



Operating Engineers - Local 877

Dental Benefits for Group 001AB9 Effective 1/1/08

Deductibles

Preventive	NONE
Orthodontic	NONE
Basic and Major	NONE

Plan Pays

Maximums

Preventive, Basic & Major Services	\$2,000 per person per calendar year
Orthodontic	\$1,500 Lifetime Maximum

Preventative Procedures

Includes Cleanings (1 every 6 months); Examinations (1 every 6 months); & Fluoride Treatment (1 every 12 months)	100% Reasonable & Customary
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Diagnostic, Restorative & Major Expenses

Includes - Examinations, Bitewings, X-Rays Sealant applications, Oral Surgery, Root Canal, Crowns, Inlays, Bridges, Dentures	75% Reasonable & Customary
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Orthodontic Procedures

Orthodontic Procedures up to \$1,500 per lifetime (Children at least 6 years old but no more than 19 years old)	50% Reasonable & Customary
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Please Note: Preventive Exams, Cleanings and X-Rays do not accumulate toward the Calendar Year plan maximum.

When the expected course of treatment is \$400 or more, it is recommended that the dentist send a pre-treatment estimate to Health Plans, Inc. before services are rendered.

This summary does not describe all terms and conditions.