



Group Number: Z1856
 Plan ID: IFPTE
 Effective Date: 11/1/2009

International Federation of Professional & Technical Engineers Local 12

Summary of Benefits-Active & Retirees

BENEFIT	CO-PAYMENT
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General Office Visit	\$12 per Visit
DIAGNOSTIC AND PREVENTIVE SERVICES	
Routine and Emergency Exams	Covered at 100%
All X-rays	Covered at 100%
Teeth Cleaning	Covered at 100%
Fluoride Treatment	Covered at 100%
Sealants	Covered at 100%
Head and Neck Cancer Screening	Covered at 100%
Oral Hygiene Instruction	Covered at 100%
Periodontal Charting	Covered at 100%
Periodontal Evaluation	Covered at 100%
RESTORATIVE DENTISTRY	
Fillings (Amalgam)	Covered at 100%
Stainless Steel Crown	Covered at 100%
Porcelain-Metal Crown	\$150
PROSTHETICS	
Complete Upper or Lower Denture	\$200
Bridge (per Tooth)	\$150
ENDODONTICS AND PERIODONTICS	
Root Canal Therapy – Anterior	\$50
Root Canal Therapy – Bicuspid	\$75
Root Canal Therapy – Molar	\$100
Osseous Surgery (per Quadrant)	\$100
Root Planing (per Quadrant)	\$50
ORAL SURGERY	
Routine Extraction (Single Tooth)	Covered at 100%
Surgical Extraction	\$50
ORTHODONTIA	
Pre-Orthodontic Service	\$150**
Comprehensive Orthodontia	\$2,300
MISCELLANEOUS	
Local Anesthesia (Novocain)	Covered at 100%
Dental Lab Fees	Covered at 100%
Nitrous Oxide	\$10 per Visit
Specialty Office Visit	\$30 per Visit
Emergency Office Visit During Office Hours	\$50 per Visit
Out of Area Emergency Care Reimbursement Up to \$150	
*TMJ has a \$1000 annual maximum / \$5000 lifetime maximum	

**Fee credited towards comprehensive orthodontic co-payment if patient accepts treatment plan.

Willamette Dental of Washington, Inc.

This plan provides extensive coverage of services and supplies to prevent, diagnose and treat diseases or conditions of the teeth and supporting tissues. Presented are just some of the most common procedures covered in your plan. Please see the Certificate of Coverage for a complete plan description, limitations, and exclusions.