

**Lubbock Independent School District
Dental Plan – BCBS of TX 2024**

| <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)