

**Allen County Schools Health Plan  
Dental Summary of Benefits  
January 1, 2014**

<b>Benefits</b>	
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>
Dependent Age Limit	Age 25; removal end of calendar year
Benefit Period Maximum (per member)	\$2,500
Benefit Period Deductible (per member)	\$25 Single / \$50 Family
Class I - Preventive & Diagnostic	100% (no deductible)
Class II - Basic Restorative/Essential	85% after deductible
Class III - Major Restorative/Complex	80% after deductible
Class IV - Orthodontia	60% (no deductible)
Orthodontic Lifetime Maximum (per member)	\$1,000

*This summary of benefits is intended to be a brief outline of coverage.*

*The contract and/or certificate will contain the complete listing of covered services. In the event of a conflict between the contract and this summary, the group contract will prevail.*

**2014 Monthly Premium Rates**

Single	\$40.53
Family	\$101.33
Composite	\$88.29

**Employee Contribution**

Single
Family
Composite