b>	<b>AZ, CA, NM, NV, UT, TX</b>	<b>CA ONLY</b>	<b>CA ONLY</b>	<b>NV ONLY</b>	<b>CA ONLY</b>	<b>NV ONLY</b>	<b>AZ ONLY</b>	<b>UT ONLY</b>	<b>NM &amp; El Paso, TX only</b>	<b>NM ONLY</b>
Deductible	None	None	None	None	None (In-Network)	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	No Annual Maximum	No Annual Maximum	No Annual Maximum	No Annual Maximum	No Annual Maximum	\$1,500 per person, per calendar year	\$1,000 per person per calendar year
	<b>PLAN BENEFITS* (See Schedule of Allowances)</b>	<b>SAMPLE OF MEMBERS CO-PAYMENT</b>	<b>SAMPLE OF MEMBERS CO-PAYMENT</b>	<b>SAMPLE OF MEMBERS CO-PAYMENT</b>	<b>SAMPLE OF MEMBERS CO-PAYMENT</b>	<b>SAMPLE OF MEMBERS CO-PAYMENT</b>	<b>SAMPLE OF MEMBERS CO-PAYMENT</b>	<b>SAMPLE OF MEMBERS CO-PAYMENT</b>	<b>SAMPLE OF MEMBERS CO-PAYMENT</b>	<b>SAMPLE OF MEMBERS CO-PAYMENT</b>	<b>PLAN BENEFITS (See Schedule of Allowances)</b>
	<i>(What the Plan Pays)</i>	<i>(Your Cost)</i>	<i>(Your Cost)</i>	<i>(Your Cost)</i>	<i>(Your Cost)**</i>	<i>(Your Cost)</i>	<i>(Your Cost)</i>	<i>(Your Cost)</i>	<i>(Your Cost)</i>	<i>(Your Cost)</i>	<i>(What the Plan Pays)</i>
<b>DIAGNOSTIC/PREVENTIVE</b>											
X-Rays, Intraoral, full mouth series with bitewings	\$69	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	100%
X-Rays, bitewings, two films	\$22	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	100%
Teeth cleaning	\$50 for adults, \$36 for children	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	100%
Space maintainer, fixed Unilateral Bilateral	\$178 \$247	\$25 \$25	\$30 \$30	\$13 \$18	\$33 \$46	\$20 \$20	\$25 \$25	\$120 \$160	\$30*** \$50***	No Charge No Charge	80%

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<b>RESTORATIONS</b>											
Amalgam filling, one surface, primary or permanent tooth	\$40	No Charge	No Charge	No Charge	\$12	No Charge	\$10	\$12	\$16	\$28	80%
Amalgam filling, three surfaces, primary or permanent tooth	\$63	No Charge	No Charge	No Charge	\$18	No Charge	\$18	\$24 - \$28	\$43	\$43	80%
Porcelain crown / base metal	\$366	\$140	\$220***	\$90***	\$201	\$115	\$175	\$350 includes lab	\$275***	\$385 includes lab	50%
Full cast crown / base metal	\$365	\$110	\$220***	\$90***	\$219	\$99	\$170	\$335 includes lab	\$250***	\$383 includes lab	50%
Full cast noble metal crown	\$375	\$150	Gold is member's responsibility	Gold is member's responsibility	\$223	\$99***	\$185***	\$350 includes lab	\$250***	\$455 includes lab	50%
<b>PERIODONTICS</b>											
Gingivectomy, per quadrant	\$250	\$80 - \$130	\$40	\$30	\$89	\$0 - \$38	\$35 - \$75	\$225	\$200	\$147	50%
Scaling and root planing, per quadrant	\$89	\$20 - \$25	\$20	\$40	\$57	\$18	\$20- \$23	\$85	\$85	\$60	50%
Specialist consultation	\$45	\$10 for code 9310	Not covered	\$15	No Charge	No Charge	No Charge	\$25-\$65, depending on specialty	No Charge	\$10	80%

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<b>ENDODONTICS</b> (Root Canals)											
Single root Bi-root Tri-root	\$231 \$270 \$346	\$55 \$120 \$250	\$50 \$100 \$150	\$50 \$75 \$100	\$114 \$157 \$200	\$15 \$49 \$99	\$80 \$135 \$200	\$175 \$250 \$395	\$180 \$250 \$340	\$257 \$293 \$395	50%
Apicoectomy per tooth (anterior)	\$212	\$60	\$50	\$60	\$109	\$45	\$100	\$290 or \$395 depending on the tooth	\$250	\$321	50%
<b>PROSTHETICS</b>											
Complete upper or lower denture	\$540 upper \$544 lower	\$145	\$150***	\$190***	\$323	\$145	\$248	\$495 includes lab	\$220***	\$682 includes lab	50%
Partial upper or lower with chrome cobalt alloy	\$584 upper \$582 lower	\$160	\$175***	\$165***	\$173	\$170	\$206 - \$212	\$575 includes lab	\$250***	\$442 includes lab	50%
<b>ORAL SURGERY</b>											
Single tooth extraction, local anesthesia	\$65	No Charge	No Charge	\$3	\$26	No Charge	\$9 - \$10	\$30	\$30	\$47	80%
Extraction, tooth erupted	\$65 or \$98 depending on complexity	\$5	\$15	\$5 (surgical)	\$36	No Charge	\$10	\$60 (surgical)	\$40	\$90	80%
Extraction, tooth impacted complete bony	\$179	\$90	\$50	\$75	\$80	\$45	\$80	\$145	\$115	\$159	80%

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<b>ADJUNCTIVE GENERAL SERVICES</b>											
IV Sedation/General Anesthesia, 1 <sup>st</sup> 30 minutes.	\$160	\$165	Not covered	Not covered unless medically necessary	Not covered	\$225	\$225	\$150	Not covered	\$136	80% when medically necessary
Occlusal guard	\$98	\$95	Not covered	Not covered – Plan only covers adjustments at \$20	\$25	\$160	\$25	\$99	\$155	Not covered	80%
External teeth bleaching per arch	Not covered	\$125	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
<b>ORTHODONTIC</b>											
Full banded treatment (not including diagnostic x-rays)											
Children up to age 19	\$1,500	\$1,700	\$1,795	\$1,700	\$3,400	\$1,700	\$1,700	\$2,975	15-25% discount	50% up to \$1,000 maximum benefit; adults not covered	50% up to \$1,000
Adults	Not covered	\$1,900	\$1,795	\$1,700	Not covered	\$1,900	\$1,900	\$3,200	15-25% discount		Not covered

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<b>EMERGENCY CARE</b>											
<b>Received from a Non-Participating Dentist</b>	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 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.	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.	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.

\*\*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.

***This benefit summary has been prepared for a comparison of benefits only. Refer to your Summary Plan Description booklet (SPD) or DHMO Evidence of Coverage document for complete details. You may also visit us on-line at [www.carpenterssw.org](http://www.carpenterssw.org).***

(Rev. 7/9/09 kh)