

Rockwall ISD

Employee only	\$17.39
Employee + 1	\$33.84
Family	\$58.97

Low Plan: Custom Traditional Plus 100-50-25

Calendar year deductible	<ul style="list-style-type: none"> Applied to basic and major services Waived on preventive services 	\$50 individual \$150 family
Annual maximum	<ul style="list-style-type: none"> Applied to preventive, basic, and major services 	\$500
Preventive services	<ul style="list-style-type: none"> Oral examinations Cleanings Topical fluoride treatments Sealants 	100 percent no deductible
Basic services	<ul style="list-style-type: none"> Full mouth X-rays (once every 5 years) Bitewing X-rays (1set per calendar year) Periapicals and other X-rays Fillings Space maintainers Routine extractions Emergency care for pain relief Oral surgery Appliances for children 	50 percent after deductible
Major services	<ul style="list-style-type: none"> Endodontics (root canal) Periodontics (gum therapy) Inlays or onlays* Prefabricated stainless steel crowns Other crowns* Dentures (complete and partial)* Bridgework* Denture relines and rebases Denture repair and adjustments Implants 	25 percent after deductible
Orthodontia	<ul style="list-style-type: none"> Covers child orthodontia 	50 percent up to \$1,000 lifetime maximum no deductible

(MAF): If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee schedule. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee. To ensure you do not receive additional charges, visit a participating PPO network dentist.

Waiting periods and frequency/age limits may apply.

* 10 year replacement rule for bridges, partials, dentures, inlays, onlays, crowns or other laboratory-fabricated restorations.