

ALPA DENTAL INSURANCE PLAN

Frequently Asked Questions

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1. What coverage is available under ALPA's Dental Plan?

There are two coverage options available under the ALPA Dental Plan: Basic and Comprehensive. Both options offer coverage for preventive, diagnostic, and restorative services, and the Comprehensive option also includes coverage for orthodontic services. Insured through Delta Dental, the Dental Plan includes access to Delta's extensive network of participating providers to maximize plan value, but you can visit any licensed dentist. For details regarding the benefits available under each option and the associated costs, please visit memberinsurance.alpa.org and click on Dental Insurance Plans under the ALPA Insurance Products tab.

NOTE: ANY NEW COVERAGE EFFECTIVE ON OR AFTER JANUARY 1ST, 2018 WILL HAVE A STANDARD 12 MONTH WAITING PERIOD ON MAJOR (CROWNS, INLAYS, ONLAYS AND CAST RESTORATIONS) AND PROSTHODONTIC SERVICES (BRIDGES, DENTURES, AND IMPLANTS). For example, if you add a spouse to the plan or you are enrolling for the first time, the waiting period will apply to that new coverage January 1, 2018 while your coverage will not have a waiting period since you have been enrolled for 12 consecutive months.

2. Who is eligible to enroll in ALPA's Dental Plan?

ALPA members in the following membership classes are eligible to enroll in the Dental Plan:

AC	Active Member
AP	Apprentice Member
AR	Reactivated Member
EA	Executive Active Member
EI	Executive Inactive Member
IP	Inactive Participant Member
RT	Retired Member
SI	Sick Inactive Member
F1	Furloughed Member
ML	Military Leave Member
PL	Personal Leave Member
GP	Grievance Pending Member

A member who enrolls in ALPA's Dental Plan may also enroll his/her spouse, domestic or civil union partner and any of the member's and spouse's or partner's children who will be under age 26 on the January 1 of the plan year of enrollment. For purposes of this FAQ, spouse means domestic or civil union partner of the same or opposite sex.

3. Can I enroll or re-enroll at any time during the policy year?

Yes. Coverage may be elected anytime through the year. However, rates are subject to an annual renewal date of Jan 1st. There is also a 12-month waiting period on all major services for all new enrollments.

4. What happens to spouse and dependent coverage upon termination of a member's coverage?

In most cases, if a member's coverage terminates, spouse and dependent coverage will also terminate at the end of the month following the termination date. However, a surviving spouse and any other covered dependents of a deceased member may continue participation by electing to participate in COBRA. Members and their families (qualified beneficiary/ies) are offered the opportunity for a temporary extension of coverage at group rates where coverage under the plan would otherwise end. Members, spouse, and dependents have a right to choose COBRA (within 60 days of the event) if they lose their group dental coverage. The COBRA Administrator will provide for direct billing and annual open enrollment for the COBRA plans.

5. When does coverage end for a covered child?

Coverage for children ends at the end of the calendar year in which they turn age 26. At the end of the child coverage, the covered child can elect to continue coverage under COBRA.

6. How does the Dental Plan apply to members on military leave?

Eligible members on military leave are able to enroll and participate in the Dental Plan or make changes according to the qualifying life event change rules. Members on military leave also may suspend coverage in the Dental Plan upon commencement of military leave and reinstate coverage as of the first of the month following return from military leave.

7. Can my dependent(s) enroll without me?

No. Members must enroll in order for dependents to have coverage, and all covered family members must be enrolled in the same Dental Plan option.

8. If I enroll in the Dental Plan, can I cover only certain dependents? For example, if my spouse has coverage through his or her employer, can I just enroll myself and my child(ren)?

Yes. Any eligible dependent(s) can be covered upon your initial eligibility or added anytime throughout the year. 12-month waiting period on major services will apply.

9. What happens if my ALPA membership classification changes from an eligible to an ineligible membership class?

When a member moves into an ineligible class, coverage for the member (including the member's spouse and any covered dependents) will terminate at the end of the month following the change in membership status. Members and their families (qualified beneficiary/ies) are offered the opportunity for a temporary extension of coverage at group rates where coverage under the plan would otherwise end. Members, spouse, and dependents have a right to choose COBRA (within 60 days of the event) if they lose their group dental coverage. The COBRA Administrator will provide for direct billing and annual open enrollment for the COBRA plans.

10. How can my cancelled ALPA dental coverage be reinstated?

Coverage cancelled due to premium delinquency can be reinstated at any time provided all delinquent premiums are paid in full. If the member decides not to reinstate and re-enroll at a later date, member will not be allowed to re-enroll unless the prior delinquency is paid in full.

11. I have dental coverage through my employer. Which plan will be primary if I also have coverage under the ALPA Dental Plan?

Based on generally applicable coordination of benefits principles, the dental plan that covers you as an active employee—your employer-sponsored plan in this case—is primary, and the ALPA Dental Plan is secondary.

12. I have dental coverage through my spouse's employer. Which dental plan will be primary if I also have coverage under the ALPA Dental Plan?

Based on generally applicable coordination of benefits principles, the plan that covers you other than as a dependent, for example as an employee or policyholder, is primary to a plan that covers you as a dependent. If you elect coverage under the ALPA Dental Plan and are also covered as a dependent under your spouse's employer-sponsored plan, the ALPA Dental Plan, under which you are the policyholder, will be primary, and your spouse's plan will be secondary for your dental coverage. However, if you also cover your spouse under the ALPA Dental Plan, your spouse's employer-sponsored plan will be primary for your spouse's dental benefits and the ALPA Dental Plan will be secondary. For children who are covered under both parents' plans, the plan of the parent whose birthday falls earlier in the calendar year is generally the primary plan with regard to the children (unless a court order specifies otherwise if you are divorced or separated).

13. I am retired and have retiree dental coverage under my previous employer's dental plan. Which plan will be primary if I also have coverage under the ALPA Dental Plan?

Under the generally applicable coordination of benefits principles, if you are covered by one dental plan as a retiree and another as the policyholder, either plan could be primary. In such situations, the plan that has covered you for the longer period of time—your employer-sponsored retiree dental plan in this case—is usually considered primary.

14. I am retired and have dental coverage under an individual plan. Which plan will be primary if I also have coverage under the ALPA Dental Plan?

Based on generally applicable coordination of benefits principles, the plan that has covered you the longest would be primary, but you should confirm the coordination rules under your other dental plan before electing coverage under the ALPA Dental Plan.

15. I am retired and have dental coverage under my spouse’s employer-sponsored dental plan for active employees. Which plan will be primary if I also have coverage under the ALPA Dental Plan?

Based on generally applicable coordination of benefits principles, the plan that covers you as a policyholder—the ALPA plan in this case—is primary to a plan that covers you as a dependent. You should, however, confirm the coordination rules under your spouse’s employer-sponsored plan before electing coverage under the ALPA Dental Plan.

16. How does the ALPA Dental Plan coordinate benefits if I have other primary coverage and the ALPA Dental Plan is secondary?

If you have other dental coverage and the ALPA Dental Plan is secondary, it doesn’t mean that your benefits are doubled. What it means is that you may enjoy lower out-of-pocket costs for your dental care. Delta Dental works with the other dental carrier and your dental office to coordinate your benefits and ensure that the combined amount paid by both plans does not exceed the total amount the dentist has agreed to accept from Delta Dental.

Suppose, for example, that both your employer-sponsored plan and the ALPA Dental Plan provide two cleanings a year, each with 80% coverage. You would not be entitled to four cleanings per year, but you may have some cost savings. Assuming a charge of \$100 for a cleaning is allowable under both plans, the employer-sponsored primary plan would pay \$80, and then the ALPA Dental Plan, as secondary, would cover the remaining \$20 that you would have had to pay out-of-pocket if you were only covered by the primary plan.

Note that in any case where a plan other than the ALPA Dental Plan would be secondary, you should determine how the other plan coordinates when secondary. Many plans, when secondary, will not pay additional benefits if the primary plan already paid as much as the secondary plan would have paid if primary. In other words, under this method, if the primary plan in the example above pays \$80 for the cleaning (80% of a \$100 covered expense), and the secondary plan would also have paid \$80 for the same cleaning (80% of a \$100 covered expense), no additional benefits would be payable by the secondary plan. The ALPA Dental Plan, as secondary payer, coordinates to 100% of a “covered expense”, as determined by Delta Dental, so the \$20 out-of-pocket expense in this example would be covered.

17. How does orthodontia coverage or coverage for dental work in progress under the ALPA Dental Plan (Comprehensive option) coordinate with my employer-sponsored plan’s orthodontia coverage?

As with all other benefits under the plan, the primary plan—your employer-sponsored plan in this case—will pay first, and then the ALPA Dental Plan, as secondary, will determine its

liability and pay the amount not paid by the primary plan, subject to the applicable coinsurance and maximum lifetime benefit under the ALPA Dental Plan.

If you have a dental treatment that was started but not completed prior to enrollment in ALPA Dental Plan), Delta Dental will pay benefits based on the treatment plan, the remaining months of treatment and taking into consideration the other carrier's payments, subject to the applicable coinsurance and maximum lifetime benefit under the ALPA Dental Plan.

In order to receive benefits for dental work in progress, like orthodontia, Delta Dental will require you to send them a comprehensive Explanation of Benefits showing the payments made by you and your other dental insurance provider for the dental work in progress, and your treatment plan, so that Delta Dental may coordinate your benefits with the payments already made to or by you.

18. I have supplemental dental insurance or dental HMO insurance through a Medicare supplemental plan. How does the ALPA Dental Plan coordinate benefits with my plan?

The ALPA Dental Plan will be considered primary over supplemental plans, including a supplemental Medicare plan.

19. I am considering the ALPA Dental Plan in lieu of my employer-sponsored dental plan. What should I consider in evaluating which plan will be better for me?

After you've compared the benefits and premiums under both dental plans, if you are considering the ALPA Dental Plan instead of your employer-sponsored plan, you should take into consideration that your contribution for the employer-sponsored plan is made on a pretax basis, but your premium payments for the ALPA Dental Plan will be made on a post-tax basis. If both plans provide exactly the same benefits levels and have exactly the same premiums, the ALPA Dental Plan will actually be more expensive due to the loss of the tax savings.

20. How can I find participating Delta Dental dentists?

Participants in the ALPA Dental Plan have access to two dentist networks: The Delta Dental Premier network and the Delta Dental PPO network. The Delta Dental Premier network is the largest in the United States. The Delta Dental PPO network is not as large, but it offers greater savings to you. In general, your total out-of-pocket payment is lowest if you go to a Delta Dental PPO dentist, is moderately more if you go to a Premier dentist, and likely will be highest if you go to a nonparticipating dentist.

For a list of Delta Dental's participating dentists, visit www.deltadentalins.com and select "Find A Dentist," or call toll free 1-800-932-0783.

21. I have applied for coverage by the open enrollment deadline. When will my coverage be effective?

There is no longer an annual open enrollment. However if you want your coverage to have a Jan 1st effective date, you must enroll no later than December 31st. All enrollments or changes will be effective on the first of the month following the date of approval and processing of the change in your billing statement.

22. How can I obtain a dental identification card?

Once you are enrolled, an ID card will automatically be sent to you. You may request a replacement or additional ID cards by contacting the Customer Service Department at 1-800-932-0783. You may also visit Delta Dental's website at deltadentalins.com to request ID cards.

23. Can I receive treatment outside the United States?

Members may continue to receive dental treatment outside the United States, Puerto Rico and Virgin Islands. All claims outside the country will be processed as non-participating providers with the patient owing to the providers their submitted fees. A claim form will need to be submitted for payment by the member.