

# IBEW Local 369 Delta Dental Plan Option



**LOCAL 369**  
LOUISVILLE, KY

## *What the plan pays:*

*This is partial list of covered services and is not a contract of insurance. Your coverage is subject to the limitations, exclusions, and other terms and conditions of the member certificate of insurance.*

### *Preventive and Diagnostic*

Exams (initial, periodic, and emergency; limited to 2 in a benefit period)	100%	80%
Bitewing x-rays (limited to 1 in a benefit period)	100%	80%
Full-mouth or panoramic (limited to 1 in a 5 year period)	100%	80%
Cleanings (limited to 2 in a benefit period)	100%	80%
Pulp Vitality Test	100%	80%
Emergency Treatment (relief of pain)	100%	80%

### *Minor Services*

Routine Fillings	80%	60%
Stainless Steel Crown	80%	60%
Sedative Filling (relief of pain)	80%	60%
Pin Retention	80%	60%
Crown Repair	80%	60%
Simple denture repairs to an existing denture or partial	80%	60%
Oral Surgery	80%	60%

### *Major Services\**

Crowns (permanent; limited to once per tooth in 5 years)	50%	50%
Recent Crown	50%	50%
Crown Build-up	50%	50%
Root Canal and Pulp Therapy (excluding final restoration)	50%	50%
Periodontal Procedures	50%	50%
Dentures (complete and partial)*	50%	50%
Denture repairs for adding a tooth or clasp to an existing denture or partial*	50%	50%
Bridges*	50%	50%

### *Orthodontics Services\**

50%	50%
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*\* There is a 12-month waiting period on Major and Orthodontic Services. Replacement of teeth missing prior to the effective date of this plan is not covered.*

*• Policy is an annual contract.*

*• Deductibles: No deductible for Preventive and Diagnostic Services. \$50 individual/\$150 family deductible per year for Minor and Major Services.*

*• Plan pays a maximum of \$1,000 per member, per year for covered services. Only the services listed above will be covered. Plan pays a lifetime maximum of \$1,000 for orthodontic services.*

*• Dependents covered through age 26 (non-orthodontics). Dependents covered through age 19 for orthodontics.*

*This is not a contract. Covered services are subject to the limitations, exclusions, and other terms and conditions of the member certificate. A complete description of covered services can be found in the member's certificate booklet.*

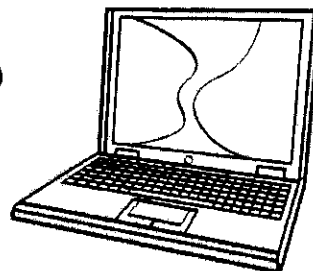


**To enroll, please complete the enrollment form and include payment in the envelope provided.  
For additional information, call: 1-800-971-4108**

# ***How to find a Delta Dental participating provider***

## ***Internet***

If you have access to the Internet, you may use our website ([www.deltadentalky.com](http://www.deltadentalky.com) or [www.individualaccountmanager.com](http://www.individualaccountmanager.com)) and request the information by city, state, zip code, provider's name or specialty.



## ***Mobile App***

Our mobile app is available for mobile devices using iOS (Apple) or Android. To download, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. The dentist search tool makes it easy to search for a Delta Dental PPO dentist in your area.

## ***Customer Service***

You may call a Delta Dental customer service representative at the 1-800-971-4108 and ask if your provider is participating in the network associated with the plan that you have chosen.



## ***Call Your Provider***

You should call your provider's office and ask if he/she participates in the network associated with the plan that you have chosen.

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*It is important that you verify a provider's status each time you seek care as a provider contract may change. It is your responsibility to verify that the provider you use is contracted with the Delta Dental network associated with the plan that you have chosen. If you receive treatment from a non-network provider, your benefits may be paid at a lower percentage or you may be balance billed.*

