



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	U&C 90 th Percentile
Preventive Services <small>(No deductible; does not apply against annual max)</small>	100%	100%
Basic Services	80% after deductible	80% after deductible
Major Services	50% after deductible	50% after deductible
Deductible • Individual • Family	Basic & Major Services \$50 \$150 Aggregate	Basic & Major Services \$50 \$150 Aggregate
Annual Maximum <small>(Excludes orthodontia services)</small>	\$1,000 + extended annual maximum	
Extended Annual Maximum <small>Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)</small>	30%	30%
Orthodontia Services	Covers <u>children</u> through age 18; Plan pays 50 percent (no deductible) of the covered orthodontia services, up to \$1,000 lifetime orthodontia maximum.	

* Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

DENTAL PROCEDURES COVERED

Preventive	Routine exams • X-rays • Routine cleanings • Fluoride • Oral Cancer Screening • Sealants • Space maintainers
Basic	Emergency care for pain relief • Amalgam fillings • General anesthesia (in conjunction with covered oral surgical procedure) • Stainless steel crowns • Harmful habit appliances
Major	Oral surgery • Crowns • Inlays/Onlays • Bridges • Dentures • Denture relines/rebases • Denture repair & adjustments • Impants • Periodontics • Endodontics (root canal)

DENTAL RATES

Coverage Level	Monthly
Employee Only	\$35.35
Family	\$89.84