

# Puget Sound Electrical Workers Trust Funds

2815 2<sup>nd</sup> Avenue, Suite 300 • P.O. Box 34203 • Seattle, Washington 98124  
 Phone (206) 441-4667 or (866) 314-4239 • Fax (206) 505-9727

Administered by  
 Welfare & Pension Administration Service, Inc.

February 14, 2011

**TO: All Plan Participants with Dental Eligibility  
 Puget Sound Electrical Workers Health & Welfare Trust**

**RE: Dental Benefit Changes**

*This is a summary of material modification describing benefit changes 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.*

The Board of Trustees took action to adopt new language (*italicised below*) with regard to dental exam benefits effective February 1, 2011 as follows:

Current Language	Modified Language
<b>Covered Services</b>	
<p><b><u>Class I – Diagnostic Benefits</u></b></p> <ul style="list-style-type: none"> <li>• Routine examination</li> <li>• X-rays</li> <li>• Emergency examination</li> <li>• Examination by a specialist in an American Dental Association recognized specialty</li> </ul>	<ul style="list-style-type: none"> <li>• Routine examination</li> <li>• X-rays</li> <li>• Emergency examination</li> <li>• Examination by a specialist in an American Dental Association recognized specialty</li> <li>• <i>Comprehensive examinations</i></li> </ul>
<p><b><u>Limitations</u></b></p> <ul style="list-style-type: none"> <li>• Examination is covered once in a 6-month period</li> <li>• Complete mouth or panorex x-rays are covered once in a 36-month period</li> <li>• Supplementary bitewing x-rays are covered once in a 6-month period</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Routine</i> examination is covered once in a 6-month period</li> <li>• Complete mouth or panorex x-rays are covered once in a 36-month period</li> <li>• Supplementary bitewing x-rays are covered once in a 6-month period</li> </ul>
<p><b><u>Exclusions</u></b></p> <ul style="list-style-type: none"> <li>• Diagnostic services and x-ray related to temporomandibular joints (jaw joints)</li> <li>• Consultations</li> <li>• Study models</li> <li>• Carries susceptibility test</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnostic services and x-ray related to temporomandibular joints (jaw joints)</li> <li>• Consultations</li> <li>• Study models</li> <li>• Carries susceptibility test</li> </ul>

Current Language	Modified Language
<b>Covered Services (continued)</b>	
<p><b><u>Class I – Preventative Benefits</u></b></p> <ul style="list-style-type: none"> <li>• Prophylaxis (cleaning)</li> <li>• Fissure sealants</li> <li>• Topical application of fluoride</li> <li>• Space maintainers when used to maintain space for eruption of permanent teeth</li> </ul>	<ul style="list-style-type: none"> <li>• Prophylaxis (cleaning)</li> <li>• Fissure sealants</li> <li>• Topical application of fluoride</li> <li>• Space maintainers when used to maintain space for eruption of permanent teeth</li> </ul>
<p><b><u>Limitations</u></b></p> <ul style="list-style-type: none"> <li>• Prophylaxis including periodontal cleaning is covered up to four times per calendar year</li> <li>• Topical application of fluoride is covered once in a 6-month period when performed in conjunction with prophylaxis, up to the patient’s 19<sup>th</sup> birthday</li> <li>• Fissure sealants are available for children up to age 14. Payment for application of sealants will be for permanent maxillary (upper) or mandibular (lower) molars with incipient or no carried (decay), on an intact occlusal surface. The application of fissure sealants is a covered benefit only once in 3 calendar years per tooth</li> </ul>	<ul style="list-style-type: none"> <li>• Prophylaxis <i>once in a 6-month period</i></li> <li>• <i>Periodontal maintenance is limited to one treatment within any 3-month period. Prophylaxis is in addition to periodontal maintenance</i></li> <li>• Topical application of fluoride is covered once in a 6-month period when performed in conjunction with prophylaxis, up to the patient’s 19<sup>th</sup> birthday</li> <li>• Fissure sealants are available for children up to age 14. Payment for application of sealants will be for permanent maxillary (upper) or mandibular (lower) molars with incipient or no carried (decay), on an intact occlusal surface. The application of fissure sealants is a covered benefit only once in 3 calendar years per tooth</li> </ul>
<p><b><u>Exclusions</u></b></p> <ul style="list-style-type: none"> <li>• Plaque control program (oral hygiene instruction, dietary instruction and home fluoride kits)</li> <li>• Cleaning of a prosthetic appliance</li> <li>• Replacement of a space maintainer previously paid for by the Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Plaque control program (oral hygiene instruction, dietary instruction and home fluoride kits)</li> <li>• Cleaning of a prosthetic appliance</li> <li>• Replacement of a space maintainer previously paid for by the Plan</li> </ul>

If you have any questions, regarding your dental benefits, please contact the Administration Office at (866) 314-4239 or (206) 441-4667, option 1.

Sincerely,

**Board of Trustees**  
**Puget Sound Electrical Workers Health & Welfare Trust**