Locals 302 and 612 of the International Union of Operating Engineers Trust Funds

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Administered by Welfare & Pension Administration Service, Inc.

December 30, 2024

TO: All Eligible Plan Participants

Locals 302 and 612 IUOE Trust Funds

RE: Dental Benefit Improvement

This is a Summary of Material Modification describing a change to your health plan adopted by the Board of Trustees. Please be sure that you and your family read it carefully and keep this document with your Summary Plan Description Booklet.

At their June 19, 2024 meeting, the Board of Trustees of the Local 302 and 612 IUOE Trust Funds (the "Trust") took action to update the dental fee schedule to 80% of UCR. The following lists the new schedule of benefits, effective January 1, 2025:

	Scheduled Dental Benefits		
ADA Code	Procedure	Washington & other areas	Alaska
ADA Code		Other areas	Alaska
	DIAGNOSTIC Examinations		
0120	Periodic oral exam	\$87	\$100
0140	Limited oral exam	φο <i>τ</i> \$146	•
0140		·	\$168
0130	Comprehensive oral exam	\$154	\$177
0210	Radiographs (X-Rays)	#204	
	Intraoral–complete series (including bitewings)	\$204	\$255
0220	Single, first film	\$41	\$51
0230	Each additional film	\$37	\$46
0270	Bitewing–single film	\$42	\$50
0272	Bitewings-two films	\$67	\$80
0274	Bitewings–four films	\$94	\$113
0330	Panoramic film	\$172	\$204
	PREVENTIVE		
	Prophylaxis		
1110	Age 13 and over	\$159	\$171
1120	To age 13	\$109	\$118
	Fluoride Treatment: To age 18		
1208	Topical application of fluoride	\$49	\$55
	Fissure Sealants: Ages 6 to 18		
1351	Topical application of fissure sealant (per tooth)	\$82	\$96
	Space Maintainers: To age 19		
1510	Fixed–unilateral type	\$581	\$582
1516	Fixed-bilateral type	\$477	\$572
	MINOR RESTORATIONS		
2140	Amalgam–1 surface	\$202	\$274

Scheduled Dental Benefits					
ADA Code	Procedure	Washington & other areas	Alaska		
2150	Amalgam–2 surfaces	\$262	\$290		
2160	Amalgam–3 surfaces	\$317	\$350		
2161	Amalgam–4 or more surfaces	\$386	\$426		
2951	Pin retention–exclusive of amalgam	\$44	\$53		
2330	Resin–1 surface anterior	\$183	\$220		
2331	Resin–2 surfaces anterior	\$234	\$281		
2332	Resin–3 surfaces anterior	\$286	\$343		
2335	Resin–4 or more surfaces anterior	\$338	\$406		
2391	Resin–1 surface posterior	\$214	\$258		
2392	Resin–2 surfaces posterior	\$281	\$338		
2393	Resin–3 surfaces posterior	\$349	\$419		
2394	Resin–4 or more surfaces posterior	\$427	\$514		
	MAJOR RESTORATIONS	Ψ.2.	ΨΟΙΙ		
	Inlays and Onlays				
2510	Inlay, metallic–1 surface	\$857	\$1027		
2510 2520	Inlay, metallic–1 surfaces	\$972	\$1027		
2530	Inlay, metallic–3 surfaces	\$1,121	\$1,343		
2542	Onlay, metallic–2 surfaces	\$1,099	\$1,318		
25 4 2 2543	Onlay, metallic–2 surfaces Onlay, metallic–3 surfaces	\$1,099 \$1,150	\$1,378		
2543 2544	Onlay, metallic–4 or more surfaces	\$1,196	\$1,433		
2642	•	\$1,190 \$1,102	\$1,433 \$1,321		
2643	Onlay, porcelain–2 surfaces	\$1,102 \$1,189	\$1,424		
2043 2644	Onlay, porcelain–3 surfaces				
	Onlay, porcelain–4 or more surfaces	\$1,261	\$1,510		
2910	Re-cement inlay	\$73	\$88		
2720	Crowns	#005	Φ004		
2720	Resin with high noble	\$805	\$921		
2721	Resin with predominantly base metal	\$754	\$864		
2722	Resin with noble metal	\$771	\$883		
2740	Porcelain/ceramic noble metal	\$826	\$946		
2750	Porcelain fused to high noble metal	\$815	\$933		
2751	Porcelain fused to predominantly base metal	\$759	\$869		
2752	Porcelain fused to noble metal	\$777	\$890		
2780	3/4 cast high noble metal	\$782	\$895		
2781	¾ cast base metal	\$736	\$843		
2782	³ ∕ ₄ cast noble metal	\$760	\$870		
2783	¾ cast porcelain	\$804	\$920		
2790	Full cast high noble metal	\$786	\$900		
2791	Full cast predominantly base metal	\$745	\$853		
2792	Full cast noble metal	\$759	\$869		
2930	Stainless steel – primary tooth	\$170	\$204		
2970	Temporary crown	\$154	\$185		
2950	Crown buildup	\$163	\$196		
2920	Re-cement crown	\$74	\$90		
	Endodontics				
3110	Pulp cap-direct	\$111	\$138		
3120	Pulp cap–indirect	\$89	\$110		
3220	Vital pulpotomy	\$227	\$284		
	Root Canal Therapy (includes treatment plan, clinical procedures, follow-up care; excludes final restoration)				
3310	Single-rooted	\$980	\$1048		
3320	Bi-rooted	\$1,201	\$1,285		

Scheduled Dental Benefits					
ADA Code	Procedure	Washington & other areas	Alaska		
3330	Tri-rooted	\$1,490	\$1,593		
3410	Apicoectomy (as a separate surgical procedure)	\$1,230	\$1,430		
3410	PERIODONTICS	Ψ1,230	φ1,430		
	Non-Surgical Services				
4910	Periodontal maintenance	\$191	\$208		
4341	Periodontal scaling and planing (per quadrant)	\$310	\$338		
1071	Surgical Services	φοτο	ΨΟΟΟ		
4210	Gingivectomy (per quad)	\$934	\$909		
4241	Gingival flap procedure (per quad)	\$685	\$666		
4260	Osseous surgery (per quad)	\$1,1972	\$,1918		
4263	Bone replacement graft	\$706	\$686		
	PROSTHODONTICS	Ψίσο	ΨΟΟΟ		
	Dentures (includes six months post-delivery care)				
5110	Complete upper or lower	\$1,228	\$1,297		
5130	Immediate upper or lower	\$1,339	\$1,414		
5211	Partial upper or lower, acrylic base (and conventional	\$1,037	\$1,094		
	clasps/rests)				
5213	Partial upper or lower, predominantly cast base with acrylic saddles (and conventional clasps/rests)	\$1,357	\$1,433		
	Related Denture Services				
5410	Denture adjustment (complete or partial)	\$67	\$71		
5520	Replace missing or broken teeth in complete	\$112	\$119		
	denture-per tooth				
5710	Rebase denture	\$499	\$527		
5730	Reline denture-office	\$282	\$297		
5750	Reline denture–lab	\$376	\$396		
	Implant Services				
6010	Surgical placement of implant	\$1,728	\$2,073		
6065	Implant supported porcelain/ceramic crown	\$1,162	\$1,227		
6066	Implant supported porcelain fused to metal crown	\$1,132	\$1,195		
6067	Implant supported metal crown	\$1,098	\$1,196		
	Bridgework				
6210	Pontic-cast	\$773	\$952		
6240	Pontic-porcelain	\$763	\$940		
6250	Pontic-resin	\$753	\$928		
6930	Re-cement bridge	\$127	\$164		
	ORAL SURGERY				
	Extractions (includes local anesthesia, routine postoperative care)				
7140	Single tooth	\$131	\$162		
7210	Erupted tooth–surgically removed	\$209	\$251		
7220	Impacted tooth–soft tissue	\$262	\$314		
7230	Impacted tooth-partially bony	\$348	\$418		
7240	Impacted tooth–completely bony	\$409	\$491		
7250	Root recovery–per tooth	\$220	\$264		
	Related Oral Surgical Procedures				
7310	Alveoloplasty-per quadrant	\$452	\$542		
7510	Incision, drainage of abscess intraoral	\$486	\$583		
9222	Deep Sedation/General Anesthesia–First 15 Minutes	\$195.50	\$240.5		
9223	Deep Sedation/General Anesthesia–Each	\$147.50	\$184		
	Subsequent 15 Minute Increment	,			

If you have any questions, please contact the Administration Office at (206) 441-7314 or (877) 441-1212 and follow prompts for the Claims department.

Board of Trustees Locals 302 and 612 of the International Union of Operating Engineers Trust Funds

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Important Reminder - You must advise the Administration Office of any changes in your basic demographic data, including changes in your name, marital status, dependents, other insurance coverage available, designated beneficiary, home address, email address and telephone number. Provide information changes by completing and sending a new Enrollment Form to the Administration Office. If you have a change in dependents, divorce requires a complete filed copy of your divorce decree along with any accompanying court orders including the parenting plan. Marriage requires a copy of your marriage certificate, the parenting plan for stepchildren and their birth certificates.

Failure to update your information on file may interfere with our ability to process your benefits and provide timely communication of important Plan information.