

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 EPO¹ plan works

- You must visit a Dentegra EPO 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 EPO 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/UFCWUPE-Shoppers to find a Dentegra EPO 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 EPO network.

VISIT [dentegra.com/ UFCWUPE-Shoppers](https://dentegra.com/UFCWUPE-Shoppers)

- 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 EPO 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 EPO 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 EPO dentist directly.
- Dentegra EPO providers will complete and submit your claims paperwork for you.

LEGAL NOTICES: Access federal and state legal notices related to your plan: <https://dentegra.com/privacy-policy>

¹ Exclusive Provider Organization plan.

Connect with us:
dentegra.com/UFCWUPE-Shoppers

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: **United Food and Commercial Workers**
Group Number: **21549**
Effective Date: **1/1/2022**
Plan Name: **Plans Y20, Y30, Y40**

Covered Services (only at a Dentegra EPO network dentist)

Diagnostic		In-network Copayment	Out-of-network Copayment
D0120	Periodic oral evaluation – established patient	\$0.00	Not covered
D0140	Limited oral evaluation – problem focused	\$0.00	Not covered
D0150	Comprehensive oral evaluation – new or established patient	\$0.00	Not covered
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$0.00	Not covered
D0180	Comprehensive periodontal evaluation – new or established patient	\$0.00	Not covered
D0210	Intraoral – complete series of radiographic images	\$0.00	Not covered
D0220	Intraoral – periapical first radiographic image	\$0.00	Not covered
D0230	Intraoral – periapical each additional radiographic image	\$0.00	Not covered
D0240	Intraoral – occlusal radiographic image	\$0.00	Not covered
D0270	Bitewing – single radiographic image	\$0.00	Not covered
D0272	Bitewings – two radiographic images	\$0.00	Not covered
D0273	Bitewings – three radiographic images	\$0.00	Not covered
D0274	Bitewings – four radiographic images	\$0.00	Not covered
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0.00	Not covered
D0330	Panoramic radiographic image	\$0.00	Not covered
D0340	2d cephalometric radiographic image – acquisition, measurement and analysis	\$0.00	Not covered
D0460	Pulp vitality tests	\$0.00	Not covered
D0419	Assessment of salivary flow by measurement	\$0.00	Not covered
Preventive		In-network Copayment	Out-of-network Copayment
D1110	Prophylaxis – adult	\$0.00	Not covered
D1120	Prophylaxis – child	\$0.00	Not covered
D1208	Topical application of fluoride – excluding varnish	\$0.00	Not covered
Restorative		In-network Copayment	Out-of-network Copayment
D2140	Amalgam – one surface, primary or permanent	\$0.00	Not covered
D2150	Amalgam – two surfaces, primary or permanent	\$0.00	Not covered
D2160	Amalgam – three surfaces, primary or permanent	\$0.00	Not covered
D2161	Amalgam – four or more surfaces, primary or permanent	\$0.00	Not covered
D2330	Resin-based composite – one surface, anterior	\$0.00	Not covered
D2331	Resin-based composite – two surfaces, anterior	\$0.00	Not covered
D2332	Resin-based composite – three surfaces, anterior	\$0.00	Not covered
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$0.00	Not covered
D2390	Resin-based composite crown, anterior	\$0.00	Not covered
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$0.00	Not covered
D2940	Protective restoration	\$0.00	Not covered
D2941	Interim therapeutic restoration – primary dentition	\$0.00	Not covered
Oral and maxillofacial surgery		In-network Copayment	Out-of-network Copayment
D7111	Extraction, coronal remnants – primary tooth	\$0.00	Not covered
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$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.

Adjunctive General Services		In-network Copayment	Out-of-network Copayment
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$0.00	Not covered
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$0.00	Not covered

NOTE: The procedures described and maximum allowances indicated on this table are subject to the terms of the contract and Dentegra processing policies. Any procedure not listed on this schedule is not covered. This plan may be updated to be CDT compliant.

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

Out-of-network exemption — If an Enrollee resides or works in GA, FL, MS, MT, TX or anywhere more than 20 miles from an EPO Network Provider, 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 EPO Network Contracted Fees for the services provided. Dentegra will reimburse the Non-Network Provider the EPO 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.

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.