

**Lubbock Independent School District
Dental Plan - BCBS of TX - 2023**

<i>Dental Service by Plan</i>	<i>Coverage</i>
Individual Deductible	\$50
Family Deductible	\$150
Late Entry Penalty	None
Type 1: Preventive	100%
Type 2: Basic	80%
Type 3: Major	50%
<i>Endodontics</i>	Basic
<i>Periodontics</i>	Basic
<i>Implants</i>	Not Covered
Annual Maximum	\$1,000
Type 4: Orthodontics	50%
<i>Child Orthodontics</i>	Up to Age 19
<i>Adult Orthodontics</i>	No
<i>Orthodontic Lifetime Maximum</i>	\$1,000
Out of Network Reimbursement	90th Usual and Customary

<i>Premium Structure</i>	<i>Employee Cost</i>
Employee Premium (<i>District pays \$22.10 per enrolled employee</i>)	\$0.00
Employee & 1 Dependent	\$27.62
Employee & 2 Dependents or More	\$74.63

(Board of Trustees approved 8/25/2022)