

SCACPA Trust Offering

dental by design

Services	Dental Essentials	Dental Choice	Dental Select	Modified Select
Program Deductible				
Per Individual	\$100 Lifetime	\$100 Lifetime	\$100 Lifetime	\$50 Contract Year
Family Limit	No Limit	No Limit	No Limit	3
Waived for Type I service?	No	No	No	Yes
Type I Preventive Services	100% oral exams, cleanings (2 per 12 months) bitewing x-rays (1 per 12 months)	100% oral exams, cleanings (2 per 12 months) bitewing x-rays (1 per 12 months) space maintainers pain treatment, sealants	100% oral exams, cleanings (2 per 12 months) bitewing x-rays (1 per 12 months) space maintainers pain treatment, sealants full mouth x-rays	100% oral exams, cleanings (2 per 12 months) bitewing x-rays (1 per 12 months) space maintainers pain treatment, sealants full mouth x-rays
Type II Basic Services	80% space maintainers, fillings pain treatment, sealants full mouth x-rays	80% full mouth x-rays, fillings simple extractions endodontics	80% fillings, anesthesia simple & surgical extractions endodontics, oral surgery periodontics	80% fillings, anesthesia simple&surgical extractions endodontics, oral surgery periodontics
Benefit Waiting Period	None	None	None	None
Type III Major Services	50% anesthesia, endodontics simple & surgical extractions oral surgery, periodontics crowns,inlays,onlays dentures, bridges, implants, perio trays	50% anesthesia surgical extractions oral surgery, periodontics crowns,inlays,onlays dentures, bridges, implants, perio trays	50% crowns, inlays, onlays dentures, bridges, implants, perio trays	50% crowns, inlays, onlays dentures, bridges implants, perio trays
Benefit Waiting Period	None	None	None	None
Maximums	\$1000 Contract Year	\$1000 Contract Year	\$1000 Contract Year	\$ 1500 Contract Year / 2 Incr Max 1500 / 1750 / 2000
Apply to Type II and III Services Only				
Type IV Orthodontia Child(ren) Only	50% Child(ren) Only	50% Child(ren) Only	50% Child(ren) Only	50% Child(ren) Only
Lifetime Maximum	\$1000	\$1000	\$1000	\$1000
Deductible	None	None	None	None
Benefit Waiting Period	None	None	None	12 months
Monthly Cost Without Ortho				
Employee	\$26.13	\$28.70	\$30.17	\$38.54
Employee Plus Spouse	\$52.25	\$57.40	\$60.34	\$77.08
Employee Plus Child(ren)	\$63.26	\$69.13	\$71.83	\$95.66
Employee Plus Family	\$95.06	\$104.04	\$108.50	\$142.66
Monthly Cost With Ortho				
Employee	\$26.13	\$28.70	\$30.17	\$38.54
Employee Plus Spouse	\$52.25	\$57.40	\$60.34	\$77.08
Employee Plus Child(ren)	\$67.76	\$73.63	\$76.33	\$99.26
Employee Plus Family	\$99.73	\$108.72	\$113.17	\$146.40

Employer Contribution Percentage: 0

Rates are Guaranteed for 24 months