

**Teamsters and Food Employers  
Security Trust Fund**

PO Box 1121  
Alhambra, CA 91802-1121  
(626) 284-4792

**COMPARISON OF DENTAL BENEFITS  
ACTIVE PARTICIPANTS ONLY**

	<b>Indemnity Plan</b>	<b>Pre-Paid Dental Plan (PMI)</b>
	Benefits are paid in accordance with the Plan's Dental Schedule of Benefits. Out of pocket cost to the participant is guaranteed at a preferred provider dental office. The cost to the participant at a non-preferred provider dental office is not guaranteed. Prior approval is required for all crowns, bridges, dentures, periodontal and any treatment plan exceeding \$750.	You must complete a PMI application and select a single PMI provider for your entire family. Services are performed as needed and deemed necessary by your attending PMI panel dentist subject to the limitations, exclusions and governing administrative policies of the program. PMI requires a co-payment for some procedures. If you use a dentist other than your PMI dentist, no coverage will be provided. (Exception, see Emergency Treatment.)
<b>Diagnostic Services: Oral Exam and teeth cleaning</b>	Once every six months. Fees are based on the current dental fee schedule.	Services are provided as deemed necessary by your PMI dentist. No cost to participant.
<b>Diagnostic Services: X-Rays</b>	Full mouth x-rays – once every three years. Bite-wing x-rays – once every six months Fees are based on the current dental fee schedule.	Services are provided as deemed necessary by your PMI dentist. Full mouth x-rays - once every two years. Bite-wing x-rays - not more than one series of four films in any six month period. No cost to participant.
<b>Restorative Services: Fillings</b>	Once every two years. Fees are based on the current dental fee schedule.	Services are provided as deemed necessary by your PMI dentist. No cost to participant.
<b>Periodontics: Periodontal scaling and root planning</b>	Must be referred by your general dentist. Treatment plan must be pre-authorized. Per quadrant - maximum of two (2) quadrants allowable during any one visit not to exceed four (4) quadrants during any 24-month period. Fees are based on the current dental fee schedule.	Services are provided as deemed necessary and you must be referred by your PMI dentist. No cost to participant.
<b>Oral Surgery:</b>	Must be referred by your general dentist. Fees are based on the current dental fee schedule.	Must be referred by your PMI dentist.
<b>Prosthetics: Crowns, bridges and partial dentures</b>	Prior authorization is required on all crowns and bridges and partial dentures. Fees are based on the current dental fee schedule	Treatment plan must be approved by PMI. \$10-\$15 applicable co-payment.
<b>Emergency Treatment:</b>	Palliative treatment allowed if no other treatment is performed on the same day. Benefits are paid in accordance with the Plan's schedule of benefits.	You must contact the PMI executive office prior to use of a non-PMI dentist. Palliative treatment is allowed. Treatment beyond that must be rendered by your PMI provider. If you are 35 miles from your PMI provider, PMI will reimburse you <b>up to</b> \$100 per approved out-of-area emergency visit.
<b>Orthodontics:</b>	Prior approval is required. Panel orthodontist: Trust pays \$1,850, participant pays \$750 Non-panel orthodontist: Trust pays \$1,200, participant pays remaining balance.	Orthodontics is not a covered benefit through PMI. This coverage is provided through the Plan. (See Orthodontics under the Indemnity Plan.) Call the Administrative Office for further details.

*The above comparison is only a brief outline. If you would like more information or if you want to change your dental coverage, please contact the Administrative Office at (626) 284-4792 or (877) 350-4792.*