



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 #100

Dublin, CA 94568

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 & 6/6A – None	Plan 7 - \$50 per person - Applies to Ortho
Annual Maximum	Plan 5 & 6 - \$7,500 effective 01/01/2025	Plan 7 - \$5000 Children under age 19 have no max for all plans
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 – Deductible Applies to Plan 7 Only	
Orthodontic Payments	We will provide a payable benefit 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, TX time = 24 months. We will pay a total of \$2000: initial payment is \$500 with 24 monthly payments	
Posterior Composites	An alternate benefit of amalgam is given.	
Posterior Porcelain Crowns/Bridges	Porcelain is allowed on bicuspsids. An alternate benefit of a metal crown is allowed for molars.	
Prophylaxis	2 per calendar year *	
Exam	2 per calendar year *	
Fluoride	2 x per calendar year for children under age 18	
FMX/Panoramic X-ray	1 X per 36 months (shared benefit)	
Bitewings	1 X per calendar year for adult	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 "4260,4341,4342" services based on Dental Necessity. Patients must have prior Periodontal Service and services are inclusive with the Prophylaxis.	
Endodontics	Treatment of Tooth Pulp	
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.	
Not Covered	Occlusal-Night Guards, Implants, TMJ Services, Nitrous Oxide & IV Sedation	
Other information	Standard Coordination, No Missing Tooth Clause, No Waiting Periods	

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, 6,6A, &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.