

WESTPORT BOARD OF EDUCATION

APPENDIX F: DENTAL BENEFITS

As of July 1, 2007

Administered by Delta Dental

Deductible Per calendar year	\$50 deductible applies to Basic and Major Services Maximum family deductible per calendar year is \$150
Individual Maximum Benefit	Individual maximum benefit paid per calendar year is \$2,500
Covered Charges	If utilizing a Delta Dental participating dentist, the dentist has accepted the reimbursement level. Non-participating dentist outside Delta Dental's network can charge amounts greater than the covered allowance for any procedure and the patient is liable for the balance.
Preventive & Diagnostic (Type A Services) Exams, Cleanings, Bitewing X-Rays (2 per calendar year per person); Fluoride Treatment (for children to age 9)	100% reimbursement of usual, customary and reasonable charges Not subject to deductible
Remaining Basic (Type B Services) Fillings, Extractions & Root Canals (Endodontics); Periodontal & Oral Surgery; Sealants (to age 16)	80% reimbursement of usual, customary and reasonable charges Subject to deductible
Crowns & Prosthodontics (Type C Services) Crowns & Gold Restorations; Repair of Dentures & Removable Prosthodontics; Bridgework, Full & Partial Dentures	50% reimbursement of usual, customary and reasonable charges Subject to deductible
Orthodontia (Adults & Dependent Children) Coinsurance Lifetime Maximum	50% \$2,000

Dependent children are covered to age 25 if enrolled as a full time student in an accredited school or university or living at home with parents and primarily financially dependent upon the employee for support.)