

WCUUSD

CBA Blue Dental Plan Summary

Schedule of Benefits:

Class 1 – Diagnostic / Preventative Care	100%
Class 2 – Basic Care	90%
Class 3 – Major Care	50%
Class 4 – Orthodontic Care	50%
Individual Calendar Year Deductible (classes 2, 3 & 4)	\$25 (\$75/family)
Individual Calendar Year Maximum Benefit Paid (classes 1, 2 & 3)	\$1,000
Individual Lifetime Maximum Benefit Paid (class 4 only)	\$1,000

COST *

	1	FTE
Type	Deduction	Fringe
Single	\$ -	\$ 30.00
Double	\$ 15.00	\$ 30.00
Family	\$ 40.00	\$ 30.00

*Eligible employees prorated for partial FTE.