



UAW Retiree Medical Benefits Trust

2024 Dental plan frequently asked questions

Effective January 1, 2024, your dental benefits will expand to allocate dollars toward the cost of implants and implant maintenance services. Below are details related to this change.

What is an implant?

A dental implant is a root device, usually made of titanium, that is surgically inserted into the jaw. During a two- to six-month period, the implant fuses to the jawbone and serves as a permanent anchor, keeping an artificial tooth in place. Individuals must have good overall health and healthy gums to undergo a dental implant surgery.

When is an implant needed?

Dental implants are one solution for permanent tooth loss. If a patient has a missing tooth, their dentist may suggest replacement options such as a bridge, a partial, a denture or an implant. Implants are commonly suggested when there is one missing tooth, the surrounding teeth are healthy and secure, and there is adequate bone to support the implant.

Who is a good candidate for an implant?

Good candidates have healthy gums and their jawbone has stopped growing. A good candidate should also have enough bone to support and anchor the implant. If a patient does not have enough bone, in some cases the bone can be rebuilt through a bone graft. Similarly, if a patient does not have enough gum tissue, that may be able to be addressed through tissue regeneration prior to the implant.

Are bone grafts and tissue regeneration covered?

Bone grafts and tissue regeneration are subject to the annual maximum of \$1,700. Codes D7953, D7956 and D7957 will be payable at 90 percent in accordance with the "Other oral surgery" category listed on your Benefits Summary.

Do I need to see a specialist to get an implant?

When choosing a provider to place an implant, it is important that the provider is trained in and has experience in placing implants. Typically, these providers are general dentists, oral surgeons or periodontists.

What should I expect if I see a nonparticipating provider?

Choosing a dentist who participates with Delta Dental will save you the most out-of-pocket costs, but you are not required to see an in-network provider. If you choose to see a nonparticipating provider, you should expect to pay their full fee for services out of pocket and receive reimbursement once the claim is submitted to Delta Dental of Michigan. A nonparticipating provider may be willing to submit a claim on your behalf, but they are not contractually obligated to do so. If they will not, you will need to submit a completed claim form to:

Delta Dental of Michigan
PO Box 9085
Farmington Hills, MI 48333-9085

How much will the Trust plan pay for an implant?

The Trust dental plan has established a separate lifetime maximum of \$2,000 toward the cost of implants and implant maintenance services. Implant and implant maintenance services will be paid at 100 percent of the allowed fee at a Delta Dental PPO™, Delta Dental Premier® or nonparticipating provider, up to a lifetime maximum of \$2,000.



What is a lifetime maximum?

A lifetime maximum is a maximum that is tracked separately from an annual maximum and does not reset annually. Once the plan pays \$2,000 for an implant and/or implant maintenance services, no additional payments will be made for those services.

How is the lifetime maximum for implants different than the annual maximum?

The annual maximum on the plan is \$1,700 and this maximum resets annually. Claims for implant and implant maintenance services will accumulate toward the lifetime maximum of \$2,000. Once \$2,000 is paid, no more will be paid toward an implant or implant maintenance services.

Other covered services that are not implant or implant maintenance will accumulate toward the general maximum of \$1,700. The crown, bridge or denture that is placed over an implant accumulates toward the annual maximum. The annual maximum of \$1,700 resets every year on January 1.

What will my out-of-pocket cost be?

Out-of-pocket costs will vary based on the type of procedure and provider you choose to see. You will receive the lowest out-of-pocket cost when seeing a Delta Dental PPO provider, but no matter who you see, we recommend your provider submit a pre-treatment estimate.

A pre-treatment estimate gives Delta Dental a chance to review the proposed treatment in accordance with your dental coverage. We can then determine what portion of the treatment will be covered under the plan, if you will exceed your maximum and what portion will be your financial responsibility.

I recently had an implant. Can I be reimbursed for my services?

No, the benefits are for services performed on or after January 1, 2024. Payment cannot be made for services prior to this date.

I have an implant and currently pay for implant maintenance out of pocket. Will that be covered?

Yes. For dates of service on or after January 1, 2024, implant maintenance procedures (D6080-D6081) will be covered at 100 percent up to the allowed fee at a Delta Dental PPO, Delta Dental Premier or nonparticipating provider. There is a frequency limit of once in a 12-month period, and services will accumulate toward the lifetime implant maximum of \$2,000.

Will benefits coordinate if a member has other coverage through an active plan?

When the benefits for implants are added effective January 1, 2024, they will coordinate like other services do today. The active (primary plan) would pay first, and the Trust retiree plan would be secondary. There is a carve-out or nonduplication clause on the retiree plan, meaning it would not pay any more than it would have if it were primary. The benefit on the primary must be exhausted, and then if future claims for implants occur (with primary paying \$0) then the secondary (Trust plan) would pay.

Questions?

Please call Delta Dental customer service at **800-524-0149** if you have any questions about your new benefits.

For more details on your dental benefits visit www.deltadentalmi.com/uawtrust.

