



Timber Products Manufacturers Trust Benefit Highlights for DENTAL PLAN 4

Plans Effective 2021

TPM utilizes the Delta Dental family of networks

DENTAL COST SHARE OPTIONS			
Benefit Highlights	PPO In Network	Premier In-Network	Out of Network
Deductible			
Individual	\$0	\$0	\$0
Family	\$0	\$0	\$0
COVERED SERVICES			
CLASS I - DIAGNOSTIC/PREVENTIVE			
Cleanings (limited to 2 per calendar year)	0%	0%	0%
Emergency Exams (unlimited)	0%	0%	0%
Fluoride Treatments (limited to 2 applications per calendar year for members under age 20)	0%	0%	0%
Routine Oral Exams (limited to 2 per calendar year)	0%	0%	0%
Routine x-rays (complete series or panoramic x-ray once per 36 consecutive months)	0%	0%	0%
Sealants (limited to permanent teeth for members under age 19)	0%	0%	0%
Space maintainers (for members under age 17)	0%	0%	0%
CLASS I BENEFITS DO NO ACCUMULATE TOWARDS THE PATIENT'S \$2,000 ANNUAL MAXIMUM			
CLASS II - RESTORATIVE			
Emergency palliative treatment	20%	20%	20%
Endodontic (root canal) treatment (limited to 2 per arch when performed in conjunction with overdentures)	20%	20%	20%
Fillings (limited to once per tooth surface every 24 consecutive months)	20%	20%	20%
Full mouth debridement	20%	20%	20%
General anesthesia (limited to covered dental procedures at a dental-care provider's office when dentally necessary)	20%	20%	20%
Oral surgery (including simple and surgical extractions)	20%	20%	20%
Periodontal maintenance (limited to 4 visits per calendar year)	20%	20%	20%
Periodontal scaling (limited to 2 every 12 consecutive months)	20%	20%	20%
Periodontal surgery	20%	20%	20%
Repair & recementing of crowns, inlays, bridgework & dentures	20%	20%	20%
CLASS III - MAJOR			
Implants, dentures, partial & fixed bridges (replacements limited to once every 5 calendar years)	50%	50%	50%
Inlays, onlays & crowns (replacements limited to once per tooth every 5 years)	50%	50%	50%
ANNUAL MAXIMUM PER PERSON PER BENEFIT PERIOD	\$2,000 per calendar year		
Annual deductible waived for Class I Diagnostic/Preventive services.			
Balance billing may apply if a provider is not contracted with the Network. Members are responsible for amounts in excess of the allowable charge.			
This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please refer to your Summary Plan Description or contact Customer Service.			



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Accessing Your Delta Dental PPO Plan

How to use your dental program

The dental plan offered to your group is Delta Dental PPO, a preferred provider plan. You can choose any dentist — in or out of the PPO network — at the time of treatment. However, if you select a dentist who is part of the Delta Dental PPO network, your out-of-pocket expenses will be lower. Delta Dental of Washington in Seattle, Washington, will handle all customer service and claims for your plan. Until you receive your identification card(s), tell your dentist you are covered by Delta Dental of Washington and give him or her your employer name and the plan number.

Delta Dental PPO Dentists

Delta Dental PPO dentists complete claim forms and submit them directly to Delta Dental of Washington. PPO dentists receive payment based on their lower, pre-approved PPO fees and they cannot charge you more than these fees. You are responsible only for your stated deductible, coinsurance and/or amounts in excess of the program maximums. You can find a Delta Dental PPO dentist in your area by visiting our web site at www.DeltaDentalWA.com. Go to Looking for a Dentist and click on Find a Dentist. For dentists outside of Washington State, click on the green “search the national Delta Dental directory” link. Be sure to select the Delta Dental PPO and follow the prompts.

Delta Dental Premier Dentists

Delta Dental Premier Dentists also have provider contracts with Delta Dental, but they are not necessarily part of the PPO network. Delta Dental Premier Dentists will still submit claims for you and receive payment directly from Delta Dental. Their payments will be based upon their pre-approved fees with Delta Dental. They also cannot charge you more than these allowable fees. You are responsible only for your stated deductibles, coinsurance and/or amounts in excess of the program maximums. You can find a Delta Dental Premier dentist in your area by visiting our web site at www.DeltaDentalWA.com. Go to Looking for a Dentist and click on Find a Dentist. For dentists outside of Washington State, click on the green “search the national Delta Dental directory” link. This will bring you to our online dentist directory. Be sure to select the Delta Dental Premier and follow the prompts.

Nonparticipating dentists

You are not limited to visiting a Delta Dental Dentist. If you choose a nonparticipating dentist, you may be responsible for having the dentist complete and sign claim forms. It will also be up to you to ensure that the claims are submitted. Claim payments will be based on actual charges or Delta Dental’s maximum allowable fees for nonparticipating dentists, whichever is less. You will be responsible for any balance remaining. Please be aware that Delta Dental has no control over nonparticipating dentists’ charges or billing procedures.

Predetermination (estimate) of benefits

If your dental care will be extensive, you may ask your dentist to complete and submit a request for an estimate, sometimes called a “predetermination of benefits.” This will allow you to know in advance the amount Delta Dental of Washington will pay and your financial responsibility.
