



**OPERATING ENGINEERS
FUNDS INC.**
- LOCAL 12 -

Operating Engineers Health and Welfare Fund Dental Plan

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERED BENEFITS AND IS A SUMMARY ONLY. THE BENEFIT DESCRIPTION SECTION OF THE EVIDENCE OF COVERAGE BOOKLET SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERED BENEFITS AND LIMITATIONS.

BENEFITS*	SERVICES	COST TO MEMBER
<p style="text-align: center;">Diagnostic and Preventive Care</p>	<p>Initial and periodic oral examinations, Consultations, including specialist consultations, Topical fluoride treatment, X-rays, Prophylaxis services (cleanings-limit 3 per year) Space maintainers, Dental sealant treatments.</p>	<p>No charge</p>
<p style="text-align: center;">Restorative Dentistry (Fillings)</p>	<p>Amalgam and composite resin, acrylic, synthetic or plastic restorations – anterior teeth Composite restorations – posterior teeth Use of pins and pin build-up in conjunction with a restoration, Sedative base and sedative fillings.</p>	<p>No charge \$0 per tooth No charge No charge</p>
<p style="text-align: center;">Oral Surgery</p>	<p>Extractions, including surgical extractions, Removal of impacted teeth, Biopsy of oral tissues, Frenectomy, Post-operative services, including exams, suture removal and treatment of complications.</p>	<p>No charge</p>
<p style="text-align: center;">Endodontic</p>	<p>Pulp capping and Pulpotomy, Root amputation, Root canal therapy, Retreatment of previous root canal therapy, Apicoectomy.</p>	<p>No charge \$0 No charge No charge</p>

MIB

Benefit Plans



**OPERATING ENGINEERS
FUNDS INC.**
- LOCAL 12 -

BENEFITS*	SERVICES	COST TO MEMBER
Periodontics	Periodontal scaling and root planing, and subgingival curettage, Gingivectomy, Osseous surgery.	No charge
Crown and Fixed Bridge	Crowns, including those made of acrylic, acrylic with metal, porcelain, porcelain with metal, full metal, onlay or three quarter crown, and stainless steel, Related dowel pins and pin build-up, Fixed bridges, which are cast, porcelain baked with metal, or plastic processed to gold, Recementation of crowns and bridges Post and core, including cast retention under crowns.	\$0 per unit No charge \$0 per unit No charge No charge
Removable Prosthetics	Complete and partial dentures, Teeth and clasps Office or laboratory relines or rebases, Denture repair, Denture adjustment, Tissue conditioning, Stayplates.	\$0 per denture No charge \$0 per denture \$0 No charge No charge \$0
Dental Implant Services	Includes a device specifically designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement. Please refer to the Schedule of Benefits for a listing of covered services applicable to Implant Services	Please refer to the Schedule of Benefits for copayments applicable to Implant Services. Please note that there are no annual or lifetime maximums applicable to Dental Implant Services.
Orthodontic Services	24 months of standard; Comprehensive orthodontic treatment Children Comprehensive orthodontic treatment Adult Orthodontic retention Records fee Orthodontic visits beyond 24 months of active treatment. MIB will assume responsibility for completion of orthodontic treatment in-progress and member will not incur additional costs as a result of the take-over.	\$1600 \$2100 \$250 \$275 \$50

MIB

Benefit Plans



**OPERATING ENGINEERS
FUNDS INC.**
- LOCAL 12 -

BENEFITS*	SERVICES	COST TO MEMBER
Providers	Participants must use a network provider to receive covered services. Each member of the family may select their own network dentist.	
Deductibles	No deductibles will be charged for covered benefits under this program.	
Lifetime Maximums	No lifetime maximum limits on benefits apply under this program.	

* Benefits are provided if the Plan determines them to be medically necessary.