

**Weslaco ISD Benefits
Dental Benefits 2018-2019**



	Weslaco ISD- Dental Insurance	Base Plan	Mid Plan	High Plan
Preventive	<ul style="list-style-type: none"> *Routine Oral Exams *Bitewing X-Rays *Full Mouth or Panoramic X-rays *Other Dental x-rays (including periapical films) *Routine Cleanings *Fluoride Treatments *Labs & Other Tests 	100%	100%	100%
Basic	<ul style="list-style-type: none"> *Sealants *Problem Focused Exams *Consultations *Palliative Treatment (including emergency relief of dental pain) *Injections of antibiotics and other therapeutic medications *Fillings *Prefabricated Stainless Steel and Resin Crowns *Simple Extractions *Biopsy and Examination of Oral Tissue (including brush biopsy) *Endodontic (including root canal treatment) *Periodontal Maintenance Procedures *Non surgical Periodontal therapy 	50%	80%	80%
Major	<ul style="list-style-type: none"> *Prosthetic Repair and Recementation Services *Bridges *Full and partial dentures *Denture Reline and Rebase Services *Crowns, Inlays, Onlays and related series *Implants and related services *Night Guard (Occlusal Guard) 	N/A	50%	80%
Ortho-Dontics	<ul style="list-style-type: none"> *Dependent children only *Orthodontic Treatment –Including orthodontic exams, x-rays, extractions, study models and appliances 	N/A	50%	50%
Deductible	Calendar year (Annual) (Individual/Family); Waived for Preventive Services	\$50/ \$150	\$50/ \$150	\$25/ \$75
Maximum Benefit	Calendar Year Maximum for Preventative and Basic	\$750	\$1250	\$1500

	Base	Mid	High
DENTAL Rates	Employee Deduction	Employee Deduction	Employee Deduction
Employee Only	Employer Paid	\$ 12.60	\$ 25.24
Employee & Children	\$ 20.50	\$ 32.00	\$ 43.44
Employee & Spouse	\$ 20.50	\$ 32.00	\$ 43.44
Employee & Family	\$ 32.82	\$ 50.88	\$ 69.00



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