



# NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND PLAN YEAR BENEFIT BOOKLET

## BENEFIT PLAN YEAR 2019

(Journeymen)

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## Overview

The Northeast District Council of the OPCMIA Welfare Fund has put together this packet of information for all active eligible members and their eligible dependents.

In this booklet you will be able to review important benefit plan summary information that is being offered to members.

There are seven different sections of benefits that breakdown the cost and reimbursements you and your eligible dependents will pay or receive for the 2019 benefit plan year.

These sections include current Medical, Dental, Vision, Short Term Disability/ PFL, Group Life, and Supplemental benefits coverage. Please review this booklet for the 2019 plan year.

We suggest that you keep this benefit booklet in a safe place for your records to reference throughout the benefit plan year. If you require assistance understanding your benefits there is important contact information within. We want to thank you for being a part of the brotherhood of the Northeast District Council of the OPCMIA Welfare Fund.

### Core Benefits

Major Medical

Dental

Vision

Disability

Basic Life / AD&D

Supplemental Insurance (Hospital Indemnity Plan)



## Enrollment

The Northeast District Council of the OPCMIA provides a number of resources that will assist members with the enrollment process. Please be sure to check with your Fund office to find out what your eligibility status is.

You may also enroll eligible dependents. Eligible dependents are:

- Your Legal Spouse
- Your Children under age 26
- Court ordered eligible dependents

Please note – Dependent children may be covered up to age 26 on the medical, dental and vision plans regardless of student status.

### Changing Benefit Options

You may only change your benefit plan elections throughout the year due to a life change event. Examples of a life change event would be:

- Change in marital status
- Change in number of dependents (birth, adoption, child support order)
- Change in employment status for you or your spouse (new employment, termination, leave of absence)
- Special enrollment rights under HIPAA
- Medicare coverage

**Please note** – To change benefits or add dependents throughout the plan year, you must contact your Fund office and provide documentation to support these changes. Acceptable documentation can be:

- Copy of Marriage Certificate
- Copy of Birth Certificate
- Copy of papers showing placement of child in your home
- Copy of court order showing legal guardianship
- Copy of prior year federal tax return dependent is claimed on tax documents and proof of incapacity





## Major Medical – Aetna High Plan

The Northeast District Council of the OPCMIA offers a High Plan for members that are eligible to enroll. Members who enroll on the High Plan must see doctors that are in the Aetna *Open Access Elect Choice Network*. This plan is an in-network only plan. If you see doctors that are not in this network, Aetna will not be responsible for the amount that is owed. The High Plan has a number of services that are covered, if there is a service you do not see, contact your Benefit Administrator for clarification.

Aetna also offers online access to your coverage and claims easily with Aetna Navigator. Please refer to the following pages to see a detailed list of your Summary of Benefits and Coverage (SBC) and information on Aetna Navigator.

*Note:* When enrolling in the Aetna High Medical Plan, you will receive an ID card in the mail. Please keep this on you and present it to your provider, or any facility / hospital when receiving services.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <https://www.aetna.com/sbcsearch/getpolicydocs?u=072100-110020-021748> or by calling 1-888-982-3862. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-888-982-3862 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	<u>Network</u> : Individual \$1,000 / Family \$2,000.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your deductible?</b>	Yes. In-network office visits, <u>prescription drugs</u> , emergency care & <u>preventive care</u> are covered before you meet your <u>deductible</u> .	This plan covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	<u>Network</u> : Individual \$6,600 / Family \$13,200.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the out-of-pocket limit?</b>	<u>Premiums</u> , <u>balance-billing</u> charges & health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://www.aetna.com/docfind">www.aetna.com/docfind</a> or call 1-888-982-3862 for a list of <u>network providers</u> .	This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your plan pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$30 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Not covered	None
	<u>Specialist</u> visit	\$30 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Not covered	None
	Preventive care / <u>screening</u> / immunization	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	\$30 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Not covered	None
	Imaging (CT/PET scans, MRIs)	\$75 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Not covered	None
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="http://www.aetnapharmacy.com/premier">www.aetnapharmacy.com/premier</a> <u>Premier Formulary</u>	Generic drugs	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: \$10 (retail), \$20 (mail order)	Not covered	Covers 30 day supply (retail), 31-90 day supply (mail order). Includes contraceptive drugs & devices obtainable from a pharmacy, oral & injectable fertility drugs. No charge for preferred FDA-approved women's contraceptives in- <u>network</u> . Review your <u>formulary</u> for prescriptions requiring precertification or step therapy for coverage. Your cost will be higher for choosing Brand over Generics unless prescribed Dispense as Written.
	Preferred brand drugs	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: \$25 (retail), \$50 (mail order)	Not covered	
	Non-preferred brand drugs	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: \$50 (retail), \$100 (mail order)	Not covered	
	<u>Specialty drugs</u>	Applicable cost as noted above for generic or brand drugs	Not covered	



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$75 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Not covered	None
	Physician/surgeon fees	No charge	Not covered	None
If you need immediate medical attention	<u>Emergency room care</u>	\$200 <u>copay</u> /visit, <u>deductible</u> doesn't apply	\$200 <u>copay</u> /visit, <u>deductible</u> doesn't apply	No coverage for non-emergency use.
	<u>Emergency medical transportation</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	None
	<u>Urgent care</u>	\$30 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Not covered	No coverage for non-urgent use.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$500 <u>copay</u> /stay	Not covered	None
	Physician/surgeon fees	0% <u>coinsurance</u>	Not covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office & other outpatient services: \$30 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Not covered	None
	Inpatient services	\$500 <u>copay</u> /stay	Not covered	None
If you are pregnant	Office visits	No charge	Not covered	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	0% <u>coinsurance</u>	Not covered	
	Childbirth/delivery facility services	\$500 <u>copay</u> /stay	Not covered	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	Not covered	200 visits/calendar year.
	<u>Rehabilitation services</u>	\$30 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Not covered	60 visits/calendar year for Physical, Occupational & Speech Therapy combined.
	<u>Habilitation services</u>	\$30 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Not covered	Limited to treatment of Autism.
	<u>Skilled nursing care</u>	\$500 <u>copay</u> /stay	Not covered	60 days/calendar year.
	<u>Durable medical equipment</u>	0% <u>coinsurance</u>	Not covered	Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse.





Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Hospice services</u>	\$500 <u>copay</u> /stay for inpatient; not covered for outpatient	Not covered	210 days/lifetime for inpatient.
If your child needs dental or eye care	Children's eye exam	No charge	Not covered	1 routine eye exam/24 months.
	Children's glasses	Not covered	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered	Not covered.

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Acupuncture
- Cosmetic surgery
- Dental care (Adult & Child)
- Glasses (Child)
- Hearing aids
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine foot care
- Weight loss programs - Except for required preventive services.

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Bariatric surgery
- Chiropractic care
- Infertility treatment - Limited to the diagnosis & treatment of underlying medical condition, artificial insemination, ovulation induction & oral & injectable infertility drugs.
- Private-duty nursing - 20 - 8 hour shifts/calendar year.
- Routine eye care (Adult) - 1 routine eye exam/24 months.

**Your Rights to Continue Coverage:**

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Financial Services, (800) 342-3736, <http://www.dfs.ny.gov/consumer/chealth.htm>



- For more information on your rights to continue coverage, contact the plan at 1-888-982-3862.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

### Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Aetna directly by calling the toll free number on your Medical ID Card, or by calling our general toll free number at 1-888-982-3862.
- Department of Financial Services, (800) 342-3736, <http://www.dfs.ny.gov/consumer/chealth.htm>.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).
- Additionally, a consumer assistance program can help you file your appeal. Contact Department of Financial Services, One State Street, New York, NY 10004-1511, (800) 342-3736, <http://www.dfs.ny.gov/consumer/chealth.htm>.

### Does this plan provide Minimum Essential Coverage? Yes.

If you don't have **Minimum Essential Coverage** for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### Does this plan Meet Minimum Value Standard? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section.-----



About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this **plan** might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your **providers** charge, and many other factors. Focus on the **cost sharing** amounts (**deductibles**, **copayments** and **coinsurance**) and **excluded services** under the **plan**. Use this information to compare the portion of costs you might pay under different health **plans**. Please note these coverage examples are based on self-only coverage.

**Peg is Having a baby**

(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$1,000
- **Specialist copayment** \$30
- **Hospital (facility) copayment** \$500
- **Other coinsurance** 0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,800</b>
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In this example, Peg would pay:

*Cost Sharing*

Deductibles	\$1,000
Copayments	\$700
Coinsurance	\$0

*What isn't covered*

Limits or exclusions	\$60
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<b>The total Peg would pay is</b>	<b>\$1,760</b>
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**Managing Joe's type 2**

**Diabetes** (a year of routine in-network care of a well-controlled)

- **The plan's overall deductible** \$1,000
- **Specialist copayment** \$30
- **Hospital (facility) copayment** \$500
- **Other coinsurance** 0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
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In this example, Joe would pay:

*Cost Sharing*

Deductibles	\$0
Copayments	\$1,300
Coinsurance	\$0

*What isn't covered*

Limits or exclusions	\$20
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<b>The total Joe would pay is</b>	<b>\$1,320</b>
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**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$1,000
- **Specialist copayment** \$30
- **Hospital (facility) copayment** \$500
- **Other coinsurance** 0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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In this example, Mia would pay:

*Cost Sharing*

Deductibles	\$600
Copayments	\$400
Coinsurance	\$0

*What isn't covered*

Limits or exclusions	\$0
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<b>The total Mia would pay is</b>	<b>\$1,000</b>
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Note: These numbers assume the patient does not participate in the **plan's** wellness program. If you participate in the **plan's** wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-888-982-3862.

The **plan** would be responsible for the other costs of these EXAMPLE covered services.



### Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-982-3862.

### Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

### Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030, Fresno, CA 93779)

1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 1-860-262-7705)

Email: [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).**







Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions



## Aetna Navigator® Member Website

The edge you need to make the most  
of your plan

[www.aetna.com](http://www.aetna.com)



When you're an Aetna member, you get tools and resources to help you easily manage your health and your benefits. All of your health benefits and health insurance plan information and cost-savings tools are in one place — your Aetna Navigator member website.

When you sign up and use it, you're not just a member, you're **a navigator**.

### Navigators have know-how

Navigators are smart about their health care. Once you're a navigator, you can easily:

- **Find the right doctor — and save money.** Locate in-network doctors who accept your plan.
- **See what you owe.** Look up claims to see how much the plan paid and what you may have to pay.
- **Know your plan.** Check who is covered by your plan and what it covers.
- **Get valuable information.** See which doctors and hospitals have met extra standards for quality and efficiency.
- **Know costs before you go.** See cost estimates before you make an appointment for an office visit, test or procedure.
- **Get healthier.** Take a health assessment to learn about your health and how to lower your risks.
- **Check your health accounts.** Easily look up your health savings account\* or health fund balances.

### Easy-to-use tools help you make smart choices about your health.

### Peace of mind is a password away

It's easy to be a navigator. (You don't need any special technical skills, we promise.) Just sign up at [www.aetna.com](http://www.aetna.com) once you are an Aetna member. Then you can start using Aetna Navigator's valuable features and tools.

### Meet Ann, your virtual assistant

She can help you sign up for Aetna Navigator. She can even help you find a doctor, estimate the cost of services, answer questions about claims, ID cards and more. Ann never sleeps, so chat with her anytime.

### Go to [www.aetnatools.com](http://www.aetnatools.com) to see a preview of what Aetna Navigator has to offer once you are an Aetna member.

### Find what you need — wherever, whenever



The Aetna Mobile app puts our most popular online features at your fingertips. It's available for iPhone® and Android™ mobile devices.

Scan this code now to download.  
Or visit [www.aetna.com/mobile](http://www.aetna.com/mobile).



\*Health savings accounts are currently not available to health maintenance organization (HMO) members in Illinois and California.

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This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. The availability of Aetna Navigator's key features may vary by plan. Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. The health assessment is used in a variety of ways to support Aetna products and services that help you manage your health. Aetna will use your health assessment information in compliance with all applicable state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules. For more information, view Aetna's Notice of Privacy Practices, located at the bottom of Aetna's website, or call the number on the back of your ID card. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

**Policy forms issued in Oklahoma include:** HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POSRIDER 08/07, GR-23 and/or GR-29/GR-29N.

[www.aetna.com](http://www.aetna.com)

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## Dental Insurance – Aetna Dental DMO Plan

The Northeast District Council of the OPCMIA offers a Dental DMO Plan for members and their dependents that are eligible to enroll. The plan offers various benefits for different dental services and procedures. When receiving services, you do not need an ID card as indicated on page 32.

Members who enroll in the Aetna Dental DMO Plan must see doctors that are in the Aetna *DMO Network*. This plan is an in-network only plan. If you see doctors that are not in this network, Aetna will not be responsible for the amount that is owed. Most expenses are subject to a copay or fee amount and there is no annual maximum. Orthodontic Care is covered for dependents age 20 or under. The lifetime maximum copay amount for the Orthodontic benefit is \$1,545. If there is a service you do not see, contact your Benefit Administrator for clarification. Please refer to the following pages to see a detailed list of your Summary of Benefits for the Aetna DMO Dental Plan.



**DMO® Dental Benefits Summary**

CODE	PROCEDURE	PATIENT PAYS	CODE	PROCEDURE	PATIENT PAYS
	Office Visit Copay	\$0			
<b>DIAGNOSTIC</b>					
D0120-D0180	Oral Evaluations	No Charge	D0277	Vertical Bitewings - 7 to 8 Films	No Charge
D0210	Full mouth series Images	No Charge	D0330	Panoramic Image	No Charge
D0220-D0230	Periapicals	No Charge	D0391	Interpretation of Diagnostic Image	No Charge
D0240	Intraoral, Occlusal Image	No Charge	D0460	Pulp Vitality Test	No Charge
D0250-D0251	Extraoral Images	No Charge	D0470	Diagnostic Casts	No Charge
D0270-D0274	Bitewings	No Charge	D0472-D0474	Accession of Tissue	No Charge
<b>PREVENTIVE</b>					
D1110	Prophy - Adult	No Charge	D1510	Space Maintainer - Fixed Unilateral	No Charge
D1120	Prophy - Child	No Charge	D1515	Space Maintainer - Fixed Bilateral	No Charge
D4346	Scaling in presence of generalized moderate/severe gingival inflammation - full mouth, after oral evaluation	\$35	D1520	Space Maintainer - Removable Unilateral	No Charge
D1208	Fluoride - Child	No Charge	D1525	Space Maintainer - Removable Bilateral	No Charge
D1206	Application of Topical Fluoride Varnish	No Charge	D1550	Recent Space Maintainer	\$12
D1330	Oral Hygiene Instruction	No Charge	D1555	Removal of Space Maintainer	\$12
D1351, D1354	Sealant	No Charge	D1575	Distal shoe space maintainer - fixed - unilateral	No Charge
D1352	Preventive Resin Restoration	No Charge	D2990	Resin Infiltration of Lesion	No Charge
D1353	Sealant Repair - Per Tooth	No Charge			
Diagnostic and Preventive services may be subject to age and frequency limitations. See your booklet for details.					
<b>RESTORATIVE</b>					
<b>PRIMARY OR PERMANENT TEETH</b>					
D2140	Amalgam - 1 Surf Primary or Permanent	No Charge	D2391	Resin-Based Composite 1 Surf, Posterior	\$49
D2150	Amalgam - 2 Surf Primary or Permanent	No Charge	D2392	Resin-Based Composite 2 Surf, Posterior	\$63
D2160	Amalgam - 3 Surf Primary or Permanent	No Charge	D2393	Resin-Based Composite 3 Surf, Posterior	\$77
D2161	Amalgam - 4+ Surf Primary or Permanent	No Charge	D2394	Resin-Based Composite 4+ Surf, Posterior	\$106
D2330	Resin-Based Composite 1 Surf, Anterior	No Charge	D2921	Reattachment of tooth fragment, incisal edge or dup	\$5
D2331	Resin-Based Composite 2 Surf, Anterior	No Charge	D2940	Protective Restoration	No Charge
D2332	Resin-Based Composite 3 Surf, Anterior	No Charge	D2941	Interim therapeutic restoration - primary dentition	No Charge
D2335	Resin-Based Composite 4+ Surf; Anterior (or involving Incisal angle)	\$48	D2951	Pin Retention - In Addition to Restoration	\$14
D2390	Resin-Based Composite Crown, Anterior	\$48			
<b>CROWNS/BRIDGES</b>					
D2510	Inlay - Metallic 1 Surf	\$200	D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (Titanium, Titanium Alloy or High Noble Metal)	\$259
D2520	Inlay - Metallic 2 Surf	\$200	D6077	Implant Supported Retainer for Cast Metal FPD (Titanium, Titanium Alloy or High Noble Metal)	\$259
D2530	Inlay - Metallic 3 Surf	\$200	D6094	Abutment Supported Crown - (Titanium)	\$259
D2542	Onlay - Metallic 2 Surf	\$210	D6110	Implant Abut Sup Removable Dent-MaxCom	\$318
D2543	Onlay - Metallic 3 Surf	\$210	D6111	Implant Abut Sup Removable Dent-Mand Com	\$318
D2544	Onlay, Metallic - 4 or More Surf	\$210	D6112	Implant Abut Sup Removable Dent-Max Par	\$318
D2610	Inlay, Porcelain/Ceramic - 1 Surf	\$200	D6113	Implant Abut Sup Removable Dent-Mand Par	\$318
D2620	Inlay, Porcelain/Ceramic - 2 Surf	\$200	D6114	Implant Abut Sup Fixed Dent-Max Com	\$318
D2630	Inlay, Porcelain/Ceramic - 3 or More Surf	\$200	D6115	Implant Abut Sup Fixed Dent-Mand Com	\$318
D2642	Onlay, Porcelain/Ceramic - 2 Surf	\$210	D6116	Implant Abut Sup Fixed Dent-Max Par	\$318
D2643	Onlay, Porcelain/Ceramic - 3 Surf	\$210	D6117	Implant Abut Sup Fixed Dent-Mand Par	\$318
D2644	Onlay, Porcelain/Ceramic - 4 or More Surf	\$210	D6205	Pontic - Indirect Resin Based Composite	\$259
D2650	Inlay, Composite/Resin - 1 Surf	\$200	D6210	Pontic - Cast High Noble Metal	\$259
D2651	Inlay, Composite/Resin - 2 Surf	\$200	D6211	Pontic - Cast Predominantly Base Metal	\$259
D2652	Inlay, Composite/Resin - 3 Surf	\$200	D6212	Pontic - Cast Noble Metal	\$259
D2662	Onlay, Composite/Resin - 2 Surf	\$210	D6214	Pontic - Titanium	\$259
D2663	Onlay, Composite/Resin - 3 Surf	\$210	D6240	Pontic - Porcelain Fused to High Noble Metal	\$259
D2664	Onlay, Composite/Resin - 4 or More Surf	\$210	D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$259
D2710	Crown - Resin-Based Composite, Indirect	\$259	D6242	Pontic - Porcelain Fused to Noble Metal	\$259
D2712	Crown - 3/4 Resin-Based Composite, Indirect	\$189	D6245	Pontic - Porcelain/Ceramic	\$259
D2720	Crown - Resin With High Noble Metal	\$259	D6250	Pontic - Resin With High Noble Metal	\$259

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D2721	Crown - Resin With Predominantly Base Metal	\$259	D6251	Pontic - Resin With Predominantly Base Metal	\$259
D2722	Crown - Resin With Noble Metal	\$259	D6252	Pontic - Resin With Noble Metal	\$259
D2740	Crown - Porcelain/Ceramic Substrate	\$259	D6545	Retainer - Cast Metal for Resin-Bonded Fixed	\$200
D2750	Crown - Porcelain Fused to High Noble Metal	\$259	D6548	Retainer - Porcelain/Ceramic for Resin-Bonded Fixed Prosthesis	\$200
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$259	D6549	Resin Retainer - Resin Bonded Prosthesis	\$130
D2752	Crown - Porcelain Fused to Noble Metal	\$259	D6600	Inlay - Porcelain/Ceramic, 2 Surf	\$200
D2780	Crown - 3/4 Cast High Noble Metal	\$259	D6601	Inlay - Porcelain/Ceramic, 3+ Surf	\$200
D2781	Crown - 3/4 Cast Predominantly Based Metal	\$259	D6602	Inlay - Cast High Noble Metal, 2 Surf	\$231
D2782	Crown - 3/4 Cast Noble Metal	\$259	D6603	Inlay - Cast High Noble Metal, 3+ Surf	\$231
D2783	Crown - 3/4 Porcelain/Ceramic	\$259	D6604	Inlay - Cast Predominantly Base Metal, 2 Surf	\$200
D2790	Crown - Full Cast High Noble Metal	\$259	D6605	Inlay - Cast Predominantly Base Metal, 3+ Surf	\$200
D2791	Crown - Full Cast Predominantly Base Metal	\$259	D6606	Inlay - Cast Noble Metal, 2 Surf	\$221
D2792	Crown - Full Cast Noble Metal	\$259	D6607	Inlay - Cast Noble Metal, 3+ Surf	\$221
D2794	Crown - Titanium	\$259	D6608	Onlay - Porcelain/Ceramic, 2 Surf	\$210
D2910	Recent Inlay, Onlay or Partial Coverage Restoration	\$5	D6609	Onlay - Porcelain/Ceramic, 3+ Surf	\$210
D2915	Recent Cast or Prefab Post and Core	\$3	D6610	Onlay - Cast High Noble Metal, 2 Surf	\$242
D2920	Recent Crown	\$5	D6611	Onlay - Cast High Noble Metal, 3+ Surf	\$242
D2929	Prefab Porcelain/Ceramic Crown - Primary Tooth	No Charge	D6612	Onlay - Cast Predominantly Base Metal, 2 Surf	\$210
D2930	Prefab, Stainless Steel Crown - Primary Tooth	No Charge	D6613	Onlay - Cast Predominantly Base Metal, 3+ Surf	\$210
D2931	Prefab, Stainless Steel Crown - Permanent Tooth	\$43	D6614	Onlay - Cast Noble Metal, 2 Surf	\$231
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	No Charge	D6615	Onlay - Cast Noble Metal, 3+ Surf	\$231
D2950	Core Buildup, Including Any Pins	\$105	D6624	Inlay - Titanium	\$231
D2952	Post & Core in Addition to Crown	\$112	D6634	Onlay - Titanium	\$242
D6058	Abutment Supported Porcelain/Ceramic Crown	\$259	D6710	Crown - Indirect Resin Based Composite	\$259
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$259	D6720	Crown - Resin With High Noble Metal	\$259
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$259	D6721	Crown - Resin With Predominantly Base Metal	\$259
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$259	D6722	Crown - Resin With Noble Metal	\$259
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$259	D6740	Crown - Porcelain/Ceramic	\$259
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$259	D6750	Crown - Porcelain Fused to High Noble Metal	\$259
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$259	D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$259
D6065	Implant Supported Porcelain/Ceramic Crown	\$259	D6752	Crown - Porcelain Fused to Noble Metal	\$259
D6066	Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	\$259	D6780	Crown - 3/4 Cast High Noble Metal	\$259
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	\$259	D6781	Crown - 3/4 Cast Predominantly Base Metal	\$259
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	\$259	D6782	Crown - 3/4 Cast Noble Metal	\$259
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)	\$259	D6783	Crown - 3/4 Porcelain/Ceramic	\$259
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$259	D6790	Crown - Full Cast High Noble Metal	\$259
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)	\$259	D6791	Crown - Full Cast Predominantly Base Metal	\$259
D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)	\$259	D6792	Crown - Full Cast Noble Metal	\$259
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)	\$259	D6794	Crown - Titanium	\$259
D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)	\$259	D6930	Recent Fixed Partial Denture	\$20
D6075	Implant Supported Retainer for Ceramic FPD	\$259	Additional Charge per Unit for Full Mouth Rehabilitation.		\$125

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### DMO® Dental Benefits Summary

Full mouth rehabilitation is defined as 6 or more units of covered crowns and/or pontics under one treatment plan.  
Charges for crowns and bridgework are per unit. There will be additional charges for the actual cost for gold/high noble metal.

ENDODONTICS					
D3110	Pulp Cap - Direct (excluding final restoration)	No Charge	D3333	Internal Root Repair of Perforation Defects	\$45
D3120	Pulp Cap - Indirect (excluding final restoration)	No Charge	D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$165
D3220	Therapeutic Pulpotomy (excluding final restoration)	No Charge	D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$187
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$14	D3348	Retreatment of Previous Root Canal Therapy - Molar	\$297
D3222	Partial Pulpotomy	No Charge	D3410 (1)	Apicoectomy/Periradicular Surgery - Anterior	\$68
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	No Charge	D3421 (1)	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$68
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	No Charge	D3425 (1)	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$84
D3310	Root Canal Therapy - Anterior (excluding final restoration)	\$56	D3426 (1)	Apicoectomy/Periradicular Surgery- Each Additional Root	\$44
D3320	Root Canal Therapy - Bicuspid (excluding final restoration)	\$84	D3427 (1)	Periradicular surgery without apicoectomy	\$51
D3330	Root Canal Therapy - Molar (excluding final restoration)	\$193	D3430 (1)	Retrograde Filling - Per Root	\$25
D3331	Treatment of Root Canal Obstruction, Nonsurgical Access	\$56	D3450 (1)	Root Amputation - Per Root	\$66
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$39			

(1) Certain services may be covered under the Medical Plan. Contact Member Services for more details.

PERIODONTICS					
D4210 (1)	Gingivectomy or Gingivoplasty - 4 or More Teeth - Per Quadrant	\$105	D4275 (1)	Soft Tissue Allograft	\$342
D4211 (1)	Gingivectomy or Gingivoplasty - 1-3 Teeth - Per Quadrant	\$39	D4276 (1)	Connective Tissue/Pedicle Graft, Per Tooth	\$200
D4212 (1)	Gingivectomy to allow access, per tooth	\$13	D4277 (1)	Free soft tissue graft - first tooth	\$86
D4240 (1)	Gingival Flap Procedure, Including Root Planing - 4 or More Teeth - Per Quadrant	\$116	D4278 (1)	Free soft tissue graft - each additional tooth	\$43
D4241 (1)	Gingival Flap Procedure, Including Root Planing - 1-3 Teeth - Per Quadrant	\$69	D4283 (1)	Autogenous connective tissue graft	\$67
D4245 (1)	Apically Positioned Flap	\$95	D4285 (1)	Non-autogenous connective tissue graft	\$188
D4249	Clinical Crown Lengthening, Hard Tissue	\$158	D4341	Periodontal Scaling and Root Planing - 4 or More Teeth - Per Quadrant	\$53
D4260 (1)	Osseous Surgery (Including Flap Entry and Closure) - 4 or More Teeth - Per Quadrant	\$263	D4342	Periodontal Scaling and Root Planing - 1-3 Teeth - Per Quadrant	\$32
D4261 (1)	Osseous Surgery (Including Flap Entry and Closure) - 1-3 Teeth - Per Quadrant	\$158	D4355	Debridement	\$70
D4268 (1)	Surgical Revision Procedure, Per Tooth	\$105	D4910	Periodontal Maintenance	\$33
D4270 (1)	Pedicle Soft Tissue Graft Procedure	\$200	D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist)	\$11
D4273 (1)	Subepithelial Connective Tissue Graft, Per Tooth	\$121			

(1) Certain services may be covered under the Medical Plan. Contact Member Services for more details.

PROSTHODONTICS-REMOVABLE (2)					
D5110	Complete Denture - Maxillary	\$318	D5223-D5224	Immediate max/mand partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth)	\$393
D5120	Complete Denture - Mandibular	\$318	D5225	Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$363
D5130	Immediate Denture - Maxillary	\$342	D5226	Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$363
D5140	Immediate Denture - Mandibular	\$342	D5281	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth)	\$318
D5211	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$318	D5410	Adjust Complete Denture - Maxillary	\$11

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D5212	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$318	D5411	Adjust Complete Denture - Mandibular	\$11
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$342	D5421	Adjust Partial Denture - Maxillary	\$11
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$342	D5422	Adjust Partial Denture - Mandibular	\$11
D5221-D5222	Immediate max/mand partial dental - resin base (including any conventional clasps, rests and teeth)	\$366			

(2) Includes relines, adjustments, rebases within the 1st six months. Adjustments to dentures that are done within six months of placement of the denture, are limited to no more than four adjustments.

**REPAIRS TO PROSTHETICS**

D5511-D5512	Repair Broken Complete Denture Base	\$40	D5730	Reline Complete Maxillary Denture (Chairside)	\$44
D5520	Replace Missing or Broken Teeth - Complete Denture (each tooth)	\$40	D5731	Reline Complete Mandibular Denture (Chairside)	\$44
D5611-D5612	Repair Resin Partial Denture Base	\$40	D5740	Reline Maxillary Partial Denture (Chairside)	\$44
D5621-D5622	Repair Cast Partial Framework	\$40	D5741	Reline Mandibular Partial Denture (Chairside)	\$44
D5630	Repair or Replace Broken Clasp	\$40	D5750	Reline Complete Maxillary Denture (Lab)	\$99
D5640	Replace Broken Teeth - Per Tooth	\$40	D5751	Reline Complete Mandibular Denture (Lab)	\$99
D5650	Add Tooth to Existing Partial Denture	\$40	D5760	Reline Maxillary Partial Denture (Lab)	\$99
D5660	Add Clasp to Existing Partial Denture	\$44	D5761	Reline Mandibular Partial Denture (Lab)	\$99
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	\$110	D5820	Interim Partial Denture (Maxillary) (3)	\$99
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$110	D5821	Interim Partial Denture (Mandibular) (3)	\$99
D5710	Rebase Complete Maxillary Denture	\$110	D5850	Tissue Conditioning, Maxillary	\$44
D5711	Rebase Complete Mandibular Denture	\$110	D5851	Tissue Conditioning, Mandibular	\$44
D5720	Rebase Maxillary Partial Denture	\$110	D5860	Overdenture - Complete, by Report	\$318
D5721	Rebase Mandibular Partial Denture	\$110			

(3) Eligible on Anterior Teeth only.

**ORAL SURGERY**

D7111	Extraction, Coronal Remnants - Deciduous Tooth	No Charge	D7285 (1)	Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$55
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	No Charge	D7286 (1)	Biopsy of Oral Tissue - Soft	\$55
D7210 (1)	Surgical Removal of Erupted Tooth	No Charge	D7287 (1)	Cytological Sample Collection	\$28
D7220 (1)	Removal of Impacted Tooth - Soft Tissue	No Charge	D7310 (1)	Alveoloplasty in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	\$20
D7230 (1)	Removal of Impacted Tooth - Partially Bony	\$55	D7311 (1)	Alveoloplasty in Conjunction With Extractions - 1 to 3 Teeth or Tooth Spaces - Per Quadrant	\$10
D7240 (1)	Removal of Impacted Tooth - Completely Bony	\$85	D7320 (1)	Alveoloplasty Not in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	\$28
D7241 (1)	Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	\$85	D7321 (1)	Alveoloplasty Not in Conjunction With Extractions - 1-3 Teeth or Tooth Spaces - Per Quadrant	\$14
D7250 (1)	Surgical Removal of Residual Tooth Roots	\$16	D7510 (1)	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$11
D7251	Coronectomy - intentional partial tooth removal	\$39	D7511 (1)	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$12
D7280 (1)	Surgical Access of Unerupted Tooth	\$27	D7960 (1)	Frenulectomy (Frenectomy, Frenotomy) Separate Procedure	\$26
D7282 (1)	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$33	D7963 (1)	Frenuloplasty	\$28
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$7			

(1) Certain services may be covered under the Medical Plan. Contact Member Services for more details.

**OTHER (ADJUNCTIVE) SERVICES**

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## DMO® Dental Benefits Summary

D9110	Palliative (Emergency) Treatment of Dental Pain - minor procedure	\$11	D9932-D9935	Denture cleaning and inspection	\$25
D9222	Deep sedation/general anesthesia - 1st 15 min	\$109	D9940	Occlusal Guard, by Report	\$150
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$87	D9943	Occlusal guard adjustment	\$19
D9239	Intravenous conscious sedation/analgesia - 1st 15 min	\$109	D9942	Repair and/or Reline of Occlusal Guard	\$22
D9243	Intravenous conscious sedation/analgesia - each 15 minute increment	\$87	D9951	Occlusal Adjustment - limited	\$35
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	No Charge	D9952	Occlusal Adjustment - complete	\$96
D9311	Consultation with a medical health care professional	No Charge			
<b>ORTHODONTICS</b>					
	Orthodontic Screening Exam	\$30			
	Diagnostic Records	\$150			
<b>Comprehensive Orthodontic Treatment</b>					
	Adolescent (appliance must be placed prior to age 20)	\$1,545			
	Adult	Not Covered			
	Orthodontic Retention	\$275			

### PLAN EXCLUSIONS AND LIMITATIONS\*

#### Some Services Not Covered Under the Plan Are:

1. Services or supplies that are covered in whole or in part:
  - (a) under any other part of this Dental Care Plan; or
  - (b) under any other plan of group benefits provided by or through your employer.
2. Services and supplies to diagnose or treat a disease or injury that is not:
  - (a) a non-occupational disease; or
  - (b) a non-occupational injury.
3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.
4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.
5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
6. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.
7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion. Does not apply to CA contracts.
8. Those for any of the following services (Does not apply to TX contracts):
  - (a) An appliance or modification of one if an impression for it was made before the person became a covered person;
  - (b) A crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person;
  - (c) Root canal therapy if the pulp chamber for it was opened before the person became a covered person.
9. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
10. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
13. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
14. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.
15. Those in connection with a service given to a dependent age 5 or older if that dependent becomes a covered dependent other than:
  - (a) during the first 31 days the dependent is eligible for this coverage, or
  - (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred:
    - (i) after the end of the 12-month period starting on the date the dependent became a covered dependent; or
    - (ii) as a result of accidental injuries sustained while the dependent was a covered dependent; or

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### DMO® Dental Benefits Summary

(iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.
16. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.
17. Those for a crown, cast or processed restoration unless: (a) It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material; or (b) The tooth is an abutment to a covered partial denture or fixed bridge.
18. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
20. Services needed solely in connection with non-covered services.
21. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services. Does not apply to CA contracts.
Any exclusion above will not apply to the extent that coverage of the charge is required under any law that applies to the coverage.
*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

#### Other Important Information

This Benefit summary of the Aetna Dental Maintenance Organization (DMO®) provides information on benefits provided when services are rendered by a participating dentist. In order for a covered person to be eligible for benefits, dental services must be provided by a primary care dentist selected from the network of participating DMO dentists. Out of network benefits may apply. Please refer to your Schedule of Benefits.

Due to state law, limited (varying by state) DMO® benefits for non-emergency services rendered by non-participating providers are available for plan contracts written in: CT, IL, KY and OH and for members residing in MA and OK (regardless of contract situs state).

#### Specialty Referrals

1. Under the DMO dental plan, services performed by specialists are eligible for coverage only when prescribed by the primary care dentist and authorized by Aetna Dental. If Aetna's payment to the specialty dentist is based on a negotiated fee, then the member's copayment for the service will be based on the same negotiated fee. If Aetna's payment is on another basis, then the copayment will be based on the dentist's usual fee for the service, reviewed by Aetna for reasonableness.

2. DMO members may visit an orthodontist without first obtaining a referral from their primary care dentist. In an effort to ease the administrative burden on both participating Aetna dentists and members, Dental has opened direct access for DMO members to orthodontic services.

#### Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, contact Member Services for assistance in locating a dentist. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

#### Your Dental Care Plan Coverage Is Subject to the Following Rules:

##### Replacement Rule

The replacement of; addition to; or modification of:

- existing dentures;
- crowns;
- casts or processed restorations;
- removable denture;
- fixed bridgework; or
- other prosthetic services

is covered only if one of the following terms is met:

The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 5 years before its replacement.

The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

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### DMO<sup>®</sup> Dental Benefits Summary

<p><b>Tooth Missing But Not Replaced Rule</b> (Does not apply to TX and CA contracts.) Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 5 years.</p>
<p><b>Alternate Treatment Rule:</b> If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:</p> <ul style="list-style-type: none"> <li>(a) the service must be listed on the Dental Care Schedule;</li> <li>(b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and</li> <li>(c) the service selected must meet broadly accepted national standards of dental practice.</li> </ul> <p>If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:</p> <ul style="list-style-type: none"> <li>(a) the copayment for the approved less costly service; plus</li> <li>(b) the difference in cost between the approved less costly service and the more costly covered service.</li> </ul>
<p style="text-align: center;"><b>Finding Participating Providers</b></p> <p>Consult Aetna Dental's online provider directory, DocFind<sup>®</sup>, for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Not every provider listed in the directory will be accepting new patients. Although Aetna Dental has identified providers who were not accepting patients in our DMO plan as known to Aetna Dental at the time the provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider directory (DocFind) available at <a href="http://www.aetna.com">www.aetna.com</a>.</p>
<p>Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern. In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate. All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.</p>
<p>Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. In Arizona, DMO Dental Plans are provided or administered by Aetna Health Inc.</p>
<p>This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Aetna does not provide dental services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.</p>
<p>Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, gender, age, national origin, ancestry, disability or marital status.</p> <p>Aetna provides free aids/services to people with disabilities and to people who need language assistance.</p> <p>If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.</p>
<p>If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:</p> <p>Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705), <a href="mailto:CRCoordinator@aetna.com">CRCoordinator@aetna.com</a>.</p>
<p>You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).</p>
<p><i>Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).</i></p> <p>TTY: 711</p>

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.





## DMO® Dental Benefits Summary

For language assistance in your language call 877-238-6200 at no cost. (English)
Para obtener asistencia lingüística en español, llame sin cargo al 877-238-6200. (Spanish)
欲取得繁體中文語言協助，請撥打877-238-6200，無需付費。(Chinese)
Pour une assistance linguistique en français appeler le 877-238-6200 sans frais. (French)
Para sa tulong sa wika na nasa Tagalog, tawagan ang 877-238-6200 nang walang bayad. (Tagalog)
Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 877-238-6200 an. (German)
للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني 6200-238-877. (Arabic)
Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 877-238-6200 gratis. (French Creole)
Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 877-238-6200. (Italian)
日本語で援助をご希望の方は、877-238-6200 まで無料でお電話ください。(Japanese)
한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 877-238-6200 번으로 전화해 주십시오. (Korean)
برای راهنمایی به زبان فارسی با شماره 6200-238-877. بدون هیچ هزینه ای تماس بگیرید. انگلیسی (Persian)
Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 877-238-6200. (Polish)
Para obter assistência linguística em português ligue para o 877-238-6200 gratuitamente. (Portuguese)
Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 877-238-6200. (Russian)
Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 877-238-6200. (Vietnamese)



## Dental Insurance – Aetna Dental PPO Plan

The Northeast District Council of the OPCMIA also offers a Dental PPO Plan for members and their dependents that are eligible to enroll. The plan offers various benefits for different dental services and procedures. When receiving services, you do not need an ID card as indicated on page 32.

Members who enroll in the Aetna Dental PPO Plan can see a doctor of their choice. Most services are subject to an annual deductible and have an annual maximum of \$2,000. The Orthodontic benefit is available to children age 20 and under with a lifetime maximum of \$2,000. This plan offers out of network coverage too, however when seeing an out of network provider you are subject to a higher annual deductible amount. The most liberal benefits are paid when you use a network provider. If there is a service you do not see, contact your Benefit Administrator for clarification. Please refer to the following pages to see a detailed list of your Summary of Benefits for the Aetna PPO Dental Plan.

*Note:* Preventative care and Orthodontic care are not subject to the annual deductible.



**Dental Benefits Summary**

	Active PPO MAX With PPOII Network	
	Participating	Non-participating
<b>Annual Deductible*</b>		
Individual	\$50	\$100
Family	\$100	\$200
Preventive Services	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Annual Benefit Maximum	\$2,000	\$2,000
Office Visit Copay	N/A	N/A
Orthodontic Services**	50%	50%
Orthodontic Deductible	None	None
Orthodontic Lifetime Maximum	\$2,000	\$2,000

\*The deductible applies to: Basic & Major services only  
 \*\*Orthodontia is covered only for children (appliance must be placed prior to age 20).

Partial List of Services	Active PPO MAX With PPOII Network	
	Participating	Non-participating
<b>Preventive</b>		
Oral examinations (a)	100%	100%
Cleanings (a) Adult/Child	100%	100%
Fluoride (a)	100%	100%
Sealants (permanent molars only) (a)	100%	100%
Bitewing Images (a)	100%	100%
Full mouth series Images (a)	100%	100%
Space Maintainers	100%	100%
<b>Basic</b>		
Root canal therapy		
Anterior teeth / Bicuspid teeth	80%	50%
Scaling and root planing (a)	80%	50%
Gingivectomy*	80%	50%
Amalgam (silver) fillings	80%	50%
Composite fillings	80%	50%
Stainless steel crowns	80%	50%
Incision and drainage of abscess*	80%	50%
Uncomplicated extractions	80%	50%
Surgical removal of erupted tooth*	80%	50%
Surgical removal of impacted tooth (soft tissue)*	80%	50%
<b>Major</b>		
Inlays	50%	50%
Onlays	50%	50%
Crowns	50%	50%
Crown lengthening	50%	50%
Full & partial dentures	50%	50%
Pontics	50%	50%
Root canal therapy, molar teeth	50%	50%
Osseous surgery (a)*	50%	50%
Surgical removal of impacted tooth (partial bony/ full bony)*	50%	50%
General anesthesia/intravenous sedation*	50%	50%
Denture repairs	50%	50%
Crown Build-Ups	50%	50%

\*Certain services may be covered under the Medical Plan. Contact Member Services for more details.  
 (a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.



## Dental Benefits Summary

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### Other Important Information

This Aetna Dental® Preferred Provider Organization (PPO) MAX benefits summary is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures. Under the Dental Preferred Provider Organization (PPO) MAX plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. With the PPO MAX plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates. Non-Participating coverage is limited to a maximum allowable charge (MAX) of the plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

### Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week.

When emergency services are provided by a participating PPO dentist, your co-payment/coinsurance amount will be based on a negotiated fee schedule. When emergency services are provided by a non-participating dentist, you will be responsible for the difference between the plan payment and the dentist's usual charge. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

### Partial List of Exclusions and Limitations\* - Coverage is not provided for the following:

1. Services or supplies that are covered in whole or in part:
  - (a) under any other part of this Dental Care Plan; or
  - (b) under any other plan of group benefits provided by or through your employer.
2. Services and supplies to diagnose or treat a disease or injury that is not:
  - (a) a non-occupational disease; or
  - (b) a non-occupational injury.
3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.
4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.
5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
6. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.
7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion.
8. Those for any of the following services (Does not apply to the DMO plan in TX):
  - (a) an appliance or modification of one if an impression for it was made before the person became a covered person;
  - (b) a crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person; or
  - (c) root canal therapy if the pulp chamber for it was opened before the person became a covered person.
9. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
10. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
13. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
14. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.
15. Those in connection with a service given to a person age 5 or older if that person becomes a covered person other than:
  - (a) during the first 31 days the person is eligible for this coverage, or
  - (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred:
    - (i) after the end of the 12-month period starting on the date the person became a covered person; or
    - (ii) as a result of accidental injuries sustained while the person was a covered person; or

## Dental Benefits Summary

(iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.

16. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.
17. Those for a crown, cast or processed restoration unless:
  - (a) it is treatment for decay or traumatic injury, and teeth cannot be restored with a filling material; or
  - (b) the tooth is an abutment to a covered partial denture or fixed bridge.
18. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
20. Services needed solely in connection with non-covered services.
21. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

\*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

### Your Dental Care Plan Coverage Is Subject to the Following Rules:

#### Replacement Rule

The replacement of; addition to; or modification of: existing dentures; crowns; casts or processed restorations; removable denture; fixed bridgework; or other prosthetic services is covered only if one of the following terms is met:

The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 5 years before its replacement.

The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

#### Tooth Missing But Not Replaced Rule

Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 5 years.

Alternate Treatment Rule: If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:

- (a) the service must be listed on the Dental Care Schedule;
- (b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and
- (c) the service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:

- (a) the copayment for the approved less costly service; plus
- (b) the difference in cost between the approved less costly service and the more costly covered service.

### Finding Participating Providers

Consult Aetna Dentals online provider directory, DocFind®, for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider directory (DocFind) available at [www.aetna.com](http://www.aetna.com).

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## Dental Benefits Summary

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Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and is administered by Aetna Life Insurance Company.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.

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If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),  
[CRCordinator@aetna.com](mailto:CRCordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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Pour une assistance linguistique en français appeler le 877-238-6200 sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang 877-238-6200 nang walang bayad. (Tagalog)





## Dental Benefits Summary

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Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 877-238-6200 an.  
(German)

يحتاجون مساعدة أو معلومات باللغة الألمانية؟ اتصلوا بنا مجاناً على الرقم 877-238-6200. (Arabic)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 877-238-6200 gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 877-238-6200. (Italian)

日本語で援助をご希望の方は、877-238-6200 まで無料でお電話ください。 (Japanese)

한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 877-238-6200 번으로 전화해 주십시오. (Korean)

ی نیاز به کمک یا اطلاعات به زبان فارسی دارید؟ با ما تماس بگیرید. شماره رایگان ما 877-238-6200 است. (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 877-238-6200. (Polish)

Para obter assistência linguística em português ligue para o 877-238-6200 gratuitamente. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 877-238-6200. (Russian)

Đề được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 877-238-6200. (Vietnamese)



Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions



## Good news to smile about Aetna Dental® plans

### You don't need a dental ID card to get dental care

We want to make doing business with us easier than ever.

*How will my dentist know I'm an Aetna Dental member?*

When you visit your dentist, simply tell the office your name, date of birth and member ID number (or your Social Security number).

### But what if I want a card?

**Easy — use our mobile app or go online.** Log in to your secure member website at [www.aetna.com](http://www.aetna.com). Your ID card will appear on your personal benefits page. You can print out an ID card for you and your dependents by clicking on **"Get an ID card."** If your electronic ID card says **"No Election"** or **"Invalid Choice,"** then your plan requires you to choose a primary care dentist (PCD) who is in our network. Until you choose one, your benefits and claims may be affected.\*

### Here's what else you can do online:

- Find or select a dentist
- View claims and claim address
- Manage your health care spending

### AetnaMobile — find what you need, wherever, whenever

There are two ways to download the free Aetna Mobile app to access your ID card or dental benefits information when you're on the go.

- Text "Apps" to 44040 to download now.\*\*
- Scan the code with your mobile device.

To learn more, visit us at [www.aetna.com/mobile](http://www.aetna.com/mobile).



\*CA/AZ DMO™ participants: If you have not selected a PCD, one may have been selected for you. View your electronic ID card to determine if one was selected on your behalf.

\*\*Standard text messaging rates may apply.

**DMO dental benefits and dental insurance plans are underwritten by Aetna Dental Inc., Aetna Health Inc. and/or Aetna Life Insurance Company. Dental preferred provider organization (PPO) and dental indemnity insurance plans are underwritten and/or administered by Aetna Life Insurance Company. Each insurer has sole financial responsibility for its own products.**

Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

Here is a reminder card. Just cut it out and keep it close by.



### Aetna Dental® plans

Log in to your secure member website at [www.aetna.com](http://www.aetna.com) to explore the resources available to you. Call 1-877-238-6200 if you have any questions — 24 hours a day, 365 days a year.

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[www.aetna.com](http://www.aetna.com)







## Vision Insurance – NVA Vision Plan

The Northeast District Council of the OPCMIA also offers a Vision Plan through National Vision Administrators (NVA) for members and their dependents that are eligible to enroll. The plan offers various benefits for different vision services. Most services are covered 100% or are covered up to an allowable amount.

Members who enroll in the NVA Vision Plan can see a doctor of their choice, however out of network benefits are subject to a maximum reimbursed amount. The most liberal benefits are paid when you use a network provider. If there is a service you do not see, contact your Benefit Administrator for clarification. Please refer to the following pages to see a detailed list of your Summary of Benefits for the NVA Vision Plan and to view information to their easy online access tool.

*Note:* Printed ID cards are available through the easy online access tool only.



## Vision Insurance - Gold Plan Summary

Offering Vision benefits does a lot more than provide employees with access to discounted eye wear. Regular eye exams can provide early detection of eye diseases, as well as health conditions like diabetes and high blood pressure. Our plans provide the freedom to choose any Vision care provider, but members may save more at a participating network provider. Plus, **examinations, and single or bifocal lenses are covered at 100%** when using a participating provider.

<b>Benefit Amounts</b>		<i>This is a partial listing only. Please refer to the policy for details.</i>	
		<b>In-network benefits</b>	<b>Out-of-network reimbursements</b>
<b>Examination</b>	<b>Once every 12 months<sup>1</sup></b>	<b>Covered 100%</b>	<b>Up to \$70</b>
<b>Lenses</b>	<b>Once every 12 months<sup>1</sup></b>		
	Single vision	<b>Covered 100%</b>	<b>Up to \$45</b>
	Bifocal vision	<b>Covered 100%</b>	<b>Up to \$115</b>
	Intermediate vision	<b>Covered 100%</b>	<b>Up to \$115</b>
	Trifocal	<b>Covered 100%</b>	<b>Up to \$190</b>
	Lenticular	<b>Covered 100%</b>	<b>Up to \$190</b>
<b>Lens Options</b>	<b>Once every 12 months<sup>1</sup></b>		
	Scratch resistant coating	<b>Covered 100%</b>	<b>N/A</b>
	Fashion/gradient tint	<b>Covered 100%</b>	
	Solid tint	<b>Covered 100%</b>	
	Glass photogrey single vision lens	<b>Covered 100%</b>	
	Glass photogrey bifocal and trifocal lens	<b>Covered 100%</b>	
	Ultraviolet (UV) coating	<b>Covered 100%</b>	
	Standard anti-reflective (AR) coating	<b>Covered 100% after \$35 copay</b>	
	Polarized lenses	<b>Discounted to \$75<sup>2</sup></b>	
	Polycarbonate lenses	<b>Covered 100%</b>	
	Standard progressive lenses	<b>Covered 100%</b>	
	Premium progressive lenses	<b>Covered 100% after \$40 copay</b>	
<b>Frames</b>	<b>Once every 12 months<sup>1</sup></b>		
	Frame allowance	<b>\$175 retail allowance<sup>5</sup> (20% overage discount)</b>	<b>Up to \$100</b>
<b>Contacts</b>	<b>Once every 12 months<sup>1</sup></b>		
<i>(In lieu of eyeglasses)</i>	Maximum allowance for conventional lenses	<b>\$175 retail allowance<sup>3</sup> (10% overage discount)</b>	<b>Up to \$290<sup>6</sup></b>
	Maximum allowance for disposable lenses	<b>\$175 retail allowance<sup>3</sup> (10% overage discount)</b>	
	Medically necessary contact lenses <sup>4</sup>	<b>Covered 100%</b>	
	Evaluation, fitting, and follow-up care - standard lens	<b>Covered 100%</b>	<b>N/A</b>
	Evaluation, fitting, and follow-up care - specialty lens	<b>Covered 100%</b>	

<sup>1</sup>Benefit year is based on an enrollee's last date of service.

<sup>2</sup>Actual discounted amounts may vary.

<sup>3</sup>Does not apply at Contact Fill or Cole corporate locations (if applicable) and where prohibited by law. Prohibited by some manufacturers.

<sup>4</sup>Prior authorization required.

<sup>5</sup>Does not apply for certain proprietary frame brands and where prohibited by law.

<sup>6</sup>Only covered if member chooses contact lenses.

# Getting the most out of your Vision Plan

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Members have the freedom to visit the Vision Care provider of their choice but out-of-pocket expenses may be reduced significantly when choosing a network provider. Our network has more than **40,000+ eye care professionals** including retailers and independent doctors nationwide. **Locate participating providers at: [www.e-nva.com](http://www.e-nva.com).**

Additionally, after the member has exhausted their funded benefit, they're eligible to access significant discounts on materials through participating network providers through the **EYEESSENTIAL Plan**.

## *Register your account online*

Once enrolled, members can register their account online at **[www.e-nva.com](http://www.e-nva.com)** and use a full menu of helpful tools:

- **View eligibility information** and print copies of **ID cards**
- **Search participating eyecare professionals** in the area, or nominate a preferred eyecare professional (if not participating)
- **Submit, view, and check the status of claims**
- Find answers to our most **frequently asked questions**
- **Use the Member's Guide to Purchasing Eyewear -**
  - Vision Benefit Maximizer**  
Find an eyecare professional's service level and frame inventory (the number of frames they have available at no additional out-of-pocket cost when using the vision plan)
  - Smart Buyer's Guide to Frames**  
Makes it easy to pick out frames according to face shape, skin tone, eye/hair color, etc.
  - Smart Buyer's Guide to Lenses**  
Find out which eyeglass lens types, materials, lens coatings, etc. are best for you

# Vision Claims Guide

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## *How often can I use my benefits?*

Since the benefit year is based on your last date of service, you can use your benefits once every 12 months from the last date of service.

- Preventive eye health examination benefits are available once every 12 months.
- Lenses/frames or contact lenses are covered once every 12 months.

## *How do I find a participating provider?*

Our policy with network option offers you the freedom to visit the Vision Care provider of your choice, but your out-of-pocket expenses may be reduced significantly when choosing an NVA (National Vision Administrators, L.L.C.) network provider.

If you choose to take advantage of the network savings, you can locate NVA Vision network providers on their website: **[www.e-nva.com](http://www.e-nva.com)**

## *How do ShelterPoint and NVA work together?*

ShelterPoint is your carrier, providing you with an insured Vision Care plan. NVA is a network enhancement to your underlying vision coverage from ShelterPoint: Participating providers accept a fixed, lower negotiated fee when receiving payment for their services. Your Benefit Plan Administrator can explain your specific benefit levels and fees.

## *Using the network is easy*

**No ID cards needed!** In-network providers can **easily verify member information and eligibility for services without an ID card**, however for easy identification and reference, members may print them from their member portal.

**No claim forms are needed** for services from a participating network provider! Simply provide the office with the member ID number and/or name and date of birth of any covered member needing services.

## *How out-of-network services work*

Members have the freedom to choose any Vision Care provider. When choosing an **out-of-network** provider, the member pays the fees for services and materials first to the provider **at point of service and is then reimbursed** according to their plan's schedule.

### **Out-of-network claims:**

For services from an out-of-network provider, members need to submit a claim for reimbursement either online or by mail.

Vision Claim Administrator:

**NVA**

Attn: ShelterPoint

P.O. Box 2187

Clifton, NJ 07015

Claim forms are available for download at either:

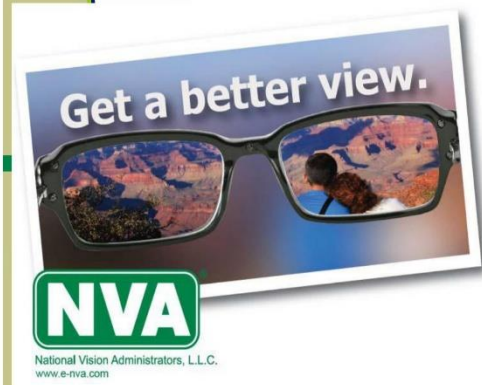
**[www.shelterpoint.com](http://www.shelterpoint.com)** or **[www.e-nva.com](http://www.e-nva.com)**

## *How can I check the status of my claim?*

- Visit the member portal at: **[www.e-nva.com](http://www.e-nva.com)**
- Call the dedicated toll-free member services telephone number: **877-241-7124**



# MEMBER WEB REGISTRATION



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User Name:

Password:

Note: User Name and Password are case sensitive

Not Registered? Register Now

[Provider Registration](#)

[Subscriber Registration](#)

[Forgot Password?](#)

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[www.e-nva.com](http://www.e-nva.com)

- To begin the subscriber registration process, visit [www.e-nva.com](http://www.e-nva.com) to securely register to view your specific benefit information via the NVA website.
- Simply click on the 'Subscriber Registration' link located in the upper right hand corner of our Home Page.



# Subscriber Registration

[Home](#) > [Subscribers](#) > Subscriber Registration

## Subscriber Registration

Four Easy Steps	 <b>Begin Registration Process</b>	Receive Email Confirmation	Verify Personal Information	Enter User Information
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Please fill in all the details below and click 'Submit' to begin the Registration process.

A message will be sent to the email address you provide below. This message will allow you to continue the Register link included in the message.

You are presently logged in. If you click 'Submit' you will be logged out.

All fields are required.

*Required Fields*

Subscriber ID:  (maybe your SSN)

Last Name:

First Initial:

Date of Birth:  (mm/dd/yyyy)

ZIP Code:  (#####)

Email Address:  (ab@xyz.com)

Confirm Email Address:

- Next, you will be directed to the **Subscriber Registration screen** (shown at right).
- **Fill out all registration fields and click on the 'Submit' button.**
- **After clicking 'Submit', you will be sent an e-mail to your registered e-mail address** (shown on the next slide).



[www.e-nva.com](http://www.e-nva.com)



# E-Mail Confirmation

To reply, forward or delete this message, please close this window and use the corresponding email client.

**From:** www@e-nva.com  
**To:** bob.jones@brownsoffice.com  
**Date:** 10/24/2012 02:10:53 EDT  
**Subject:** Registration at www.e-nva.com

## Subscriber Registration

Dear Subscriber,

Thank you for submitting your registration at www.e-nva.com.

To proceed with the registration process, please click the link below.\*

[Continue Registration Process...](#)

You will then be asked to verify information about yourself, and you will choose a user name and password.

Please note that you must complete the registration process within 14 days, otherwise the link will be disabled.

If you have any questions about the registration process or if you have received this message in error, please contact us at www.e-nva.com.

Thanks!

National Vision Administrators

\*If you cannot click on the above link, copy and paste the following address into your browser window: www.e-nva.com

Click on the 'Continue Registration Process...' link provided in your e-mail message to continue on to the verification portion of the registration process.



*Get a better view.*

www.e-nva.com





# Verify Registration Information

- After clicking on the 'Continue Registration Process...' link, you will be directed back to the Subscriber Registration page to verify your registration information and accept the Internet User Agreement (shown at right).
- Once you have agreed to the User Agreement and completed the registration process, you will then be allowed specific access to your account.



Welcome back to the Registration process at [www.e-nva.com](http://www.e-nva.com)! To continue, please review the personal information below.

## Personal Information

**Name:** BOB JONES  
**Subscriber ID:** 111111111  
**Date of Birth:** 01/01/1955  
**Street Address:** 22 SOUTH STREET  
**City:** TOWNSHIP  
**State:** WI  
**ZIP Code:** 53225  
**Email Address:** bob.jones@brownsoffice.com  
**Groups:** THE BROWN'S OFFICE

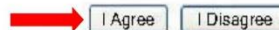
## Internet User Agreement

By using this web site, subscribers may be able to view up to 48 months of vision experience claims history for themselves and for all covered household members.

By accepting this User Agreement, you acknowledge that the claims history for yourself and all covered family members may be displayed in this web site. In addition you confirm the statement below:

"I have financial responsibility for the minor and adult dependents covered by this vision benefits plan. I have obtained the consent of any adult dependents to view their claims history for the purpose of vision benefit management. I understand that this information cannot be used for any other purposes without the written consent of the dependents"

To accept the User Agreement and verify that the above information refers to you, click the 'I Agree' button. You will then be asked to select a User Name and Password, the final step in the Registration process.



Get a better view.

[www.e-nva.com](http://www.e-nva.com)



# Registered Subscriber Home

You are now registered and logged-in, allowing you access to navigate through the NVA website via the navigation toolbar or via the NVA Smart Buyer® subscriber home page (shown at right).

Beginning with the 'View Eligibility' option on the navigation toolbar, you can review each toolbar option's capabilities and the information available to you.

- > Subscriber Home
- > View Eligibility
- > Print ID Cards
- > Find Eyecare Professional
- > Nominate Eyecare Professional
- > Subscriber Materials
- Helpful Info
  - > Frequently Asked Questions
  - > Wellness
- Claims
  - > View Claims
  - > Submit Claim
- NVA Smart Buyer's Guides
  - > Eyeglass Frames
  - > Eyeglass Lenses
    - Eyeglass Lens Type
    - Eyeglass Lens Material
    - Coatings,

## Subscriber Home

Welcome testsubbj1. Your last login was on 10/23/2012.

**i** The Current Group View is for THE BROWN'S OFFICE.

## NVA SMART BUYER®

In addition to viewing your eligibility and vision plan coverage, printing ID cards (if available through your plan), and viewing frequently asked questions (FAQ) and saving on LASIK surgery, NVA now offers a program that provides you with the vision care services and eyewear. The NVA Smart Buyer® will help you use your vision benefit to its full potential and reduce your out-of-pocket expenses to a minimum.

Vision Benefit Maximizer™  
ECP Search Tool

Frames

Eyeglass Lenses

## Vision Benefit Maximizer® Eyecare Professional Search

*Now find Eyecare Professionals based on their specific frame*

While searching for participating Eyecare Professionals (ECPs) you will now receive information on their services and locations available at certain locations at no cost to you. This important information makes it easier for you to select the ECP best suited for you. Try it now.

*Find your perfect provider*



Get a better view.

www.e-nva.com

# Direct Assistance

**Congratulations!**  
Your memberweb registration and website tutorial is complete.

- If you cannot locate the information you require via the website, for whatever reason, you may contact a service representative directly at:

**1.877.241.7124**

**24/7/365 – any question, any time**



® National Vision Administrators, L.L.C.  
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Clinton, NJ 07013  
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## **Disability Insurance – Shelterpoint NY DBL and PFL Plans**

The Northeast District Council of the OPCMIA offers a NY Disability Plan through Shelterpoint for their members. The plan pays out a weekly benefit amount of 50% up to a maximum of \$410 for a total of 26 weeks.

New to NY State effective January 1, 2018 is Paid Family Leave coverage (PFL) that works in conjunction with your NY DBL to provide continuous income replacement in times of need. Please refer to the following pages to view the benefits you may receive with PFL.



## NY STATE SHORT TERM DIABILITY

<b>Important Information</b>	You have 30 days from the date of disability to file a claim
<b>Weekly Benefit</b>	50%
<b>Maximum Weekly Amount for 2019</b>	\$410
<b>Total Weeks Paid</b>	26 Weeks
<b>PAID FAMILY LEAVE (PFL)</b>	
<b>Weekly Benefit</b>	55% of Pay
<b>Maximum Weekly Amount for 2019</b>	\$718.00
<b>Total Weeks Paid</b>	10 Weeks



# Paid Family Leave Basics

## Here's what you need to know

### What is Paid Family Leave (PFL):

Starting in January 2018, Paid Family Leave (PFL) becomes a mandatory benefit in New York providing paid time off to employees to bond with a new child, care for a seriously sick family member, or address family matters due to a qualifying military exigency while their job is protected. PFL is a rider to your statutory short-term disability (DBL) policy – unless you self-fund or your business is exempt. Here's the top things to know about this new mandate:

- PFL provides more than just a monetary benefit – it provides **job security** for employees out on paid leave, similar to unpaid leave under FMLA, but regardless of the size of the employer.
- PFL benefits phase in over 4 years with gradually increasing benefit amounts and durations
- Paid leave can be taken in daily increments and – unlike DBL – in **intermittent** intervals, such as every other Monday.
- There is **no “waiting period”**
- **30 days advanced employernotice** is required **for foreseeable leave**. If this is not possible due to the circumstances (such as an accident or heart attack), then the notification needs to be given as soon as practicable (possible).
- If a qualifying event stretches over more than 52 consecutive weeks, a new request must be submitted before the next 52-week period begins.
- The benefit amount that is in effect at the time the leave began applies to the full duration of the paid leave for that event, even if a new calendar year with increased benefit levels falls within that period
- An employee **can't take DBL and PFL at the same time**, i.e., receive benefits for both concurrently. They have to be taken in sequence, and if the employee qualifies for both, the combined duration may not exceed 26 weeks in a consecutive 52-week period.
- An employer cannot require employees to exhaust their accumulated PTO before letting them go out on paid family leave (unless it's an approved FMLA leave).

### What PFL Can be Used for

While DBL is for your employee's own no occupational injury or illness, **Paid Family Leave is taken to care for/bond with someone else**. There are 3 main categories of qualifying events for which employees may take paid leave:



To provide care for a family member with a qualifying health condition



To bond with a child after birth, adoption, or to welcome a child into foster care



To cope with a military exigency leave event

# PFL Benefits

## How they're calculated & other requirements

### How the PFL Benefit Works

Employees may take paid leave in weekly increments or in daily increments (intermittent leave).

- The maximum length for all PFL-qualifying events from the first day of paid leave and regardless of re-qualifying at a new employer during that period is: 8 weeks (capped at 56 days for intermittent leave) beginning in 2018, and increasing to a maximum of 12 weeks (capped at 60 days for intermittent leave) in 2021, in a consecutive 52-week period.
  - It is based on the calendar year, **not** your policy year.
  - The 52-week period starts with the first day of either DBL taken or paid leave.
- Maximum length for DBL and PFL benefits can't exceed 26 weeks in any consecutive 52-week period.
- Employees may take paid leave for multiple Paid Family Leave events in a consecutive 52-week period as long as the overall leave doesn't exceed the maximum length they may take. For example: bonding and caring. Caring for mom and then for dad. Taking rest and recuperation leave (under military exigency) and then bonding, etc.
- The benefit amount that is in effect at the time the leave begins applies to the full duration of the paid leave event – even if a new calendar year with increased benefit levels falls within that period.
- Benefits are paid from the insurance carrier to the employee within 18 days of filing a completed claim.
- Benefits paid may be offset by child support deductions
- Benefits paid to employees are considered taxable non-wage income that must be included in federal gross income for tax reporting purposes.

### More on PFL Benefits

#### Are there circumstances where an employee who's eligible for PFL coverage may not be eligible to receive PFL benefits?

Yes, if the employee is:

- on administrative leave
- receiving side pay or PTO
- working part of a day: they can't claim that day for PFL to take paid leave (i.e., PFL must be taken in daily increments)
- receiving total disability benefits from a Workers' Compensation claim, voluntary fire fighters or voluntary ambulance worker's benefits that meet/exceed the benefit amount the employee would be entitled to under PFL. If those benefits are less than the PFL benefits they can still file, but the PFL claim will be offset by the other benefits they're receiving.

### Weekly Leave

Benefit chart for employees taking paid leave in weekly increments (regardless of full-time or part-time).

Benefit Stage Effective Date*	Maximum Length of Paid Leave*	Maximum Benefit Amount		
		Payable % of Employee's Average Weekly Wage (AWW)**	To the Maximum % of NY Average Weekly Wage (NYSAWW)**	\$ Max based on 2016 NYSAWW of \$1,305.92**
<b>01/01/2018</b>	<b>8 weeks</b>	<b>50%</b>	<b>50%</b>	<b>\$653</b>
01/01/2019	10 weeks	55%	55%	\$718
01/01/2020	10 weeks	60%	60%	\$784
01/01/2021	12 weeks	67%	67%	\$875

\*While this is the anticipated phase-in schedule, New York State may delay increases at its discretion.

\*\* NY Department of Labor releases the updated NYSAWW every March 31.



## Basic Life / AD&D Insurance – Anthem Group Life Plan High Plan

The Northeast District Council of the OPCMIA also offers a Group Life / AD&D plan for members only, dependents are not eligible to enroll. The plan offers a benefit if you were to pass away. The benefit is paid out to your beneficiary on file to help with the hardships during such a difficult time.

The following Group Life / AD&D plan is for those members who have worked 1,399 or more hours in the prior calendar year.

*Note:* Please update any beneficiaries to make sure your benefit is paid to the correct person.





**Group Name:** Northeast District Council of the OPCMIA Welfare Fund

## Plan Design

### Basic Group Term Life, Accidental Death and Dismemberment

**Class 1:** All Eligible Members who worked 1399 hours or more

**Eligibility:** All Eligible Employees Working 30 Hours Per Week

### Benefit Schedule

Basic Life benefits	
Basic life benefit	\$50,000
Guaranteed issue limit	\$50,000
Living benefit (accelerated death benefit)	50% up to \$500,000
Waiver of premium	Premiums can be waived for employees who become totally disabled before age 60, after the 6 month elimination period. Coverage terminates at age 65 or retirement, whichever is earlier.
Conversion	Included
Portability	Not Included
Age reductions	Benefit reduces by 50% at age 70. All coverage terminates at retirement.
Employee contribution	Non-contributory
Participation requirement	100% of eligible employees must be enrolled for coverage
Accidental Death and Dismemberment benefits	
AD&D benefit	Same as basic life
Guaranteed issue limit	All amounts are guaranteed issue
Age reductions	Same as basic life
Table of losses	Standard table included
Airbag benefit	10% of AD&D benefit, up to \$10,000 maximum
Seatbelt benefit	10% of AD&D benefit, up to \$15,000 maximum
Repatriation benefit	Up to \$5,000 for transportation and related expenses
Child education benefit	5% of AD&D benefit per year for each child's post-secondary education expenses; annual maximum of \$5,000 or actual expense. \$40,000 combined maximum for all children.
Coma benefit	1% of AD&D benefit for each full month of coma, up to 96%
Common carrier benefit	25% of AD&D benefit
General Provisions	
Resource Advisor	Included
Travel Assistance	Included
SpecialOffers	Included
Rate guarantee	Rates in this Proposal are guaranteed for 24 months

## Basic Life / AD&D Insurance – Anthem Group Life Plan Low Plan

The Northeast District Council of the OPCMIA also offers a Group Life / AD&D plan for members only, dependents are not eligible to enroll. The plan offers a benefit if you were to pass away. The benefit is paid out to your beneficiary on file to help with the hardships during such a difficult time.

The following Group Life / AD&D plan is for those members who have worked 1,000 – 1,399 hours in the prior calendar year.

*Note:* Please update any beneficiaries to make sure your benefit is paid to the correct person

**Group Name:** Northeast District Council of the OPCMIA Welfare Fund

## Plan Design

### Basic Group Term Life, Accidental Death and Dismemberment

**Class 2:** All Eligible Members who worked 1000 to 1399 hours

**Eligibility:** All Eligible Employees Working 30 Hours Per Week

#### Benefit Schedule

Basic Life benefits	
Basic life benefit	\$30,000
Guaranteed issue limit	\$30,000
Living benefit (accelerated death benefit)	50% up to \$500,000
Waiver of premium	Premiums can be waived for employees who become totally disabled before age 60, after the 6 month elimination period. Coverage terminates at age 65 or retirement, whichever is earlier.
Conversion	Included
Portability	Not Included
Age reductions	Benefit reduces by 50% at age 70. All coverage terminates at retirement.
Employee contribution	Non-contributory
Participation requirement	100% of eligible employees must be enrolled for coverage
Accidental Death and Dismemberment benefits	
AD&D benefit	Same as basic life
Guaranteed issue limit	All amounts are guaranteed issue
Age reductions	Same as basic life
Table of losses	Standard table included
Airbag benefit	10% of AD&D benefit, up to \$10,000 maximum
Seatbelt benefit	10% of AD&D benefit, up to \$15,000 maximum
Repatriation benefit	Up to \$5,000 for transportation and related expenses
Child education benefit	5% of AD&D benefit per year for each child's post-secondary education expenses; annual maximum of \$5,000 or actual expense. \$40,000 combined maximum for all children.
Coma benefit	1% of AD&D benefit for each full month of coma, up to 96%
Common carrier benefit	25% of AD&D benefit
General Provisions	
Resource Advisor	Included
Travel Assistance	Included
SpecialOffers	Included
Rate guarantee	Rates in this Proposal are guaranteed for 24 months

# Supplemental Plan (Hospital Indemnity)



## SUMMARY OF MATERIAL MODIFICATIONS TO



### THE NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND

**To:** Participants in the Northeast District council of the OPCMIA Welfare Fund

**From:** Board of Trustees of the Northeast District council of the OPCMIA Welfare Fund

**Re:** Changes to the Northeast District council of the OPCMIA Welfare Fund

*The following summary describes changes to the Northeast District council of the OPCMIA Welfare Fund (the “Plan” or the “Fund”). This summary is intended to satisfy the requirements for issuance of a Summary of Material Modification (“SMM”) under the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). You should take time to read this material carefully and keep it with the copy of the Summary Plan Description (“SPD”) that was previously provided to you. If you need another copy of the SPD, or if you have any questions regarding these changes to the Plan, please contact the Fund Office, either in writing at 100 Merrick Road, Suite 500 West, Rockville Centre, NY 11570 or by telephone at 516-775-2280.*

As a participant in the Plan, the Fund provides you and your eligible dependents with a range of hospital and medical benefits. This SMM is intended to notify you of important changes with respect to your out-of-pocket deductible costs for certain hospital and other ancillary medical benefits, which become effective November 1, 2018.

Effective November 1, 2018, the Colonial/Paul Revere Supplemental Plan will be cancelled and replaced with the Aetna Hospital Indemnity Plan.

Please note that **these changes do not become effective until November 1, 2018.** Accordingly, any claims incurred prior to November 1, 2018 will be processed by Colonial/Paul Revere.

Enclosed is a summary of the Aetna Hospital Indemnity Plan benefits. You will notice that many of the reimbursements for your out-of-pocket deductible costs that were formerly covered by the Colonial/Paul Revere Supplemental Plan will, after November 1, 2018, be covered by the Aetna Hospital Indemnity Plan. Because the Aetna Hospital Indemnity Plan is offered in conjunction with your major medical insurance provider (also Aetna), all claims for reimbursement under the Aetna Hospital Indemnity Plan should be made in accordance with the Fund’s Summary Plan Description.



Additionally, for those reimbursements that were formerly covered by the Colonial/Paul Revere Supplemental Plan that are NOT to be covered by the Aetna Hospital Indemnity Plan, **the Fund will provide deductible reimbursements** at the rates specified below:

<b>Family</b>	=	<b>\$1,000.00</b>
<b>Parent/Child</b>	=	<b>\$1,000.00</b>
<b>Couple</b>	=	<b>\$1,000.00</b>
<b>Single</b>	=	<b>\$ 500.00</b>

Effective November 1, 2018, examples of deductibles that may be reimbursed by the Fund (at the rates above) are those incurred in connection with the use of allergy injections, emergency ambulances, convalescent facilities, hospice care and durable medical equipment.

In order for the Fund to provide you with this reimbursement, you must submit verification of your claim in the form of an explanation of benefits (“EOB”) received from Aetna. Please submit your EOB concerning your claim for reimbursement of deductibles directly to the Praetorian Guard Group, LLC using the contact information provided below:

**By mail:**

Praetorian Guard Group, LLC  
140 Adams Ave., Suite B11  
Hauppauge, NY 11788

**By e-mail:**

nicoledpgg@optonline.net  
emilylpgg@optonline.net

**By fax:**

1-631-656-5514  
1-980-444-0711

As always, the Fund Office is available to assist you with any other questions that you might have. If you have any questions, please contact the Fund Office at 516-775-2280.



The Board of Trustees

Northeast District council of the OPCMIA Welfare Fund

This SMM is intended to provide you with an easy-to-understand description of certain changes to the Plan. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. If any conflict should arise between this summary and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases.

The Board of Trustees (or its duly authorized designee) reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the "Trust Agreement"). The Trust Agreement and the full Plan document are at the Fund Office and may be inspected by you free of charge during normal business hours.

No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the plan documents, make any promises to you about benefits under the Plan, or to change any provision of the Plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters arising under the Plan.



## What are some of the highlights of the Aetna Hospital Indemnity Plan?

The Aetna Hospital Indemnity Plan pays benefits related to an inpatient hospital stay. Below are some of the benefits available. Benefits are payable once per member during a plan year unless otherwise specified. Pre-existing condition exclusions do not apply to your plan. For more details, including exclusions and limitations that apply, review your benefit summary.

Aetna Hospital Plan	Benefits
Hospital stay – Admission	\$1,500
Inpatient hospital stay – Daily* (up to 30 days)	\$100
Intensive care unit (ICU) stay – Daily* (up to 30 days)	\$150
Nursery Admission (non-ICU/hospital birth only)	\$100
Rehabilitation unit stay - Daily* (up to 30 days)	\$50
Substance abuse – Daily / Mental disorder– Daily* (up to 30 days)	\$100
Skilled Nursing Facility– Daily* (up to 30 days)	\$50

**\*Important Note:** All daily inpatient stay benefits begin on day two and count towards the plan year maximum. Maximum 30 daily benefits per plan year, combined days for all stays.

### We make it simple

If you're eligible to enroll and apply for coverage, your acceptance is guaranteed. We don't ask you any questions about your health. Cash benefits are paid directly to you and are not reduced by other insurance benefits you may have. And there's more:

- You get access to negotiated group rates.
- You'll enjoy the convenience of payroll deduction to pay premiums.
- If you leave your company, you can take your plan with you.

### Filing a claim couldn't be easier

After you become a member, you can review your benefits and file claims on our member portal at [myaetnasupplemental.com](http://myaetnasupplemental.com). If you're an Aetna medical plan member, you don't typically need to provide medical paperwork to process a claim. Not an Aetna medical plan member? No problem. Just fill out the online form and upload your medical paperwork.

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## Hospital Indemnity Plan Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Benefits will not be paid for any stay or other service for an illness or accidental injury related to the following:

1. Engaging in extra-hazardous activities meaning aviation and related activities;
2. Participating as a professional in athletics or sports;
3. Act of war, riot, war;
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
5. Assault, felony, illegal occupation, or other criminal act;
6. Care provided by a spouse, parent, child, or sibling;
7. Cosmetic services and plastic surgery, with certain exceptions;
8. Custodial Care;
9. Hospice services, except as specifically provided in the Benefits under your plan section of the certificate;
10. Self-harm, suicide, except when resulting from a diagnosed disorder;
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
12. Care or services received outside the United States, its possessions or the countries of Canada and Mexico;
13. Accidental injury sustained while under the influence of any narcotic unless administered on the advice of a physician and taken in the prescribed dose;
14. Dental and orthodontic care and treatment;
15. Any care, prescription drugs, and medicines related to infertility;
16. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason;
17. Vision-related care

### THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

This plan provides limited benefits. It pays fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.

This material is for information only. Insurance plans contain exclusions and limitations. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features, rates, eligibility and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [aetna.com](http://aetna.com).

**Hospital Indemnity Plan Policy form numbers issued in Oklahoma include:** GR-96172, GR-96173.

**Hospital Indemnity Plan Policy form numbers issued in Idaho include:** GR-96172, AL VOL HPOL-Hosp 01.

**Hospital Indemnity Plan Policy form numbers issued in Missouri include:** GR-96172 01.

NE\_Dist\_Council\_of\_OPCMIA  
10/2018





## Non-Discrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 1-888-772-9682.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512  
1-800-648-7817, TTY: 711, Fax: 859-425-3379, [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

## Availability of Language Assistance Services

TTY: 711

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For language assistance in your language call 1-888-772-9682 at no cost. (English)

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Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish)

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欲取得以您的語言提供的語言協助，請撥打1-888-772-9682，無需付費。(Chinese)

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Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French)

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Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog)

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Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German)

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للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 1-888-772-9682. (Arabic)

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Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole)

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Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian)

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日本語で援助をご希望の方は 1-888-772-9682 (フリーダイヤル) までお電話ください。 (Japanese)

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본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean)

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برای راهنمایی به زبان شما با شماره 1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید. (Persian)

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Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish)

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Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese)

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Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

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Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)

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NonDiscrimAV



# A range of options to meet your needs

## Aetna Hospital Plan

While medical plans typically cover hospitalization, they don't cover everything. This plan can help employees with the out-of-pocket costs associated with a covered inpatient stay.

### Fact



Fewer than  
**1 in 4**  
Americans ...



have enough money in their **savings account** to cover at least six months of expenses or medical emergency.<sup>5</sup>

## Aetna's simplified claims process



Covered medical event



Submit your claim using the online claims form



Our system matches this claim to the medical claim to retrieve the necessary medical information



Your Supplemental Health benefit claim is processed



Payments are sent directly to you

### Submitting claims is easy

1. Go to [www.aetnavoluntaryforms.com](http://www.aetnavoluntaryforms.com).
2. Use the "Online claims process" link to fill out the form and submit your claim.

Your payment for covered services is on the way.

**That's all there is to it!**

Claims can be completed online at

[www.aetnavoluntaryforms.com](http://www.aetnavoluntaryforms.com) or printed and mailed to:  
Aetna Voluntary Plans, PO Box 14079,  
Lexington, KY 40512-4079.

Don't have internet access? You can request a paper claim form by calling us toll-free at **1-888-772-9682**.

<sup>5</sup>CNNMoney. 76% of Americans are living paycheck-to-paycheck. June 24, 2013. Available at: [www.money.cnn.com/2013/06/24/pf/emergency-savings](http://www.money.cnn.com/2013/06/24/pf/emergency-savings). Accessed February 2015.

This material is for information only. Plans are underwritten by Aetna Life Insurance Company (Aetna). Insurance plans contain exclusions and limitations and are subject to United States economic and trade sanctions. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

# aetna®

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## CONTACT INFORMATION

CARRIER CONTACT	PHONE NUMBER	WEB ADDRESS
Medical, Dental and Supplemental Plans (Aetna)	1-855-281-8858	<a href="http://www.aetna.com">www.aetna.com</a>
Vision (NVA)	1-877-241-7124	<a href="http://www.e-nva.com">www.e-nva.com</a>

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND OFFICE		
CONTACT	PHONE	EMAIL
Lisa Parisi (Fund Manager)	1-516-775-2280	<a href="mailto:lisa.parisi@nedcfunds.org">lisa.parisi@nedcfunds.org</a>
Laura Brennan	1-516-775-2280	<a href="mailto:laura@nedcfunds.org">laura@nedcfunds.org</a>
Diane Ferchland	1-516-775-2280	<a href="mailto:diane@nedcfunds.org">diane@nedcfunds.org</a>
100 Merrick Road, Suite 500 West • Rockville Centre, NY 11570		

BENEFIT CONSULTANTS	PHONE	EMAIL
Praetorian Guard Group, LLC	1-631-656-3070	<a href="mailto:tdimattinapgg@optonline.net">tdimattinapgg@optonline.net</a> <a href="mailto:emilylpgg@optonline.net">emilylpgg@optonline.net</a> <a href="mailto:nicoledpgg@optonline.net">nicoledpgg@optonline.net</a>

