



LEOFF

Health & Welfare Trust

2024	<u>Dental Plan 1</u>
<u>Benefits</u>	In Network
Class I - Diagnostic & Preventive	
Exams & Cleaning, Xrays, Sealants, Flouride	100% (Ded Waived)
Class II - Basic	
Restorations, Endodontics, Periodontics, Oral Surgery	80%
Class III - Major	
Crowns, Dentures, Bridges and Implants	50%
Annual Maximum Per Person	
(January 1 - December 31)	\$1,500
Deductible (Waived on Class I)	
Per person/per benefit period	\$50 Individual/\$150 Family
Orthodontia	
Adults & Dependent Children Lifetime maximum per Enrollee	Not Covered
Employee	\$41.97
Employee + Spouse	\$90.22
Employee + Spouse + Child	\$121.69
Employee + Spouse + Children	\$134.28
Employee + Child	\$73.43
Employee + Children	\$86.03
Composite Rate	\$109.96

Balance billing may apply if a provider is not contracted with Premera Blue Cross.