

TUPELO PUBLIC SCHOOL DISTRICT

Plan Design Summary



Dental Summary

Proposed Effective Date: 1/1/2020

		Plan 1 <i>Low</i>		Plan 2 <i>High</i>	
Plan Benefit	Type 1	In Network	Out of Network	In Network	Out of Network
	Type 2	100%	100%	100%	100%
	Type 3	90%	80%	90%	80%
		60%	50%	60%	50%
Deductible		\$50/Calendar Year Waived Type 1 3 Family Maximum	\$50/Calendar Year Waived Type 1 3 Family Maximum	\$50/Calendar Year Waived Type 1 3 Family Maximum	\$50/Calendar Year Waived Type 1 3 Family Maximum
Maximum (per person)		\$750/Calendar Year	\$750/Calendar Year	\$1,500/Calendar Year	\$1,500/Calendar Year
Preventive Plus SM		Included	Included	NA	NA
PPO		Freedom of Choice®		Freedom of Choice®	
Allowance	Type 1	Discounted Fee	U&C	Discounted Fee	U&C
	Type 2	Discounted Fee	U&C	Discounted Fee	U&C
	Type 3	Discounted Fee	U&C	Discounted Fee	U&C
Dental Rewards®		Included	Included	Included	Included
Waiting Period		None	None	None	None
Annual Open Enrollment		Included	Included	Included	Included

Orthodontia Summary

Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.

Plan Benefit	No Ortho	50%
Coverage for Adults		Yes
Lifetime Maximum (per person)		\$1,000
Waiting Period		None

Monthly Rates

	<i>Low</i>	<i>High</i>
Employee (EE)	\$17.58	\$31.92
EE + Spouse	\$35.16	\$63.86
EE + Children	\$44.74	\$72.48
EE + Spouse & Children	\$61.96	\$104.98

Rates are guaranteed for 12 months following the effective date listed above and include Orthodontia if part of plan design.

Rates include: home address mailing.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase.

Employee Participation Requirements

Eligible Employees: 701

	The greater of 60% or 3 lives Voluntary	The greater of 60% or 3 lives Voluntary
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TUPELO PUBLIC SCHOOL DISTRICT

Covered Procedure Summary



Plan Design Summary	Plan 1 <i>Low</i>		Plan 2 <i>High</i>	
	In Network 100/90/ 50 \$50/Calendar Year Waived Type 1 3 Family Maximum \$750	Out of Network 100/80/ 50 \$50/Calendar Year Waived Type 1 3 Family Maximum \$750	In Network 100/90/60 \$50/Calendar Year Waived Type 1 3 Family Maximum \$1,500	Out of Network 100/80/50 \$50/Calendar Year Waived Type 1 3 Family Maximum \$1,500
Type 1 Procedure (Frequency)	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Cleaning (2 per benefit period) Fluoride for Children 15 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers 	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Cleaning (2 per benefit period) Fluoride for Children 15 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers 	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Cleaning (2 per benefit period) Fluoride for Children 15 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers 	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Cleaning (2 per benefit period) Fluoride for Children 15 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers
Type 2 Procedure (Frequency)	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 2 years) Restorative Amalgams Restorative Composites 	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 2 years) Restorative Amalgams Restorative Composites 	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 2 years) Restorative Amalgams Restorative Composites Periodontics (nonsurgical) Simple Extractions 	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 2 years) Restorative Amalgams Restorative Composites Periodontics (nonsurgical) Simple Extractions
Type 3 Procedure (Frequency)			<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (surgical) Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (surgical) Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) Complex Extractions Anesthesia

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