

**Buckeye Elementary
School District #33**

Dental Plan Overview



Plan details



**Preventive,
Type 1**



**Basic,
Type 2**



**Major,
Type 3**



Annual Maximum
Per person per year



Deductible
on first Basic or
Major procedure

Plan 1

In-network / Out-of-network

100

80-90-100%

50%

\$2,500

\$50 / \$150 family

Plan 2

In-network / Out-of-network

100%

80-90-100%

50%

\$1,000

\$50 / \$150 family

Covered services



Preventive

Type 1

- Exams (2 per 12 months)
- X-rays (2 per 12 months)
- Cleaning (2 per 12 months)



Basic

Type 2

- Extractions
- Fillings (amalgam, composite)
- Root canals (endodontics)
- Gum disease treatment (periodontics)



Major

Type 3

- Crowns (1 in 10 years per tooth)
- Bridges and dentures (prosthodontics, 1 in 10 years)
- Implants

Orthodontia

Eligibility



Child & Adult

Waiting period



None

Plan benefit



50%

Lifetime maximum per person



\$1,500

Thank you

Please check your highlight sheet for details.

Vision benefit site: <https://explore.ameritas.com/demo/>

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