IBEW LOCAL 915 HEALTH AND WELFARE FUND

APRIL 9, 2025

IMPORTANT ANNOUNCEMENTS—PLEASE READ CAREFULLY

Dear Participant:

The purpose of this newsletter is to make an important announcement regarding the benefits offered through the IBEW Local Union No. 915 Health and Welfare Fund. As Trustees, we work diligently to provide participants with the most comprehensive Schedule of Benefits possible while ensuring the preservation of the Fund's financial integrity. During our most recent meeting, it was determined that changes could be made as explained in this newsletter. We ask that you carefully review the information contained herein and then place it with your permanent records so that you may have it available for future reference.

DENTAL BENEFIT INCREASED— EFFECTIVE APRIL 1, 2025

We are pleased to announce that the IBEW Local Union No. 915 Health and Welfare Fund's calendar year Dental Benefit maximum **will increase from $1,000 per participant to $1,500 per participant effective on and after April 1, 2025**. Expenses for preventative care such as cleanings, x-rays, etc. will continue to be paid at 100% , while other services will be paid at 80%, up to the $1,500 maximum. Included with this newsletter you will find a list of those covered services. Please note that Dental claims should be submitted to:

IBEW LOCAL UNION NO. 915
HEALTH AND WELFARE FUND
P.O. BOX 1449
GOODLETTSVILLE, TN 37070-1449

COBRA RATE INCREASED— EFFECTIVE JULY 1, 2025

Please be advised that the Fund's COBRA rate (months 1-18) will increase from $975 to $1,000 effective on and after July 1, 2025.

Should you have any questions regarding this information, please feel free to contact the Fund Office at the phone number included herein.

Best regards,

Board of Trustees

UNION TRUSTEES:
Mr. Randall King, Chairman
Mr. Brian Nathan
Mr. Roberto Rosa

MANAGEMENT TRUSTEES:
Mr. Vance Anderson, Secretary
Mr. Tony Grieco
Mr. Andrew Williams

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IBEW LOCAL 915 HEALTH AND WELFARE FUND

Administered by:

Southern Benefit Administrators, Incorporated
P.O. Box 1449
Goodlettsville, TN 37070-1449

Phone: (615) 859-0131 Toll Free: (800) 831-4914
Fax: (615) 855-6168

DENTAL BENEFITS

Deductible	None
Percentage Payable:	
Class I Preventive Services	100%
Class II Major Services	80%
Maximum Benefit per Covered Person per Calendar Year	$1,500

DENTAL BENEFITS

This benefit provides for the payment of the usual, reasonable and customary expenses incurred for dental care provided by, or under the supervision of, a Doctor of Dental Surgery (D.D.S.) or a Doctor of Dental Medicine (D.M.D.) when rendered for the care and treatment of the teeth and gums and when not otherwise covered under the Plan.

Benefits are subject to the maximum payment amount and co-payment percentages listed in the Schedule of Benefits, as well as the Exclusions and Limitations listed below.

Covered Persons may choose to voluntarily waive this coverage (opt-out) by filing a written, signed request with the Fund office.

BENEFITS

The maximum benefit payable per person is shown in the Schedule of Benefits. The following describes covered dental benefits.

Class I - Preventive Services

1. Two routine oral examinations per calendar year;

2. Prophylaxis (cleaning, scaling and polishing of teeth), two times per calendar year;

3. Topical application of fluoride in conjunction with prophylaxis for covered Dependent children under 18 years of age, two times per calendar year; and

4. Bitewing x-rays once per calendar year, complete mouth x-rays or panoramic x-rays once in any 36 consecutive month period (a panoramic x-ray will be considered a compete mouth x-ray and subject to the same limit), and periapical (root area) x-rays as required.

Class II - Major Services

1. Emergency treatment for relief of pain.

2. Restorative services (fillings).

3. Oral surgery which provides for extractions and other oral surgery, including pre- and post-operative care.

4. Endodontics, including pulpotomy, pulp capsounds ping and root canal treatment.
5. Periodontics (treatment for diseases of the gums).
6. Space maintainers.
7. Crowns.
8. Bridges.
9. Full and partial dentures.
10. Relining, repair or duplication of full and partial dentures.

EXCLUSIONS AND LIMITATIONS

No payment will be made under this section for any of the following:

1. Orthodontics.
2. Expenses which are otherwise payable under other provisions of the Plan.
3. Expenses incurred for any treatment required because of congenital malformations or treatment required for cosmetic or aesthetic reasons.
4. Expenses incurred for the treatment required to correct a temporomandibular joint dysfunction.

#915DENTAL