

Hardeman County Board of Education Dental Insurance

	<u>PLAN</u>
D & P Benefits	100%
Sealants	90%
Basic Benefits	90%
Endodontics	60%
Crowns & Cast Restoration	
Prosthodontics	60%
Periodontics	60%
Complex Oral Surgery	60%
Implants	60%
Orthodontics	50%
Annual Maximum	\$1,000.00
Orthodontics Lifetime Maximum	\$1,000.00
Deductible	\$50.00
Maximum Deductible Per Family	\$150.00

RATES

	<u>SINGLE</u>
TOTAL PREMIUM <i>Per Month</i>	\$30.24

	<u>FAMILY</u>
TOTAL PREMIUM <i>Per Month</i>	\$77.20

DIVIDE ALL PREMIUMS BY 2 FOR THE PER PAY PERIOD PREMIUM DEDUCTION

Hardeman County Board of Education Dental Insurance

CAFETERIA EMPLOYEES ONLY

10 month Deduction Scale

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RATES

TOTAL PREMIUM
Per Month

SINGLE

\$36.29

FAMILY

TOTAL PREMIUM
Per Month

\$92.64

DIVIDE ALL PREMIUMS BY 2 FOR THE PER PAY PERIOD PREMIUM DEDUCTION