**Group Benefit Page**

<table>
<thead>
<tr>
<th><strong>Name of Group:</strong></th>
<th>Local 1180 Communication Workers of America: CWA / Retirees CWA</th>
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</thead>
<tbody>
<tr>
<td><strong>Group Number:</strong></td>
<td>GG-043/GG-046</td>
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<tr>
<td><strong>Effective Date:</strong></td>
<td>October 1, 1983</td>
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<td><strong>Benefit Period:</strong></td>
<td>Calendar Year</td>
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</tbody>
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**Managed Care Plan**

Covered services can only be rendered by participating dentists. Each covered person must select one participating dentist (*per family*) to provide general dental services. These general dentists will provide all covered services according to the Schedule of Copayments. Many services will be provided at no cost. Others may have small copayments that patients will pay directly to the dentist. When specialty treatment is needed, the participating general dentist will refer the case to participating specialists. Unless otherwise noted, patient copayments will be the same when services are rendered by participating specialists. In the event that participating specialists are not available within 50 miles of your participating general dentist, you may be entitled to receive a benefit equal to the amount that we would pay a participating specialist. Members have no benefits when treatment is provided by a non-participating general dentist or when specialty services are provided without a referral from Dentcare or the participating general dentist.*

**Dependent Eligibility**

Dependent Children are covered up to the end of the month of their 26th birthday.

**Orthodontics**

Dependent Children and Adults. Coverage includes initial banding and monthly adjustments for traditional braces.

* With the exception of Oral Surgery, referrals are required to see a dental specialist.

**Note:** The schedule of copayments on the reverse contains a general description of your dental care program for your use as a convenient reference. Due to certain Exclusions and/or Limitations, all member copayments may not be applicable. Prior to receiving any treatment, please obtain the Certificate of Insurance from your benefit administration for Exclusions and Limitations. A copy of your Certificate of Insurance may also be obtained from our website at healthplex.com. All benefits are governed by the provisions of your group’s contract.
Managed Care

Our managed care dental plans feature:
- No claim forms
- No deductibles
- Coverage for pre-existing conditions

Important
- Members must use dentists who participate in the Comprehensive Panel.
- Members are responsible for all costs not covered by this dental plan.

Treatment Options/Materials

Due to the element of choice involved in the utilization of many dental services, situations frequently arise where two or more methods of treatment for a particular dental condition could be used, each of which producing a desirable, professional result. In such situations where more than one alternative would adequately treat a given condition, the plan will cover the least costly alternative.

As deemed medically necessary, this plan will allow benefits as follows:
- Crowns - Porcelain material on anterior and posterior teeth.
- Fillings - Composite material on anterior and posterior teeth.
- Fixed Bridges - Even when teeth are missing on both sides of the mouth.

**Above services represent a partial listing of benefits covered by this plan**