



P.O. Box 4002 • Eau Claire, WI 54702-4002
715-835-3174 • 800-424-3405 • Fax 715-834-8061 • Claims Fax 715-835-3114

◆◆ IMPORTANT NOTICE TO PARTICIPANTS ◆◆

October 2022

To All Active Employees, Retirees with Dental Coverage, and Dependents:

Announcement of Dental Plan Open Enrollment – Action needed only if you would like to enroll in an option other than the one in which you are currently enrolled.

The North Central States Regional Council of Carpenters' Health Fund will continue to offer two options for dental coverage effective January 1, 2023 (for Plans C, G, O, P, S, and T only). The final paragraph of this Notice identifies the deadline to take action if you want to change your Dental Care Option for 2023-2024. The Fund's Dental Care Options include:

- **Delta Dental Plan of Wisconsin** – Services are provided by either a Delta PPO dentist or any dentist of your choice.
- **CarePlus Dental Plans, Inc.** – Services are provided by Dental Associates, Ltd. or Midwest Dental only.

Benefit Design

Please see the Dental Care Options in this notice for a comparison of benefits between Delta Dental and CarePlus. The comparison includes applicable coverage exclusions and limitations for CarePlus. It is important to be aware that if you elect the CarePlus plan, you must use a CarePlus facility: Dental Associates or Midwest Dental. *There is no coverage for you or your Dependents under CarePlus for out-of-network services.*

Network Access and Coverage

The number of providers in the CarePlus network is much smaller than the numbers in the Delta Dental network, and the geographic area covered is more limited. CarePlus has a network of 90 dental offices in Wisconsin, which include 14 offices operated by Dental Associates and 76 offices operated by Midwest Dental. Enclosed is a list of CarePlus network locations. Again, if you elect CarePlus, there is no dental coverage for any services provided out of network.

(over)

DENTAL CARE OPTIONS	Delta Dental		CarePlus Dental ¹
	PPO	Premier and Out-of-Network	
Deductible Amount per Eligible Person	\$50 every two Calendar Years	\$50 every two Calendar Years	\$0
Plan's Coinsurance			
Diagnostic & Preventive Services	100% ²	100% ²	100% ³
Basic and Major Services	90%	90%	80% ³
Calendar Year Maximum per Eligible Person	\$2,400 every two Calendar Years ⁴	\$2,400 every two Calendar Years ⁴	\$2,000 each Calendar Year ⁵
Routine Orthodontic Services			
Deductible Amount	\$0	\$0	\$0
Plan's Coinsurance	100% ⁶	100%	50%
Orthodontia Lifetime Maximum per Eligible Person	\$2,000	\$2,000	\$3,000 ⁷

If you would like to change to a different Dental Care Option than the one in which you are currently enrolled, please call the Fund Office to request an election form. Your election form must be completed and returned to the Fund Office, so it is received **no later than December 1, 2022**. Please be sure to call and request the form with enough time to return it by the deadline.

Yours very truly,

NCSRCC HEALTH FUND BOARD OF TRUSTEES

¹ There is no coverage for out-of-network services under the CarePlus Dental benefit.

² Deductible and Benefit Maximum do not apply.

³ No deductible applies.

⁴ Benefit Maximum does not apply to diagnostic and preventive services. For Eligible Persons under age 19, basic and major dental services are subject to the deductible and coinsurance, but are not subject to the Benefit Maximum.

⁵ Cleanings and exams are not subject to the Benefit Maximum.

⁶ For Eligible Persons under age 19, Medically Necessary orthodontic services that are pre-approved by Delta Dental are covered at 90% coinsurance with no deductible or lifetime maximum.

⁷ Orthodontics is not covered for Eligible Persons age 19 and older under the CarePlus Dental benefit.