

Mineola ISD

**BENEFITS AND COST SUMMARY  
For Dental Insurance With  
Contracting Dentist Option 1.01**

Proposed Effective Date: September 01, 2014

**PROPOSED SCHEDULE OF BENEFITS for Class 1**

Class 1: All Active Full-time Employees (Retired, temporary and seasonal employees are not eligible)

Minimum Hours: 30, unless otherwise agreed upon.

**CALENDAR YEAR DEDUCTIBLE:**

Deductible Type: Lifetime

Deductible applies to:	<u>Contracting Dentist</u>	<u>Non-Contracting Dentist</u>
	Type II and III	Type II and III
INDIVIDUAL	\$100	\$100
FAMILY	\$0	\$0

**BENEFITS LEVELS**

**Contracted Dental Plan**

TYPE I - Diagnostic & Preventive	100%	100%
TYPE II - Basic Services	80%	80%
TYPE III - Major Services	50%	50%
TYPE IV - Orthodontia for Children	50%	50%
Out of Network - 90th percentile U & C		

**MAXIMUM BENEFIT** per covered person:

TYPES I, II, and III combined, per calendar year	\$1250	\$1250
TYPE IV, while covered by the plan	\$1500	\$1500

**BENEFIT WAITING PERIOD**

TYPE II Expenses	None
TYPE III Expenses	3 Months
TYPE IV Expenses	6 Months

Terms of the Prior Carrier Credit Provision may apply.

**LATE ENTRANT**

TYPE II Expenses	6 Months
TYPE III Expenses	12 Months
TYPE IV Expenses	12 Months

**COST SUMMARY**

Rates shown are monthly and are guaranteed for one year from the program effective date.

	Eligible Employees	Contracting Dentists <u>with child ortho</u>
Employee Only	48	\$30.03
Employee + Spouse	11	\$69.50
Employee + Child(ren)	8	\$68.19
Employee + Family	21	\$103.81

**MONTHLY COST** **\$4,931.36**

Mineola ISD  
 Voluntary Dental Vision  
 9/1/2014

<i>Dental</i>	UHC		Dental Select	Principal	Delta Dental
	Current Plan		Max Rewards	Series II	Plan 2
Deductible	Lifetime		Lifetime	Annual	Annual
Individual Deductible	\$100		\$100	\$50	\$50
Family Deductible			\$100 per person	\$150	\$100
Waived for Preventative	yes		yes	yes	yes
Preventative (Type I)	100%		100%	100%	100%
Basic (Type II)	80%		80%	80%	80%
Major (Type III)	50%		50%	50%	50%
Annual Max	\$1,250		\$1,250	\$1,250	\$1,500
Ortho	Child only to 19		Child only to 19	Child only to 19	Child only to 19
Co-Insurance	50%		50%	50%	50%
Lifetime Max	\$1,200		\$1,200	\$1,200	\$1,000
	Current	Renewal			
Employee Only	46.62	48.95	42.27	35.77	33.99
Employee/Spouse	98.95	103.79	89.62	68.28	78.59
Employee/Children	93.24	97.9	84.54	91.10	85.98
Employee/Family	150.26	157.77	136.23	130.22	129.63