

LEOFF Health and Welfare Trust
2019 Dental Benefits

	Dental Plan 1	Dental Plan 1A	Dental Plan 2	Dental Plan 2A	Dental Plan 3	Dental Plan 3A
Benefits	In Network	In Network	In Network	In Network	In Network	In Network
Class I - Diagnostic & Preventive						
Exams & Cleaning, Xrays, Sealants, Flouride	100% (Ded Waived)	100% (Ded Waived)	100% (Ded Waived)	100% (Ded Waived)	100% (Ded Waived)	100% (Ded Waived)
Class II - Basic						
Restorations, Endodontics, Periodontics, Oral Surgery	80%	80%	90%	90%	100%	100%
Class III - Major						
Crowns, Dentures, Bridges and Implants	50%	50%	50%	50%	50%	50%
Annual Maximum Per Person (January 1 - December 31)						
	\$1,500	\$1,500	\$2,000	\$2,000	\$2,500	\$2,500
Deductible (Waived on Class I)						
Per person/per benefit period	\$50 Individual/\$150 Family	\$50 Individual/\$150 Family	\$25 Individual/\$75 Family	\$25 Individual/\$75 Family	\$25 Individual/\$75 Family	\$25 Individual/\$75 Family
Orthodontia						
Adults & Dependent Children Lifetime maximum per Enrollee	Not Covered	Covered at 50%; \$1,000 Lifetime	Not Covered	Covered at 50%; \$2,000 Lifetime	Not Covered	Covered at 50%; \$2,500 Lifetime

This is a summary for comparison purposes only. Please refer to benefit booklet for detailed information.

