



USFWC DENTAL

## Sample US Federation of Worker Co-ops Dental Summary

Plan	Preferred Provider Organization
Deductible	\$50 per person (\$150 max per family)
ANNUAL MAX	\$2,000
Type A Services (Preventative): Exams, X-rays, Cleanings, Fluoride Treatments, Sealants, Palliative Treatment (emergency)	\$0 copay (deductible waived)
Type B Services (Basic Restorative): Oral Surgery, Periodontics, Extractions, Endodontics, Fillings, Basic Restorative Services, Complex Oral Surgery, General Anesthesia, Space Maintainers, Repairs of Crowns, Bridges, Dentures	You pay 0-20% of costs after deductible
Type C Services (Major Restorative): Inlays, Onlays, Crowns, Prosthetics (Bridges & Dentures)	You pay 50% of costs after deductible
Orthodontics	You pay 50% coverage (\$1000 lifetime benefit maximum per child)
Ortho Lifetime Max	\$1000 per child
Family Status	ESTIMATED Monthly Premium
Single	\$35
Employee + Child(ren)	\$80
Couple	\$70
Family	\$120

**Out of network benefits will be the same as in-network benefits. However, there is a possibility that you will have to pay extra if your dentist is among the most expensive 10% of providers. You will only have to pay extra if your provider is amongst the top 10% most expensive in your area. The extra amount will most likely be small though.**

Most dental plans for small groups & individuals stink! The reason for that is most dentists that perform the Type B & A procedures DON'T accept dental insurance. For example, the dentist wants to charge \$1200 for a crown (Type C service, you pay 50% after \$50 deductible). But the insurance company only wants to pay them \$700. So the dentist prefers to be out of network. They'll still run the claim through insurance, but the insurance company says "50% of \$700 is \$350, minus the \$50 deductible, so the check is made out for \$300". Your dentist applies the \$300 payment, and bills you the rest... \$900. Not exactly what you were expecting when you saw 50% right? With this plan, the insurance company will pay 50% of \$1200.

Also, one person can only ever have a \$50 deductible, so if you have 6 family members, each will max out at a \$50 deductible. If all of you need Type B or C services to which the deductible applies, then only the first 3 of you will be required to pay the deductible.

Please contact us with any questions you might have. To enroll in the plan we need 70% of your workplace to participate. Email us questions at [info@usworker.coop](mailto:info@usworker.coop) or contact Liz at [liz@usworker.coop](mailto:liz@usworker.coop) to enroll today!