



**LEOFF**  
Health & Welfare Trust

<b>2024</b>	<b><u>Dental Plan 3A</u></b>
<b><u>Benefits</u></b>	In Network
<b>Class I - Diagnostic &amp; Preventive</b>	100% (Ded Waived)
Exams & Cleaning, Xrays, Sealants, Flouride	
<b>Class II - Basic</b>	100%
Restorations, Endodontics, Periodontics, Oral Surgery	
<b>Class III - Major</b>	50%
Crowns, Dentures, Bridges and Implants	
<b>Annual Maximum Per Person</b>	\$2,500
(January 1 - December 31)	
<b>Deductible (Waived on Class I)</b>	\$25 Individual/\$75 Family
Per person/per benefit period	
<b>Orthodontia</b>	Covered at 50%; \$2,500 Lifetime
Adults & Dependent Children Lifetime maximum per Enrollee	
<b>Employee</b>	<b>\$68.07</b>
<b>Employee + Spouse</b>	<b>\$146.36</b>
<b>Employee + Spouse + Child</b>	<b>\$197.40</b>
<b>Employee + Spouse + Children</b>	<b>\$217.83</b>
<b>Employee + Child</b>	<b>\$119.12</b>
<b>Employee + Children</b>	<b>\$139.55</b>
<b>Composite Rate</b>	<b>\$170.28</b>

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