

Get Happy

You've got Dentegra

The world is yours with Dentegra. We believe your smile is a powerful asset. That's why we've created a dental plan that is easy to understand and use — so you spend less time managing your dental plan and more time enjoying your life.

HOW your EPB¹ plan works

- You must visit a Dentegra EPB network dentist to receive benefits under your plan. If you reside or work in GA, FL, MS, MT, TX or anywhere more than 20 miles from an EPB Network Provider, you may be treated by a Non-Network Provider.
- You can change dentists any time without notifying us.
- You are responsible for any applicable copayments and charges for non-covered services.

FIND a network dentist

- Visit our website at **dentegra.com/FELRA** to find a Dentegra EPB network dentist.
- Call Customer Service at **877-280-4204**, Monday to Friday, 8 am to 8 pm, Eastern time, if you want to verify that your dentist participates in the Dentegra EPB network.

VISIT [dentegra.com/ FELRA](http://dentegra.com/FELRA)

- View benefits, eligibility and claims status by registering for an online account.
- Go green and go paperless! Update your statement delivery preference to online.
- Find a Dentegra EPB network dentist.
- Call Customer Service at **877-280-4204** Monday to Friday, 8 am to 8 pm, Eastern time, for information on benefits, eligibility and claim.

Sweet SIMPLICITY

- Just show the Dentegra EPB dental office your ID card, or your digital ID card on your smartphone, to receive services. The office will handle the rest!
- If you don't have your ID card with you, simply provide your name, date of birth and enrollee identification number.
- To make an appointment, simply call your Dentegra EPB dentist directly.
- Dentegra EPB providers will complete and submit your claims paperwork for you.

¹ Exclusive Provider Benefit (EPB) plan.

Benefit Highlights

Contact us: Dentegra Insurance Company:
560 Mission Street, San Francisco, CA 94105
Customer Service:
877-280-4204
Claims Address:
P.O. Box 1850, Alpharetta, GA 30023-1850

Group Name: Food Employers Labor Relations Association &
United Food & Commercial Workers VEBA Fund
Group Number: 21284
Effective Date: 6/1/2021
Plan Name: Plan XX, XXX, XL

Covered Services (only at a Dentegra EPB network dentist)

| Diagnostic | | In-network Copayment | Out-of-network Copayment |
|-------------------|---|----------------------|--------------------------|
| D0120 | Periodic oral evaluation — established patient (1 in 6 months) | \$0.00 | Not covered |
| D0140 | Limited oral evaluation — problem focused (1 in 6 months) | \$0.00 | Not covered |
| D0150 | Comprehensive oral evaluation — new or established patient (1 in 6 months; also 1 in a lifetime with a match on provider to suspend) | \$0.00 | Not covered |
| D0170 | Re-evaluation — limited, problem focused (established patient; not post-operative visit) (1 in 6 months) | \$0.00 | Not covered |
| D0210 | Intraoral — complete series of radiographic images (1 in 60 months) | \$0.00 | Not covered |
| D0220 | Intraoral — periapical — first radiographic image | \$0.00 | Not covered |
| D0230 | Intraoral — periapical — each additional radiographic image (1 in the same day) | \$0.00 | Not covered |
| D0240 | Intraoral — occlusal radiographic image (2 in the same day) | \$0.00 | Not covered |
| D0270 | Bitewing — single radiographic image (To age 18 — 2 in a calendar year; over the age of 18 — 1 in a calendar year) | \$0.00 | Not covered |
| D0272 | Bitewings — two diagnostic images (To age 18 — 2 in a calendar year; over the age of 18 — 1 in a calendar year) | \$0.00 | Not covered |
| D0273 | Bitewings — three radiographic images | \$0.00 | Not covered |
| D0274 | Bitewings — four diagnostic images (To age 18 — 2 in a calendar year; over the age of 18 — 1 in a calendar year) | \$0.00 | Not covered |
| D0277 | Vertical bitewings — seven to eight radiographic images (To age 18 — 2 in a calendar year; over the age of 18 — 1 in a calendar year) | \$0.00 | Not covered |
| D0330 | Panoramic diagnostic image (1 in 60 months) | \$0.00 | Not covered |
| D0340 | Cephalometric radiographic image (1 in a lifetime) | \$0.00 | Not covered |
| D0460 | Pulp vitality tests (1 in the same day) | \$0.00 | Not covered |
| Preventive | | In-network Copayment | Out-of-network Copayment |
| D1110 | Prophylaxis — adult (1 in 6 months) | \$0.00 | Not covered |
| D1120 | Prophylaxis — child (1 in 6 months) to age 19 | \$0.00 | Not covered |
| D1206 | Topical application of fluoride varnish | \$0.00 | Not covered |
| D1208 | Topical application of fluoride — excluding varnish (to age 19) | \$0.00 | Not covered |
| Basic Restorative | | In-network Copayment | Out-of-network Copayment |
| D2140 | Amalgam — one surface, primary or permanent (1 in 24 months) | \$0.00 | Not covered |
| D2150 | Amalgam — two surfaces, primary or permanent (1 in 24 months) | \$0.00 | Not covered |
| D2160 | Amalgam — three surfaces, primary or permanent (1 in 24 months) | \$0.00 | Not covered |
| D2161 | Amalgam — four or more surfaces, primary or permanent (1 in 24 months) | \$0.00 | Not covered |
| D2330 | Resin-based composite — one surface, anterior (1 in 24 months) | \$0.00 | Not covered |
| D2331 | Resin-based composite — two surfaces, anterior (1 in 24 months) | \$0.00 | Not covered |
| D2332 | Resin-based composite — three surfaces, anterior (1 in 24 months) | \$0.00 | Not covered |
| D2335 | Resin-based composite — four or more surfaces or involving incisal angle (anterior) (1 in 24 months) | \$0.00 | Not covered |
| D2390 | Resin-based composite crown, anterior | \$0.00 | Not covered |
| D2940 | Protective restoration | \$0.00 | Not covered |

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Benefit Highlights

Contact us: Dentegra Insurance Company:
560 Mission Street, San Francisco, CA 94105
Customer Service:
877-280-4204
Claims Address:
P.O. Box 1850, Alpharetta, GA 30023-1850

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United Food & Commercial Workers VEBA Fund
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Covered Services (only at a Dentegra EPB network dentist)

| Oral and Maxillofacial Surgery | | In-network Copayment | Out-of-network Copayment |
|--------------------------------|--|----------------------|--------------------------|
| D7111 | Extraction, coronal remnants — primary tooth (1 in a lifetime) | \$0.00 | Not covered |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) (1 in a lifetime) | \$0.00 | Not covered |
| General Services | | In-network Copayment | Out-of-network Copayment |
| D9110 | Palliative (emergency) treatment of dental pain — minor procedures (1 in the same day) | \$0.00 | Not covered |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures (1 in the same day) | \$0.00 | Not covered |
| D9999 | Unspecified adjunctive procedure, by report | \$10.00 | Not covered |

Note on additional benefits during pregnancy — When an Enrollee is pregnant, we will pay for additional services to help improve the oral health of the Enrollee during the pregnancy. The additional services each 12 month period while the Enrollee is covered under the Contract include: one additional oral evaluation and either one additional prophylaxis or one periodontal scaling/root planing procedure. Written confirmation of the pregnancy must be provided by the Enrollee or her Provider when the claim is submitted.

Dentegra EPB network — Exclusive Provider Network in which dental benefits must be obtained from an EPB Network Provider for your group.

Out-of-network exemption — If an Enrollee resides or works more than 20 miles from an EPB Network Provider for your Group, the Enrollee may be treated by a Non-Network Provider. In such cases, Benefits will be provided for dental services performed by a Non-Network Provider if such services are listed as covered in the Benefit Highlights. Covered services will be processed in accordance with the terms of this Contract including Limitations and Exclusions (see Evidence of Coverage). Enrollees are responsible for the applicable Enrollee Copayments and balance billing for any amounts over the EPB Network Contracted Fees for the services provided. Dentegra will reimburse the Non-Network Provider the EPB Network Contracted Fee minus the Enrollee Copayment for covered services.

Procedures not shown are not covered. If a condition can be treated by more than one procedure only the least costly professionally adequate service will be covered.

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dentegra.com/FELRA

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