

PIERCE COUNTY LEOFF 1 DISABILITY BOARD
DENTAL PLAN
(Effective January 1, 2007)

1. All allowable dental expenses defined below will be covered for each member up to an annual amount of \$2,000. The plan period runs from January 1 of each calendar year to December 31 of the same year.
2. Dental charges incurred by a member who sustains an accidental injury to his or her teeth shall be paid when the member commences treatment by a legally licensed dentist within 90 days after the accident.
3. The expense of one (1) general dental check-up each year will be covered for each member.
4. No more than two (2) dental cleanings each year will be covered for a member.
5. The Board will consider all routine dental and periodontal work as medically necessary expenses. Porcelain fillings will be covered, not considered cosmetic.
6. Dental expenses incurred by a member for dental services or work which is solely cosmetic will not be approved or paid.
7. All covered dental expenses are on an excess basis to any and all insurance available to the member.

Revised 10/17/07