

# AGC-IUOE LOCAL 701 HEALTH AND WELFARE TRUST FUND

## ACTIVE PARTICIPANTS ONLY

### Trust Coverage Dental Benefit Summary

This is a dental plan summary of benefits and has been prepared to provide a brief description of the AGC-IUOE Local 701 Health and Welfare Trust Fund existing Trust Coverage Dental Plan to help you compare the Willamette Dental option. The contents are not to be construed as a substitute of the master policies and agreements. The Plan/SPD will govern in the event of any conflict with this summary.

Dental benefits are covered up to \$3,000 per person each calendar year with no deductible. There is no network of dentists; you may use any legally licensed dentist.

<b>Calendar Year Maximum</b>	\$3,000* per person
<b>Annual Deductible</b>	No deductible
<b>Covered Services</b>	Plan pays 80% of the Usual, Customary, and Reasonable (UCR) amount (for complete listing of covered services see pages 70 – 75 of the July 2022 Summary Plan Description)
<b>Orthodontia</b>	Plan pays 80% of UCR up to a lifetime maximum of \$2,500 per person
<b>Dental Implants and all related services</b>	Covered up to \$1,575 per implant (subject to the calendar year maximum)

\*The maximum allowance for pediatric dental services that are subject to a period-based limitation e.g., once each six-month period shall not apply to dependent children aged 18 or younger. Instead, those benefits are the reasonable and customary charges.

### Abbreviated Schedule of Dental Services

For a complete listing of dental services refer to your July 2022  
Summary Plan Description, pages 70 – 75.

Procedure	Procedure
<u><b>DIAGNOSTIC</b></u> Oral exams, once every 6-month period Dental x-rays to include: <ul style="list-style-type: none"> <li>▪ Intraoral complete series including bitewings, once each 3-year period</li> <li>▪ Intraoral periapical x-rays, once each 6-month period</li> <li>▪ Occlusal x-ray</li> <li>▪ Bitewing x-rays, once each 6-month period</li> <li>▪ Panoramic x-rays, once each 6-month period</li> </ul>	<u><b>MINOR RESTORATIONS</b></u> Restorations, amalgam Restorations, resin Pin retention
<u><b>PREVENTATIVE</b></u> Routine prophylaxis (cleaning and scaling of teeth), once each 6-month period Fluoride treatment, covered for children aged 18 and under once each 12-month period Dental sealants, covered for children under age 14 once each 4-year period Space maintainers, covered for children under age 14	<u><b>MAJOR RESTORATIONS</b></u> Crown buildup Crowns, porcelain Crowns, porcelain fused to metal Crowns, stainless steel Gold inlays and onlays Recement crown Recement inlay
	<u><b>ENDONTICS</b></u> Apicoectomy Pulp cap direct or indirect Root Canal Therapy ( <i>includes treatment plan, clinical procedures, and follow-up care; excludes final restoration</i> ) Root recovery Vital Pulpotomy