



WASHINGTON TEAMSTERS WELFARE TRUST

Dental Plan Highlights – 2020

Dental Plan A



Please note, the plan features a network of dentists who offer discounts not available outside the network. You can choose to use either in-network or out-of-network dentists, but you'll save money – for you and the Trust – when you use Delta Dental of Washington member dentists. **For questions about your dental benefits or dental claims or to find a Delta Dental member dentist near you:**

- Call Delta Dental toll-free at 800-554-1907, or Delta Dental also has a website at www.deltadentalwa.com/group/teamsters where you can access certain information.

Plan Features	Dental Plan A*
<i>Benefit Maximums</i>	
Calendar Year Maximum Benefit (per person; limit does not apply to essential pediatric oral care for children under age 19)	\$2,675
Orthodontia Benefit (for dependent children under age 19 only)	70% of eligible expenses
Orthodontia Lifetime Maximum (per child)	\$2,675
<i>Class 1 – Diagnostic and Preventive</i>	
Periodic Oral Exam	100%
Bitewing X-rays – two films	100%
Adult Prophylaxis (teeth cleaning)	100%
Child Prophylaxis (teeth cleaning)	100%
Topical Application of Fluoride (excluding cleaning) – child	100%
Sealants for Children – per tooth	100%
<i>Class 2 – General and Minor Restorative</i>	
Periodontal Scaling and Root Planing - per quadrant	90%
Amalgam Restoration (one surface)	90%
Root Canal Therapy – molar	90%
Simple Extraction Single	90%
Surgical Extraction Erupted Tooth	90%
Surgical Extraction Impacted Teeth-Completely Bony	90%
<i>Class 3 – Prosthetic and Major Restorative</i>	
Porcelain Fused to High Noble Metal	75%
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* Plan A covers percentage indicated of Delta Dental's negotiated fees for Delta Dental dentists; if services are provided by a non-Delta Dental provider, plan covers percentage indicated of Delta Dental's allowed amount. For a non-Delta Dental provider, the plan participant is responsible for any difference between the allowed amount and the amount charged. General anesthesia is covered when medically necessary for children through age 6 or a physically or developmentally disabled person when in conjunction with any covered dental procedure

^ Domestic Partners (add \$2.20 if bargained)

Please Note: This summary is provided to assist participants in understanding the dental plans. It is not intended to be an all-inclusive description of Plan benefits and does not list all covered procedures, limitations, or exclusions. This summary should not be used in lieu of a Plan booklet. While every effort has been made to ensure that the information provided here is accurate, if there are any discrepancies between this summary and the official Plan documents and booklets, the official Plan documents and booklets govern.