



## Teamsters Trust Dental Plan Summary of Benefits

| BENEFITS                                                                                                                                    | COVERAGE                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Individual / Family Deductible Per Plan Year                                                                                                | \$50 (preventive charges subject to \$10 deductible, all other charges are subject to \$40 deductible (or \$50 if no preventive charges during the calendar year) |
| Calendar Year Maximum Per Person*                                                                                                           | \$1,500; \$2000                                                                                                                                                   |
| <b><i>Class I - Diagnostic and Preventive Services - Subject to \$10 Deductible</i></b>                                                     |                                                                                                                                                                   |
| Fluoride Treatments - (1 treatment every 6 months no age limit)                                                                             | 90% of UCR Schedule                                                                                                                                               |
| Other Examination                                                                                                                           | 90% of UCR Schedule                                                                                                                                               |
| Prophylaxis - (routine cleaning) - Once every 6 Months                                                                                      | 90% of UCR Schedule                                                                                                                                               |
| Routine Examination - Once every 6 Months                                                                                                   | 90% of UCR Schedule                                                                                                                                               |
| Sealants - Permanent Molars ONLY to age 16<br>(Replacement every 5 years)                                                                   | 90% of UCR Schedule                                                                                                                                               |
| Space Maintainers, Adult and/or Child                                                                                                       | 90% of UCR Schedule                                                                                                                                               |
| X-Rays Bitewings/Adult and/or Child - Usual and Customary                                                                                   | 90% of UCR Schedule                                                                                                                                               |
| X-Rays, Full Mouth - Usual and Customary                                                                                                    | 90% of UCR Schedule                                                                                                                                               |
| X-Rays, Panorex - Usual and Customary                                                                                                       | 90% of UCR Schedule                                                                                                                                               |
| X-Rays, Other X-Rays                                                                                                                        | 90% of UCR Schedule                                                                                                                                               |
| <b><i>Class II - Basic Dental Services - Subject to Deductible</i></b>                                                                      |                                                                                                                                                                   |
| Anesthesia Services (this includes, general sedation, IV sedation and nitrous) - No limits as long as a covered dental service is performed | 90% of UCR Schedule                                                                                                                                               |
| Full Dentures (installation and repair) - 5 Year Replacement Clause                                                                         | 90% of UCR Schedule                                                                                                                                               |
| Endodontics                                                                                                                                 | 90% of UCR Schedule                                                                                                                                               |
| Fillings/Restorations                                                                                                                       | 90% of UCR Schedule                                                                                                                                               |
| Occlusal Guard - Adult and/or Child (covered for harmful habits only) - <b>Need written narrative</b>                                       | 90% of UCR Schedule                                                                                                                                               |
| Oral Surgery - All                                                                                                                          | 90% of UCR Schedule                                                                                                                                               |
| Periodontal Maintenance - After active treatment covered but limited to once every 3 months                                                 | 90% of UCR Schedule                                                                                                                                               |
| Periodontics/Regular (Gum Surgery)                                                                                                          | 90% of UCR Schedule                                                                                                                                               |
| Periodontal scaling and root planning - Usual and Customary                                                                                 | 90% of UCR Schedule                                                                                                                                               |
| Periodontics/Surgical (Gum Surgery)                                                                                                         | 90% of UCR Schedule                                                                                                                                               |
| Simple Extractions                                                                                                                          | 90% of UCR Schedule                                                                                                                                               |
| Surgical Extractions                                                                                                                        | 90% of UCR Schedule                                                                                                                                               |
| <b><i>Class III - Major Dental Services (Prosthodontics) - Subject to Deductible</i></b>                                                    |                                                                                                                                                                   |
| Bridges (installation and repair) - 5 Year Replacement Clause                                                                               | 75% of UCR Schedule                                                                                                                                               |
| Crowns (installation and repair) - 3 Year Replacement Clause                                                                                | 75% of UCR Schedule                                                                                                                                               |
| Implants - Included in \$1500/\$2000* Max                                                                                                   | 75% of UCR Schedule                                                                                                                                               |
| Implant Final Restorations - Included in \$1500/\$2000* Max                                                                                 | 75% of UCR Schedule                                                                                                                                               |
| Inlays/Onlays                                                                                                                               | 75% of UCR Schedule                                                                                                                                               |
| Partial Dentures (installation and repair) - 5 Year Replacement Clause                                                                      | 75% of UCR Schedule                                                                                                                                               |

\*The Calendar Year Maximum Per Person will depend on your Collective Bargaining Agreement. Please check with your employer.