

# Plan Design Summary for Springhill ISD

GRID Acct No. 020-5495-00



## PPO Network: DenteMax

Calendar Year Deductible	
<b>Types II and III Only</b>	\$50 individual / \$150 family per calendar year
<b>Type IV</b>	No Orthodontia Deductible

Coinsurance – Plan pays the following percentage of procedures		
	In-Network	Out-of-Network
<b>Type I</b> <b>Preventive Coverage</b> Oral Evaluation Cleanings Fluoride Treatments to Age 19	100% of fee schedule	100% of PPO=Usual and Customary
<b>Type II</b> <b>Restorative Coverage</b> Simple Extractions Fillings Oral Surgery	80% of fee schedule	80% of PPO =Usual and Customary
<b>Type III</b> <b>Major Coverage</b> Fixed Bridges Crowns Partial of Full Dentures Endodontics Periodontics	50% of fee schedule	50% of PPO=Usual and Customary
<b>Type IV</b> <b>Orthodontia (Adult Child)</b> Orthodontic Treatment Cephalometric X-Ray Study Models	50% of fee schedule	50% of PPO=Usual and Customary

Calendar Year Maximum Benefit	
<b>Types I, II, III</b>	\$1,000 per person
<b>Type IV</b>	\$1,500 Lifetime

Late Entrants	
<b>Type I</b>	No Limitation
<b>Type II</b>	12 months
<b>Type III</b>	24 months
<b>Type IV</b>	24 months

<b>Employee Only-\$0.00</b>	<b>Employee &amp; Child(ren)-\$32.82</b>
<b>Employee &amp; Spouse-\$32.82</b>	<b>Employee &amp; Family-\$62.25</b>

Employees or dependents that enroll more than 31 days after becoming eligible for coverage will be considered late entrants, unless coverage is elected during the annual election period with a Voluntary plan.

Group Dental insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Wellesley Hill, MA) in all states under Policy Form Series GP-A. Product offerings may not be available in all states and may vary depending on state laws and regulations.