

LOCAL 400 HEALTH & WELFARE FUND

Dental Plan Benefit Design Options November 2018

	CarePlus Plan	Delta Dental PPO Plan
ANNUAL MAXIMUM	\$2,000 ¹	\$1,500
DEDUCTIBLE	\$0	Per person: \$75 Per family: \$225 Does not apply to orthodontics, diagnostic or preventive
DIAGNOSTIC Oral Exams, X-Rays	100%	100%
PREVENTIVE Cleanings, Fluoride Treatments, Sealants, Space Maintainers	100%	100%
RESTORATIVE Amalgam & Composite Fillings	100%	80%
CROWNS	90%	80%
PROSTHODONTICS Full and Partial Dentures, Denture Relines & Repair, Fixed Bridgework	90%	80%
ENDODONTICS Root Canals/Therapy	90%	80%
PERIODONTICS² Scaling & Root Planing, Gingivectomy	90% ²	80% ²
ORAL SURGERY² Surgical Extractions	90% ²	80% ²
IMPLANTS	90%	80%
ORTHODONTICS - To age 19 Lifetime Maximum Benefit	\$3,000 50%	\$1,500 100%
MONTHLY COST		
	\$75.00	\$90.00

¹ Cleanings and exams do not apply toward the annual maximum.

² Does not duplicate medical coverage.