

Mapleton Public Schools
Insurance Plans Highlight Comparison
 Effective July 1, 2019 to June 30, 2020

This is only for illustrative and summary purposes. The contents of this summary are subject to the provisions of the policy, which contains all terms, covenants and conditions of coverage. Your plan may exclude coverage for certain treatments, diagnoses, or services not noted on the following pages. The benefits in this summary may only be available if required plan procedures are followed (e.g., use of specific providers).

DELTA DENTAL

	OPTION 1	OPTION 2
Network Maximum Benefit (July 1 - June 30)	PPO Dentist \$1000	PPO, Premier or Non-Participating Dentist \$1500
Deductible (applies to Basic & Major services) Individual/Family	\$50/\$150	\$50/\$150
Co-Insurance Diagnostic & Preventive	100%	100%*
Basic Services	80%	90% PPO / 80% Premier & Non- Participating
Major Services	50%	60% PPO / 50% Premier & Non- Participating
Orthodontics (eligible to age 19) Co-insurance Lifetime Maximum	50% \$1000	50% \$1500

* Diagnostic & Preventive services do not count against the maximum benefit shown above

Total Monthly Rates	OPTION 1	OPTION 2
Employee	\$24	\$28
Employee + Family	\$78	\$102

Monthly Employee Cost		
Employee	\$0	\$4
Employee + Family	\$54	\$78