

VOLUNTARY DENTAL PLAN

Lamar Consolidated ISD

VOLUNTARY DENTAL COVERAGE

BENEFIT	Low PPO	High PPO	DHMO
Calendar Year Deductible	\$100 per person/ \$300 per family	\$100 per person/ \$300 per family	Not Applicable
Preventive Care (Cleanings, Exams, X-ray)	0% after deductible	0% after deductible	Various copays
Basic Care (Endo, Perio, Oral Surgery)	30% after deductible	20% after deductible	Various copays
Major Care (Crowns, Bridges, Dentures)	60% after deductible	50% after deductible	Various copays
Orthodontics (Children to age 19)	50% after deductible	50% after deductible	Various copays
Annual Benefit Maximum	\$750 per person	\$1,500 per person	Unlimited

For DHMO copays, please refer to the Schedule of Benefits



**USE YOUR
DENTAL CLEANINGS TO
PREVENT PROBLEMS
LATER ON**

VOLUNTARY DENTAL / SEMI-MONTHLY PREMIUM

	UHC Low PPO	UHC High PPO	UHC DHMO
Employee Only	\$20.70	\$21.79	\$6.53
Employee + Spouse	\$41.39	\$43.58	\$12.66
Employee + Children	\$51.94	\$54.69	\$13.69
Employee + Family	\$75.95	\$79.97	\$19.82