

WASHINGTON TEAMSTERS WELFARE TRUST

Dental Plan Comparison – 2010

Dental Plans A, B vs. Pierce County Delta Dental and Willamette Dental Plans



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.

Plan Features	Dental Plan A*	Dental Plan B	Pierce County Delta Dental*	Pierce County Willamette
<i>Benefit Maximums</i>				
Monthly Contribution Rate	\$124.90 [^]	\$75.90 [^]		
Annual Deductible	None	None	\$25 per person: \$75 per family (waived on Class I)	None, but miscellaneous copays of \$10, \$20, \$30, or \$50 for office visit, nitrous oxide, specialty office visit, emergency visit
Calendar Year Maximum Benefit (per person)	\$1,800	\$1,800	\$2,000	None
Orthodontia Benefit	70% (children under age 19 only)	70% (children under age 19 only)	50%	\$1,000 copay
Orthodontia Lifetime Maximum	\$1,800 per child	\$1,800 per child	\$3,000 per person	None
<i>Class 1 – Diagnostic and Preventive</i>				
	100%	Pays up to specified dollar amount depending on type of service per schedule of benefits	70%-100%	100%
<i>Class 2 – General & Minor Restorative</i>				
	90%	Pays up to specified dollar amount depending on type of service per schedule of benefits	70%-100%	100%
<i>Class 3 – Prosthetic & Major Restorative</i>				
	75%	Pays up to specified dollar amount depending on type of service per schedule of benefits	60%	100%

* Covers percentage indicated of Delta Dental's negotiated fees for WDS 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.

[^] Domestic Partners (add \$2.20 if bargained)