



LOCAL 1170 C.W.A. DENTAL PLAN II
DENTAL BENEFITS PLAN

EXAMINATION, CLEANING & DIAGNOSIS

**Plan Pays \$75.00 Per Policy Year
 For Each Eligible Family Member
 (This Benefit To Be Included In Your Yearly Maximum)**

LIFETIME DEDUCTIBLE

**(To Be Met Only Once)
 \$50.00 Per Family Member**

**TREATMENT
 BENEFITS**

**Plan Pays
 70%
 To Yearly
 Maximum Amount**

**ORTHODONTICS AND
 FULL DENTURE REPLACEMENT**

**Plan Pays
 70%
 To Yearly
 Maximum Amount**

PLAN MAXIMUM – ALL BENEFITS COMBINED

| | Individual Maximums | Family Maximums |
|--------------------------------|--------------------------------|----------------------------|
| Annual Benefits* | \$950.00 | \$1500.00 |
| *Family of One | \$950.00 | \$950.00 |
| Family of Two | \$950.00 | \$1500.00 |
| Family of Three or More | \$950.00 | \$1500.00 |

Orthodontic Benefit Has a Lifetime Maximum of \$1,500.00, Which is Paid According To The Yearly Plan Maximums

**The Plan Year is July 1st through June 30th of Each Year.
 Dependent Children Covered to Age 19, Full-Time Students Covered to Age 23.**