



LEOFF
Health & Welfare Trust

2024	<u>Dental Plan 1A</u>
<u>Benefits</u>	In Network
<u>Class I - Diagnostic & Preventive</u>	100% (Ded Waived)
Exams & Cleaning, Xrays, Sealants, Flouride	
<u>Class II - Basic</u>	80%
Restorations, Endodontics, Periodontics, Oral Surgery	
<u>Class III - Major</u>	50%
Crowns, Dentures, Bridges and Implants	
<u>Annual Maximum Per Person</u>	\$1,500
(January 1 - December 31)	
<u>Deductible (Waived on Class I)</u>	\$50 Individual/\$150 Family
Per person/per benefit period	
<u>Orthodontia</u>	Covered at 50%; \$1,000 Lifetime
Adults & Dependent Children Lifetime maximum per Enrollee	
Employee	\$45.16
Employee + Spouse	\$97.09
Employee + Spouse + Child	\$130.96
Employee + Spouse + Children	\$144.51
Employee + Child	\$79.03
Employee + Children	\$92.58
Composite Rate	\$118.34

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