

**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, 2020**

**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 1<sup>st</sup> 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 2<sup>nd</sup> 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 1<sup>st</sup> 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 UNITED CONCORDIA, DNOA, Dentemax, Careington or UCR**

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

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