

# Cochrane-Fountain City Community School District

Dental	Delta Dental	
July 1, 2019	Current	Renewal
Calendar Year Maximum	\$1,000	\$1,000
Per Member	\$1,000	\$1,000
Annual Deductible (Plan/Calendar)	\$25	\$25
Individual	\$75	\$75
Family	100%	100%
Diagnostic and Preventive	Y	Y
Deductible Waived (Y/N)	80%	80%
Basic Services	None	None
Waiting Period	80%	80%
Major Services	None	None
Waiting Period	None	None
Periodontics & Endodontic	80%	80%
Orthodontics	50%	50%
Waiting Period	None	None
Lifetime Maximum	\$1,500	\$1,500
Age Limitation		
Child or Adult Ortho Coverage	Child and Adult	Child and Adult
Out-of-Network Reimbursement	1 Year	1 Year
Rate Guarantee		
Participation Requirement		
Monthly Rates	Current	Renewal
Employee Only	\$45.27	\$47.31
Employee + Spouse		\$122.49
Employee + Child (ren)		\$122.49
Employee + 1	\$117.22	\$122.49
Employee + Family		
Monthly Premium	\$7,190.01	\$7,513.35
Annual Premium	\$66,280.12	\$90,160.20
Annual % Change		\$3,980.08
Annual % Change		4.50%

Green Highlights: "Better" benefits comparing with current benefits  
 Red Highlights: "Worse" Benefits comparing with current benefits  
 This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.