



LEOFF
Health & Welfare Trust

2025

| | <u>Dental Plan 2A</u> |
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| <u>Benefits</u> | In Network |
| <u>Class I - Diagnostic & Preventive</u> | |
| Exams & Cleaning, Xrays, Sealants, Flouride | 100% (Ded Waived) |
| <u>Class II - Basic</u> | |
| Restorations, Endodontics, Periodontics, Oral Surgery | 90% |
| <u>Class III - Major</u> | |
| Crowns, Dentures, Bridges and Implants | 50% |
| <u>Annual Maximum Per Person</u> | |
| (January 1 - December 31) | \$2,000 |
| <u>Deductible (Waived on Class I)</u> | |
| Per person/per benefit period | \$25 Individual/\$75 Family |
| <u>Orthodontia</u> | |
| Adults & Dependent Children Lifetime maximum per Enrollee | Covered at 50%; \$2,000 Lifetime |

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