Northern California Soft Drink Industry and Teamsters Health & Welfare Trust

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SUMMARY OF MATERIAL MODIFICATIONS
Dental Plan Changes

December 2024

TO: All Plan Participants and Covered Dependents

FROM: Northern California Soft Drink Industry and Teamsters Health and Welfare Trust Fund

RE: Dental PPO Plan Improvements Made to the Anthem Dental PPO Plan – Effective January 1, 2025

Effective January 1, 2025, changes to the Anthem Dental PPO Plan will lower your out-of-pocket expenses and enhance your coverage as follows:

- The annual dental benefit maximum will increase from $2,000 to $2,500;
- The Orthodontic lifetime benefit maximum will increase from $1,500 to $2,500;
- The percentage paid on your in-network "Basic Services"* dental claims will increase from 85% to 90% (out-of-network Basic Services dental claims coverage remains at 70%);
- The percentage paid on your in-network "Major Services and Prosthodontics"** will increase from 70% to 75%, which also includes dental implants (out-of-network Major Services dental claims coverage remains at 70%);
- The percentage paid on your in-network Orthodontic claims will increase from 70% to 85% (out-of-network coverage remains at 70% coinsurance);
- **The waiting period to enroll in the Anthem Dental PPO plan will be reduced from 36 months to 18 months**. As of January 1, 2025, new Plan enrollees can switch from the UnitedHealthcare dental prepaid plan into the Anthem Dental PPO Plan after 18 months of coverage. For example, you became eligible for the Northern California Soft Drink Health & Welfare Plan in January 2024. You will be eligible for the Anthem Dental PPO plan in July 2025. Once you satisfy the 18-month waiting period, you will be given the opportunity to change your dental plan selection one time in any given twelve-month period provided you have maintained enrollment in your current selection for at least twelve months. All of your Dependents are covered in the same dental plan option you choose for yourself (provided they are properly enrolled in the Plan).

Enclosed is an updated *Anthem Dental Essential Choice* Summary of Benefits that includes the above referenced benefit improvements effective January 1, 2025 for your reference.

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* "Basic Services" include consultation, fillings and space maintainer insertion.
** "Major Services" include implants, crowns, veneers, dentures, and bridges.

If you have questions regarding this Summary of Material Modifications or wish to enroll in the dental PPO plan (*Anthem Dental Essential Choice*), please contact the Fund Office at **(925) 833- 7300**.

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. Please keep this important notice with your Plan Document/Summary Plan Description for easy reference to all Plan provisions. Should you have any questions, please contact the Fund Office. Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding Plan changes, please contact the Fund Office at **(925) 833- 7300**.

Summary of Benefits – Anthem Dental Essential Choice PPO

	In-Network	Out-of-Network
Coverage Year	**Calendar Year**	
Annual Benefit Maximum • Per insured person • Diagnostic & Preventive Services are applied to the Annual Benefit Maximum	$2,500	$2,500
Annual Maximum Carryover	No	No
Orthodontic Lifetime Benefit Maximum • Per eligible child	$2,500	$2,500
Annual Deductible • Per insured person • Family maximum	$0 No limit	$0 No limit
Deductible Waived for Diagnostic/Preventive Services	N/A	N/A
Out-of-Network Reimbursement	N/A	80th percentile

Dental Services	**In-Network** Anthem Pays:	**Out-of-Network** Anthem Pays:
Diagnostic & Preventive Services • Periodic dental exam o Limited to two per 12 months • Teeth cleaning (prophylaxis) o Limited to two per 12 months**;** combined with periodontal maintenance • Bitewing X-rays o Limited to one set per 12 months • Full-Mouth or Panoramic X-rays o Limited to one per 12 months • Fluoride application o Limited to one per 12 months through age 14 • Sealant application o Limited to one per 48 months through age 14	100% coinsurance	85% coinsurance
Basic (Restorative) Services • Consultation (second opinion); only with X-rays and no other services o Limited to one per 12 months • Space maintainer insertion o Limited to one per tooth space per lifetime through age 18 • Amalgam (silver-colored) filling o Limited to one per tooth surface per 24 months • Composite (tooth-colored) filling o Limited to one per tooth surface per 24 months; posterior (back) fillings paid as an amalgam (silver-colored filling) • Brush biopsy (cancer test) o Not covered	90% coinsurance	70% coinsurance
Endodontics (Non-Surgical) • Root Canal (permanent teeth only) o Limited to one per tooth per lifetime	85% coinsurance	70% coinsurance

Summary of Benefits – Anthem Dental Essential Choice PPO

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:
Endodontics (Surgical) • Apicoectomy and apexification o Limited to one per tooth per lifetime; permanent teeth only	85% coinsurance	70% coinsurance
Periodontics (Non-Surgical) • Periodontal maintenance o Limited to four per 12 months, combined with teeth cleanings • Scaling and root planning; when the tooth pocket has a depth of four millimeters or greater o Limited to one per quadrant per 24 months	85% coinsurance	70% coinsurance
Periodontics (Surgical) • Periodontal surgery (osseous, gingivectomy, graft procedures) o Limited to one per quadrant per 36 months	85% coinsurance	70% coinsurance
Oral Surgery (Simple) • Simple extraction o Limited to one per tooth per lifetime	85% coinsurance	70% coinsurance
Oral Surgery (Complex) • Surgical extraction o Limited to one per tooth per lifetime	85% coinsurance	70% coinsurance
Major (Restorative) Services • Crowns, onlays, veneers o Limited to one per tooth per 24 months	75% coinsurance	70% coinsurance
Prosthodontics • Dentures and bridges o Limited to one per tooth/arch per 24 months • Implant placement o Limited to one per tooth/arch per 24 months • Implant prosthodontics o Limited to one per tooth/arch per 24 months; not paid as a non-implant crown, bridge, and/or denture	75% coinsurance	70% coinsurance
Repairs/Adjustments • Crown, denture, and bridge repairs o Limited to one per tooth per 12 months; not within 6 months of placement • Denture and bridge adjustments o Limited to two per tooth per 12 months; not within 6 months of placement	75% coinsurance	70% coinsurance
Child Orthodontic Services Through age 18	85% coinsurance	70% coinsurance
Temporomandibular Joint Disorder (TMJ) • X-rays, splints, and surgical procedures including arthroscopy and orthotic devices o Not covered	Not covered	Not covered

Summary of Benefits – Anthem Dental Essential Choice PPO

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:
Cosmetic Teeth Whitening o Not covered *NOTE: Cosmetic benefits, such as teeth bleaching, in an insurance policy may have income tax implications for both employer groups and plan members. For example, the dollar value of the cosmetic benefit may be considered part of an individual's taxable income. For more information concerning the tax ramifications of cosmetic insurance benefits, please consult a legal or tax advisor.*	Not covered	Not covered

Additional Limitations & Exclusions **Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list or request an Evidence of Coverage (EOC) booklet from the Fund Office.**
Services provided before or after the term of this coverage - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate
Orthodontics (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services
Cosmetic dentistry (unless included as part of you dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist
Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care
Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.
Tooth replacement There is a 24 month exclusion period for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.