Pampa Independent School District Dental Highlight Sheet



Effective Date: 9/1/2018

Low Plan 1: Dental Plan Summary

Plan Benefit	
Type 1	100%
Type 2	80%
Deductible	\$50/Plan Year Type 2
	Waived Type 1
	\$150/family
Maximum (per person)	\$1,250 per plan year
Allowance	Discounted Fee
Max Builder ^{sм}	Included
Waiting Period	None
Annual Eye Exam	None
LASIK Assist SM	None
Annual Open Enrollment	Included

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

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	Type 1		Type 2	
	Routine Exam	•	Restorative Amalgams	
	(2 in 12 months)	•	Restorative Composites	
	Bitewing X-rays	•	Denture Repair	
	(1 in 12 months)		Simple Extractions	
	Full Mouth/Panoramic X-rays			
	(1 in 5 years)			
	Periapical X-rays			
	Cleaning			
	(2 in 12 months)			
	Fluoride for Children 13 and under			
	(1 in 12 months)			
	Sealants (age 13 and under)			
•	Space Maintainers			

Monthly Rates

Employee Only (EE)	\$21.71
EE + Spouse	\$41.97
EE + Children	\$54.37
EE + Spouse & Children	\$74.62

About The Standard

As a leading provider of employee benefits products and services, Standard Insurance Company is dedicated to meeting the unique insurance needs of each customer. More than 27,100 groups trust The Standard for group insurance products and services, and the company covers nearly 7 million employees.

Founded in Portland, Oregon, in 1906, The Standard has built a national reputation for delivering quality insurance products, personalized service and strong financial performance. The Standard wrote its first group insurance policy in 1951, and it remains in force today as a testament to the company's commitment to building successful long-term relationships.

Customer Service

Your local Standard Insurance Company Employee Benefits Sales and Service Office will provide most of the ongoing service for your plan and can be reached at 800.633.8575 during normal business hours. We will assign your company a service representative who will provide regular contact and address questions and concerns related to the plan or the services we provide.

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We also make it easy for covered employees and dentists to contact us to confirm eligibility or request claims information by calling **1-800-547-9515.** Our customer service representatives are available Monday through Thursday from 5:00 a.m. until 10:00 p.m. Pacific Time and until 4:30 p.m. Pacific Time on Friday. For plan information any time, access our automated voice response system or go online to standard.com.

Max Builder^{sм}

This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental contracted provider network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the participant sees a Contracted Provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Max Builder and PPO Bonus combined

Groups with a program similar to Max Builder on their previous plan are eligible for Max Builder Credits. To qualify for Max Builder Credits, the employer must request a list of carryover amounts from the previous carrier, to be sent to The Standard.

The Standard will credit each account based on amounts identified by the previous carrier. The credit is available only to initial insureds. The credit, and any amounts earned under our plan, will not exceed the maximum carryover proposed for the plan selected.

Enrollment data must include information for all dependents enrolling in the plan.

Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member dentist are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit: http://www.standard.com/dental and click on "Find a Dentist."

Dental Network

In Texas, our network and plans are referred to as the Ameritas Dental Network.

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High Plan 1: Dental Plan Summary

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Plan Benefit		
Type 1	100%	
Type 2	80%	
Type 3	50%	
Deductible	\$50/Plan Year Type 2 & 3	
	Waived Type 1	
	\$150/family	
Maximum (per person)	\$1,000 per plan year	
Allowance	90th U&C	
Max Builder ^{sм}	Included	
Waiting Period	None	
Annual Eye Exam	None	
LASIK Assist SM	None	
Annual Open Enrollment	Included	

Orthodontia Summary - Child Only 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
Routine Exam	•	Restorative Amalgams	 Onlays
(2 in 12 months)	•	Restorative Composites	• Crowns
Bitewing X-rays	•	Denture Repair	(1 in 10 years per tooth)
(1 in 12 months)	•	Simple Extractions	Crown Repair
Full Mouth/Panoramic X-rays	•	Anesthesia	 Endodontics (nonsurgical)
(1 in 5 years)			 Endodontics (surgical)
Periapical X-rays			 Periodontics (nonsurgical)
Cleaning			 Periodontics (surgical)
(2 in 12 months)			 Prosthodontics (fixed bridge; removable
Fluoride for Children 13 and under			complete/partial dentures)
(1 in 12 months)			(1 in 10 years)
Sealants (age 13 and under)			Complex Extractions
Space Maintainers			

Monthly Rates

Employee Only (EE)	\$39.64
EE + Spouse	\$77.26
EE + Children	\$100.06
EE + Spouse & Children	\$137.55

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