

Dental Plans: 2023-2024

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

	Platinum Co-Insurance Plan MAC Classic+ Max Rewards	
	Network	Non Network *
Deductible	\$50 Single / \$150 Family	
Maximum Annual Benefit - <i>Dental</i>	\$1,000 Max Rewards (see explanation below)	
Coinsurance	Carrier Pays / Member Pays - See Amounts Below	
Preventive & Diagnostic Services Routine Exams, Cleanings (2 PCY), Topical Fluoride (15 & under), X-Rays	Covered 100%	100% of FS Covered
Basic Services Fillings, Extractions, Oral Surgery	80 / 20 AD	70 / 30 of FS - AD
Major Services Crowns, Bridges, Dentures, Periodontics, Endodontics	12 Month Waiting Period	
	50 / 50 AD	40 / 60 of FS - AD
Maximum Lifetime Benefit - <i>Orthodontia</i>	\$1,000 Per Individual	
Orthodontic Services Dependents up to age 19 All Members	12 Month Waiting Period	
	50 / 50 Discounts May Apply †	

MaxRewards Program:

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

	Platinum Co-Pay Plan		Co-pay Gold Plan	
	Network	Non Network *	Network	Non Network *
Deductible	None		None	
Maximum Annual Benefit - <i>Dental</i>	Unlimited		Unlimited	
Coinsurance	NA		NA	
Preventive & Diagnostic Services Routine Exams, Cleanings (2 PCY), Topical Fluoride (15 & under), X-Rays	Covered 100%	See Non Network Payment Schedule	Covered 100%	See Non Network Payment Schedule
Basic Services Fillings, Extractions, Oral Surgery	Fixed Co-pays, Refer to Co-Pay Schedule		Fixed Co-pays, Refer to Co-Pay Schedule	
Major Services Crowns, Bridges, Dentures, Periodontics, Endodontics				
Maximum Lifetime Benefit - <i>Orthodontia</i>	None		None	
Orthodontic Services Dependents up to age 19 All Members	No Benefit Discounts May Apply †	No Benefit No Benefit	No Benefit Discounts May Apply †	No Benefit No Benefit

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.

Monthly Dental Rates

Coverage Type	PPO MAC Classic + Max Rewards Platinum Plan	Co-pay Platinum Plan	Co-pay Gold Plan
Employee	\$35.61	\$28.25	\$18.89
Two Party	\$64.87	\$51.33	\$34.36
Family	\$101.58	\$80.37	\$53.77

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