

ST. JOSEPH COUNTY ISD DENTAL BENEFIT PLAN
Dental Schedule of Benefits

Effective January 1, 2015

Refer to the Plan Document and Summary Plan Description for details of Class I, II, III & IV services.

DENTAL COVERAGE	BENEFIT PAYMENT	
Calendar Year Dental Deductible	This Dental Plan does not contain a Calendar Year deductible.	
Dental Maximum Benefit	Calendar Year maximum benefit of \$1,000 per individual for Class I, II & III Services. Lifetime maximum benefit of \$1,500 per individual for Class IV Services.	
Class "I" Services Preventative Services	100% of Covered Expenses. Routine Oral Examination: Twice per Calendar Year Prophylaxis (Cleaning): Twice per Calendar Year Topical Fluoride Application: Once per Calendar Year until age 16 Bitewing X-Rays: Once per Calendar Year Full-Mouth Series or Panoramic X-Rays: Once every 36 months All Other X-Rays Sealants: Once per permanent molar to age 16 Space Maintainers: Once per area per lifetime to age 19	
Class "II" Services Restorative Services	100% of Covered Expenses. Composite and Amalgam Fillings: Once per tooth surface per 12 months Root Canal Therapy Periodontal Maintenance: Once per 3 month period following treatment Periodontal Root Planning: Once per quadrant per 24 months Periodontal Surgery: Once per quadrant per 36 months Oral Surgery and Extractions General Anesthesia or IV Sedation: When medically necessary for covered oral surgery Occlusal Guards: Once per 60 months Denture Repair and Adjustment Denture Reline or Rebase: Once per arch per 24 months	
Class "III" Services Major Dental Services	90% of Covered Expenses. Inlays, Onlays and Crowns: Once per permanent tooth per 60 months Complete / Partial Removal Dentures: Once per arch per 60 months Endosteal Implants Fixed Partial Dentures (Bridges): Once per permanent tooth per 60 months Addition of Teeth to Partial Denture Once per arch per 60 months	
Class "IV" Services Orthodontic Services	50% of Covered Expenses. Limited and Interceptiv Treatment Removable / Fixed Appliance Therapy, up to age 19 Comprehensive Treatment Fixed Appliance Therapy, up to age 19	
Not Covered	Cosmetic Treatment Eposteal and Transosteal Implants TMJ / TMD Treatment See Dental Plan Document for additional exclusions	

If you should have any questions regarding Benefits/Eligibility please contact:

Preferred Benefit Administrators
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