Dental Plan Option

Eligible employees will have the option to enroll in the district's Premium Plan which offer increased Calendar Maximum, Child Orthodontic Maximum, and additional Cleaning.

General Plan Information	District Paid Plan	Premium Plan
Individual/Family Deductible	None	None
Calendar Year Maximum	$1,700/$1,500	$2,700/$2,500
Cleanings per Year	2	3
Diagnostic & Preventive	70%-100%	70%-100%
Basic Services (Fillings/Simple Tooth Extractions/ Children Sealants/Root Canals/Gum Treatment/Oral Surgery)	70%-100%	70%-100%
Major Services (Crowns/Inlays/Onlays/Cast Restorations)	70%-100%	70%-100%
Prosthodontics (Bridges/Dentures/Implants)	70%-100%	70%-100%
Orthodontic Services (Child Only)	50%	50%
Orthodontic Services Lifetime Maximum	$500	$2,500
Dental Accident Benefits ($1,000 Max Per Member)	100%	100%

Monthly Premium (Employee Contribution) 12 month rate		
Employee Only	**$0.00**	**$11.00**
Employee + 1	**$0.00**	**$22.01**
Employee + Family	**$0.00**	**$34.33**

Note: A 2-year minimum participation commitment upon enrollment.