



LEOFF
Health & Welfare Trust

2025

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

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