

**Pittsburg ISD**  
Plan Design Summary



**Dental Summary**

**Proposed Effective Date: 1/1/2026**

		Plan 1
Plan Benefit	Type 1	100%
	Type 2	80%
	Type 3	50%
Deductible		\$50/Calendar Year Waived Type 1 \$150/family
Maximum (per person)		\$2,000/Calendar Year
Preventive Plus <sup>SM</sup>		Included
PPO		Passive PPO
Allowance	Type 1	90th U&C
	Type 2	90th U&C
	Type 3	90th U&C
Waiting Period		None
Annual Open Enrollment		Included

**Orthodontia Summary**

<b>Allowance All Plan Designs:</b> In Network, discounted fee. Out of Network, U&C.	
Plan Benefit	50%
Coverage for Adults	Yes
Lifetime Maximum (per person)	\$1,000
Waiting Period	None
Takeover Benefit	Initial Insureds & New Enrollees

**Monthly Rates**

Employee (EE)	\$38.64
EE + Spouse	\$73.28
EE + Children	\$93.00
EE + Spouse & Children	\$127.16

Rates are guaranteed for 24 months following the effective date listed above and include Orthodontia if part of plan design. Rates include home address mailing.

**PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase.**

**Employee Participation Requirements**

**Eligible Employees: 241**

	The greater of 60% or 3 lives Voluntary
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<b>Plan Design Summary</b>	<b>Plan 1</b>
<p><b>Type 1</b> Procedure (Frequency)</p>	<p>100/80/50 \$50/Calendar Year Waived Type 1 \$150/family \$2,000</p> <ul style="list-style-type: none"> <li>• Routine Exam (2 per benefit period)</li> <li>• Bitewing X-rays (1 per benefit period)</li> <li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning (2 per benefit period)</li> <li>• Fluoride for Children 13 and under (1 per benefit period)</li> <li>• Sealants (age 13 and under)</li> </ul>
<p><b>Type 2</b> Procedure (Frequency)</p>	<ul style="list-style-type: none"> <li>• Space Maintainers</li> <li>• Fillings for Cavities</li> <li>• Restorative Composites</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>
<p><b>Type 3</b> Procedure (Frequency)</p>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 8 years per tooth)</li> <li>• Crown Repair</li> <li>• Denture Repair</li> <li>• Implants</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years)</li> </ul>

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