

# Operating Engineers' Local No. 428 Trust Funds

Health & Welfare  
Pension

Vacation

2001 West Camelback Road, Ste. 350  
Phoenix, Arizona 85015  
Tel; (602) 650-8161  
Fax; (602) 650-8166  
E-mail; sgurrola@zenith-american.com

Mailing Address  
P.O Box 16200  
Phoenix, AZ 85011-6200

December 30, 2019

Subject: Open Enrollment for Dental Plans

The Trustees have designated January 1, 2020 through January 31, 2020 as the "Open Enrollment Period" for the Operating Engineers Local #428 Health & Welfare Trust Fund Dental Plan.

During this period you can elect to change your dental coverage's between the Sun Life Prepaid Dental Plan and the Operating Engineers Local #428 Health & Welfare Trust Fund Indemnity Dental Plan (Delta Dental).

Please note there are differences in these two plans. In general terms, the Sun Life Prepaid Dental Plan is a reduced fee for service plan. The Sun Life Plan details the cost for procedures up front and payment is due at the time of service. The Sun Life Plan includes limited Orthodontic coverage.

The Operating Engineers Local #428 Health & Welfare Trust Fund Indemnity Dental Plan (Delta Dental) coverage's are outlined in your Operating Engineers Local #428 Health & Welfare Trust Fund Summary Plan Description. The Indemnity Plan uses claim forms submitted by your doctor. Delta Dental provides the PPO Network and adjudicates the claim as described in the Summary Plan Description.

**If you are considering making a change in your dental coverage, please contact the administrative office to obtain copies of the two plans so that you may compare coverage's and determine which one is best for you.**

If you do not wish to change Plans, no action by you is necessary. If you wish to change your enrollment, please call the administrative office for all questions regarding open enrollment at 602-650-8161.

The Trustees

\*Receipt of this notification is not a determination of eligibility in the Operating Engineers Health & Welfare Trust Fund. Please contact the administrative office to verify eligibility for benefits.

**OPERATING ENGINEERS LOCAL 428 HEALTH & WELFARE FUND**

**SUMMARY OF DENTAL PLAN BENEFITS  
FOR  
ACTIVE EMPLOYEES AND THEIR DEPENDENTS**

<b>SUMMARY OF DENTAL PLAN BENEFITS FOR ACTIVE EMPLOYEES AND THEIR DEPENDENTS</b>		
<b>Dental Plan Options</b>	<b>Indemnity Dental Plan (Delta)</b>	<b>Prepaid Dental Plan (SunLife)</b>
<b>Calendar Year Deductible</b>	\$50/person and \$150/family	None
<b>Preventive Dental Services</b>	80% of the Allowed Charge, not subject to the deductible	100% after copay
<b>Basic Dental Services</b>	80% of the Allowed Charge, after deductible met	100% after copay
<b>Major Dental Services</b>	60% of the Allowed Charge, after deductible met	100% after copay
<b>Orthodontia Services</b>	Not Covered	25% Reduction from a Plan Specialist
<b>Maximum Dental Benefit Per Person Per Calendar Year</b>	\$2,000 per year for individuals age 18 and older. No maximum for children under age 18 years.	None



# DELTA DENTAL PPO PLUS PREMIER®

## UNLEASH YOUR SMILE POWER™

### Why Go PPO

You may visit any licensed dentist, but you will save the most money by visiting a PPO dentist. That's because PPO dentists agree to accept lower reimbursements for services.



### Find A Dentist

It's easy to find a Delta Dental dentist near you with our provider search tool at [deltadentalaz.com](http://deltadentalaz.com) or in the Delta Dental Mobile App.

### Easy Benefits Coordination

If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.

### No ID Card Necessary

Just give your dental office your name and member ID. Don't know your member ID? Pull up an electronic ID card on your smartphone at the dentist's office by logging in to the Delta Dental Mobile App.

### Download The Mobile App

Access your benefits and view your ID card on-the-go with the Delta Dental Mobile App. It's free for Android and iOS!

### Know Your Coverage

New to the Delta Dental PPO plan? This plan covers treatment started and completed after your plan's effective date of coverage.<sup>1</sup> Your benefit summary and benefit booklet have specific details about covered treatments.

### Register Online

Sign up for the Member Connection at [deltadentalaz.com/member](http://deltadentalaz.com/member) to view benefits, eligibility and claims status or to check average dental costs in your area. You can also update your delivery preference for dental benefits statements (EOBs) and go paperless!

### Understand Common Dental Terms

It's our goal to make your benefits simple to use and easy to understand. Here are some common terms defined:

- **Annual Maximum** - The maximum dollar amount Delta Dental will pay toward the cost of dental care within a specific benefit period.
- **Deductible** - The amount you pay for covered dental services before Delta Dental begins to pay.
- **Coinsurance** - The percentage of dental care expenses you pay after your deductible.
- **Predetermination** - A pre-treatment estimate that helps determine the cost of a recommended dental treatment.

1. This plan covers treatment started and completed after your plan's effective date of coverage. For more information, please refer to the Delta Dental PPO Plus Premier Plan Summary of Benefits and Coverage (SBC) and the Delta Dental PPO Plus Premier Plan Benefit Booklet. Coverage is subject to the terms, conditions, exclusions, limitations, and restrictions set forth in the Delta Dental PPO Plus Premier Plan SBC and Benefit Booklet. Delta Dental is not responsible for the accuracy of the information provided in this document. © 2018 Delta Dental of Arizona. All rights reserved.



**OPERATING ENGINEERS LOCAL #428  
HEALTH AND WELFARE TRUST FUND**

Effective Date: 01/01/2020

Plan Name: PPO plus Premier®

Group Number: 4177

**DELTA DENTAL PPO PLUS PREMIER®**

Covered Services	PPO and Premier Dentist	Out-of-Network Dentist <sup>1</sup>
Annual Maximum Benefit (Combination of in and out-of-network)	\$2,000	\$2,000
Annual Deductible (Individual/Family) (Combination of in and out-of-network)	\$50/150	\$50/150
<b>Preventive Services</b>	<i>Delta Dental Pays</i>	
Exams	80%	80%
Routine Cleanings		
Fluoride: For children to age 18		
X-rays		
Space Maintainers		
<b>Basic Services</b>	<i>Delta Dental Pays</i>	
Sealants: For children up to age 19	80% <sup>2</sup>	80% <sup>2</sup>
Fillings		
Crowns: Stainless Steel		
Emergency Treatment		
Endodontics: Root canal treatment		
Periodontics: Treatment of gum disease		
Oral Surgery: Simple extractions.		
Oral Surgery: Surgical extractions.		
<b>Major Services</b>	<i>Delta Dental Pays</i>	
Prosthodontics: Bridges, partial dentures, complete dentures	60% <sup>2</sup>	60% <sup>2</sup>
Bridge and Denture Repair		
Implants		
Restorative: Crowns and onlays		

<sup>1</sup> Members may incur higher out-of-pocket costs when seeing an out-of-network dentist. See Covered Dental Services sheet.  
<sup>2</sup> Deductible applies to these services.  
<sup>3</sup> Waiting period may apply. See Covered Dental Services sheet.

**YOUR BENEFITS ARE BASED ON A CALENDAR YEAR  
BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT  
Dependent Age Limit: 26 | Predetermination recommended for services over \$250.**

**How can we help you?**  
**Member Connection:**  
 deltadentalaz.com/member  
**Find A Dentist:**  
 deltadentalaz.com/provider-search  
**Customer Service:**  
 602.938.3131, option 1  
 800.352.6132, option 1

- Using Your Benefits**
- 1** Using Your Benefits
  - 2** Choose a dentist
  - 3** Make an appointment
  - 4** Visit dentist for service

## COVERED DENTAL SERVICES

### PREVENTIVE SERVICES

- Exams, evaluations or consultations: Two in a benefit year.
- Routine Cleanings: Limited to two in a benefit year. One difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to once in a 5-year period.
- Topical Application of Fluoride: For children to age 18 - Two in a benefit year.
- Full mouth/Panorex or vertical bitewings X-rays: Once in a 3-year period.
- Bitewing X-rays: Two in a benefit year.
- Periapical X-rays: As needed.
- Space Maintainers: For missing teeth up to age 19.

### BASIC SERVICES (Deductible applies to these services.)

- Sealants: For children up to age 19 - Once in a 3-year period for permanent molars and bicuspids.
- Fillings: Silver amalgam and synthetic tooth color fillings. One per surface every two years.
- Stainless Steel Crowns
- Emergency (Palliative Treatment): Treatment for the relief of pain.
- Endodontics: Root canal treatment (permanent teeth). Pulpotomy primary (baby) teeth.
- Periodontics: Treatment of gum disease - Non-surgical once every two years. Surgical once every three years.
- Oral Surgery: Simple extractions.
- Oral Surgery: Surgical extractions.

### MAJOR SERVICES (Deductible applies to these services.)

- Prosthodontics: Bridges, partial dentures, complete dentures - 5-year waiting period for replacement last performed.
- Bridge and Denture Repair: Repair of such appliances to their original condition, including relining of dentures.
- Implant- Implants are only a benefit to replace a single missing tooth bounded by teeth on each side. Limited to \$1000 per tooth, per lifetime and is applied to the patient's annual maximum benefit.
- Restorative: Crowns and onlays - 5-year waiting period for replacement last performed.

### DENTIST PAYMENTS

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist. There are three levels to choose from:

- **PPO Dentist** -- Payment is based on the PPO dentist's allowable fee or the actual fee charged, whichever is less.
- **Premier Dentist** -- Payment is based on the Premier Maximum Reimbursable Amount (MRA), filed fee, or the fee actually charged, whichever is less.
- **Out-of-Network Dentist** -- Payment is based on the non-participating dentist Table of Allowance. Members are responsible for the difference between the non-participating dentist Table of Allowance and the full fee charged by the dentist.

BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT

# Find your benefits here.



INTERNATIONAL UNION OF OPERATING  
ENGINEERS LOCAL 428  
POLICY # 902935

If you're reading this, it must be enrollment time. But don't sweat it, because we've got you covered. We'll provide you with the right information to get the coverage that's best for you and your family. Some of our offerings might be new to you. Take some time to read through this booklet, so that you feel confident about your choices. And keep in mind that any benefits you choose are easily paid for through payroll deduction.

## **BENEFITS AT A GLANCE:**

- **Prepaid/DHMO Dental** for convenient dental care at fixed copayment amounts.

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# Prepaid Dental

## COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions
- ✓ Root canals

### ▶ PROTECTS YOUR SMILE.

A dental plan encourages routine cleanings and checkups at the dentist so you can protect your teeth for a lifetime. A healthy smile helps everyone feel more confident.

### ▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes.<sup>1</sup> Many plans offer low copayment amounts for preventive services to make it easy for you to use your dental benefits.

### ▶ LOWERS OUT-OF-POCKET EXPENSES.

No maximums, no deductibles, no waiting periods and fixed copayment amounts keep your out-of-pocket expenses down. Benefits are even payable for pre-existing dental conditions within the copayment schedule.

## DENTAL FAST FACTS

*Periodontal disease can lead to receding gums, bone damage, loss of teeth, and can increase the risk of other health problems such as heart disease and diabetes.<sup>1</sup>*

*Treatment of gum disease in people with type 2 diabetes can lower blood sugar over time.<sup>2</sup>*

## What's covered

Sample copayment schedule - This is just a sampling of the services available. To see a complete list of services and copayments, please ask to see your Evidence of Coverage (EOC).

PROCEDURE TYPE	YOUR COPAYMENT GENERAL DENTAL
Office visit	\$10
Periodic oral evaluation	No Charge
Bitewing x-rays – 4 films	No Charge
Routine cleaning – Adult	\$5
Routine cleaning – Child	\$5
Resin-based composite (tooth-colored fillings)	
1 surface – Posterior	\$75
2 surfaces – Posterior	\$80
3 surfaces – Posterior	\$95
Crowns and pontics	
Crown – Porcelain fused to high noble metal*	\$265
Crown – Full cast high noble metal*	\$265
Crown (Bridge abutment) - Porcelain fused to high noble metal*	\$305
Pontic – Porcelain fused to high noble metal*	\$305
Root Canals	
Anterior	\$125
Bicuspid	\$220
Molar	\$275

\*These services may also require separate payment for the cost of any precious or semi-precious alloy used in their fabrication. The additional precious or semi-precious alloy charges must be paid to the Plan Dentist in addition to any applicable copayment for the service.



## Frequently asked questions

### How does a Prepaid plan work?

This plan gives you and your family access to a range of dental services from in-network providers at fixed copayment amounts. A copayment is the set fee that you pay to the plan dentist at the time of treatment for covered services that are being performed. To receive services at these fixed rates, you must use a network provider.

### How do I find a dentist?

Simply visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist). Follow the prompts to find a dentist in your area who participates in the Heritage network. You can also call 800-443-2995 for help finding a dentist.

### Do I have to choose a dentist in the network?

Yes. To receive the fixed copayment amounts you must visit a dentist in the network and you must select the dentist in advance. Each family member may choose a different plan dentist.

### Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>3</sup> and dependent children. An eligible child is defined as an unmarried child to age 19 or to age 25 if a full-time student.<sup>4</sup>

### What features does my plan include?

- No annual dollar maximums for plan dentists and plan specialists
- No deductibles
- No waiting periods
- Benefits are payable for pre-existing dental conditions within the copayment schedule
- Extensive provider network updated regularly

### How will the plan dentist know I am a patient?

The plan dentist receives a patient listing, called a roster, from Sun Life each month that includes all members who have chosen those individuals as their dentist. Please confirm at the time of making your appointment with the plan dentist that you are on their roster.

### Do I have to file the claim?

No. You will not need to file a claim for a plan dentist or plan specialist.

### If I have a dental emergency, do I need to see my plan dentist?

First, contact your plan dentist to make an appointment. If your plan dentist is unable to see you, you may seek treatment from any licensed dentist in the United States. Please be informed that the emergency benefit of your plan is limited to the temporary relief of pain and has limited benefits.

### What is the vision discount plan?

This plan offered by Vision Services Plan® (VSP) provides you discounts on exams, as well as on the purchase of eyeglasses, sunglasses and other prescription eyewear from VSP doctors. These discounts are available to you and everyone covered on your dental plan. To locate a VSP doctor near you, visit [www.vsp.com](http://www.vsp.com) or call VSP at 800-877-7195. This plan is not insurance.

### How can I get more information about my coverage, change my assigned dentist or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to [www.sunlife.com/account](http://www.sunlife.com/account) and register. You can also access this information from our mobile app – *Benefit Tools*, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-443-2995. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

#### FIND A PLAN SPECIALIST

You will find a list of plan specialists by looking in the plan network directory, visiting [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist) or calling 800-443-2995 for assistance. No referrals are necessary from your plan dentist to seek treatment from a plan specialist.

1. American Academy of Periodontology [http://www.perio.org/consumer/love\\_the\\_gums\\_you%27re\\_with](http://www.perio.org/consumer/love_the_gums_you%27re_with) (accessed on 04/11/18)

2. <https://www.cdc.gov/diabetes/ndep/pdfs/150-Healthy-teeth-matter.pdf> (accessed 4/11/18)

3. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

4. Please see your employer for more specific information.

Read the **Important information** section for more details including limitations and exclusions.

## Important information

**The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.**

For the prepaid dental plan, you must meet the eligibility requirements set forth by your employer. Your effective date will be determined by your Group Dental Service Agreement and Evidence of Coverage. Refer to these plan documents for details.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate/Evidence of Coverage or ask your benefits administrator for details.

### Prepaid Dental

We will not pay a benefit for any Dental procedure or service not specifically mentioned in the Copayment Schedule (including any hospital or outpatient care facility cost associated with any dental procedures). Any dental service listed in the Copayment Schedule initiated prior to Member's Effective Date or after the Member's termination is not covered. Services provided by non-Plan Providers are not covered except for Emergency Services specifically provided in the EMERGENCY SERVICES Article of the Evidence of Coverage. Fixed or removable prosthetics are subject to a 5 year replacement limitation. Extractions for Orthodontic purposes only are at a 25% discount off of the Plan Provider's normal retail charge. Implants and implant related procedures are not covered. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities are not covered. Limitations and exclusions apply with respect to the Member's oral conditions without regard to whether or not such conditions existed before the effective date of the Member's enrollment.

This plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by The Patient Protection and Affordable Care Act (PPACA).

**The prepaid dental Overview is preliminary to the issuance of your plan documents. Refer to your Evidence of Coverage for details. Receipt of this Overview does not constitute approval of coverage. In the event of a discrepancy between this Overview and the Evidence of Coverage, the terms of the Evidence of Coverage will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, TDBPOLICY-2006, and TDI-POLICY. Prepaid dental products are provided and administered by Sun Life Assurance Company of Canada (SLOC) under Form Series BDC-GDSA, PDC, and are provided by prepaid dental companies, affiliated with SLOC, under Form Series BDC-GDSA, UDC-CA-GA06-UDC, UDC-CA-GA06-89, FB-NJ-0281, UDC-09-GDSA-TX, PDC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC of Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc.

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# Sun Life Financial

One Sun Life Executive Park, Wellesley Hills, MA 02481



## Group Enrollment Form

- Sun Life Assurance Company of Canada  
One Sun Life Executive Park  
Wellesley Hills, MA 02481
- United Dental Care of Arizona, Inc.

Employer use (check one):  New employee  Change  COBRA

### 1. General Information

<b>Employer Name</b> International Union of Operating Engineers Local 428	<b>Account / Policy Number</b> 902935	<b>Location</b>
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### 2. Employee Information

<b>Employee's Full Legal Name (First, M.I., Last)</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Occupation</b>	<b>Eligibility Class (if applicable)</b>	<b>Social Security Number</b>	<b>Phone Number</b>	
<b>Date employed:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date:	<input type="checkbox"/> Return from layoff <input type="checkbox"/> Rehire	Date:	
<b>Current Active Employment Type</b> # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<b>Earnings \$</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____			

### 3. Dependent Information

Please complete this entire section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

If more space is needed, please add additional pages.

Relationship	Full legal name (First, M.I., Last)	Gender	Social Security number	Date of birth	Student Y/N
Spouse					
Children					

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief.

X  
\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Today's Date