



Benefits⁺

Your Trusted Health Care Partner

Dental Program

for Active Participants in All Plans and All Retirees

January 2021

United Food & Commercial Workers Unions
and Food Employers Benefit Fund

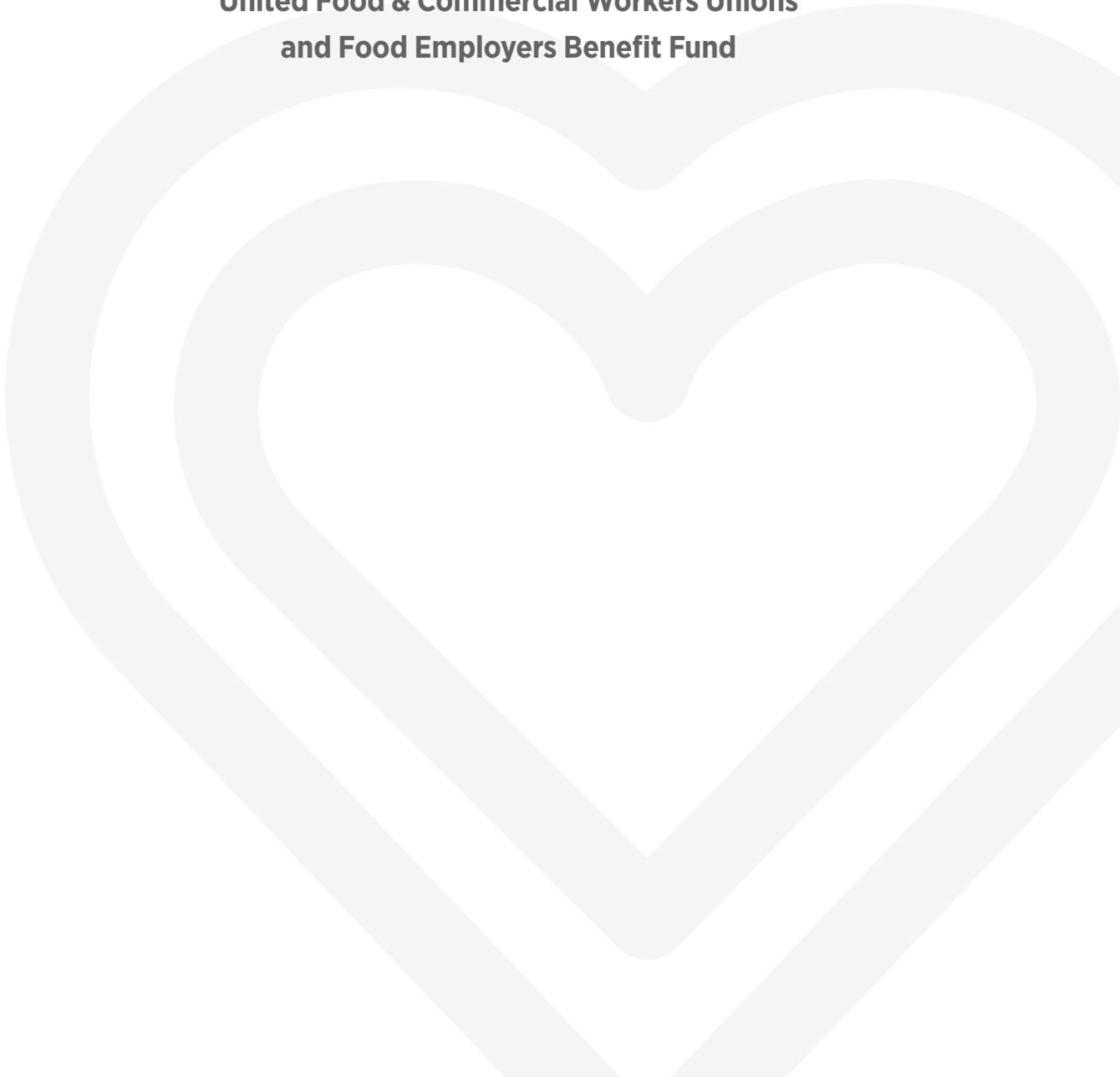


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Introduction

Dental care is an important part of maintaining good health. The Fund's Dental Program will help you meet the cost of dental services for you and your family, if eligible. The Dental Program offers you a choice of two plans:

- ▶ The Indemnity Dental Plan is a traditional dental plan that allows you to use any dentist you choose.
- ▶ A Prepaid Dental Plan, similar to an HMO. You must use the services of a dentist who is part of the Prepaid Dental Center you choose.

Both plans provide benefits for diagnostic services, preventive and restorative services. The differences between the Indemnity Dental Plan and a Prepaid Dental Plan are in your choice of dentists and in the amount you pay for the dental treatment you receive.

Both dental plans are subject to exclusions and limitations. This book will help you understand what is and what is not covered.

Please note that benefits for orthodontia are described in a separate booklet.

This is only a summary of the benefits provided by the United Food & Commercial Workers Unions and Food Employers Benefit Fund. It is subject to the provisions of the official Plan documents and cannot modify or affect the Plan documents in any way.

In case of any differences between this booklet and the official Plan documents, the Plan documents will prevail. Neither you nor any of your eligible Dependents shall earn any rights because of any statement in, or omission from, this book. The provisions of the Plan documents cannot be modified or amended in any way by any statement or promise made by any person, including employees of the Fund Office, the Unions or any Employer.

If you are an Active participant and enrolled in medical coverage, dental coverage is provided as well. For specific details on eligibility, please check your enrollment form instructions or check online at scufcwffunds.com.

Retirees participating in the Dental Program pay a premium that also covers their eligible dependents.

Your Dental Program Choices

You have a choice between the Indemnity Dental Plan and one of the Prepaid Dental Plans offered by the Fund.

If you enroll in the Indemnity Dental Plan, you may receive dental care from any dentist of your choice. This Plan provides benefits according to Plan allowances, as listed on the Dental Schedule of Allowances provided by the Fund Office. You pay whatever is not paid or covered by the Plan.

If you choose a Prepaid Dental Plan, you must live in the area served by that Plan (i.e., Service Area), and you can receive dental care only from a dentist who is part of that Plan. The Prepaid Dental Plans cover many routine services at no cost to you, and you pay only a copayment for major dental services. A list of the Prepaid Dental Plan Offices is on page 16.

You must remain in the Plan you choose until the next annual Open Enrollment (please refer to Changing Plans below). Whether you choose the Indemnity Dental Plan or a Prepaid Dental Plan, your eligible Dependents must be enrolled in the same Plan.

If you are an active employee with an eligible dependent child age 19 through 25 who is eligible for coverage but who lives outside the Prepaid Dental Plan Service Area, he or she is automatically covered by the Indemnity Dental Plan.

Dental/Orthodontic Opt-Out Choice (Applicable only to Active Participants)

The Fund's Dental/Orthodontic benefits are automatically included with your medical coverage. However, you may opt out of (i.e., drop) Dental/Orthodontic coverage during Open Enrollment.

There is no advantage to you for dropping Dental/Orthodontic coverage. If you do, your payroll deductions will not go down. You will pay the same amount for health care benefits with or without Dental/Orthodontic coverage. What's more, your covered family members (if any) will also lose the coverage you drop. If you want to opt out of Dental/Orthodontic coverage, call the Fund Office for more information.

Choosing A Plan

You choose a dental plan by completing your Enrollment on the Fund's portal.

You must indicate which dental plan you choose and the names of the eligible dependents you wish to enroll. Your dependents will be enrolled in the same plan that you select for yourself.

If you acquire a new eligible dependent (for example, if you get married) after your initial enrollment and you wish to enroll him or her in the Plan, you must promptly update your Enrollment.

Changing Plans

You may elect to change dental plans once each year during the Open Enrollment period. The choice you make during Open Enrollment generally becomes effective on January 1st and stays in effect for 12 months.

If you are a Retiree, once you disenroll from the Dental Plan, you must wait until the third Open Enrollment after rejecting dental coverage to enroll again.

If you move out of the Service Area of a Prepaid Dental Plan in which you are enrolled, you may change to the Indemnity Dental Plan or to another Prepaid Dental Plan.

Cost of Coverage

Active employees are required to pay a weekly contribution to premiums that includes both medical and dental coverage.

If you are a Retiree who elects dental coverage, you pay for this coverage and must enroll for a full year's coverage.

Indemnity Dental Plan

If you choose coverage under the Indemnity Dental Plan, you may use any dentist of your choice. If you have dental care outside the United States, other than Mexico, however, the charges will not be eligible for benefit payment under the Plan, unless:

- ▶ Treatment is for Emergency care, or
- ▶ You are an eligible Retiree living permanently abroad, or
- ▶ Services are performed in Mexico, and proper documentation of treatment, including x-rays, is supplied to the Fund with each claim for benefits.

The Indemnity Dental Plan provides benefits for "Covered Procedures," which are specific services that are covered by the Plan. Covered Procedures include:

- ▶ Preventive & Diagnostic services
- ▶ Basic Restorative services
- ▶ Major Restorative services

These procedures are described in more detail beginning on page 4.

Preauthorization of Benefits

Preauthorization of benefits allows the Fund to review a proposed treatment plan in advance and resolve any questions before, rather than after, work has been done. As a result, both you and your dentist will know in advance which procedures are covered.

A treatment plan is the dentist's report that:

- ▶ Itemizes recommended services,
- ▶ Shows the charge for each service, and
- ▶ Is accompanied by supporting diagnostic quality x-rays and other diagnostic information when required or requested by the Plan's dental consultant.

All dental claims are subject to review by the Fund. If the total charges are expected to be more than \$500, we recommend that your dentist's proposed treatment plan be submitted to and reviewed by the Fund so that dental benefits can be preauthorized. The Fund will authorize dental benefits only for treatment or services that are covered by the Plan and are dentally necessary. Diagnostic quality x-rays should be provided to the Fund with the preauthorization request. Study models or oral/facial photographs should be provided upon request.

The following requests for preauthorization must be submitted with the indicated materials:

- ▶ Fixed bridges, implants and partial dentures — right and left posterior bitewing x-rays and/or full mouth periapical x-rays.
- ▶ Crowns and other cast restorations — x-rays and/or study models.
- ▶ Periodontal procedures — current x-rays and periodontal pocket charting.
- ▶ Periodontal surgery following initial therapy — pre- and post-root planing periodontal pocket measurements and x-rays.

To obtain preauthorization, your dentist should submit the proposed treatment plan with the appropriate supporting documentation to the Fund Office. The Fund Office will send a response form to you and your dentist indicating services that were authorized.

In the event treatment is rendered without preauthorization, the Fund will try to retrospectively review your claim, diagnostic quality x-rays and other supporting documentation to determine if your treatment will be covered by the Plan and was dentally necessary. Preauthorization is the only way you can know what will be covered before the work is done.

For authorized treatment, reimbursement is subject to scheduled Plan Allowances, deductibles and maximums in effect at the time services are rendered.

If you lose eligibility for dental coverage, dental benefits can be extended for certain treatments if you received approved preauthorization for them before you became ineligible.

Benefits will be extended if:

- ▶ Request for preauthorization was received prior to termination of eligibility,
- ▶ The services were preauthorized in accordance with Fund standards, and
- ▶ Treatment begins no later than 35 days following the date of mailing of the approved authorization.

This extension shall not apply in any case where benefits are available through any other group or prepaid dental coverage.

Hospitalization for Dental Conditions

If you require hospitalization for treatment of a covered dental condition, the inpatient stay or outpatient visit must be authorized by the Fund Office before any charges are incurred. Authorization will be granted if medical necessity for hospitalization is certified in writing by a physician. If approved, covered services will be paid:

- ▶ Under the Indemnity Dental Plan for covered dental services, and
- ▶ Under the Indemnity PPO Medical Plan for covered hospital expenses.

The Plan's Benefits

The Indemnity Dental Plan will pay a percentage of the Covered Charges for services performed by your dentist or hygienist. You must satisfy the deductible each year. Benefits payments are limited to the maximum for each calendar year. You pay the difference between the dentist's charges and the amount paid by the Plan.

Procedures that are not listed in the Plan schedule of allowances will not be covered and no benefits will be paid for those procedures. You will be responsible for those charges.

Deductible

A deductible is a specific amount of expense that you will pay before the Plan begins to pay its benefits. You may satisfy the deductible with a combination of dental expenses. Charges that are not covered by the Plan or that exceed the schedule of allowances are not applied to the deductible, even though you must pay them yourself.

The deductible is waived for preventive and diagnostic services. For all other services, the deductible is \$50 for each person during each calendar year, but no more than \$150 will be required for all of your family members.

The dental deductible is not eligible for HRA reimbursement.

Coinsurance

Coinsurance is your percentage share of the charges for the dental services you receive. It is not a set amount and will vary by the cost of the procedures, although the percentage remains the same.

The coinsurance is waived for preventive and diagnostic services and the Plan will pay 100% of the charges, but not to exceed the amounts in the schedule of allowances.

For all other services, the Covered Charges will be limited to the amounts shown in the schedule of allowances. The Plan will pay the percentage of covered charges as follows:

Preventive & Diagnostic	100%
Basic Restorative Services	80%
Major Restorative Services	70%

Preventive and diagnostic services include oral examination, prophylaxis and x-rays. See page 4 for more information. Basic restorative services include fillings, crowns, extractions, endodontics and minor periodontal treatment. Major restorative services include prosthodontics, such as bridges and dentures and major periodontal treatment.

Dental coinsurance is not eligible for HRA reimbursement.

Annual Maximum

Dental benefits are limited to the maximum for each calendar year for each person, as shown:

Gold, Platinum, Platinum Plus	
Plan A	\$1,800
Plan B	\$1,400
Silver	
Plan A	\$1,000
Plan B	\$1,150
Retiree	
	\$1,800

In accordance with the requirements in the Patient Protection and Affordable Care Act effective April 1, 2011, the annual dollar limit for **dental services** does not apply to pediatric dental care (up to age 19). Please note that all orthodontic services will still be subject to the lifetime dollar limits.

Unused Dental Benefit Carryover

At the end of the calendar year, any unused dental benefits, up to one-half of the annual maximum, will be carried over to the next calendar year. The maximum amount that will be carried over in any calendar year is \$900. Unused dental benefits can only be used for services covered by the Fund's Indemnity Dental Plan

Claims will be paid in the order that they are processed. Payment of claims will be made based on the benefit amount available at the time the claims are processed.

Covered Procedures

You and your covered eligible Dependents are eligible for payment for the following covered dental procedures.

Preventive and Diagnostic Services

▶ Oral Evaluations

- ▶ Dental evaluation once every six months. This benefit includes the completion of treatment plans.
- ▶ Evaluation or consultation by a specialist when performed by a periodontist, endodontist, pedodontist, prosthodontist or oral surgeon.
- ▶ Coverage is limited to one evaluation by each type of specialist per dental treatment.

▶ Tests and Laboratory Evaluations

- ▶ Study models and oral/facial photographs only if they are requested by the Fund or are used by the Fund in the evaluation of a case.
- ▶ Oral pathology laboratory charges for the evaluation of oral tissue.

▶ X-rays

- ▶ Full mouth x-rays or panoramic x-rays once every five years unless required for a specific diagnosis. Panoramic film taken in conjunction with bitewing and/or anterior periapical films will be considered the same as a regular full mouth x-ray series.
- ▶ Checkup x-rays once every 12 months (consisting of up to two periapical and two to four bitewing films).
- ▶ X-rays are covered only if they are of diagnostic quality.
- ▶ X-rays are covered when required for diagnostic purposes or if requested by the Fund.

▶ Prophylaxis

- ▶ Once every six months for adults and children.
- ▶ Benefits may be provided on a more frequent basis if preauthorized by the Fund dental consultant. To obtain preauthorization for payment of additional prophylaxis benefits, your dentist must submit:
 - a treatment plan stating the frequency requested,
 - current x-rays, and
 - current periodontal charting.
- ▶ Benefits are not payable for both a prophylaxis and a root planing when performed on the same day.

▶ Fluoride Treatment

- ▶ Once every six months for patients under age 19.
- ▶ Benefits may be provided on a more frequent basis if required and authorized by the Fund.
- ▶ Benefits may be provided for patients age 19 and older if medically appropriate and authorized by the Fund.

▶ Sealants

- ▶ Once every 24 months for patients under age 19.
- ▶ Retreatment only to a single tooth per quadrant.
- ▶ Placement of sealants is not covered in conjunction with a filling on the same tooth surface or where the tooth was previously filled.

▶ *Space Maintainers*

- ▶ Unilateral or bilateral posterior space maintainers are covered when the space to be maintained is open and the crowns of erupting teeth have not penetrated the alveolar bone.
- ▶ Anterior space maintainers are not covered.
- ▶ Two unilateral space maintainers in the same arch will be covered the same as a bilateral space maintainer.
- ▶ Replacement of space maintainers is covered after prior space maintainers have been in place for at least 24 months.

Basic and Major Restorative Services

▶ *Fillings*

- ▶ Separate proximal restorations in anterior teeth are covered the same as single surface restorations.
- ▶ Occlusal restorations in conjunction with buccal or lingual restorations in the same tooth are covered the same as single surface fillings.
- ▶ Restorations in teeth where sealants have been applied are covered after 12 months or more have elapsed since the application of sealants.
- ▶ Benefits for replacement of a filling are payable only once in 24 months.
- ▶ Multiple fillings on a single tooth surface are covered as a single surface filling.

▶ *Inlays, Onlays, Crowns, Labial Veneers*

- ▶ Cast restoration benefits are payable for patients 16 years of age or older. An allowance may be made for a pre-fabricated resin or stainless-steel crown for patients under 16.
- ▶ Benefits are provided for two-surface and three-surface inlays and onlays.
- ▶ Dental necessity must be documented by x-rays and/or study models showing extensive coronal destruction.
- ▶ Benefits are payable if the tooth cannot be restored with an amalgam or composite filling.
- ▶ Benefits for replacement of a cast restoration are limited to once every five years.
- ▶ If, within 12 months, a filling requires replacement with a cast restoration, benefits paid for the filling will be deducted from the benefit payable for the cast restoration.

- ▶ Benefits will be paid for repair or recementation of an inlay, onlay, crown or veneer after 12 months or more have elapsed since the initial placement or previous recementation or repair.
- ▶ Benefits are payable for replacement of a prefabricated resin or stainless-steel crown within 24 months after initial placement.
- ▶ Benefits are payable for restoration of tooth structure loss due to abrasion, attrition or erosion when there is complete or near complete loss of enamel and it has been determined to be dentally necessary.

▶ *Implant Placement and Restoration Services*

The surgical placement of an implant is covered only to replace a single missing tooth where the Plan would authorize benefits for a three unit fixed bridge and neither tooth adjacent to the implant requires a cast restoration. Implant placement is not covered if there are two or more adjacent missing teeth.

- ▶ Benefits are payable for an implant or abutment supported crown if the restoration is placed on a covered implant. (Please refer to Procedure Codes under Basic Restorative, limitations on benefits for cast restorations [including crowns] and for prosthodontics listed on the Dental Schedule of Allowances.)
- ▶ If a restoration on an implant or implants replaces two or more missing teeth that are next to each other, the benefit payable is the allowance for a removable denture.

Benefits are not payable for a restoration on an implant or implants if there is evidence of implant failure.

Benefits are not payable for removal of a failing implant.

▶ *Buildup*

- ▶ Charges for buildups, including pins, are covered when x-rays document insufficient tooth structure to support a crown. Benefits for replacement are payable every 24 months.

▶ *Posts*

- ▶ Posts are covered when insufficient coronal structure remains to retain the crown restoration, and dental necessity is documented by x-rays taken prior to root canal therapy. Benefits for cast posts are payable every five years, pre-fabricated posts every two years.

Endodontic Services

Plan allowances for endodontic therapy include initial treatment, temporary fillings, follow-up care and interim and final x-rays.

▶ *Pulpal Therapy, Primary Teeth*

- ▶ Initial pulpal therapy or pulpotomy only when performed on primary teeth that have not begun to exfoliate.

▶ *Root Canal Therapy*

- ▶ Root canal therapy, including initial treatment, interim and final x-rays, temporary fillings and follow-up care. Benefits are payable upon receipt by the Fund Office of x-ray documentation indicating satisfactory root canal treatment.

▶ *Retreatment*

- ▶ Retreatment of root canal therapy (including apicoectomy and/or retrofill) only if dental necessity is documented, and treatment is performed at least one year after initial therapy.

Periodontal Services

▶ *Periodontal Scaling and Root Planing*

- ▶ The benefit payable for root planing is determined by the number of teeth in each quadrant that require treatment. The full quadrant allowance is payable for four or more teeth. The half quadrant allowance is payable for one to three teeth. A tooth will be considered to require treatment if the pocket depth is greater than four millimeters and there is evidence of bone loss or calculus present.
- ▶ The Plan covers root planing in each quadrant once in a 24-month period.

▶ *Periodontal Reevaluation (Limited Oral Evaluation)*

- ▶ Periodontal reevaluation is covered once in 24 months when performed at least four weeks after a course of nonsurgical periodontal procedures (scaling and root planing).

▶ *Periodontal Surgery*

- ▶ Benefits are payable for periodontal surgery only if dental necessity is documented. The surgery must follow initial therapy of scaling, root planing and reevaluation.
- ▶ Benefits for periodontal surgery are payable once in a 24-month period.

▶ *Soft Tissue Graft*

- ▶ Benefits are payable for soft tissue graft procedures on a per-site basis (including donor site surgery) when submitted documentation demonstrates complete lack of attached gingiva or progressive attached gingival recession of four millimeters or greater.

▶ *Periodontal Maintenance*

- ▶ Benefits are payable for a first periodontal maintenance procedure when performed at least three months after the completion of periodontal surgery. Subject to approval, benefits are thereafter payable every three months.

▶ *Bone Grafts*

- ▶ Benefits are payable for a bone graft for a present natural tooth, but not in conjunction with an implant.
- ▶ Benefit payment is limited to once in a three-year period.

▶ *Clinical Crown Lengthening*

- ▶ Crown lengthening is covered when dental necessity has been established by submission of pretreatment x-rays that demonstrate coronal destruction at or below the level of the alveolar bone.

Prosthodontics

▶ *Full or Partial Dentures*

- ▶ Replacement of missing teeth with full or partial removable dentures, using standard techniques. The allowance includes adjustments following placement.
- ▶ Teeth to be replaced need not be extracted while the Plan covers you to qualify for replacement.
- ▶ Replacement of an existing removable prosthesis is limited to once every five years.
- ▶ Replacement of a second molar will be covered only as part of a prosthesis that replaces adjacent missing teeth.
- ▶ A removable partial denture and a fixed posterior bridge in the same arch will be covered if they are placed at least five years apart.

The Plan does not cover the following:

- ▶ Cast frame removable partial dentures for children under age 16.
- ▶ Specialized techniques, personalization or characterization.
- ▶ Precision attachments.
- ▶ Experimental procedures.
- ▶ Surgical correction by grafts for the purpose of denture retention.
- ▶ Interocclusal recording and/or analysis.
- ▶ Unusual diagnostic techniques.
- ▶ Procedures associated with overdentures.
- ▶ Stressbreakers.
- ▶ Appliances to alter vertical dimension.

▶ *Interim Partial Dentures*

- ▶ Interim partial dentures for recently extracted anterior teeth will be covered when replacement with a permanent prosthesis occurs no sooner than two months following placement of the interim partial denture.

▶ *Tissue Conditioning Treatments*

- ▶ Up to two tissue conditioning treatments per denture are covered before or after the denture is made, relined or rebased.

▶ *Denture Rebase and Reline*

- ▶ Benefits are payable for an office reline six months following placement of a denture or three months following placement of an immediate denture.
- ▶ Benefits are payable for a laboratory reline six months after placement of any denture.
- ▶ Benefits are payable for a reline 12 months after a rebase or a previous reline.
- ▶ A rebase is covered two years after denture placement or reline and once every two years thereafter.

▶ *Fixed Bridge*

- ▶ Fixed bridge benefits are payable for patients 16 years of age or older.
- ▶ Benefits for replacement of a fixed bridge are limited to once every five years.
- ▶ Benefits are not payable for both a posterior fixed bridge and a removable partial denture in the same arch within a five-year period.
- ▶ Distal extension posterior cantilevered pontics are not covered.
- ▶ Replacement of a missing tooth is not covered where the space is largely closed and neither of the abutment teeth otherwise requires crown restoration.
- ▶ Replacement of second molars is not covered unless as part of a prosthesis replacing adjacent missing teeth.
- ▶ Benefits are not payable for a fixed prosthesis if a large number of teeth are missing in the same arch and/or moderate to advanced periodontal bone loss is demonstrated by x-rays.
- ▶ Benefits will be paid for repair or recementation of a fixed bridge if 12 months or more have elapsed since the initial placement or previous recementation or repair.
- ▶ Benefits are payable for a bridge replacing a congenitally missing tooth provided the space would otherwise qualify for bridge placement.
- ▶ Dentally necessary splinted crowns are covered when part of a fixed bridge.

Oral Surgery

▶ *Extractions*

- ▶ Benefits for extractions include local anesthesia, postoperative care and x-rays after surgery.

▶ *Removal of Tumors, Cysts And Neoplasms*

- ▶ Biopsies and/or removal of cysts and neoplasms are covered when a copy of an oral pathology report is submitted with the claim.

▶ *Anesthesia*

- ▶ General anesthesia is covered when administered by an oral surgeon or anesthesiologist for partial bony and full bony extractions.
- ▶ General anesthesia may be covered for children under age 8 who have neurological or other medical conditions, for disabled patients, for patients who have sustained significant facial/dental trauma, for removal of tumors/cysts/neoplasms or for other complex procedures following authorization by the Fund.

▶ *Premedication*

- ▶ Premedication is covered for patients under age 5 and for documented handicapped or uncontrollable patients.

Other Services

▶ *Temporomandibular Joint Conditions*

Generally, benefits for treatment of TMJ conditions are available to all Participants whether enrolled in the Indemnity Dental Plan, Prepaid Dental Plan, Indemnity PPO Medical Plan or an HMO. Some nonsurgical services are payable as dental benefits according to the Dental Plan allowances while surgical treatment and hospitalization are payable under the Indemnity PPO Medical Plan or by an HMO, if covered by that Plan.

- ▶ Benefits for an appliance to treat TMJ are payable in accordance with the Dental Plan allowances. One appliance is covered per 24-month period.
- ▶ Benefits are payable under the Indemnity Dental Plan, up to \$500 in any 12-month period, for nonsurgical treatment of TMJ conditions, subject to the Indemnity Dental Plan's annual deductible and maximum. This includes office visits and adjustments to appliances.
- ▶ For surgical treatment of TMJ conditions, benefits are payable under the Indemnity PPO Medical Plan for participants enrolled in the Indemnity PPO Medical Plan option. Participants enrolled in a Medical HMO must obtain treatment through their HMO.

Benefits paid for nonsurgical treatment of TMJ will reduce the benefit payable for surgical treatment and will be applied toward the Indemnity Dental Plan annual maximum. Hospital benefits are payable under the Indemnity PPO Medical Plan for Participants enrolled in that plan. However, all treatment of TMJ conditions is subject to Fund requirements for preauthorization of treatment and for preauthorization of all Hospital stays. Refer to your PPO Plan Benefit Summary for the Indemnity PPO Medical Plan specific benefit information regarding coverage of TMJ. Please call the Fund if you have any questions.

- ▶ All treatment for TMJ must be reviewed and authorized by the Fund dental and/or medical consultant.
- ▶ The Plan does not cover TMJ services performed in conjunction with active orthodontic treatment.
- ▶ TMJ benefits are not available for patients under age 16.
- ▶ HMO members must obtain surgical treatment of TMJ through their HMO network.

▶ *Bruxism Splint*

- ▶ A bruxism splint or nightguard is covered for patients 16 years of age or older when dental necessity has been documented. Replacement of an existing bruxism splint or nightguard is covered 24 months after initial placement.

▶ *Palliative Treatment*

- ▶ Benefits are payable for palliative (emergency) treatment unless performed on the same day as any other procedure. Emergency exams and/or dispensing prescriptions are not recognized as palliative treatment under the Plan.

Please see Exclusions and Limitations beginning on page 16.

Additional Accident Benefit

In case of an accidental injury to a natural tooth, the Plan can provide an additional benefit of up to \$750 when charges for Covered Procedures exceed Plan allowances, subject to the Indemnity Dental Plan's annual maximum.

Services must be provided within 90 days after the accident occurs. The additional accident benefit covers:

- ▶ Examination, x-ray and repair of the injured tooth.
- ▶ Repair or replacement of an existing crown or bridge if there is clear evidence of injury to the supporting natural tooth.
- ▶ Reimplantation and/or stabilization of accidentally avulsed or displaced teeth.

Explanation of Benefits Codes and Messages

Message Code	Message
001	Services performed by relatives are not covered.
002	Resubmit with: <ol style="list-style-type: none"> a. Patient signature. b. Participant's current signature and date. c. Signature of attending dentist. d. Correct name and/or birth date of patient. e. Date of accident, accident report and third party liability information. f. Detailed description of emergency/ palliative treatment, including tooth number(s) and/or area(s) treated. g. Copy of complete treatment records. h. Complete TMJ diagnostic records. i. Copy of oral pathology report. j. Full upper arch pretreatment diagnostic quality x-rays. k. Full lower arch pretreatment diagnostic quality x-rays. m. Pretreatment photographs. n. Pretreatment photographs or study models. p. Copy of clinical treatment records and diagnostic quality pretreatment x-rays. q. Resubmit and indicate upper or lower arch. r. Diagnostic quality x-rays. Submitted films do not provide the detail necessary to make a benefit determination.
003	Resubmit with: <ol style="list-style-type: none"> a. Correct tooth number. b. Tooth number/letters using those as indicated on the claim form tooth chart to specify teeth treated. c. Tooth surface(s). d. Date service completed. e. Mounted, dated, diagnostic quality x-ray. f. Current diagnostic quality pretreatment x-ray(s). g. Diagnostic quality final root canal therapy x-ray. h. Current diagnostic quality pretreatment and final root canal therapy x-rays. i. Current diagnostic quality periapical x-ray(s). j. Current diagnostic quality full mouth, periapical and bilateral bitewing x-ray(s). k. Current diagnostic quality bitewing x-ray(s). m. Current diagnostic quality x-rays and recently dated periodontal pocket charting. n. Full mouth study models. p. Full upper arch study model. q. Full lower arch study model. r. Upper right quadrant study model. s. Upper left quadrant study model. t. Lower right quadrant study model. u. Lower left quadrant study model. v. Specific teeth numbers or quadrant involved in periodontal therapy/surgery. w. Resubmit with tooth number and reason for x-ray(s). x. Reason for x-ray.
004	Resubmit with a copy of the primary insurance explanation of benefits statement.
005	Benefits are not payable for completion of claim forms.
006	Benefits are not payable for x-rays that are not of diagnostic quality.
007	Orthodontic care is covered under a separate program and otherwise excluded.
008	Benefits are not payable for procedures performed for cosmetic reasons.

Explanation of Benefits Codes and Messages

Message Code	Message
009	Full mouth reconstruction and treatment of congenital malformations are not covered, except as specifically indicated.
010	Hospitalization for dental diagnosis or treatment is covered only when medically necessary and preauthorized.
011	Allowance for procedure(s) performed includes post-treatment x-rays.
012	A bitewing x-ray series (including periapicals) is covered once in 12 months.
013	Oral evaluations are covered once in 6 months.
014	Full mouth x-rays or panoramic x-rays are covered once in five years, unless required for specific diagnostic reasons.
015	A panoramic x-ray when accompanied by two or more bitewing and/or periapical anterior films is considered the same as a full mouth x-ray series.
016	Study models are not covered unless they are requested by the Fund or are used by the Fund in the evaluation of a case.
017	Prophylaxis is covered once in six months unless need for greater frequency is documented.
018	Fluoride treatment is covered once every six months for persons under age 19, unless specific need for more frequent treatment can be demonstrated.
019	Benefits are not payable for prophylaxis, root planing and/or periodontal surgery performed on the same day.
020	Sealants are covered for patients under age 19. Retreatment is covered after 24 months for one tooth per quadrant.
021	Oral hygiene instruction is not covered
022	Flouride treatment is only covered for persons age 19 and older if medically appropriate as determined by dental consultant review.
023	A benefit is payable for a bilateral space maintainer when bilateral space maintenance is required in the same arch.
024	Space maintainers are not covered when spaces have closed or permanent teeth have penetrated the alveolar bone.
025	Replacement of fillings in less than two years is not covered.
026	Separate proximal restorations in anterior teeth are covered as a single surface restoration.
027	Benefits are payable for only one filling per tooth surface per treatment.
028	Occlusal restorations in conjunction with buccal or lingual restorations in the same tooth are covered as single surface restorations.
029	A benefit for a buildup, including pins, is payable only when there is insufficient tooth structure to support a crown.
030	The allowance for endodontic therapy includes initial treatment, temporary fillings, follow-up care, and interim and final x-rays.
031	Pulp caps and bases are not covered.
032	The alternate benefit payable is the allowance for procedure code 1208.
033	Retreatment of root canal therapy (including apicoectomy and/or retrofill) is covered only when need is documented and no sooner than 12 months after initial treatment.
034	Occlusal adjustments are not covered.
035	Pretreatment x-rays are required when claim is submitted for payment.
036	Copy of oral pathology report is required when claim is submitted for payment.
037	Periodontal surgery is covered only following scaling and root planing when need is documented.
038	The benefit for a partial denture includes all teeth and clasps.

Explanation of Benefits Codes and Messages

Message Code	Message
039	Treatment involving the following is not covered: <ol style="list-style-type: none"> Specialized techniques. Precision attachments. Personalization or characterization. Experimental procedures. Surgical correction by grafts for denture retention. Appliances, restorations or surgical procedures to restore tooth structure lost due to abrasion, erosion or attrition or to alter vertical dimension. Interocclusal recording, analysis and records. Unusual diagnostic techniques. Root canal therapy, posts and restorations associated with overdentures. Stressbreakers.
040	The following procedures are not covered for patients under age 16: <ol style="list-style-type: none"> Cast frame partial dentures. Fixed bridges. Cast metal, porcelain and laboratory processed restorations. Nightguards. TMJ treatment.
041	Prosthetic appliances are covered once in a five-year period.
042	Interim partial covered when replaced with permanent prosthesis no sooner than two months following placement of interim partial.
043	Benefits for crowns, inlays, onlays or labial veneers are payable only if extensive coronal destruction is documented by x-rays, oral images or study models and the tooth cannot be restored with a filling.
044	Posts are covered only when insufficient coronal structure for crown retention is documented by pre-root canal therapy x-rays.
045	Cast metal crown benefits are payable for porcelain veneer crowns posterior to first maxillary molars and second mandibular bicuspid.
046	The documentation submitted does not demonstrate the need for restoration involving the incisal angle.
047	The benefit for a post and core procedure includes the core material.
048	Benefits are not payable for both a posterior bridge and a removable partial denture placed in the same arch within a five-year period.
049	Distal extension posterior cantilever pontics are not covered.
050	Where a space is largely closed and neither abutment tooth requires a crown, a fixed bridge is not covered.
051	Replacement of a second molar is not covered unless as part of a prosthesis replacing adjacent missing teeth.
052	No benefit payable per plan section 10.03(a) as: <ol style="list-style-type: none"> The x-ray appears to demonstrate periapical pathosis. The x-ray demonstrates tooth is present. The x-ray demonstrates tooth is missing. The X-ray/photo does not show recurrent decay or defective existing restoration margin. The x-ray appears to demonstrate decay at/or below the level of the bone. The x-ray appears to demonstrate decay into the nerve. The x-ray appears to demonstrate advanced periodontal bone loss. The x-ray appears to demonstrate decay into the furcation. The x-ray demonstrates root surface calculus. The x-ray demonstrates interproximal decay.

Explanation of Benefits Codes and Messages

Message Code	Message
053	A fixed bridge is not covered where there is a large number of missing teeth in the same arch and/or moderate to advanced bone loss is evident.
054	Benefits for replacement cast restorations include recementation of the previous cast restoration within 12 months.
055	Cast restorations or bridges are covered once in a five-year period, except as specifically allowed for by the Plan.
056	When a filling is replaced with a cast restoration within one year, the benefits paid for the filling will be deducted from the benefit payable for the cast restoration.
057	Benefits paid for surgical procedures include postoperative care and postoperative x-rays.
058	General anesthesia is covered only when administered by an oral surgeon or anesthesiologist for full and partial bony extractions and other complex procedures.
059	Premedication is covered for patients under the age of five and for documented handicapped or uncontrollable patients.
060	Repair, restoration or recementation within 12 months of initial placement or prior recementation or repair is not covered.
061	The benefit payable for this service has been applied to a previous overpayment.
062	Benefits are not payable because the documentation submitted does not demonstrate dental necessity.
063	The correct code for the procedure described and performed is: <ol style="list-style-type: none"> 3428 which is not covered under the Plan. 6090 which is not covered under the Plan. 6104 which is not covered under the Plan. 4212 which is not covered under the Plan. 7953 which is not covered under the Plan. 7971 which is not covered under the Plan.
064	No benefits are payable as our records indicate the tooth is missing.
066	Benefits for the replacement of this tooth are included in the benefit allowed for a partial denture.
067	A filling benefit has been paid in lieu of benefits for a crown, inlay or veneer.
068	Claims must be submitted within one year of the date services are completed.
071	Benefits are not payable for palliative or emergency treatment performed the same day as any other procedure.
072	Emergency exams and/or dispensing prescriptions are not considered palliative treatment.
074	Office visits are not covered.
076	Temporary appliances, fillings, crowns and recementations are not covered.
077	Pulpotomy or pupal therapy on a permanent tooth is not covered.
078	There is no Plan allowance for this service. It is not a Covered Procedure under the Plan.
079	A prophylaxis benefit is payable in lieu of the benefit for the service submitted.
080	X-rays and/or periodontal pocket charting do not document the need for this procedure.
081	The documentation submitted demonstrates necessity for treatment of one to three teeth; therefore the benefit allowed is equal to: <ol style="list-style-type: none"> Procedure code 4342, root planing - one to three teeth. Procedure code 4261, osseous surgery - one to three teeth. Procedure code 4211, gingivectomy orgingivoplasty - one to three teeth.
082	Benefits for root planing are payable once per quadrant in a two-year period.
083	Periodontal reevaluation is covered four weeks after a course of scaling and root planing visits and once every 24 months thereafter.

Explanation of Benefits Codes and Messages

Message Code	Message
084	Benefits are not payable for this procedure as determined by dental consultant review.
085	Benefits paid as second carrier.
086	Benefits for the extraction of this tooth will be allowed equal to: <ol style="list-style-type: none"> Procedure code 7140, extraction of erupted tooth or exposed root. Procedure code 7111, coronal remnant extraction. Procedure code 7210, surgical removal of erupted tooth. Procedure code 7220, soft tissue impaction. Procedure code 7230, partial bony impaction. Procedure code 7240, complete bony impaction.
087	Please refer to correspondence sent under separate cover.
088	The benefit for: <ol style="list-style-type: none"> A partial denture has been approved in lieu of the benefit for a bridge. An individual cast restoration has been approved in lieu of the benefit for an abutement crown. A buildup has been approved in lieu of the benefit for a post and core. A prefabricated crown has been approved in lieu of the benefit for a cast restoration. Procedure code 0120 has been approved in lieu of the benefit for the evaluation code billed. Procedure code 9310 has been approved in lieu of the benefit for the evaluation code billed. Procedure code 9230 has been approved in lieu of the benefit for procedure code 9222.
090	HMO co-payments are not payable under non-duplication COB, balance is patient responsibility.
091	Benefits for restoration of accessible facial, lingual or occlusal crown margins will be paid in lieu of benefits for crown or bridge replacement.
092	Prime carrier contractual discounts are not covered per Plan Section 10.14(a).
093	Primary coverage payment exceeds this Plan's benefit. Under non-duplication COB, balance is patient responsibility.
094	Charges for this procedure were paid 100% by the primary coverage.
095	The Participant is enrolled in a Prepaid Dental Plan and is not eligible for Indemnity Dental Plan benefits.
096	Provider courtesy discounts are not covered per Plan Section 10.14(a).
098	The Fund does not have a student certificate on file for this date. Contact the Fund Eligibility Department for more information.
099	The Participant is not eligible for benefits.
100	Benefits for this service are payable once every: <ol style="list-style-type: none"> three months. four months. six months. 12 months. 24 months. 36 months.
102	Additional accident benefit paid for this service.
104	Restorations placed within 12 months of sealants are not covered.
105	Benefits are not payable for sealants placed on teeth that have had a previous restoration.
106	Benefits are payable for periodontal maintenance performed three months after periodontal surgery.
107	Overage dependent; no benefits are payable under the Plan.

Explanation of Benefits Codes and Messages

Message Code	Message
108	Services are considered medical in nature and have been referred to the Medical Department.
109	Benefits are not payable because services are considered medical in nature and the Participant is enrolled in an HMO.
110	The patient is not eligible for benefits.
111	Benefits are not payable for restoration or extraction of exfoliating teeth.
112	Benefits are approved pending receipt of x-ray documentation indicating satisfactory root canal treatment.
113	Maximum benefits were previously paid for orthodontic records and x-rays.
114	Maximum benefits have been paid or authorized for this service.
115	Benefits have been reduced by a previous allowance paid for a palliative or emergency treatment.
116	The additional accident benefit was previously paid in full.
117	Specialists' consultation/evaluation benefits are payable only for the initial evaluation by a periodontist, endodontist, pedodontist, prosthodontist or oral surgeon.
118	Removal of implant fixtures and related services are not covered.
119	Maximum TMJ benefits were previously paid.
120	Treatment was not started/completed within the eligibility extension period.
121	Benefits are not payable for alveoplasty performed in conjunction with extractions.
122	Benefits are not payable for a nightguard, TMJ appliance or TMJ office visits in conjunction with active orthodontic treatment.
123	Additional accident benefits are payable only for injury to natural teeth and for services performed within 90 days of the accident.
124	A benefit for a recall x-ray series is payable in lieu of benefits for full mouth x-rays.
125	The allowance provided is the patient's copayment.
126	These charges were previously considered; refer to prior payment, denial or preauthorization.
127	There is no change in the previous determination as no new documentation was submitted.
128	Oral/facial photographs are not covered unless they are requested and received by the Fund or are used by the Fund in the evaluation of a case.
129	Anterior space maintainers and related charges are not covered.
130	Coverage has terminated. Preauthorization/payment is being provided under the Plan's 35 day eligibility extension period.
131	No benefits are payable as the Participant did not elect to enroll in Retiree dental coverage.
132	Benefits are not payable on an unerupted tooth.
133	No benefit payment can be made to a prior Prepaid Dental Plan for 12 months after disenrollment from that Plan.
134	This claim has been closed as the requested photos or study models have not been received.
135	A benefit is payable for a single band-type space maintainer when a bilateral space maintainer is not necessary.
136	Benefits are payable for clinical crown lengthening only when pretreatment x-rays demonstrate coronal destruction at or below the level of alveolar bone.
137	Benefits are not payable for this service since the patient has incurred no liability.
138	A copy of the primary insurance carrier's EOB must be submitted when billing.
139	Pulpal therapy or pulpotomy is covered once per primary tooth.

Explanation of Benefits Codes and Messages

Message Code	Message
140	Interim partial dentures are covered for recently extracted anterior teeth only.
141	Rebill with the correct CDT procedure code for the service rendered.
142	Noncompliance with Working Spouse Rule; benefits reduced to 40%.
143	This claim has been closed as the requested information has not been received.
144	Procedure code submitted is not a valid CDT code. Rebill with valid code.
145	Annual deductible applied.
146	Annual maximum benefit has been paid.
147	Service only covered when a copy of an oral pathology report is submitted with the claim, per section 10.10(d) of the Plan.
148	When two treatment plans are submitted at the same time by the same provider, only one treatment plan can be authorized.
149	Non-duplication COB; other insurance is an HMO; no benefits payable per Plan Sections 2.12(D), 6.06(E), 7.13(E) or 12.12(A).
150	An implant is not covered if there is an adjacent missing tooth or if an adjacent tooth requires a crown.
151	If a restoration on an implant or implants replaces two or more adjacent missing teeth, the benefit payable is the allowance for a removable denture.
152	This is an adjustment to a previously processed claim or preauthorization.
153	Please resubmit with a corrected copy of the primary carrier Explanation of Benefits (EOB) statement.
155	An implant is not covered when the Plan would not cover a three unit bridge to replace the missing tooth.
156	This charge has been forwarded to the orthodontic department for additional review and will be processed once the review is complete.
157	Primary carrier's benefit is equal to or greater than 100% of the Fund's allowable expense. No secondary benefits are payable.
158	Claim denied. Other insurance information not received.
159	The alternate benefit payable is the allowance for procedure 9110.
160	Bone grafts are only covered when the condition is a result of periodontal disease.
161	Services must be provided within 90 days after the accident occurs to be eligible for additional accident benefit.
162	The x-rays demonstrate an unfilled canal(s) with evidence of pathosis.
163	The pre-treatment x-ray does not appear to support the necessity for a root canal.
166	The x-ray appears to demonstrate an incomplete filling of the canal at the apical 1/3 with visible canal space and pathosis.
167	The complete treatment records previously requested was not submitted, only partial patient clinical records were received.
168	The maximum number of 9223 allowances payable is one per visit.

Prepaid Dental Plans

If you choose coverage under one of the Prepaid Dental Plans, you must receive all your dental care from the Prepaid Dental office that you choose to enroll under listed to the right. You will not be reimbursed if you go to a dentist who is not affiliated with the Prepaid Dental Plan office that you enrolled with, even if you receive treatment from another dentist during an out-of-area Emergency.

A Prepaid Dental Plan provides many diagnostic, preventive and restorative services at no charge to you. You pay a copayment for major dental work, such as dentures and root canals. You may also be required to pay for services that are not covered by the prepaid plan including porcelain surcharges for crowns on some teeth.

Examples of services provided at no charge under a Prepaid Dental Plan are:

- ▶ Teeth cleaning
- ▶ X-rays
- ▶ Fillings
- ▶ Extractions
- ▶ Periodontal treatment

For major dental treatment, you pay the following copayments:

Each full denture	\$100
Each removable partial denture	\$100
Crowns or bridges, per unit	\$75
Root Canal Therapy	
• Anterior	\$45
• Bicuspid	\$90
• Molar	\$125

If you change from a Prepaid Dental Plan to the Indemnity Dental Plan and continue to see the same dentist or dental group, the Indemnity Dental Plan will not pay for any charges submitted by that dentist or dental group for 12 months after you change plans. Should your dentist then bill you for such charges, contact the Fund Office for assistance.

Participants who enroll in a Prepaid Dental Plan outside of Open Enrollment must remain in that Plan until the third Open Enrollment following their change.

Prepaid Dental Plan Offices

For your dental treatment to be covered by the Plan, you must receive care at the Prepaid Dental office that you chose to enroll under from the list below.

Dr. Schnierow and Associates

13450 South Hawthorne Boulevard,
Hawthorne, CA 90250
310-679-0106

Ilya Zak, D.D.S.

3620 Long Beach Boulevard, Suite B-6,
Long Beach, CA 90807
562-426-6458

Allcare Dental

1200 North Tustin Avenue, Suite 200
Santa Ana, CA 92705
855-866-2273

San Diego Dental Group

4730 3rd Street Suite C
La Mesa, CA 91941
619-464-4242

Santa Monica Dental Practice

1244 7th Street, Suite 101,
Santa Monica, CA 90401
310-393-0743

Exclusions and Limitations

The Indemnity Dental Plan and a Prepaid Dental Plan do not cover the following:

- ▶ Services provided by an immediate relative of an eligible Participant or by members of an eligible Participant's household, except for Covered Expenses that are out-of-pocket expenses to the provider.
- ▶ Services not performed by a dentist, except x-rays ordered by a dentist and services by a licensed dental hygienist under the dentist's supervision, or those of a licensed denturist.
- ▶ Services not necessary or not customarily provided for dental care (i.e., not dentally necessary).
- ▶ Services for which the patient has no liability.
- ▶ Services or supplies received as a result of an injury or illness arising out of or in the course of employment, including self-employment.
- ▶ Replacement of lost or stolen appliances which are less

than five years old.

- ▶ Services or supplies that are primarily for cosmetic purposes.
- ▶ Full mouth reconstruction and treatment of congenital malformations, except as specifically indicated.
- ▶ Appliances, restorations or surgical procedures to alter vertical dimension.
- ▶ Restoration of tooth structure loss due to abrasion, erosion or attrition except as specifically indicated.
- ▶ Reevaluation of a proposed treatment at any time, including duplicate x-rays and other diagnostic procedures.
- ▶ Dietary planning, oral hygiene instruction and plaque control or prevention.
- ▶ Charges for the removal of a failing implant fixture.
- ▶ Restorations and/or extraction of exfoliating primary teeth.
- ▶ Temporary fillings, temporary crowns and temporary recementations.
- ▶ Pulp caps and bases.
- ▶ Athletic mouthpieces.
- ▶ Occlusal adjustments.
- ▶ Treatment started before you became eligible under the Plan.
- ▶ Charges for completion of claim forms.
- ▶ Charges for x-rays that are not diagnostically acceptable.
- ▶ Specialized techniques.
- ▶ Precision attachments.
- ▶ Personalization or characterization.
- ▶ Experimental procedures.
- ▶ Surgical correction by grafts for denture retention.
- ▶ Gnathological recording, analysis and interocclusal records.
- ▶ Unusual diagnostic techniques.
- ▶ Root canal therapy, posts and restorations associated with overdentures.
- ▶ Stressbreakers.

Claiming Benefits

Claim forms are not required under a Prepaid Dental Plan. You pay any copayments directly to the dentist at the time of your treatment.

To file a claim for benefits under the Indemnity Dental Plan, follow these steps:

- ▶ You can get a Dental Claim form online at scufcwfunds.com, or request one from the Fund Office or a Union Local.
- ▶ Complete your portion of the form.
- ▶ Have the dentist providing the services complete the rest of the form.
- ▶ Be sure to include your name and Social Security number on each document you submit with your claim.
- ▶ Mail the completed form to:
 - ▶ United Food & Commercial Workers Unions and Food Employers Benefit Fund
 - 6425 Katella Avenue
 - P.O. Box 6010
 - Cypress, California 90630
- ▶ Mail additional bills or statements for any services covered by the Plan to the Fund Office as soon as you receive them.

All claims must be submitted to the Fund Office within 12 months from the date the expenses are incurred. Failure to do so may result in the loss of benefits.

For more information on filing claims, please refer to the Claims and Appeals Procedure on page 19.

Assignment of Benefits

You may request that benefits be paid directly to your dentist. To do so, sign the assignment portion of the claim form. Benefits will then be paid directly to the dentist.

Coordination of Benefits

If you or your eligible Dependents are covered by more than one dental plan, the benefits you receive from the Fund's Indemnity Dental Plan could be coordinated with benefits you receive from the other plan. This feature, called coordination of benefits (COB), determines which dental plan will pay benefits first. In general:

- ▶ If the other dental plan does not have a COB feature, it will be primary and will pay benefits first.
- ▶ If the other plan pays more than the benefit payable under the Indemnity Dental Plan, then no benefits are payable by the Fund.
- ▶ If the other plan is an HMO, the Fund will not reimburse the patient's copay for services covered by the other HMO plan. Services covered by the Plan that are not covered by the other HMO Plan are payable subject to Fund Plan limitations and maximums.

Important Information About the Plan

About This Section

The information presented in this section is important because it:

- ▶ Will help you understand how the Dental Program is administered on your behalf, and
- ▶ Will inform you of your rights as guaranteed by the Employee Retirement Income Security Act of 1974 (ERISA). ERISA regulates the funding and administration of most employee benefit plans.

The description of the Dental Program has been written as clearly and accurately as possible. You should be aware, however, that this program is governed by master policies, contracts and Plan documents. In all cases of benefit determination or differences of opinion, the legal policies, contracts or Plan documents will prevail.

You can examine the master policies, contracts and Plan documents by contacting the Fund Office. If you prefer, you can request in writing, copies of these documents for a reasonable fee. The Fund Office will send you the documents within 30 days of receiving your request.

Plan Name and Number

The Plan is identified by a Plan number for various reports and documents, which the Fund is required to file with the U.S. Department of Labor and other government agencies.

The name of the plan is:

- ▶ The United Food & Commercial Workers Unions and Food Employers Benefit Fund.

Type of Plan

This is a welfare plan. It provides benefits to Participants and their Dependents who satisfy the Plan's eligibility requirements.

Plan Sponsor

The Plan Sponsor is the Joint Board of Trustees, some of whom are Union Trustees and the rest of whom are Employer Trustees. The name, address, telephone number and Employer Identification Number of the Plan Sponsor and Plan number of the Plan are as follows.

Name of Plan Sponsor

Joint Board of Trustees of the United Food & Commercial Workers Unions and Food Employers Benefit Fund.

Address of Fund Office

6425 Katella Avenue
Cypress, CA 90630-5238

Mailing Address

P.O. Box 6010
Cypress, CA 90630-0010

Telephone

877-284-2320

Employer Identification Number

The Employer Identification Number is 95-2301788. The Plan number is 501.

Plan Year

April 1 through March 31

Plan Administrator

The Plan is administered by the Joint Board of Trustees with the assistance of a Fund Administrator. The Board of Trustees also employs other personnel, including consultants, attorneys, accountants, etc. All Plan benefits are provided directly from the Fund.

Agent for Service of Legal Process

The Fund Administrator has been designated by the Trustees as the Agent for Service of Legal Process. Legal process may also be served on any Trustee.

Fund Administrator

United Food & Commercial Workers Unions
and Food Employers Benefit Fund

6425 Katella Avenue

Cypress, CA 90630-5238

Contributing Employers

You may obtain a list of Contributing Employers from the Fund Office.

Plan Records

Plan Records Plan records are maintained on a Plan Year basis and are kept at the Fund Office at the address listed previously.

Documents

This book, called a Summary Plan Description, describes the major provisions of the Plan provided through the Benefit Fund. It does not replace the official Plan documents, which legally govern Plan operations.

Copies of the Plan documents, the latest annual reports and any other materials pertaining to the Plan are available for review, without charge, at the Fund Office. If you wish to see any of these documents, please address your request to the Fund Office.

To obtain a copy of the Plan documents, send a written request to the Fund Office.

Claims and Appeals Procedures for Dental Claims

Filing Claims

1. A Dental Claim form must be filed with the Fund Office for benefits for dental care or orthodontic care.
2. Dental Claims must be filed with the Fund Office (6425 Katella Avenue, Cypress, CA 90630- 5238 or P.O. Box 6010, Cypress, California 90630-0010) within one year after the date of service or they will be denied.
3. You can get a Dental Claim form online at scufcwffunds.com, or request one from the Fund Office or a Union Local. Claims submitted by your provider will be processed as if filed by you.

4. You may designate someone in writing as your Authorized Representative to be responsible for handling your claim. Your designation must be in writing. You may obtain a form for this purpose online at scufcwffunds.com, or from the Fund Office or your Union Local.

Processing Claims

1. You will usually receive an Explanation of Benefits (EOB) within 30 days after your claim is received. This may be extended to 45 days if necessary due to matters beyond the control of the Fund, or longer if you are asked to submit information necessary to process your claim. You will be notified of the extension within 30 days after receipt of your claim.
2. If your expenses are not paid in full by the Fund, you will receive an EOB that:
 - (i) States the specific reason or reasons for the denial;
 - (ii) Refers to the specific Plan provision(s) on which the denial is based;
 - (i) Describes any additional material or information necessary for you to perfect the claim and an explanation of why such material or information is necessary;
 - (i) Describes the Plan's review procedures and the time limits applicable to such procedures, including a statement of your right to bring a civil action under ERISA Section 502(a) following a denial of a claim on appeal;
 - (i) States, if applicable, that an internal rule, guideline, protocol, or other similar criterion was relied upon in denying the claim and that a copy of such rule, guideline, protocol, or other criterion will be provided to you, free of charge and upon request.
 - (i) States, if applicable, that an explanation of the scientific or clinical judgment for the decision will be provided to you, free of charge and upon request, if the denial is based on a dental necessity or experimental treatment or similar exclusion or limit.

Filing an Appeal of a Claim Determination

1. If you are not satisfied with our determination of your claim, you have 180 days after receipt of our EOB to file an appeal. Your appeal must be in writing and sent to the Fund Office. You may designate someone in writing as your Authorized Representative to be responsible for handling your appeal. Your designation must be in writing. You may obtain a form for this purpose online at scufcwffunds.com, or from the Fund Office or your Union Local.

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2. You will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim. You may submit written comments, documents, records, and other information relating to the claim, which will be considered on appeal regardless of whether such information was submitted or considered in the initial claims review.
 3. The Appeals Committee will make an independent determination and will not afford deference to the initial review.
 4. If a denial was based in whole or in part on a dental judgment, including whether a particular treatment, drug, or other item is experimental, investigational, or not dentally necessary or appropriate, the Appeals Committee will consult with a health care professional who has experience in the field of dentistry involved in your claim. This health care professional will not be the individual who was consulted in connection with the initial claim denial, nor the subordinate of any such individual.
 5. If you request, we will identify any dental or vocational experts whose advice was obtained on behalf of the Plan in connection with the denial of the claim, even if the advice was not relied upon in denying the claim.

Processing Your Appeal

1. Your appeal will be decided by the Board of Trustees meeting that occurs at least 30 days following receipt of your appeal. If special circumstances require an extension of time for processing, the decision shall be made not later than at the third meeting following receipt of your appeal. If an extension is required, you will be notified in writing before the extension of the special circumstances requiring the extension of time and the dates as of which the decision will be made.

If the extension is due to your failure to submit information necessary to decide the appeal, and the extension notice specifically describes the required information, you will have at least 48 days from the receipt of the extension notice within which to provide such information. The time period for making the decision will be suspended from the date on which the extension notice is sent to you to the earlier of

- (i) the date on which the Plan receives your response, or
- (ii) the date set by the Plan for furnishing the requested information.

You will be notified by mail as soon as possible, but not more than 5 days, after the Appeals Committee makes its decision.

2. If your appeal is denied, in whole or in part, you will be notified in writing of the following:
 - (i) The specific reason(s) for the denial of the claim on appeal.
 - (ii) The specific Plan provision(s) on which the denial on appeal is based.
 - (iii) A statement that you are entitled to receive, upon request, and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim.
 - (iv) A statement of your right to bring an action under ERISA Section 502(a).
 - (v) If applicable, a statement that an internal rule, guideline, protocol, or other similar criterion was relied upon in denying the appeal and that a copy of such specific rule, guideline, protocol, or other criterion will be provided to you, free of charge and upon request.
 - (vi) If the denial of a Dental Claim is based on a dental necessity or experimental treatment or similar exclusion or limit, a statement that an explanation of the scientific or clinical judgment for the decision will be provided to you, free of charge and upon request.

General Rules

The Board of Trustees shall have full discretion and authority to resolve questions concerning the interpretation or administration of this Plan, including without limitation all questions relating to eligibility for benefits, and the determinations of the Board shall be conclusive and binding as to all persons and for all purposes.

If the Fund fails to follow these claims and appeals procedures, and it does not correct the error without prejudice to you, you will be deemed to have exhausted the administrative remedies available under the Plan and will be entitled to pursue any available remedies under ERISA Section 502(a).

Future of The Plan

The Plan provided through the Benefit Fund shall remain in effect so long as there are Employers who are obligated under any Collective Bargaining Agreements to make contributions. The Trustees reserve the right to modify, amend or terminate the Plans at any time.

Plan Finances

The benefits provided under the Plan are financed entirely by contributions from Employers in accordance with the Collective Bargaining Agreement between the Employers and the Union.

Collective Bargaining Agreements

The Plan is maintained in accordance with Collective Bargaining Agreements between various Employers and locals of the United Food & Commercial Workers International Union. Any Participant or beneficiary may, upon written request to the Plan Administrator, obtain information as to whether a particular union or employer is a party to the Plan and, if so, its address. Copies of the applicable Collective Bargaining Agreement are available for examination at the Fund Office or at the office of your Union Local.

Board of Trustees

The Board of Trustees is responsible for the operation of the Fund and is made up of Trustees appointed by the Contributing Employers and Trustees appointed by the Union.

Names And Addresses Of Members Of The Joint Board Of Trustees

Union Trustees

Andrea Zinder

UFCW Local 324
8530 Stanton Avenue
Buena Park, CA 90620

Kathy Finn

UFCW Local 770
P.O. Box 770
Los Angeles, CA 90078

Todd Walters

UFCW Local 135
2001 Camino Del Rio South
San Diego, CA 92108-3603

Joe Duffle

UFCW Local 1167
P.O. Box 1167
Bloomington, CA 92316-0030

Mark Ramos

UFCW Local 1428
P.O. Box 9000
Claremont, CA 91711-9000

Michael A. Straeter

UFCW Local 1442
9075 South La Cienega Boulevard
Inglewood, CA 90301

Employer Trustees

Brent Bohn

Albertson's, Inc.
1421 S. Manhattan Ave., Mail Drop U523
Fullerton, CA 92831

Duane Snider

Stater Bros. Markets
P.O. Box 150
Colton, CA 92324

Frank Jorgensen

Safeway, Inc.
P.O. Box 85001
Bellevue, WA 98015-8501

Leroy Westmoreland

Ralphs Grocery Company
1100 West Artesia Blvd.
Compton, CA 90220

Prepaid Dental Plans

The Plan contracts with organizations to provide insured Prepaid Dental Plans as listed on page 16.

ERISA Statement of Rights

As a Participant in the United Food & Commercial Workers Unions and Food Employers Benefit Fund you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan Participants shall be entitled to:

Receive Information About Your Plan and Benefits

- ▶ Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and Union Halls, all documents governing the Plan, including insurance contracts and Collective Bargaining Agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration.
- ▶ Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and Collective Bargaining Agreements, and copies of the latest annual report (Form 5500 Series) and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- ▶ Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of this Summary Annual Report.

Continue Group Health Plan Coverage

- ▶ Continue health care coverage for yourself, spouse, or eligible dependents if there is a loss of coverage under the Plan as a result of a Qualifying Event. You or your eligible dependents may have to pay for such coverage. Review this Summary Plan Description and the documents governing the Plan on the rules governing your COBRA Continuation Coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other Plan Participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court. If it should happen that plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.

Glossary of Common Dental Terms

The following are brief descriptions of some common dental terms. They are included here to help you understand the terms and provisions of the Dental Program Summary Plan Description and the treatment you receive from your dentist.

A

Abscess	Acute or chronic, localized inflammation with infection.
Abutment	A tooth or implant used to support a prosthesis (bridge).
Abutment crown	See crown – abutment.
Alveolar bone	The bone to which a tooth is attached.
Alveoloplasty	Surgical procedure for recontouring the bone to which a tooth is attached, usually in preparation for a prosthesis (denture).
Amalgam	A metallic substance used in dental restorations (fillings).
Analgesia	Loss of pain sensations without loss of consciousness.
Anesthesia	Partial or total absence of sensation; General anesthesia — a controlled state of unconsciousness; Local anesthesia — elimination of sensations, especially pain, in one part of the body by the topical application or regional injection of an anesthetic drug.
Anterior	Refers to the teeth and tissues located toward the front of the mouth.
Apex	The tip of the root end of the tooth.
Apicoectomy	Amputation of the apex of a tooth.

B

Benign	The mild or nonmalignant character of neoplasm.
Bicuspid	Tooth with two cusps that is located before the molars
Bilateral	Pertaining to both sides
Biopsy	Process of removing tissue for evaluation.
Bitewing x-ray	An x-ray that shows the crowns and upper third of the roots of upper and lower teeth.
Bridge — fixed	A fixed partial denture that replaces one or more missing teeth.
Bridge — removable	A removable partial denture that replaces one or more missing teeth on a framework that can be removed by the patient.

B

Bruxism	Grinding of the teeth.
Buccal	Pertaining to or around the cheek.
Buildup	Replacement with restorative material of lost tooth structure prior to artificial crown placement.

C

Calculus	Hard deposit of mineralized plaque that is attached to crowns and/or roots of teeth.
Canal	The passageway in the root of a tooth through which nerves and blood vessels pass.
Cantilever	Part of a fixed prosthesis that is supported at one end only.
Caries	Commonly used term for tooth decay.
Cast restoration	A solid restoration made outside the mouth to the precise shape of a prepared tooth or cavity and cemented in place.
Cavity	Decay in tooth caused by caries.
Cement base	Material used under a filling to replace lost tooth structure.
Composite	A white dental restorative material (filling).
Coronal	Refers to the crown of a tooth.
Crown — abutment	Artificial crown designed to retain or support a dental prosthesis.
Crown — artificial	A restoration covering or replacing the major part or the whole of the clinical crown of a tooth.
Crown — clinical	The top part of a tooth not covered by supporting tissues.
Crown lengthening	A surgical procedure exposing more tooth for restorative purposes.
Curettage	Scraping or cleaning the walls of a cavity or gingival pocket.
Cusp	A rounded or cone-shaped point on or near the chewing surface of a tooth.
Cyst	A sac or pouch containing fluid or soft matter.

D

Debridementrem	Oval of plaque and calculus.
Decay	Decomposition of tooth structure.
Dental prophylaxis	Scaling and polishing to remove coronal plaque, calculus and stains.
Dentition — deciduous	Primary teeth.
Dentition — permanent	Permanent teeth.
Denture	An artificial substitute for natural teeth and adjacent tissues.
Diagnostic cast	A model of teeth and adjoining tissues; also referred to as a study model.
Distal	Toward the back of the dental arch.
Dry socket	Inflammation of the tooth socket following extraction.

E

Edentulous	Without teeth.
Enamel	A hard, white substance forming a covering for the crown of the tooth.
Endodontist	A dental specialist who treats disease and injuries of the pulp and associated conditions.
Evaluation	An examination performed on a patient to determine any changes in the patient's dental and medical health status.
Excision	Surgical removal of bone or tissue.

F

Facial	The surface of a tooth directed toward the face.
Filling	A lay term referring to the restoring of lost tooth structure.

G

Gingiva (gums)	Soft tissues overlying the crowns of unerupted teeth and encircling the necks of those that have erupted.
Gingivectomy	The removal of gingiva (gum).
Gingivitis	Inflammation of gingival (gum) tissue.
Gingivoplasty	Surgical procedure to reshape gingiva (gum) to create a normal, functional form.
Graft	Tissue or other material placed to repair a defect.

I

Immediate denture	Prosthesis placed immediately after removal of remaining natural teeth.
Impacted tooth	An unerupted or partially erupted tooth that is positioned so that complete eruption is unlikely.
Implant	A device surgically placed in the jaw to which a crown or denture may be anchored.
Inlay	A solid filling made outside of the mouth to the precise shape of a cavity and cemented into it.
Interproximal	Between the adjoining surfaces of adjacent teeth.
Intracoronal	Referring to “within” the crown of a tooth.
Intraoral	Inside the mouth.

J

Jaw	A common name for either the maxilla or the mandible.
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L

Labial	Pertaining to or around the lip.
Lesion	An injury or a wound; area of diseased tissue.
Lingual	Pertaining to or around the tongue.

M

Malignant	Used to characterize a condition that has the properties of dysplasia, invasion and metastasis.
Malocclusion	Improper alignment of biting or chewing surfaces of upper and lower teeth.
Mandible	Lower jaw.
Maxilla	Upper jaw.
Mesial	Toward the midline of the dental arch.
Molar	A grinding back tooth behind the bicuspid.

N

Neoplasm	A new and abnormal formation of tissue; a tumor or growth.
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O

Occlusion	Any contact between biting and chewing surfaces of upper and lower teeth.
Onlay	A restoration made outside the mouth that replaces a cusp or cusps of the tooth.
Oral	Pertaining to the mouth.
Orthognathic	Relationship of upper and lower jaw.
Overdenture	A denture that fits over retained teeth roots or implants.

P

Palate	The roof of the mouth.
Palliative	The relief of pain.
Panoramic x-ray	An x-ray on which the upper and lower jaw are depicted on a single film.
Partial denture	A device that replaces the missing teeth on a framework that can be removed by the patient.
Periapical	The area surrounding the end of the tooth root.
Periodontal	Supporting and surrounding tissues of the teeth.
Periodontal disease (periodontitis)	Inflammation of the supporting or surrounding structure of the teeth.
Periodontist	A dental specialist who treats diseases of the supporting and surrounding tissues of the teeth.
Periradicular	Surrounding a portion of the root of the tooth.
Plaque	A soft sticky substance that accumulates on teeth.
Pontic	The term used for the artificial tooth on a fixed partial denture (bridge).
Post	A metal device fitted and cemented within a root canal after root canal therapy to strengthen and retain a crown restoration.
Posterior	Refers to teeth and tissues toward the back of the mouth.
Primary dentition	The first set of teeth (deciduous teeth).
Prophylaxis	Scaling and polishing to remove coronal plaque, calculus and stains.
Prosthesis	Any device or appliance replacing one or more missing teeth.
Prosthodontist	A dental specialist who performs restoration of the natural teeth and/or the replacement of missing teeth with artificial substitutes.
Proximal	The surface of an anterior tooth that touches or faces another tooth.
Pulp	Blood vessels and nerve tissue that occupy the root canal.
Pulp cap	Procedure in which the exposed pulp is covered with a medication or cement.
Pulpitis	Inflammation of the dental pulp.
Pulpotomy	Surgical removal of a portion of the pulp.

Q

Quadrant One of the four equal sections into which teeth and adjacent tissue can be divided.

R

Radicular Pertaining to the root.

Radiograph X-ray.

Rebase Refitting a denture by replacing the base material.

Reline Resurfacing the tissue side of a denture with new base material.

Restoration The replacement of missing tooth structure, e.g., a filling, crown, removable denture or fixed denture (bridge).

Retrograde filling Sealing of the root canal by filling it from the root tip.

Root Portion of the tooth that is located in the socket.

Root canal The chamber within the root of the tooth that contains the pulp.

Root canal therapy The treatment of disease and injuries of the pulp.

Root planning Scaling of tooth roots.

S

Scaling Removal of plaque, calculus and stain from teeth.

Splint A device used to support, protect or immobilize teeth. Also refers to devices used in the treatment of temporomandibular joint disorders.

Study model Model of teeth. Also referred to as diagnostic cast.

T

Temporary removable partial denture A removable partial denture designed to be used for a limited time; an interim denture.

Temporomandibular joint (TMJ) The connecting hinge between the lower jaw and the base of the skull.

Tissue conditioning Material placed in contact with tissues, for a limited period, with the aim of assisting their return to healthy condition.

U

Unerupted Tooth/teeth that have not broken through the gum.

Unilateral Pertaining to one side.

X

X-ray Radiograph.

Participating Union Locals

UFCW Local 8

Bakersfield

661-391-5773 or 661-391-5770
1910 Mineral Ct.
Bakersfield, CA 93308

UFCW Local 135

San Diego – Main Office

619-298-7772 or 800-545-0135
2001 Camino Del Rio South
San Diego, CA 92108

San Marcos

619-298-7772 or 800-545-0135
323-A South Rancho Santa Fe Road
San Marcos, CA 92078

UFCW Local 324

Buena Park

714-995-4601 or 800-244-8329
8530 Stanton Avenue
Buena Park, CA 90620

UFCW Local 770

Los Angeles – Main Office

213-487-7070 or 800-832-9770
630 Shatto Place
Los Angeles, CA 90005

UFCW Local 770

Arroyo Grande

805-481-5666
140 W. Branch Street,
Arroyo Grande, CA 93420

Camarillo

805-383-3300
816 Camarillo Springs Road, Suite H
Camarillo, CA 93012

Harbor City

310-784-5340
25949 Belle Porte Avenue
Harbor City, CA 90710

Huntington Park

323-923-1510
5400 Pacific Boulevard
Huntington Park, CA 90255

Santa Barbara

805-681-0770
4213 State Street, Suite 201
Santa Barbara, CA 93110

Santa Clarita

661-259-9900
27125 Sierra Hwy, Suite #204
Santa Clarita 91351

UFCW Local 1167

Bloomington

909-877-1110
855 West San Bernardino Avenue
Bloomington, CA 92316

UFCW Local 1428

Claremont

909-626-6800
705 West Arrow Highway
Claremont, CA 91711

UFCW Local 1442

Inglewood

310-322-8329
9075 South La Cienega Boulevard
Inglewood, CA 90301

Administrative Office of The Fund

Address of Fund Office

6425 Katella Avenue
Cypress, CA 90630-5238
877-284-2320

Mailing Address

P.O. Box 6010, Cypress, CA 90630-0010

Website

scufcwfunds.com

United Food & Commercial Workers Unions
and Food Employers Benefit Fund

Health and Human Services (HHS) Non-discrimination Notice

The UFCW Unions and Food Employers Benefit Fund (the "Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan provides free aids and services (such as qualified interpreters and information in alternative formats) when necessary to ensure equal opportunity for individuals with disabilities, and free language assistance services (such as translated documents and oral interpretation) when necessary to provide meaningful access to individuals with limited English proficiency. If you need these services, contact the Plan's Civil Rights Coordinator at:

Mail: United Food & Commercial Workers Unions and Food Employers Benefit Fund
6425 Katella Avenue
Cypress, CA 90630
Attention: Civil Rights Coordinator

Phone: 714-220-2297, 562- 408-2715, or 877-284-2320 (ask for the Civil Rights Coordinator)

Fax: 714-220-2002 (Attention: Civil Rights Coordinator)

If you believe that the Plan has failed to provide these services or has otherwise discriminated on the basis of race, color, national origin, sex, age, or disability, you may file a written grievance with the Fund's Civil Rights Coordinator as soon as possible at the address listed above. If you need help filing a grievance, the Civil Rights Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 877-284-2320

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 877-284-2320。

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 877-284-2320.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 877-284-2320.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 877-284-2320.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 877-284-2320.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。877-284-2320まで、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 877-284-2320 번으로 전화해 주십시오.

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 877-284-2320 تماس بگیرید.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 877-284-2320.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 877-284-2320.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 877-284-2320.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 877-284-2320.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 877-284-2320.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 877-284-2320.

