

Midway Independent School District
Dental Highlight Sheet



High Plan 1: Dental Plan Summary

Effective Date: 9/1/2017

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$2,000 per calendar year
Allowance	90th U&C
Max BuilderSM	Included
Waiting Period	None
Annual Eye Exam	None
LASIK AssistSM	None
Annual Open Enrollment	Included

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 13 and under (1 per benefit period) Sealants (age 13 and under) 	<ul style="list-style-type: none"> Space Maintainers Restorative Amalgams Restorative Composites Denture Repair Simple Extractions 	<ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) Complex Extractions Anesthesia

Monthly Rates

Employee (EE)	\$32.49
EE + Spouse	\$69.41
EE + Children	\$71.24
EE + Spouse & Children	\$109.52

Rates are guaranteed for 12 months following the effective date listed above and include Orthodontia if part of plan design. Included in this offer is a rate cap of 7% for 9/1/2018.

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