



# MAPLETON PUBLIC SCHOOLS

## July 1, 2026 - June 30, 2027

### DENTAL INSURANCE RATES

This is only for illustrative and summary purposes. The contents of this summary are subject to the provisions of the policy, which contains all terms, covenants and conditions of coverage. Your plan may exclude coverage for certain treatments, diagnoses, or services not noted on the following pages. The benefits in this summary may only be available if required plan procedures are followed (e.g., use of specific providers or facilities).

| Summary of Covered Benefits                                                                         | Delta Dental – Plan B                                |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>Network</b>                                                                                      | <b>PPO, Premier<br/>or Non-Participating Dentist</b> |
| <b>Maximum Benefit</b>                                                                              | <b>\$1,500 per member per plan year</b>              |
| <b>Deductible</b>                                                                                   | <b>\$50 Individual / \$150 Family</b>                |
| <b>Diagnostic &amp; Preventive:<br/>Cleaning Exams, X-rays</b>                                      | <b>Deductible Waived<br/>100% Covered</b>            |
| <b>Basic Services:<br/>Fillings, Simple Extractions, Oral Surgery,<br/>Endodontics/Periodontics</b> | <b>Deductible Applies<br/>80% Coinsurance</b>        |
| <b>Major Services:<br/>Crowns, Implants, Dentures, Bridges</b>                                      | <b>Deductible Applies<br/>50% Coinsurance</b>        |
| <b>Orthodontics:<br/>(for children to age 19 only)</b>                                              | <b>Covered 50%<br/>\$1,500 Lifetime Maximum</b>      |
| <b>Coverage Tier</b>                                                                                | <b>FT Employee Cost Semi-Monthly</b>                 |
| <b>Employee Only</b>                                                                                | <b>\$0.00</b>                                        |
| <b>Employee + Spouse</b>                                                                            | <b>\$18.50</b>                                       |
| <b>Employee + Child(ren)</b>                                                                        | <b>\$31.50</b>                                       |
| <b>Employee + Family</b>                                                                            | <b>\$48.50</b>                                       |
|                                                                                                     | <b>PT Employee Cost Semi-Monthly</b>                 |
| <b>Employee Only</b>                                                                                | <b>\$4.95</b>                                        |
| <b>Employee + Spouse</b>                                                                            | <b>\$23.46</b>                                       |
| <b>Employee + Child(ren)</b>                                                                        | <b>\$36.46</b>                                       |
| <b>Employee + Family</b>                                                                            | <b>\$53.46</b>                                       |