



BAY AREA DELIVERY DRIVERS SECURITY FUND



DENTAL BENEFIT BREAKDOWN

The following benefit breakdown is a quick reference of your dental plan benefits. For complete coverage details, please contact Customer Services at 1-800-654-1824.

Dental benefits are administered by Health Services & Benefit Administrators (HS&BA). To find a Premier Access Preferred Provider please visit www.premierlife.com and search under *Union Members Dental PPO Plans*. All dental claims must be sent to:

Premiere Access Insurance Company (General Dentistry)
Po Box 38313
Phoenix, AZ 85069
Electronic Payor ID: CX078 Group Number: 101961

Orthodontic Claims:
Bay Area Delivery Drivers
4160 Dublin Blvd Suite 400
Dublin, CA 94568

Note: To be covered, services must be necessary and customary, as determined by the standards of generally accepted dental practice. Please note that there are three different plans outlined 5, 6, & 7. This is a general breakdown of benefits and not a guarantee of payment. Payment is based on eligibility on the date of service and on the guidelines outlined in the Summary Plan Description. We suggest submitting a pre-determination to verify benefit coverage.

Pre-Determination	Highly suggested for treatment plans over \$500	
In Network (PPO)	Premier Access — Dental-Guard Preferred Select Network : Allowed fees based on contracted allowable fees	
Out of Network	Allowable fees based on UCR	
Deductible	Plan 5 & 6 - None	Plan 7 - \$50 per person
Annual Maximum	Plan 5 & 6 - \$12,606 <i>effective 01/01/2023</i>	Plan 7 - \$5000 Children under age 19 have no maximum for all
Diagnostic & Preventive	Plan 5 & 6 - 90% of UCR or PPO contracted rate	Plan 7 - 90% of UCR or PPO contracted rate
Basic	Plan 5 & 6 - 90% of UCR or PPO contracted rate	Plan 7 - 70% of UCR or PPO contracted rate
Major	Plan 5 & 6 - 90% of UCR or PPO contracted rate	Plan 7 - 70% of UCR or PPO contracted rate
Orthodontics	70% of UCR or PPO contracted rate	Covered for Adults and Children
Orthodontic Lifetime Max	\$2000 per patient – No Deductible	
Orthodontic Payments	<i>We will provide a benefit payable of up to \$500 for the initial banding fee. The remaining benefit available will be prorated by the estimated number of treatment months. You must bill each month for the monthly payments. (Example-Total fee = \$7000,</i>	
Posterior Composites	An alternate benefit of amalgam is given.	
Posterior Porcelain Crowns/Bridges	Porcelain is allowed on bicuspids. An alternate benefit of a metal crown is allowed for molars.	
Prophylaxis	2 per calendar year *	
Exam	2 per calendar year *	
FMX/Panoramic X-ray	1 X per 36 months (shared benefit)	
BWX	1 X per calendar year for adults	2 X per calendar year for children under age
Fluoride	2 x per calendar year for children under age 18	
Sealants	Allowed for children under age 15 and allowed on molars only and 1 X per 36 months per tooth	
Space Maintainers	Allowed for children under age 16	
Root Planning	1 X 12 months per quadrant. 2 quadrants per visit.	
Periodontal Maintenance	Allowed 4x times a year (3-6 months) after "4260,4341 or 4342" based on Dental Necessity. Patient must have prior service or services do share with Prophylaxis	
Crown & Bridge	1 X 5 years - Allowed for members age 16 or older (alternate benefit may be available for under age 16) *	
Dentures	1 X 5 years - Allowed for members age 16 or older *	
Relines	Allowed following healing period of immediate denture or 6 mo following placement of denture and 1 X 12mo thereafter	
Stayplates	Allowed during healing period of anterior extractions, as an anterior space maintainer for children or temporary alternate to a permanent denture in the presence of periodontal disease which would be evaluated by the dental consultant.	
General Anesthetic	Allowed with impacted wisdom teeth extractions.	
Occlusal-Night Guard Implants /TMJ / Nitrous Oxide IV Sedation	Not Covered	
Other information	Standard Coordination, No Missing Tooth Clause, No Waiting Periods	