

ST. PAUL ELECTRICAL WORKERS HEALTH PLAN

SUMMARY OF MATERIAL MODIFICATIONS

To: All Participants and Beneficiaries

From: Board of Trustees

Date: June 1, 2022

Re: Orthodontia Coverage for Cleft Lip and Palate

Effective August 26, 2021, the Plan made the following change to the “Dental Care as a Result of an Accidental Injury – Physician Services” section of the Schedule of Benefits to provide for orthodontia coverage for treatment of Cleft Lip and Palate as further provided below.

Dental Care as a Result of an Accidental Injury – Physician Services

Covered	In-Network	Out-of-Network Coverage
Dental Care as a Result of an Accidental Injury – Physician Services	80% coverage after Deductible	60% coverage after Deductible

Covered:

- Medically Necessary Services to treat and restore damage done to sound, natural teeth as a result of an accidental Injury that occurs while You are a Plan Participant.
 - Coverage is for damage caused by external trauma to face and mouth only, not for cracked or broken teeth that result from biting or chewing.
 - Treatment and repair must be initiated within twelve (12) months of the date of Injury and must be performed within twenty-four (24) months from the date treatment was initiated.
- Dental Implants and related services in cases of Accident or Injury.
- Dental Implants and related services for Illness, subject to a lifetime maximum benefit of \$10,000.
- Treatment for Cleft Lip and Palate is limited to Services scheduled or initiated prior to the dependent Child turning age 19.

NOTES:

- Any Services in a Hospital or during an Inpatient Stay may be subject to additional Co-pays. **See Inpatient Services – Facility Fees** and **Outpatient Services – Facility Fees** sections.
- Medically Necessary surgical or non-surgical treatment of temporomandibular joint disorder (TMJ) is covered under other applicable **Schedule of Medical Benefits**.

NOT COVERED:

- Charges for any appliance or service for or related to dental implants, including Hospital charges, unless such charges are related to dental implant services for Accident, Injury and Illness when provided as a covered service.
- Bone grafts, sinus augmentations and other surgical or periodontal procedures associated with dental implants, unless such charges are related to services for Accident, Injury and Illness when provided as a covered service.
- Orthodontics (except for treatment related to Cleft Lip and Palate).
- Removable dentures.
- Dental Services and supplies rendered for treatment of the teeth, the gums (other than for tumors) or other associated structures primarily to treat mouth conditions due to periodontal or periapical disease, or involving any of the teeth, their surrounding tissue or structure, the alveolar process or the gingival tissue. This exclusion shall not apply to applicable facilities fees and the technical and professional components of anesthesia fees provided in a Hospital Inpatient or outpatient setting, ambulatory surgery center or an oral surgeon's surgery suite, where the age or physical or mental condition of the Participant or Beneficiary reasonably prevents such Services from being provided in a dentist's office.
- Please refer to Exclusions on [page 17](#). FOR OTHER DENTAL CARE COVERAGE, GO TO THE DENTAL CARE PLAN AT [PAGE 31](#).

Keep this notice, also called a "Summary of Material Modification" or "SMM" with your Summary Plan Description (SPD) for the St. Paul Electrical Workers Health Plan (restated effective January 1, 2017).

If you have any questions, please contact the Plan Administrator, Wilson-McShane Corporation, at 952-851-5949.