

**MEMORANDUM OF AGREEMENT**  
**Between**  
**WASHINGTON RIVER PROTECTION SOLUTIONS (WRPS)**  
**And the**  
**HANFORD ATOMIC METAL TRADES COUNCIL (HAMTC)**

**2019 ONE-YEAR EXTENSION NEGOTIATION OF THE 2013 COLLECTIVE BARGAINING AGREEMENT AND  
2019 GENERAL WAGE INCREASE**

The Parties did meet beginning October 9, 2019, as specified in Section 6D of Article XIX, of the 2013 Labor Agreement (CBA) to reach agreement on a one-year extension of the current CBA, to negotiate a General Wage Increase (GWI) for 2019, and to negotiate and reach agreement on those particular CBA Articles impacted from such agreement.

The Parties have agreed to the following:

1. **Article XIX, Section 6:**

Effective November 11, 2019, a general wage increase of two and one-half percent (2.5%) will be added to each eligible employee's paid wage rate.

2. **Article XXVIII, Section 1:**

This Agreement shall become effective the eleventh day of November 2019, and shall continue in full force and effect through November 10, 2020. This Agreement will continue year-to-year thereafter unless the Employer or the Council gives notice, in writing, not more than ninety (90) days or not less than sixty (60) days prior to November 10, 2020, of its desire to modify, amend or terminate this Agreement.

The Parties stipulate to the following items that was not subject to negotiations:

1. **ATTACHMENT E, MEDICAL/DENTAL PREMIUMS**


No change to the 2019 benefit plan designs for 2020 for healthcare carriers United Healthcare (UHC), Kaiser Permanente (formally Group Health), Delta Dental of Washington and Willamette Dental of Washington. (See attached)

2. **ATTACHMENT F, Medical Design Provisions**

Projection from 2019 to 2020 based on current CBA language. (See attached)

IN WITNESS WHEREOF, the Parties hereto have caused their names to be subscribed to this Agreement by their duly authorized officers and representatives this November 7, 2019, at Richland, Washington.

**For the Employer:**

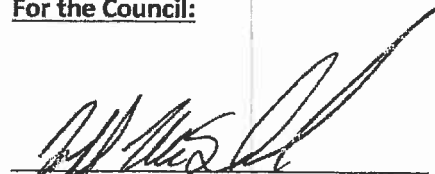


Scott Sheets  
Acting Labor Relations Manager  
Washington River Protection Solutions, LLC

11/7/2019

DATE

**For the Council:**



Jeffrey S. McDaniel  
President  
Hanford Atomic Metal Trades Council

11-7-2019

DATE

**ATTACHMENT E**

**The employee medical/vision and dental contributions for calendar year 2016-2020**

	Kaiser Permanente	UnitedHealthcare	Williamette Dental	Delta Dental
January 2016	24%	24%	25%	25%
January 2017	24%	24%	25%	25%
January 2018	24%	24%	25%	25%
January 2019	24%	24%	25%	25%
January 2020	24%	24%	25%	25%

**Built-in cap based on plan design changes and 12% medical premium escalation for 2016-2018 and 13% 2019-2020.**  
**Built-in cap based on plan design changes and 5% dental premium escalation for 2016-2020.**

**Kaiser Permanente**

	2015 Premiums	2016 Projected Premiums with Escalation @ 12%	2016 Employee Contribution (%)	2016 Maximum Employee Contribution (\$)
Employee	\$ 621.29	\$ 695.84	24%	\$ 167.00
Employee +1	\$ 1,136.94	\$ 1,273.37	24%	\$ 305.61
Employee +>1	\$ 1,907.94	\$ 2,136.22	24%	\$ 512.69

	2016 Projected Premiums	2017 Projected Premiums with Escalation @ 12%	2017 Employee Contribution (%)	2017 Maximum Employee Contribution (\$)
Employee	\$ 695.84	\$ 779.35	24%	\$ 187.04
Employee +1	\$ 1,273.37	\$ 1,426.18	24%	\$ 342.28
Employee +>1	\$ 2,136.22	\$ 2,392.57	24%	\$ 574.22

	2017 Projected Premiums	2018 Projected Premiums with Escalation @ 12%	2018 Employee Contribution (%)	2018 Maximum Employee Contribution (\$)
Employee	\$ 779.35	\$ 872.87	24%	\$ 209.49
Employee +1	\$ 1,426.18	\$ 1,597.32	24%	\$ 383.36
Employee +>1	\$ 2,392.57	\$ 2,679.68	24%	\$ 643.12

	2018 Projected Premiums	2019 Projected Premiums with Escalation @ 13%	2019 Employee Contribution (%)	2019 Maximum Employee Contribution (\$)
Employee	\$ 872.87	\$ 986.34	24%	\$ 236.72
Employee +1	\$ 1,597.32	\$ 1,804.97	24%	\$ 433.19
Employee +>1	\$ 2,679.68	\$ 3,028.03	24%	\$ 726.73

	2019 Projected Premiums	2020 Projected Premiums with Escalation @ 13%	2020 Employee Contribution (%)	2020 Maximum Employee Contribution (\$)
Employee	\$ 986.34	\$ 1,114.56	24%	\$ 267.50
Employee +1	\$ 1,804.97	\$ 2,039.62	24%	\$ 489.51
Employee +>1	\$ 3,028.03	\$ 3,421.68	24%	\$ 821.20

The Maximum Monthly Contributions are based on a projected 12% increase in the premium for health plans for years 2016-2018 and 13% for 2019-2020. In the event the premium increase is less than the projected escalation rate (12%/13%), the Employee Contributions will be based on the percents specified for each plan. In the event the premium increase is greater than the projected escalation rate (12%/13%), the Employees Contributions will be based on the Maximum Employee Monthly Contribution rate specified in this document.

**UNITED HEALTHCARE (UHC)**

	2015 Premiums	2016 Projected Premiums with Escalation @ 12%	2016 Employee Contribution (%)	2016 Maximum Employee Contribution (\$)
Employee	\$ 1,025.19	\$ 1,148.21	24%	\$ 275.57
Employee +1	\$ 2,002.24	\$ 2,242.51	24%	\$ 538.20
Employee + >1	\$ 2,874.69	\$ 3,219.65	24%	\$ 772.72

	2016 Projected Premiums	2017 Projected Premiums with Escalation @ 12%	2017 Employee Contribution (%)	2017 Maximum Employee Contribution (\$)
Employee	\$ 1,148.21	\$ 1,286.00	24%	\$ 308.64
Employee +1	\$ 2,242.51	\$ 2,511.61	24%	\$ 602.79
Employee + >1	\$ 3,219.65	\$ 3,606.01	24%	\$ 865.44

	2017 Projected Premiums	2018 Projected Premiums with Escalation @ 12%	2018 Employee Contribution (%)	2018 Maximum Employee Contribution (\$)
Employee	\$ 1,286.00	\$ 1,440.32	24%	\$ 345.68
Employee +1	\$ 2,511.61	\$ 2,813.00	24%	\$ 675.12
Employee + >1	\$ 3,606.01	\$ 4,038.73	24%	\$ 969.30

	2018 Projected Premiums	2019 Projected Premiums with Escalation @ 13%	2019 Employee Contribution (%)	2019 Maximum Employee Contribution (\$)
Employee	\$ 1,440.32	\$ 1,627.56	24%	\$ 390.61
Employee +1	\$ 2,813.00	\$ 3,178.69	24%	\$ 762.89
Employee + >1	\$ 4,038.73	\$ 4,563.77	24%	\$ 1,095.30

	2019 Projected Premiums	2020 Projected Premiums with Escalation @ 13%	2020 Employee Contribution (%)	2020 Maximum Employee Contribution (\$)
Employee	\$ 1,627.56	\$ 1,839.14	24%	\$ 441.39
Employee +1	\$ 3,178.69	\$ 3,591.92	24%	\$ 862.06
Employee + >1	\$ 4,563.77	\$ 5,157.06	24%	\$ 1,237.69

The Maximum Monthly Contributions are based on a projected 12% increase in the premium for health plans for years 2016-2018 and 13% for 2019-2020. In the event the premium increase is less than the projected escalation rate (12%/13%), the Employee Contributions will be based on the percents specified for each plan. In the event the premium increase is greater than the projected escalation rate (12%/13%), the Employees Contributions will be based on the Maximum Employee Monthly Contribution rate specified in this document.

**WILLAMETTE DENTAL**

	2015 Premiums	2016 Projected Premiums with Escalation @ 5%	2016 Employee Contribution (%)	2016 Maximum Employee Contribution (\$)
Employee	\$ 39.04	\$ 40.99	25%	\$ 10.25
Employee +1	\$ 78.23	\$ 82.14	25%	\$ 20.54
Employee + >1	\$ 146.55	\$ 153.88	25%	\$ 38.47

	2016 Projected Premiums	2017 Projected Premium with Escalation @ 5%	2017 Employee Contribution (%)	2017 Maximum Employee Contribution (\$)
Employee	\$ 40.99	\$ 43.04	25%	\$ 10.76
Employee +1	\$ 82.14	\$ 86.25	25%	\$ 21.56
Employee + >1	\$ 153.88	\$ 161.57	25%	\$ 40.39

	2017 Projected Premiums	2018 Projected Premium with Escalation @ 5%	2018 Employee Contribution (%)	2018 Maximum Employee Contribution (\$)
Employee	\$ 43.04	\$ 45.19	25%	\$ 11.30
Employee +1	\$ 86.25	\$ 90.56	25%	\$ 22.64
Employee + >1	\$ 161.57	\$ 169.65	25%	\$ 42.41

	2018 Projected Premiums	2019 Projected Premium with Escalation @ 5%	2019 Employee Contribution (%)	2019 Maximum Employee Contribution (\$)
Employee	\$ 45.19	\$ 47.45	25%	\$ 11.86
Employee +1	\$ 90.56	\$ 95.09	25%	\$ 23.77
Employee + >1	\$ 169.65	\$ 178.13	25%	\$ 44.53

	2019 Projected Premium	2020 Projected Premium with Escalation @ 5%	2020 Employee Contribution (%)	2020 Maximum Employee Contribution (\$)
Employee	\$ 47.45	\$ 49.83	25%	\$ 12.46
Employee +1	\$ 95.09	\$ 99.84	25%	\$ 24.96
Employee + >1	\$ 178.13	\$ 187.04	25%	\$ 46.76

The Maximum Monthly Contributions are based on a projected 5% increase in the premium for health plans for 2016-2020. In the event the premium increase is less than 5%, the Employee Contributions will be based on the percents specified for each plan. In the event the premium increase is greater than 5%, the Employees Contributions will be based on the Maximum Employee Monthly Contribution rate specified in this document.

**DELTA DENTAL OF WASHINGTON**

	2015 Premiums	2016 Projected Premiums with Escalation @ 5%	2016 Employee Contribution (%)	2016 Maximum Employee Contribution (\$)
Employee	\$ 42.13	\$ 44.24	25%	\$ 11.06
Employee +1	\$ 76.15	\$ 79.96	25%	\$ 19.99
Employee + >1	\$ 112.69	\$ 118.32	25%	\$ 29.58

	2016 Projected Premiums	2017 Projected Premiums with Escalation @ 5%	2017 Employee Contribution (%)	2017 Maximum Employee Contribution (\$)
Employee	\$ 44.24	\$ 46.45	25%	\$ 11.61
Employee +1	\$ 79.96	\$ 83.96	25%	\$ 20.99
Employee + >1	\$ 118.32	\$ 124.24	25%	\$ 31.06

	2017 Projected Premiums	2018 Projected Premiums with Escalation @ 5%	2018 Employee Contribution (%)	2018 Maximum Employee Contribution (\$)
Employee	\$ 46.45	\$ 48.77	25%	\$ 12.19
Employee +1	\$ 83.96	\$ 88.15	25%	\$ 22.04
Employee + >1	\$ 124.24	\$ 130.45	25%	\$ 32.61

	2018 Projected Premiums	2019 Projected Premiums with Escalation @ 5%	2019 Employee Contribution (%)	2019 Maximum Employee Contribution (\$)
Employee	\$ 48.77	\$ 51.21	25%	\$ 12.80
Employee +1	\$ 88.15	\$ 92.56	25%	\$ 23.14
Employee + >1	\$ 130.45	\$ 136.98	25%	\$ 34.24

	2019 Projected Premiums	2020 Projected Premiums with Escalation @ 5%	2020 Employee Contribution (%)	2020 Maximum Employee Contribution (\$)
Employee	\$ 51.21	\$ 53.77	25%	\$ 13.44
Employee +1	\$ 92.56	\$ 97.19	25%	\$ 24.30
Employee + >1	\$ 136.98	\$ 143.82	25%	\$ 35.96

The Maximum Monthly Contributions are based on a projected 5% increase in the premium for health plans for 2016-2020. In the event the premium increase is less than 5%, the Employee Contributions will be based on the percentages specified for each plan. In the event the premium increase is greater than 5%, the Employees Contributions will be based on the Maximum Employee Monthly Contribution rate specified in this document.

ATTACHMENT F

United Healthcare

BENEFITS		United Healthcare PPO 2019	United Healthcare PPO 2020
Annual Out-of-Pocket Maximum	In Network: \$1,350/\$2,700 Out of Network: \$3,500/\$7,000	No Change	No Change
Deductible – In-Network	In Network: \$325/\$650	No Change	No Change
Deductible – Out-of-Network	Out of Network: \$425/ \$850	No Change	No Change
Coinsurance – In Network	In Network: 80/20%	No Change	No Change
Coinsurance – Out-of-Network	Out of network: 60/40%	No Change	No Change
Office Visit/Urgent Care	In Network: 80/20% Out of network: 60/40%	No Change	No Change
Preventive care	In Network:	No Change	No Change
*Wellness medical care.	Currently no co-pay for preventative/ wellness care. Must be coded as such exclusively.	No Change	No Change
*Well-baby and well-child care.		No Change	No Change
*Routine well-woman examinations, including pap smears, pelvic examinations and mammograms	Out of Network: 60/40%	No Change	No Change
*Routine well man exams, including PSA tests.		No Change	No Change
*Routine wellness care.		No Change	No Change
*Immunizations, may not include shingles.		No Change	No Change
Lab & X-Ray Services	In Network: 80/20% Out of network: 60/40%	No Change	No Change
Chiropractic Care	In Network: 80/20% Out of Network: 60/40% Visits: 20 total	No Change	No Change
Prescription Drugs	Express Scripts, Inc Retail (30 day supply): \$10 generic /\$35 brand name preferred/ \$50 brand non- preferred/20% with min out of pocket \$65 and max out of pocket \$150 Specialty drug. Mail ( 90-day supply):	No Change	No Change

ATTACHMENT F

United Healthcare

BENEFITS	United Healthcare PPO 2019	United Healthcare PPO 2020
	\$20/\$70/\$100 No deductible Maximum Out-of-Pocket \$1,750 Individual/\$2,750 Family Step Therapy Program Prior Authorization	
Inpatient Hospital	In Network: 80/20% Out of Network: 60/40%	No Change
Outpatient Hospital	In Network: 80/20% Out of Network: 60/40%	No Change
Maternity Services	In Network: 80/20% Out of Network: 60/40%	No Change
Emergency Room Care (Hospital)	\$150 per visit plus 20% after deductible	No Change
Ambulance	80/20% after deductible	No Change
Durable Medical Equipment & Supplies	In Network: 80/20% After deductible Out of Network: 60/40% After deductible	No Change
Rehabilitation Services Any combination of PPO Network and PPO Non-Network Benefits is limited as follows: • 30 visits of physical therapy per calendar year. • 30 visits of occupational therapy per calendar year. • 30 visits of speech therapy per calendar year.	In Network: Outpatient: 80/20% Visits: 30/CY 20 for Cardiac and Pulmonary	No Change



ATTACHMENT F

United Healthcare

BENEFITS	United Healthcare PPO 2019	United Healthcare PPO 2020
<ul style="list-style-type: none"> <li>• 20 visits of pulmonary rehabilitation therapy per calendar year.</li> <li>• 20 visits of cardiac rehabilitation therapy per calendar year.</li> </ul> <p>Out-of Area Benefits are limited as follows:</p> <ul style="list-style-type: none"> <li>• 30 visits of physical therapy per calendar year.</li> <li>• 30 visits of occupational therapy per calendar year.</li> <li>• 30 visits of speech therapy per calendar year.</li> <li>• 20 visits of pulmonary rehabilitation therapy per calendar year.</li> <li>• 20 visits of cardiac rehabilitation therapy per calendar year.</li> </ul>	<p><u>Inpatient:</u> 80/20%</p> <p><u>Visits:</u> 30/CY</p> <p>20 for Cardiac and Pulmonary</p> <p>Out of network: 60/40%</p>	
<p>Mental Health Services</p>	<p><u>In Network:</u></p> <p><u>Outpatient:</u> 80%/20% coinsurance &amp; deductible applies</p> <p><u>Inpatient:</u> 80%/20% coinsurance &amp; deductible applies</p> <p>Out of Network:</p> <p><u>Outpatient:</u> 60%/40% coinsurance &amp; deductible applies</p> <p><u>Inpatient:</u> 60%/40% coinsurance &amp; deductible applies</p>	<p>No Change</p>
<p>Chemical Dependency</p>	<p><u>Inpatient:</u></p> <p>In Network: 80%/20% coinsurance &amp; deductible applies</p> <p>Out of Network: 60%/40% coinsurance &amp; deductible applies</p>	<p>No Change</p>

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United Healthcare

BENEFITS	United Healthcare PPO 2019	United Healthcare PPO 2020
	<p><u>Outpatient:</u> In Network: 80%/20% coinsurance &amp; deductible applies Out of Network 60%/40% coinsurance &amp; deductible applies</p>	
Vision Exam	<p>In-network: UHC VISION Annual Exam : \$10 co-pay Out of network: Exam annually. 85% of R&amp;C. Maximum reimbursement in a calendar year is \$165 for exam and hardware combined.</p>	No Change
Optical Hardware	<p>In-network: UHC VISION Lenses- every 12 months: \$10 co-pay. Frames – every other year Out of network: Frames and lenses every other year. Up to \$165.00 total (including exam)</p>	No Change

ATTACHMENT F  
Kaiser Permanente

BENEFITS	Kaiser POS Options 2019	Kaiser POS Options 2020
Annual Out-of-Pocket Maximum	In Network: \$1,150/\$2,300 Out: \$2,875/\$5,750	No Change
Deductible – In-Network	In Network: \$150/\$300	No Change
Deductible – Out-of-Network	Out: \$250/\$500 (Deductible included in out of pocket limit.)	No Change
Coinsurance – In Network	In-network: 80%/20%	No Change
Coinsurance – Out-of-Network	Out: 70%/30%	No Change
Office Visit/Urgent Care	In Network: 80%/20% Out: 70%/30%	No Change
Preventive care Well adult and well child physicals, immunizations, pap smears, mammograms and	In Network – covered in full Out: No co-pay, deductible and co-insurance apply	No change
Lab & X-Ray Services	In Network: 80%/20% Out: 70%/30%	No Change
Chiropractic Care	In Network: 80%/20% Out: 70%/30% Visits: 20 per year	No Change
Prescription Drugs	In Network Retail: \$20/\$40/\$60 Mail-order: Up to 90 day supply Generic/formulary brand/non-formulary	No Change

ATTACHMENT F  
Kaiser Permanente

BENEFITS	Kaiser POS Options 2019	Kaiser POS Options 2020
	\$40/\$80/\$120 Subject to formulary Allergy Serum - No Change Out of network: \$25/\$45/\$65 Not subject to deductible	
Inpatient Hospital	In Network: 80%/20% Out: 70%/30%	No Change
Outpatient Hospital	In Network: 80%/20% Out: 70%/30%	No Change
Maternity Services	In Network: 80%/20% Out: 70%/30%	No Change
Emergency Room Care (Hospital)	\$150/20% and Deductible In and Out of Network.	No Change
Ambulance	Plan pays 80%/ Employee pays 20%	No Change
Durable Medical	In Network: 80%/20% Out of Network: 70%/30%	No Change
Rehabilitation Services	In Network:	
<ul style="list-style-type: none"> <li>Inpatient physical, occupational and restorative speech therapy services combined, including services for neurodevelopmentally disabled children age six (6) and under. MHCN and Community Provider benefit limits are combined and cannot be duplicated.</li> </ul>	Outpatient: 80/20%  Visits: No Change Inpatient: 80/20%	No Change
sixty (60) visits per condition per calendar year after the annual Deductible is satisfied.		

ATTACHMENT F  
Kaiser Permanente

BENEFITS	Kaiser POS Options 2019	Kaiser POS Options 2020
	Coinsurance Visits: No Change Out of Network: <u>Outpatient:</u> 70%/30% Visits: No Change <u>Inpatient:</u> 70%/30% Visits: No Change	
<b>Mental Health Services</b> <u>Outpatient</u>	In Network No Copay, deductible and coinsurance apply 80%/20% Out of Network	No Change No Change
<u>Inpatient</u>	No Copay, deductible and coinsurance apply 70%/30% In Network Deductible and coinsurance apply 80%/20% Out of Network Deductible and coinsurance apply 70%/30%	No Change No Change No Change No Change
<b>Chemical Dependency</b>	In Network: 80%/20% Out of Network: 70%/30%	No Change No Change
<b>Vision Exam</b>	In Network: Covered in full Out of Network: Coinsurance	No Change No Change
<b>Optical Hardware</b>	Covered up to \$165 once every 24/months per member Members under age 19 limited to 1 pair of frames and lenses per year.	No Change

ATTACHMENT F

Delta Dental of Washington

Benefits	2019			2020		
	Delta Dental PPO	Delta Dental Non PPO	Non Delta Dental	Delta Dental PPO	Delta Dental Non PPO	Non Delta Dental
<b>Class I</b> <b>Diagnostic &amp; Preventive</b> Exams, Prophyls, Fluoride, X-rays, Sealants	80%	60%	60%	80%	60%	60%
<b>Class II - Restorative</b> Restorations, Endodontics, Oral Surgery	70%	60%	60%	70%	60%	60%
<b>Class III - Major</b> Crowns, Dentures, Partial, Bridges, Implants	50%	40%	40%	50%	40%	40%
<b>Annual Max Per Person</b> Per Year (1/1 - 12/31)	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
<b>Deductible (Waived on Class I)</b> Per person/per year Annual family Maximum	\$50 \$100	\$50 \$100	\$50 \$100	\$50 \$100	\$50 \$100	\$50 \$100
<b>Orthodontia</b> Adults and Dependent Children Lifetime maximum each	50% \$1,200	50% \$1,200	50% \$1,200	50% \$1,200	50% \$1,200	50% \$1,200



ATTACHMENT F

Willamette Dental of Washington

Benefit	2019		2020	
	No Annual Maximum*	No Annual Maximum*	No Annual Maximum*	No Annual Maximum*
Annual Maximum				
Deductible	No Deductible	No Deductible	No Deductible	No Deductible
Office Visit Co-payment	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
<b>Diagnostic and Preventative Services</b>				
Routine and Emergency Exams	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
All X-rays	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Teeth Cleaning	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Fluoride treatment	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Sealants	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Head and Neck Cancer Screening	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Oral Hygiene Instructions	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Periodontal Screening	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Periodontal Maintenance	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
<b>Restorative Dentistry and Prosthetics</b>				
Fillings	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Permanent Crowns	\$120	\$120	\$120	\$120
Complete Upper or Lower Denture	\$170	\$170	\$170	\$170
Bridge per tooth	\$120	\$120	\$120	\$120
All lab fees	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
<b>Endodontics and Periodontics</b>				
Root canal therapy - anterior	\$50	\$50	\$50	\$50
Root canal therapy - bicuspid	\$75	\$75	\$75	\$75
Root canal therapy - molar	\$100	\$100	\$100	\$100
Osseous Surgery - per quadrant	\$140	\$140	\$140	\$140
Root Planing - per quadrant	Fully Covered	Fully Covered	Fully Covered	Fully Covered
<b>Oral Surgery</b>				
Routine extraction - single tooth	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Surgical extraction	\$50	\$50	\$50	\$50

ATTACHMENT F

<b>Orthodontia</b>	
Pre-orthodontic service	\$150**
Comprehensive Orthodontia	\$1,500
<b>Miscellaneous</b>	
Local Anesthesia (Novocain)	Covered at 100%
Nitrous Oxide (per visit)	\$10
After-hours emergency care	\$20
Missed appointment fee	\$20
Out of area emergency care reimbursement up to	\$100
TMJ	1,000 annual maximum/ \$5,000 lifetime maximum*
	1,000 annual maximum/ \$5,000 lifetime maximum*

\*\*Fee credited toward comprehensive orthodontic co-payment if patient accepts treatment plan.