

Dental Plan Summary of Benefits

Following is a summary of how dental benefits are paid under this 27J Schools self-funded dental Plan. For more information regarding the 27J Schools Dental Plan, refer to the Dental Plan Booklet located on the 27J Schools Web site, www.sd27j.org.

Deductible for Calendar Year (January 1 – December 31):

Per Person Deductible - \$25 per calendar year

Per Family Deductible - Two (2) times the individual deductible

NOTE: When both the employee and spouse are employed by 27J Schools and are enrolled individually in the Plan, the Family Deductible shall be considered to have been satisfied for both once two individual deductibles have been met under either's coverage.

Maximums:

Orthodontic Services - \$2,000 per person per lifetime

All Other Dental Services - \$1,500 per person per calendar year

Percentage Payable:

Preventive/Diagnostic Services 90%, deductible waived

Basic Services 80%, after the deductible

Major Services 50%, after the deductible

Orthodontic Services 50%, deductible waived

Limitations:

Cleanings and/or Scalings - 2 per calendar year*

Fluoride Treatments - 1 per calendar year up to age 19

Oral Examinations (Routine) - 2 per calendar year

X-rays:

- Full-mouth or Panorex x-rays - 1 series per 3 consecutive calendar years

- Bitewing x-rays - 2 pair of supplemental bitewings per calendar year

Employees are <u>not</u> issued a Dental ID card. Instead, the employee will take a 27J Schools Dental Plan Claim Form to the dental provider upon the first visit or as requested by the dental provider. Claims forms can be accessed on the 27J Schools Website.

^{* 2} additional scalings per calendar year are eligible for payment under the Major Services benefit after two (2) have been incurred under the Preventive Services benefit.