



NATIONAL IAM  
BENEFIT TRUST FUND

**To: Dental Plan Participants**  
**Date: December 30, 2016**  
**Re: 2017 Change to Dental Program**

**This is a Summary of Material Modifications (changes) to your Dental Program with the National IAM Benefit Trust Fund (Plan). Please keep this memo for future reference.**

We are pleased to announce that **effective January 1, 2017**, the National IAM Benefit Trust Dental Program will be improved. Some of the changes include:

- Four new benefit options will replace thirteen old dental benefit designs
- Annual dental maximum has been increased in some designs
- Lifetime orthodontia maximum has been increased in some designs
- Three of four options have an incentive for in-network provider use (deductible is waived and benefit percentage is higher)
- Diagnostic and Preventive services will no longer add to annual maximum benefit, where applicable – **you can now have your annual routine cleaning and x-rays without concern that having your preventive services will limit other necessary treatment**
- Implant coverage is provided under all options (subject to calendar year max if applicable)
- Pregnant women will be allowed one additional preventive cleaning
- Fluoride treatment is covered for dependents to age 19.
- Dental sealants are covered on posterior teeth for dependents to age 15.

The new options provide a full range of coverage for participants previously spread out over thirteen benefit designs. Two charts with a brief summary of the four new options are below:

	D001	D002	
Coverage	Passive Network	Network	Non-Network
<b>Individual Deductible</b>	\$0	\$0	\$50
<b>Family Deductible</b>	\$0	\$0	\$150
<b>Deductible Waiver</b>	N/A	Deductible waived on D&P Services	
<b>Diagnostic &amp; Preventive (D&amp;P)</b>	100%	100%	90%
<b>Basic</b>	100%	85%	75%
<b>Major</b>	80%	75%	50%
<b>Annual Maximum</b>	Unlimited	\$2,500	
<b>Orthodontia</b>	50%	85%	75%
<b>Orthodontia Lifetime Maximum</b>	\$7,000	\$2,000	
<b>Implants</b>	50%	50%	

	D003		D004	
	Network	Non-Network	Network	Non-Network
<b>Individual Deductible</b>	\$0	\$50	\$0	\$50
<b>Family Deductible</b>	\$0	\$150	\$0	\$150
<b>Deductible Waiver</b>	Deductible waived on D&P Services		Deductible waived on D&P Services	
<b>Diagnostic &amp; Preventive (D&amp;P)</b>	90%	80%	90%	80%
<b>Basic</b>	80%	50%	80%	50%
<b>Major</b>	60%	50%	60%	50%
<b>Annual Maximum</b>	\$2,000		\$1,500	
<b>Orthodontia</b>	50%	50%	N/A	
<b>Orthodontia Lifetime Maximum</b>	\$1,500			
<b>Implants</b>	50%		50%	

All Participants in the thirteen existing benefit options will be moved into the four new options on January 1, 2017 as follows:

- D001 will apply for participants that are currently in options C, J and K
- D002 will apply for participants that are currently in options E and O
- D003 will apply for participants that are currently in options B, B25 and D
- D004 will apply for participants that are currently in options A, A25, G, H and S

Find your current benefit option (A through S) at the end of one of the sentences above, and you will see the corresponding new option that will apply for you effective January 1, 2017.

### **DELTA DENTAL**

Delta Dental will be sending each covered employee a new identification card.

### **IF YOU HAVE QUESTIONS**

Receipt of this notice does not constitute a determination of eligibility. If you wish to verify eligibility, or need help in determining which dental option you currently have, or what new dental option you will have in 2017, please contact the Benefit Trust Fund at 800-457-3481.

cc: Board of Trustees  
Contributing Employers