



LEOFF
Health & Welfare Trust

2025

	<u>Dental Plan 3</u>
<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	100%
<u>Class III - Major</u>	
Crowns, Dentures, Bridges and Implants	50%
<u>Annual Maximum Per Person</u>	
(January 1 - December 31)	\$2,500
<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	Not Covered

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