

Downsville Community Charter School

Dental Highlight Sheet



Dental Plan Summary

Effective Date: 10/1/2021

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1
Maximum (per person)	\$150/family \$1,500 per calendar year
Allowance	U&C
Dental Rewards®	Included
Waiting Period	None
Soundcare Hearing Plan	Included
LASIK Advantage®	Included
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	12 months New Enrollees Only

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 in 12 months) Bitewing X-rays (1 in 12 months) Periapical X-rays Cleaning (2 in 12 months) Fluoride for Children 15 and under (1 in 12 months) Pre-Diagnostic Test (age 35 and over) (1 in 2 years) 	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 2 years) Sealants (age 15 and under) Restorative Amalgams Restorative Composites (anterior and posterior teeth) Simple Extractions Anesthesia 	<ul style="list-style-type: none"> Space Maintainers Onlays Crowns (1 in 5 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) Complex Extractions

Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$150	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553

Monthly Rates

Employee Only (EE)	\$33.07
EE + Spouse	\$65.94
EE + Children	\$81.13
EE + Spouse & Children	\$114.00