

Dental Benefits Summary for BALLINGER ISD
Group Number: 919737-000

Network: Elite Plus

Benefit Category ¹	Network: Elite Plus	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Endodontics	50%	50%
Nonsurgical Periodontics		
Surgical Periodontics		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
Smile for Health®--Wellness ³ <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke Pregnancy is also a covered condition</i>	<ul style="list-style-type: none">• Covers 1 additional periodontal maintenance per year and all are covered at 100%• Scaling and root planing are covered at 100%• 4 periodontal surgery procedures are covered at 100%	
Pregnancy Benefit ³	Covers 1 additional cleaning during pregnancy in addition to the benefits listed for Smile for Health®--Wellness ³	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I & Orthodontics	
Annual Program Maximum (per person)	\$1,500 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,000	
Reimbursement	Elite Plus	90 th Percentile

Representative listing of covered services. For underwritten plans, your certificate of insurance/coverage provides complete details on covered services and exclusions and limitations which may affect benefits payable. For self-funded plans, see your employer's Summary Plan Description for a detailed description of benefits.

Rate Tier	Rates
Employee Only	\$36.49
Employee & One Adult	\$71.71
Employee & Child	\$71.71
Employee & Children	\$124.81
Employee & Family	\$124.81