

Section 11: Dental Plan

Southern National Life Insurance

ZACHARY COMMUNITY SCHOOL BOARD – 07/01/05 RENEWAL

Covered Services:

Pays up to \$1,000 Annual Benefit for Certain Procedures.

Type I Preventive Services	Type II Basic Services	Type III Major Services	Type IV Orthodontic Services
No Deductible	Deductible Applies*	Deductible Applies*	No Deductible
Routine Exams Bitewing X-rays (one per 6 months) (one series per 36 mths) Prophylaxis Sealants (to age 14) Fluoride Treatments (to age 15) Space Maintainers (to age 9) Certain Lab Tests Emergency Palliative Treatment	Restorative Basic Fillings Oral Surgery (extractions & impacted teeth) Endodontics (root canal & pulpal therapy)	Restorative (inlays & crowns) Prosthetics (dentures & bridges) Periodontal Surgery Denture & Crown Repair Periodontics (treatment of gums including surgery)	Orthodontia (for proper alignment of teeth) Orthodontia is provided only to dependent children who are under age 21 when treatment is received. \$500 Annual Maximum \$1,200 Lifetime Max.
OPTION 1 BENEFITS			
Flat Benefits-no/100%	Flat Benefits- no/80%	Flat Benefits- 6 month waiting 50%	Flat Benefits- 12 month waiting

* Deductible is \$50 per person/\$150 per family per calendar year.

Employee Participation Requirement:

(Percentage based on number of full-time employees)

25 – 149

lives.....35%

More than 150

lives.....25%

Maximum Benefit: Annual Maximum Per Employee \$1,000

RATES:

Employee only	\$31.98
Employee and Spouse	\$63.36
Employee and Children	\$73.31
Employee and Family	\$104.65