

U.A. PLUMBERS LOCAL UNION No. 68
FRINGE BENEFIT TRUST FUND
PO BOX 8726 HOUSTON, TEXAS 77249-8726
(713) 869-2592 (800) 833-2980 FAX (713) 862-4877

DENTAL BENEFIT SUMMARY UPDATE

EFFECTIVE JANUARY 1, 2019

DEPENDENTS AGE 1&2:

1. The exam is covered at 100%, no deductible once per calendar year.
2. Any additional procedures are covered with a \$100 calendar year deductible then all services are paid at 80% with a calendar year maximum of \$2,500 for each eligible member. **(This includes all basic and major services)**

DEPENDENTS AGES 3 Thru 18:

1. The 1st prophylaxis, exam, x-rays and fluoride all performed on the same date of service is covered at 100%, no deductible of each calendar year.
2. The 2nd additional prophylaxis and exam performed on the same date of service are covered at 100%, no deductible. **There is a limit of two prophylaxis per calendar year(paid at 100%).**
3. Any additional dental procedure has a \$100 calendar year deductible then all services **(including general anesthesia)** are paid at 80% with a calendar year maximum of \$2,500 for each eligible member. **(This includes all basic and major services)** Crowns are paid on seat date.

MEMBERS AND DEPENDENTS FOR AGES 19+:

1. The 1st prophylaxis, exam, x-rays, and fluoride all performed on the same date of service is covered at 100%, no deductible of each calendar year.
2. Any additional dental procedure has a \$100 calendar year deductible then all services **(including general anesthesia)** are paid at 80% with a calendar year maximum of \$2,500 for each eligible members. **(This includes all basic and major services).**

Our plan does not have any waiting periods, frequencies, or clauses on any procedures

Ortho is covered under the same benefits. It is combined with the dental annual maximum

****Fee schedule for claims is DNOA, DENTEMAX, CAREINGTON, UNITED CONCORDIA or UCR**

****All dental claims are sent to Plumbers Local 68 PO Box 211042 Eagan MN 55121****

****Payer ID: PLU68 EDI TRANSCATION ROUTING: 837D****