



**LEOFF**  
Health & Welfare Trust

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### Dental Benefits

**2024**

	<u>Dental Plan 1</u>	<u>Dental Plan 1A</u>	<u>Dental Plan 2</u>	<u>Dental Plan 2A</u>	<u>Dental Plan 3</u>	<u>Dental Plan 3A</u>
<b>Benefits</b>	In Network	In Network	In Network	In Network	In Network	In Network
<b>Class I - Diagnostic &amp; Preventive</b>						
Exams & Cleaning, Xrays, Sealants, Flouride	100% (Ded Waived)	100% (Ded Waived)	100% (Ded Waived)	100% (Ded Waived)	100% (Ded Waived)	100% (Ded Waived)
<b>Class II - Basic</b>						
Restorations, Endodontics, Periodontics, Oral Surgery	80%	80%	90%	90%	100%	100%
<b>Class III - Major</b>						
Crowns, Dentures, Bridges and Implants	50%	50%	50%	50%	50%	50%
<b>Annual Maximum Per Person</b>						
(January 1 - December 31)	\$1,500	\$1,500	\$2,000	\$2,000	\$2,500	\$2,500
<b>Deductible (Waived on Class I)</b>						
Per person/per benefit period	\$50 Individual/\$150 Family	\$50 Individual/\$150 Family	\$25 Individual/\$75 Family	\$25 Individual/\$75 Family	\$25 Individual/\$75 Family	\$25 Individual/\$75 Family
<b>Orthodontia</b>						
Adults & Dependent Children Lifetime maximum per Enrollee	Not Covered	Covered at 50%; \$1,000 Lifetime	Not Covered	Covered at 50%; \$2,000 Lifetime	Not Covered	Covered at 50%; \$2,500 Lifetime