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**IMPORTANT NOTICE ABOUT CHANGES TO THE 4<sup>TH</sup> DISTRICT IBEW HEALTH PLAN  
Building Trades Plan**

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This Notice explains important changes that are being made to the 4<sup>th</sup> District IBEW Health Plan, effective January 1, 2013. You are urged to carefully review this Notice and address any questions to the Benefit Office. This Notice should be kept with your records of Plan activities.

As you were advised earlier, the Board has voted to contract with Delta Dental to provide network services and to improve calendar-year dental benefit maximums for in-network services. This notice will serve to provide additional information regarding this change.

**Schedule of Benefits**

Effective January 1, 2013, the “Dental Benefit” described on page 2.2 of the Summary Plan Description will be amended to read:

**Dental Benefit**

1. Deductible Per Calendar Year	
a. Preventative.....	None
b. Other Services	
i. Per Individual.....	\$75
ii. Per Family.....	\$225
2. Payment Factors	
a. Preventative.....	100%
b. Other Services.....	75%
3. Calendar Year Maximum Per Individual	
a. In-Network.....	\$900**
b. Out-of-Network.....	\$750**

\*\*The Calendar Year Maximum does not apply to pediatric oral services provided to dependent children less than age 18.

Thus, the only change to the benefit structure is to increase the calendar year maximum for services provided by a dentist in the Delta Dental PPO or the Delta Dental Premier network. If you elect to stay with a dentist that does not participate in either of those Delta Dental networks, you will be entitled to exactly the same benefits as before.

Please note Delta Dental will apply Reasonable and Customary (R & C) fee standards for the charges of a non-network dentist, which was also the case in the past. The charges of a network dentist will always satisfy the R & C standard, however if you use a provider outside one of the Delta Dental networks, you could be responsible for all of the difference between the charge amount and the R & C amount. Delta Dental refers to the R & C level for the maximum amount allowed for non-network charges as “Nonparticipating Dentist Fee.”

**Delta Dental Network Providers**

To locate a dentist in one of the Delta Dental networks, you can either call their customer service department at (800) 524-0149 go to [www.deltadentaloh.com](http://www.deltadentaloh.com). Step-by-step instructions to use the web site were provided in the notice recently sent to you or call Delta Dental for assistance.

### **Non-Network Provider Services**

If you elect to stay with a dentist that does not participate in either of those Delta Dental networks, you will be required to complete and submit a claim form to Delta Dental. Attached is a copy of the claim form. You can also print a copy of the claim form by going to their website ([www.deltadentaloh.com](http://www.deltadentaloh.com)) or you can call Delta Dental (800-524-0149) or American Benefit Corporation (888-466-9094 or 304-525-0331) to request a claim form. Your claims should be mailed to the address shown on the claim form:

Delta Dental  
P.O. Box 9085  
Farmington Hills, MI 48333-9085

### **Claims Denials**

If you are not eligible for benefits at the time you obtain services from the dental care provider, or in the event the desired service is not covered under the Plan, you will receive a written Notice of Adverse Benefit Determination that contains the following:

- The specific reasons for the adverse benefit determination;
- The specific reference to the Plan and/or Summary Plan Description provisions on which the adverse benefit determination was based;
- A description of any additional materials or information necessary for you to perfect your claim and an explanation of why such material or information is necessary;
- The notice of any internal rule or guidelines or protocols used in making the decision, if applicable, and your right to receive a copy;
- A notice of your right to a written explanation of any exclusion which affects your claim; and
- A description of the Appeals Procedure.

### **Claims Review Procedure**

If you receive notice of an adverse benefit determination, and if you think that Delta Dental incorrectly denied all or part of your claim, you can take the following steps:

1. You or your Dentist should contact Delta Dental's Customer Service department at their toll-free number, (800) 524-0149, and ask them to check the claim to make sure it was processed correctly. You may also mail your inquiry to the Customer Service department at P.O. Box 9089, Farmington Hills, Michigan, 48333-9089. When writing, please enclose a copy of your Explanation of Benefits and describe the problem. Be sure to include your name, your telephone number, the date, and any information you would like considered about your claim. This inquiry is not required and should not be considered a formal request for review of a denied claim. Delta Dental provides this opportunity for you to describe problems and submit information

that might indicate that your claim was improperly denied and allow Delta Dental to correct this error quickly.

2. Whether or not you have asked Delta Dental informally, as described above, to recheck its initial determination, you can submit your claim to a formal review through the Claims Appeal Procedure described here. To request a formal appeal of your claim, you must send your request in writing to:

**Dental Director  
Delta Dental  
P.O. Box 30416  
Lansing, Michigan 48909-7916**

You must include your name and address, the ID number, the reason you believe your claim was wrongly denied, and any other information you believe supports your claim, and indicate in your letter that you are requesting a formal appeal of your claim. You also have the right to review the Plan and any documents related to it. If you would like a record of your request and proof that it was received by Delta Dental, you should mail it certified mail, return receipt requested.

You or your authorized representative should seek a review as soon as possible, but you must file your appeal within 180 days of the date on which you receive your notice of the adverse benefit determination you are asking Delta Dental to review. If you are appealing an adverse determination of a Concurrent Care Claim, you will have to do so as soon as possible so that you may receive a decision on review before the course of treatment you are seeking to extend terminates.

The Dental Director or any other person(s) reviewing your claim will not be the same as, nor will they be subordinate to, the person(s) who initially decided your claim. The Dental Director will grant no deference to the prior decision about your claim. Instead, he will assess the information, including any additional information that you have provided, as if he were deciding the claim for the first time.

The Dental Director will make his decision within 30 days of receiving your request for the review of Pre-Service Claims and within 60 days for Post-Service Claims. If your claim is denied on review (in whole or in part), you will be notified in writing. The notice of any adverse determination by the Dental Director will (a) inform you of the specific reason(s) for the denial, (b) list the pertinent Plan provision(s) on which the denial is based, (c) contain a description of any additional information or material that is needed to decide the claim and an explanation of why such information is needed, (d) reference any internal rule, guideline, or protocol that was relied on in making the decision on review and inform you that a copy can be obtained upon request at no charge, (e) contain a statement that you are entitled to receive, upon request and at no cost, reasonable access to and copies of the documents, records, and other information relevant to the Dental Director's decision to deny your claim (in whole or in part), and (f) contain a statement that you may

seek to have your claim paid by bringing a civil action in court if it is denied again on appeal.

If the Dental Director's adverse determination is based on an assessment of medical or dental judgment or necessity, the notice of his adverse determination will explain the scientific or clinical judgment on which the determination was based or include a statement that a copy of the basis for that judgment can be obtained upon request at no charge. If the Dental Director consulted medical or dental experts in the appropriate specialty, the notice will include the name(s) of those expert(s).

3. If your claim is denied in whole or in part after you have completed this required Claims Appeal Procedure, or Delta Dental fails to comply with any of the deadlines contained therein, you have the right to seek to have your claim paid by filing a civil action in court. However, you will not be able to do so unless you have completed the review described above. If you wish to file your claim in court, you must do so within the timelines established by the Plan.
4. Following the conclusion of the appeal process through Delta Dental, you have the option to request an informal review by the Board of Trustees. The appeal to the Board is strictly voluntary and only available once you have pursued the mandatory appeal with Delta Dental. The request for review must be in writing and submitted to the Board within 180 days of the final decision on appeal from Delta Dental. The request should state your name, address, Social Security number and a copy of any documents you would like the Board to consider. The material should be sent to:

**Board of Trustees  
4<sup>th</sup> District IBEW Health Fund  
609 3<sup>rd</sup> Avenue  
Chesapeake, OH 45619**

The Board will consider your optional appeal at its next regularly scheduled quarterly meeting. You will be notified of the decision of the Board as soon as possible, generally within 5 days after a decision is made. You are under no obligation to pursue a voluntary appeal before filing a civil action and the Plan waives any defense relating to your failure to exercise this option. Additionally, any defense the Plan may have based on timeliness is tolled while you are pursuing the voluntary level of appeal.

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**IMPORTANT NOTICE ABOUT CHANGES TO THE 4<sup>TH</sup> DISTRICT IBEW HEALTH PLAN  
Flexible Choice Plan**

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This Notice explains important changes that are being made to the 4<sup>th</sup> District IBEW Health Plan, effective January 1, 2013. You are urged to carefully review this Notice and address any questions to the Benefit Office. This Notice should be kept with your records of Plan activities.

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As you were advised earlier, the Board has voted to contract with Delta Dental to provide network services and to improve calendar-year dental benefit maximums for in-network services. This notice will serve to provide additional information regarding this change.

**Schedule of Benefits**

Effective January 1, 2013, the “Dental Benefit” described on page 2.2 of the Summary Plan Description will be amended to read:

**Dental Benefit**

- 1. Deductible Per Calendar Year
  - a. Preventative..... None
- 2. Payment Factor
  - a. Preventative..... 100%
- 3. Calendar Year Maximum Per Individual
  - a. In-Network..... \$900\*\*
  - b. Out-of-Network..... \$750\*\*

\*\*The Calendar Year Maximum does not apply to pediatric oral services provided to dependent children less than age 18.

Thus, the only change to the benefit structure is to increase the calendar year maximum for services provided by a dentist in the Delta Dental PPO or the Delta Dental Premier network. If you elect to stay with a dentist that does not participate in either of those Delta Dental networks, you will be entitled to exactly the same benefits as before.

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P.O. Box 9085  
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- The specific reference to the Plan and/or Summary Plan Description provisions on which the adverse benefit determination was based;
- A description of any additional materials or information necessary for you to perfect your claim and an explanation of why such material or information is necessary;
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1. You or your Dentist should contact Delta Dental's Customer Service department at their toll-free number, (800) 524-0149, and ask them to check the claim to make sure it was processed correctly. You may also mail your inquiry to the Customer Service department at P.O. Box 9089, Farmington Hills, Michigan, 48333-9089. When writing, please enclose a copy of your Explanation of Benefits and describe the problem. Be sure to include your name, your telephone number, the date, and any information you would like considered about your claim. This inquiry is not required and should not be considered a formal request for review of a denied claim. Delta Dental provides this opportunity for you to describe problems and submit information that might indicate that your claim was improperly denied and allow Delta Dental to correct this error quickly.

2. Whether or not you have asked Delta Dental informally, as described above, to recheck its initial determination, you can submit your claim to a formal review through the Claims Appeal Procedure described here. To request a formal appeal of your claim, you must send your request in writing to:

**Dental Director  
Delta Dental  
P.O. Box 30416  
Lansing, Michigan 48909-7916**

You must include your name and address, the ID number, the reason you believe your claim was wrongly denied, and any other information you believe supports your claim, and indicate in your letter that you are requesting a formal appeal of your claim. You also have the right to review the Plan and any documents related to it. If you would like a record of your request and proof that it was received by Delta Dental, you should mail it certified mail, return receipt requested.

You or your authorized representative should seek a review as soon as possible, but you must file your appeal within 180 days of the date on which you receive your notice of the adverse benefit determination you are asking Delta Dental to review. If you are appealing an adverse determination of a Concurrent Care Claim, you will have to do so as soon as possible so that you may receive a decision on review before the course of treatment you are seeking to extend terminates.

The Dental Director or any other person(s) reviewing your claim will not be the same as, nor will they be subordinate to, the person(s) who initially decided your claim. The Dental Director will grant no deference to the prior decision about your claim. Instead, he will assess the information, including any additional information that you have provided, as if he were deciding the claim for the first time.

The Dental Director will make his decision within 30 days of receiving your request for the review of Pre-Service Claims and within 60 days for Post-Service Claims. If your claim is denied on review (in whole or in part), you will be notified in writing. The notice of any adverse determination by the Dental Director will (a) inform you of the specific reason(s) for the denial, (b) list the pertinent Plan provision(s) on which the denial is based, (c) contain a description of any additional information or material that is needed to decide the claim and an explanation of why such information is needed, (d) reference any internal rule, guideline, or protocol that was relied on in making the decision on review and inform you that a copy can be obtained upon request at no charge, (e) contain a statement that you are entitled to receive, upon request and at no cost, reasonable access to and copies of the documents, records, and other information relevant to the Dental Director's decision to deny your claim (in whole or in part), and (f) contain a statement that you may seek to have your claim paid by bringing a civil action in court if it is denied again on appeal.

If the Dental Director's adverse determination is based on an assessment of medical or dental judgment or necessity, the notice of his adverse determination will explain the scientific or clinical judgment on which the determination was based or include a statement that a copy of the basis for that judgment can be obtained upon request at no charge. If the Dental Director consulted medical or dental experts in the appropriate specialty, the notice will include the name(s) of those expert(s).

3. If your claim is denied in whole or in part after you have completed this required Claims Appeal Procedure, or Delta Dental fails to comply with any of the deadlines contained therein, you have the right to seek to have your claim paid by filing a civil action in court. However, you will not be able to do so unless you have completed the review described above. If you wish to file your claim in court, you must do so within the timelines established by the Plan.
4. Following the conclusion of the appeal process through Delta Dental, you have the option to request an informal review by the Board of Trustees. The appeal to the Board is strictly voluntary and only available once you have pursued the mandatory appeal with Delta Dental. The request for review must be in writing and submitted to the Board within 180 days of the final decision on appeal from Delta Dental. The request should state your name, address, Social Security number and a copy of any documents you would like the Board to consider. The material should be sent to:

**Board of Trustees  
4<sup>th</sup> District IBEW Health Fund  
609 3<sup>rd</sup> Avenue  
Chesapeake, OH 45619**

The Board will consider your optional appeal at its next regularly scheduled quarterly meeting. You will be notified of the decision of the Board as soon as possible, generally within 5 days after a decision is made. You are under no obligation to pursue a voluntary appeal before filing a civil action and the Plan waives any defense relating to your failure to exercise this option. Additionally, any defense the Plan may have based on timeliness is tolled while you are pursuing the voluntary level of appeal.