



LEOFF
Health & Welfare Trust

2024	<u>Dental Plan 3</u>
<u>Benefits</u>	In Network
Class I - Diagnostic & Preventive	100% (Ded Waived)
Exams & Cleaning, Xrays, Sealants, Flouride	
Class II - Basic	100%
Restorations, Endodontics, Periodontics, Oral Surgery	
Class III - Major	50%
Crowns, Dentures, Bridges and Implants	
Annual Maximum Per Person	\$2,500
(January 1 - December 31)	
Deductible (Waived on Class I)	\$25 Individual/\$75 Family
Per person/per benefit period	
Orthodontia	Not Covered
Adults & Dependent Children	
Lifetime maximum per Enrollee	
Employee	\$58.66
Employee + Spouse	\$126.12
Employee + Spouse + Child	\$170.12
Employee + Spouse + Children	\$187.72
Employee + Child	\$102.66
Employee + Children	\$120.26
Composite Rate	\$146.73

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