

Dental plans: 2019-2020

Jordan School District offers the following dental plans through Dental Select:

	Silver Plan		Co-pay Gold Plan	
	Network		Network	Non Network *
Deductible	None		None	
Maximum Annual Benefit - <i>Dental</i>	None		Unlimited	
Coinsurance	NA		NA	
Preventive & Diagnostic Services Routine Exams, Cleanings (2 PCY), Topical Fluoride, X-Rays	Up to 90% Discount †		Covered 100%	See Non Network Payment Schedule
Basic Services Fillings, Extractions, Oral Surgery	Up to 60% Discount †		Fixed Co-pay Schedule	
Major Services Crowns, Bridges, Dentures, Periodontics, Endodontics	Up to 50% Discount †			
Maximum Lifetime Benefit - <i>Orthodontia</i>	NA		NA	
Orthodontic Services Dependents up to age 19 Adults	20% Discount † 20% Discount †		20% Discount † 20% Discount †	No Benefit No Benefit

	Co-pay Platinum Plan		PPO MAC Classic + Max Rewards Platinum Plan	
	Network	Non Network *	Network	Non Network *
Deductible	None		\$50 Single / \$150 Family	
Maximum Annual Benefit - <i>Dental</i>	Unlimited		\$1,000 Max Rewards (see explanation below)	
Coinsurance	Carrier Pays / Member Pays - See Amounts Below		Carrier Pays / Member Pays - See Amounts Below	
Preventive & Diagnostic Services Routine Exams, Cleanings (2 PCY), Topical Fluoride, X-Rays	Covered 100%	See Non Network Payment Schedule	Covered 100%	100% of FS Covered
Basic Services Fillings, Extractions, Oral Surgery	Fixed Co-pays, Refer to Co-Pay Schedule		80 / 20 AD	70 / 30 of FS - AD
Major Services Crowns, Bridges, Dentures, Periodontics, Endodontics	Fixed Co-pays, Refer to Co-Pay Schedule		12 Month Waiting Period	
Maximum Lifetime Benefit - <i>Orthodontia</i>	None		\$1,000 Per Individual	
Orthodontic Services Dependents up to age 19 Adults	20% Discount † 20% Discount †	No Benefit No Benefit	12 Month Waiting Period 20% Discount then 50 / 50 20% Discount †	

AD: After Deductible

FS: Network Fee Schedule

† Discount Only: No benefit will be paid


* Member will be responsible for amounts billed by non-participating providers in excess of eligible dental expense amount.

MaxRewards Program	
Year 1	Starting Max of \$1,000
Year 2	+\$100 (\$1,100)
Year 3	+\$200 (\$1,300)
Year 4	+\$300 (\$1,600)
Year 5	+\$400 (\$2,000)

How the MaxRewards Program Works: Increases are automatically applied on the employee's effective date, each year incrementally based on consecutive coverage.

Monthly Dental Rates

Coverage Type	Silver Discount Plan	Co-pay Gold Plan	Co-pay Platinum Plan	PPO MAC Classic + Max Rewards Platinum Plan
Employee	\$1.00	\$17.55	\$26.24	\$33.08
Two Party	\$3.00	\$31.92	\$47.70	\$60.27
Family	\$4.00	\$49.96	\$74.67	\$94.38

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For a complete description of benefits, limitations, and exclusions, consult your benefits summary available from Insurance department or at www.dentalselect.com.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

Dental Plan Matrix		New Plans			
		Dental Select Silver Discount Plan	Dental Select Gold Co-Pay Plan	Dental Select Platinum Co-Pay Plan	Dental Select Platinum PPO Mac - Max Rewards Plan
Old Plans	TDA Dental Eclipse II Discount	★			
	TDA Peak Care Plus/ (Executive Plus - DHMO/TotalCare		★		
	TDA - PPO/Indemnity				★
	EMI Premier Co-Pay High Option 1			★	
	EMI Premier Co-Pay Low Option 2		★		