

Calcasieu Parish School Board offers voluntary dental insurance to all full-time eligible employees. Below you will see the benefit features as well as your monthly premium.

Dental Plan		
Plan Features	In-Network	Non-Network*
Reimbursement	Negotiated Fee Schedule	R&C 90 th Percentile
Type A – Preventive	100%	100%
Type B – Basic	80%	80%
Type C – Major	50%	50%
Deductible	B&C Services	B&C Services
• Individual	\$50	\$50
• Family	\$150 Aggregate	\$150 Aggregate
Calendar Year Maximum (Applies to A, B, C services)	\$1,000	\$1,000
Orthodontia (Child only to age 19)		
• Coinsurance	50%	50%
• Lifetime Maximum	\$1,000	\$1,000
<p>* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.</p>		

DENTAL PROCEDURES COVERED

Type A – Preventive	Routine/Problem-focused exams ▪ Bitewing/Full Mouth/Periapical/Other X-rays ▪ Routine cleanings ▪ Fluoride ▪ Labs & other tests ▪ Sealants ▪ Space maintainers
Type B – Basic	Amalgam Fillings ▪ Prefabricated crowns ▪ Repairs ▪ Recementations ▪ Emergency palliative treatment ▪ Resin composite fillings (excludes coverage for composite fillings on molars) ▪ Simple extractions ▪ Harmful habit appliances ▪ General services
Type C – Major	Consultations ▪ Root canal ▪ Periodontal maintenance ▪ Periodontal surgery ▪ Scaling & root planing ▪ Crown buildups/Post core ▪ Dentures ▪ Dentures – rebases/relines ▪ Denture adjustments ▪ Fixed bridges ▪ Inlays/Onlays/Crowns ▪ Implant services ▪ Implant repairs ▪ Implant supported prosthetic ▪ Tissue conditioning ▪ Occlusal adjustments ▪ General anesthesia ▪ Pulpotomy ▪ Pulp capping ▪ Pulp therapy ▪ Apexification/Recalcification ▪ Periodontal surgery ▪ Non-surgical periodontics ▪ Surgical extractions ▪ Other oral surgery
Orthodontic	Orthodontic diagnostics ▪ Orthodontic treatment

*There are policy restrictions and limitations. Please consult your policy booklet for more information regarding these procedures.

DENTAL RATES

Coverage Level	Monthly Premium
Employee Only	\$26.79
Employee & Family	\$68.10

