

ABOUT DENTAL

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment and disease.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/laketravisisd



Network: PDP Plus	Plan Option 1: Low Plan		Plan Option 2: High Plan	
	In-Network % of Negotiated Fee	Out-of-Network Scheduled Amount	In-Network % of Negotiated Fee	Out-of-Network 90% of R&C Fee
Coverage Type				
Type: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%	80%	80%
Type C: Major Restorative (bridges, dentures)	25%	25%	50%	50%
Type D: Orthodontia	Not Covered	Not Covered	50%	50%
Deductible				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Annual Maximum Benefit				
Per Person	\$750	\$750	\$1,000	\$1,000
Orthodontia Lifetime Maximum				
Per Person	Not Covered	Not Covered	\$1,000	\$1,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

Late-enrollment waiting period: There is a one-year waiting period for all services following date of request.

Plan Type	Plan Option 1: Low Plan How Many/How Often	Plan Option 2: High Plan How Many/How Often
Type A — Preventive		
Prophylaxis (cleanings)	Two per 12 months	
Oral Examinations	Two exams per 12 months	
Topical Fluoride Applications	Two fluoride treatment per 12 months for dependent children up to his/her 19th birthday	
Sealants	One 1st /2nd molar per lifetime for dependent children up to his/her 16th birthday	One per molar per lifetime for dependent children up to his/her 16th birthday
Space Maintainers	One per lifetime for dependent children up to his/her 19th birthday	

Type B — Basic Restorative		
Fillings	Amalgam; One replacement per surface per 24 months	
X-rays	Full mouth X-rays; one per 60 months	
Type C — Major Restorative		
Simple Extractions		
Crown, Denture and Bridge Repair	Two per 12 months	Two per 12 months
Recementations		
Oral Surgery		
Implants	Replacement once every 5 years	Replacement once every 5 years
Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the plan Dentures and bridgework replacement; one in 60 months Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed 	
Crowns, Inlays and Onlays	Replacement once every 5 calendar years	
Endodontics	Root canal treatment limited to once per tooth per lifetime	
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 24 months Periodontal surgery once per quadrant, every 24 months Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year 	
Type D — Orthodontia		
	Not Covered	<ul style="list-style-type: none"> You, your spouse and your children, up to age 19, are covered while Dental insurance is in effect All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia Payments are on a repetitive basis 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary Orthodontic benefits end at cancellation of coverage

Dental		
	Low Plan	High Plan
Employee Only	\$17.40	\$41.96
Employee and Spouse	\$34.81	\$80.59
Employee and Child(ren)	\$46.66	\$104.47
Employee and Family	\$73.84	\$143.06