



Communications Workers of America, AFL-CIO Local 1180 Benefits Funds

**YOU MAY ONLY ENROLL IN ONE PLAN FOR THE ENTIRE YEAR.
IF YOU WISH TO REMAIN IN YOUR CURRENT PLAN, NO ACTION IS REQUIRED.**

► **THE FUND SCHEDULED DENTAL BENEFIT PLAN (Administered by Daniel H. Cook Associates)**

Under this plan you may go to any dentist you choose, but when you use a dentist who is not a participating dentist, you may incur an out-of-pocket expense for covered services. Payment is made for dental expenses up to ***annual maximum of \$2,400** per calendar year, for each covered member and eligible dependents. Participating dentists will accept the fixed fee set by the plan as payment-in-full for the services you receive. (Claim forms are required). If the cost of treatment exceeds \$500, or when charges for a course of treatment includes crown or bridgework, you must submit a pre-treatment plan before the work begins. Benefits will be denied on any claim not submitted for pre-treatment review as required. Contact information for this plan, 212-505-5050 or visit www.dhcook.com

► **DENTCARE/HEALTHPLEX DENTAL PLAN (Group # 1730339-64092)**

This program provides all necessary dental services with little or no out-of-pocket expense. You are required to use a DENTCARE AFFILIATED PROVIDER. You will receive an ID card that you will present to your participating provider. (No claim forms are required under this plan). This plan has no annual maximum and provides orthodontia coverage for eligible children and adults. Contact information for this plan, 800-468-0600 or visit www.healthplex.com

► **ANTHEM BLUECROSS/BLUESHIELD XPO PLAN (Group # 300310)**

Empire BlueCross/BlueShield Dental Plan lets you choose from thousands of licensed dentists and specialists nationwide. Average discounts of 70% on covered services when compared to out-of-network. You pay a negotiated rate for covered services from in-network, up to your coverage year maximum of \$2,000 per individual, annually. Contact information for this plan, 888-315-2049 or visit www.empireblue.com

► ****EMBLEM HEALTH PREFERRED DENTAL PLAN (Standard or Premium option)**

Emblem Preferred Dental gives you quality coverage with access to over 8,500 dentists and specialists nationwide. You can choose a network dentist or specialist for the services covered under your plan. You are not required to pick a specific primary dentist. Emblem has a **\$2,500** annual maximum per person; however, with this dental plan, you can cover your children up to age 26. Also, children are covered for orthodontia services until the end of the year they turn 19. You may select from one of the following:

- (a) **Standard Plan** – No monthly premium requirement. Annual Deductibles; Individual = \$75, Family = \$225 (Grp# Actives: 1130336-1001, Retirees: 1130336-1002)
- (b) **Premium Plan** – Required monthly premium; Actives = \$34.51, Retirees = \$29.76 per household, with no deductibles. (Grp# Actives: 1124388-1001, Retirees: 1124388-1002)

Contact information for this plan, 800-624-2414 or visit www.emblemhealth.com

If you are interested in changing your dental plan, you can do so by logging into your Member Portal via www.cwa1180.org where you can also upload completed enrollment forms. Or visit our website www.cwa1180.org/resources to download and print your enrollment form along with the complete Summary of Benefits Description, of your preferred plan.

You can also email your completed enrollment form to benefits@cwa1180.org or by fax: 212-219-2450 or mail to the Benefits Fund office (6 Harrison St., 3rd fl. New York, NY 10013).

Feel free to contact our Benefits Dept. for any questions, benefits@cwa1180.org or 212-966-5353.

In Unity,



Gloria Middleton, President
Board of Trustees

**New Annual Maximum, effective January 1, 2024. Includes access to expanded nationwide provider panel, XPO network.*

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