

LINCOLN PARISH SCHOOL BOARD

SCHEDULE OF DENTAL BENEFITS

GROUP NAME	GROUP NUMBER
Lincoln Parish School Board	78B15ERC
GROUP'S BENEFIT PLAN DATE	GROUP'S ANNIVERSARY DATE
January 1, 2015	January 1st

MAXIMUM BENEFITS	
Benefit Period Maximum: (Includes Preventive and Diagnostic, Basic, and Major Dental Services Combined)	\$1,250.00 per Plan Participant
Orthodontia Maximum: Benefits are Limited to Plan Participants over age 6 and under age 19.	\$1,000.00 per Plan Participant per Lifetime
Special Notes:	
<ul style="list-style-type: none"> Maximum benefit for Late Applicants, during the first twelve (12) consecutive months of coverage is \$150. 	

DEDUCTIBLE	
Benefit Period Deductible Amount - Individual:	\$75.00
Special Notes:	
<p>The Benefit Period Deductible Amount does NOT apply to the following:</p> <ul style="list-style-type: none"> Preventive and Diagnostic Dental Services <p>NO Benefits are payable within the first six (6) months for the following:</p> <ul style="list-style-type: none"> Major Dental Services Orthodontic Services, Treatment and Appliances 	

COINSURANCE		
	COMPANY	PLAN PARTICIPANT
Preventive and Diagnostic Dental Services	100%	0%
Basic Dental Services	80%	20%
Major Dental Services	50%	50%
Orthodontic Services, Treatment and Appliances	50%	50%

ELIGIBILITY WAITING PERIOD
The Plan Administrator will determine the Eligibility Waiting Period and Effective Date of coverage for all eligible Employees and their Dependents.
The Employee must complete an Eligibility Waiting Period of thirty (30) days as an Active Employee.
The Dependent of an Employee will become eligible for coverage on the first day that the Employee is eligible for Employee coverage and the Dependent satisfies the requirements for coverage.