

SOUTHWEST LICKING LOCAL SCHOOLS

Dental Plan

Effective Date 1/1/2025 - 12/31/2025

| BENEFITS | SUPERIOR DENTAL CARE | |
|-------------------------------------|-------------------------------|-------------------------------|
| | In-Network | Out-of-Network |
| Deductible | \$25 (Single) / \$50 (Family) | \$25 (Single) / \$50 (Family) |
| Annual Maximum | \$1,000 | \$1,000 |
| Classes | | |
| Class I Preventive | 100% | 100% |
| Class II Basic Restorative | 80% after deductible | 80% after deductible |
| Class III Major Restorative | 50% after deductible | 50% after deductible |
| Class IV Orthodontia * | 60% | 60% |
| Types of Services - Class | | |
| Periodontics | Major | Major |
| Endodontics | Major | Major |
| Oral Surgery | Basic | Basic |
| Dependent Age Limts | 26 | |

* - Orthodontia covers adults and children. The maximum lifetime benefit is \$1,000.

| Pricing | |
|---------------|---------|
| Total Pricing | \$76.79 |
| Increase | 6.00% |

| RATES | | SUPERIOR DENTAL CARE | |
|---------------|----|----------------------|----------|
| | | Employee | Employer |
| Total Pricing | EE | \$41.79 | \$35.00 |
| | F | \$41.79 | \$35.00 |