



**LEOFF**  
Health & Welfare Trust

<b>2024</b>	<b><u>Dental Plan 2</u></b>
<b><u>Benefits</u></b>	In Network
<b><u>Class I - Diagnostic &amp; Preventive</u></b>	100% (Ded Waived)
Exams & Cleaning, Xrays, Sealants, Flouride	
<b><u>Class II - Basic</u></b>	90%
Restorations, Endodontics, Periodontics, Oral Surgery	
<b><u>Class III - Major</u></b>	50%
Crowns, Dentures, Bridges and Implants	
<b><u>Annual Maximum Per Person</u></b>	\$2,000
(January 1 - December 31)	
<b><u>Deductible (Waived on Class I)</u></b>	\$25 Individual/\$75 Family
Per person/per benefit period	
<b><u>Orthodontia</u></b>	Not Covered
Adults & Dependent Children Lifetime maximum per Enrollee	
<b>Employee</b>	<b>\$51.89</b>
<b>Employee + Spouse</b>	<b>\$111.56</b>
<b>Employee + Spouse + Child</b>	<b>\$150.48</b>
<b>Employee + Spouse + Children</b>	<b>\$166.05</b>
<b>Employee + Child</b>	<b>\$90.80</b>
<b>Employee + Children</b>	<b>\$106.37</b>
<b>Composite Rate</b>	<b>\$135.97</b>

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