



# NATIONAL IAM BENEFIT TRUST FUND

*Better Benefits • Better Life*

## Schedule of Dental Benefits

Coverage \ Option	A	A25	B	B25	C	D	E	G	H
<b>Deductible:</b>									
▪ Individual	None	\$25	None	\$25	None	None	None	None	\$50
▪ Family	None	\$75	None	\$75	None	None	None	None	\$150
<b>Diagnostic / Preventive</b>	90%	90%	90%	90%	100%	90%	100%	90%	80%
<b>Basic</b>	80%	80%	80%	80%	100%	80%	80%	80%	80%
<b>Major</b>	50%	50%	50%	50%	80%	50%	50%	80%	50%
<b>Orthodontia</b>	N/C	N/C	50%	50%	50%	50%	50%	N/C	N/C
<b>Calendar Year Benefit Maximum</b>	\$1,000	\$1,000	\$1,000	\$1,000	None	\$1,000	\$2,000	\$1,000	\$1,000
<b>Orthodontia Lifetime Maximum</b>	N/A	N/A	\$500	\$500	\$5,000	\$1,000	\$1,500	N/A	N/A
<b>Monthly Contribution Rates</b>									
▪ Single	\$22.11	\$20.10	\$25.21	\$22.82	\$56.03	\$26.72	\$38.35	\$30.05	\$17.62
▪ Family	\$55.29	\$50.23	\$63.02	\$57.05	\$140.09	\$66.81	\$95.87	\$75.13	\$44.06

### Summary of Covered Dental Procedures

<b>Diagnostic / Preventive</b>	Exams, x-rays, cleaning of teeth, topical application of fluoride solutions, and space maintainers (to preserve existing space)
<b>Basic</b>	Fillings, endodontics (root canals), oral surgery (including surgical preparation for dentures and general anesthesia for covered oral surgery when administered by a licensed dentist), periodontics (surgical and non-surgical treatment of the gums), and denture repair
<b>Major</b>	Crowns, bridges, partial and complete dentures, and denture adjustments
<b>Orthodontia</b>	All necessary procedures for treatment to correct malposed teeth (braces) performed by a licensed dentist

**Note – This is only a basic summary of dental benefits. Please refer to the specific Dental booklet or contact the Fund Office for information about applicable benefit limitations and exclusions.**

- The deductible does not apply to Diagnostic and Preventive services.
- All services are subject to review for necessity of treatment and may be subject to limitations.
- Participants should use a Delta Dental PPO or Premier Network Provider for the lowest possible out-of-pocket cost.
- The rates shown in this schedule apply for new dental coverage and renewals effective September 2014 or later. If you are reviewing this schedule after 2014, please contact the Fund Office to confirm that the listed rates are still accurate.

**National IAM Benefit Trust Fund**  
1300 Connecticut Ave., NW, Suite 300  
Washington, DC 20036  
[www.iambtf.org](http://www.iambtf.org)

**For additional information, or to add Dental coverage, please feel free to contact the Benefit Trust Fund Education Department at 800-457-3481 or 202-785-8148**