

**CENTRAL PENNSYLVANIA TEAMSTERS
HEALTH & WELFARE FUND**

SUMMARY OF MATERIAL MODIFICATION

**DENTAL IMPLANT BENEFITS POLICY
EFFECTIVE DATE: SEPTEMBER 1, 2008**

At their August 2008 meeting, the Trustees of the Central Pennsylvania Teamsters Health & Welfare Fund (“Fund”) clarified the Fund’s policy regarding payment for dental implants. This policy explains when dental implant benefits will be paid under the Fund’s dental provisions and when dental implant benefits will be paid under the Fund’s medical provisions. Under the Fund’s dental provisions, each family member has an annual allowance for dental benefits. Under the Fund’s medical provisions, the Fund pays for medically necessary services and procedures for which there is not an annual limit.

Delta Dental administers the Fund’s dental claims and will also administer the pre-determinations for dental implants. Delta’s dental advisors will, consistent with this policy, provide the Fund with their recommendations regarding whether dental implant services should be paid under the Fund’s dental or medical provisions. Keep in mind that claims for Delta Dental network providers are processed in accordance with Delta Dental’s contracted rate and that non-network providers are processed in accordance with Delta Dental’s Usual Customary and Reasonable (UCR) fee schedule.

The key points of the Fund’s dental implant policy are as follows:

- 1) **ALL requests for dental implants must be submitted for pre-determination.** If you or your provider do not submit the procedure for predetermination, the Fund will only pay up to your annual dental limit for the implant, and all related dental implant services, and will not consider the claim for payment under the medical provisions of the plan.
- 2) If the Fund and its dental advisor determine that the documentation submitted by your dentist demonstrates that the only mode of treatment available to maintain dental health and function is an implant-supported crown, bridge, partial or full denture, the implant claim will be paid under the medical provisions of the plan, and not under the dental provision of the plan.
- 3) On the other hand, if the Fund and its dental advisor determine that the documentation submitted by your dentist demonstrates that a regular bridge, partial or full denture can adequately maintain your dental health and function, the implant and all related expenses will be paid under the annual dental maximum set forth in your plan.
- 4) Finally, if the implant is sought for cosmetic or aesthetic purposes, payment for the implant will only be made under the annual dental maximum set forth in your plan.