

Midway Independent School District
Dental Highlight Sheet



Low Plan 1: Dental Plan Summary

Effective Date: 9/1/2017

Plan Benefit	
Type 1	80%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,500 per calendar year
Allowance	Discounted Fee
Max BuilderSM	Included
Waiting Period	None
Annual Eye Exam	None
LASIK AssistSM	None
Annual Open Enrollment	Included

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)	\$21.08
EE + Spouse	\$41.83
EE + Children	\$44.99
EE + Spouse & Children	\$65.71

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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