



WISD DENTAL INSURANCE 2022-2023

	Base	High
Dental Rates	Employee Deduction	Employee Deduction
Employee Only	Employer Paid	\$ 27.36
Employee & Children	\$ 25.76	\$ 58.96
Employee & Spouse	\$ 25.76	\$ 58.96
Employee & Family	\$ 39.76	\$ 92.00



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	Base Plan		High Plan	
Preventive	<ul style="list-style-type: none"> *Routine Exams *Bitewing X-Rays *Full Mouth/Panoramic X-rays *Periapical X-rays *Cleanings *Fluoride (age 15 & under) 	100%	<ul style="list-style-type: none"> *Routine Exams *Bitewing X-rays *Full Mouth/Panoramic X-rays *Periapical X-rays *Cleanings *Fluoride (age 15 & under) *Sealants (age 13 & under) *Space Maintainers *Pre-Diagnostic Test (age 35 & over) 	100%
Basic	<ul style="list-style-type: none"> *Sealants (age 13 & under) *Restorative Amalgams *Restorative Composites (anterior and posterior teeth) *Simple Extractions 	50%	<ul style="list-style-type: none"> *Restorative Amalgams *Restorative Composites (anterior and posterior teeth) *Simple Extractions 	80%
Major	<ul style="list-style-type: none"> *Space Maintainers *Onlays, Crowns, Crown Repair *Endodontics (surgical and nonsurgical) *Periodontics (surgical and nonsurgical) *Denture Repair *Prosthodontics (fixed bridge; removable complete/partial dentures) *Complex Extractions *Anesthesia 	25%	<ul style="list-style-type: none"> *Onlays, Crowns, Crown Repair *Endodontics (surgical and nonsurgical) *Periodontics (surgical and nonsurgical) *Denture Repair *Implants *Prosthodontics (fixed bridge; removable complete/partial dentures) *Complex Extractions *Anesthesia 	50%
Orthodontics	*Orthodontic Treatment –not covered	N/A	<ul style="list-style-type: none"> *Orthodontic Treatment-Adult & Child *Allowance U & C *Lifetime Maximum per person \$1500 *Waiting Period – None 	50%
Deductible	<ul style="list-style-type: none"> *Calendar year (Annual) (Individual/Family); *Waived for Preventive Services 	\$100/ \$300	<ul style="list-style-type: none"> *Calendar year (Annual) (Individual/Family); *Waived for Preventive Services 	\$75/ \$225
Maximum Benefit	Calendar Year Maximum per person	\$750	Calendar Year Maximum per person	\$1,250

This information provided by Ameritas. 1-800-487-5553

