Plans and Rates

Delta Dental PPO™

DeSoto County Schools			
	Program C - Plan 2 (No Change)		
	Delta Dental PPO Dentist	**Delta Dental Premier Dentist**	**Non-Delta Dental Dentist**
Basis for Member Cost Sharing	PPO Contracted Fees	Premier Contracted Fees	90th Percentile
Benefits			
Diagnostic & Preventive	100%	100%	100%
Sealants	100%	100%	100%
Space Maintainers	100%	100%	100%
Basic Restorative	80%	80%	80%
Oral Surgery	80%	80%	80%
Simple Extractions	80%	80%	80%
Endodontics	Not Covered	Not Covered	Not Covered
Surgical Periodontics	Not Covered	Not Covered	Not Covered
Non-Surgical Periodontics	Not Covered	Not Covered	Not Covered
Major Restorative	Not Covered	Not Covered	Not Covered
Prosthodontics-Fixed & removable	Not Covered	Not Covered	Not Covered
Denture Repair, Reline, Rebase	80%	80%	80%
Implants	Not Covered	Not Covered	Not Covered
Orthodontics – Child	Not Covered	Not Covered	Not Covered
Orthodontics – Adult	Not Covered	Not Covered	Not Covered
TMJ	Not Covered	Not Covered	Not Covered

Plans and Rates(continued)

Delta Dental PPO™

Deductible			
Per Patient / Lifetime	$100	$100	$100
Per Family / Lifetime	$300	$300	$300
Lifetime Ortho deductible/ Patient	NA	NA	NA
Maximums **(Does not apply to Diagnostic and Preventive Services)**			
Per Patient / Calendar year	$750	$750	$750
Lifetime Ortho maximum/ Patient	NA	NA	NA
Waiting Periods **(Calculated from each primary enrollee's effective date in a dental program as reported by the employer)**			
Oral Surgery, Endo, Perio	NA	NA	NA
Orthodontics	NA	NA	NA
Major Restorative, Prosthodontics	NA	NA	NA

Plans and Rates(continued)

Delta Dental PPO™

Contract Type		Non-Retention (Non-Participating)				
Contract Term		01/01/2024 to 12/31/2025				
		Guaranteed				
Rate Effective Dates	From	01/01/2024				
	To	12/31/2025				
Enrollee only		$19.45				
Enrollee + Spouse		$38.85				
Enrollee + Children		$42.74				
Family (EE, Spouse, & Child(ren))		$63.15				
The above rates include 5.00% broker commission.						
Created Date: 08/31/2023. The above rates are not valid unless accompanied by the provisions in the attached pages.						

Assumptions and Guidelines

DeSoto County Schools
Program C - Plan 2 (No Change)

Proposal Disclosure

The rates quoted in this proposal are based on the information provided to Delta Dental at the time the proposal was released. This proposal is not a contract. If the group wishes to sign a contract with Delta Dental, it will be required to complete and sign a Group Application. Delta Dental's acceptance of a completed Group Application will be based on verification of group enrollment specifications.

If during the Contract Term any new or increased tax, assessment or fee is imposed on the amounts payable to or by Delta Dental under this Contract or any immediately preceding contract between Delta Dental and Contractholder, the Premium amount will be increased by the amount of any such new or increased tax, assessment or fee by written notice to Contractholder, and the Contract shall thereby be modified on the date set forth in the notice.

Maximum Contract Allowance

Contracted dentists are paid directly by Delta Dental and by agreement cannot bill the enrollee more than their contracted fee. Non-contracted dentists may not always accept Delta Dental's program allowance as payment in full. The enrollee is responsible for paying up to the non-contracted dentist's submitted charge.

Benefit payments for services rendered by non-contracted dentists are sent directly to the enrollee. It is the enrollee's responsibility to pay the non-contracted dentist.

Fully Insured Non-Retention Contract

Any profit or loss remaining at the end of the contract period will be absorbed by Delta Dental. The client assumes no liability in a loss situation.

Rate Guarantee

Rates are valid if purchased by the proposed effective date of 1/1/24. Delta Dental recommends 90 days advance notice for implementation.

Contribution and Participation

Rates assume an employer contribution of 0% toward the employee cost and 0% toward the dependent cost of coverage for all eligible employees. Rates assume that there will be a minimum enrollment of 2,569 primary enrollees in Fee-for-service plan(s).

Eligibility
Eligible employees may enroll on the first day of the month following completion of the employer's required eligibility period. Eligible employees who decline dental coverage may elect to enroll at the next open enrollment. The same requirements also apply for dependent coverage. Primary enrollees electing dependent coverage must enroll all eligible dependents in the dental program. Eligibility for employees and dependents is subject to all state laws or regulatory requirements. Enrollees eligible for optional continuation of group benefits under the Consolidated Omnibus Reconciliation Act of 1986 (COBRA) may continue coverage as allowed by law.

Limitations and Exclusions
The proposed plan designs are based on the current limitations and exclusions, processing policies, and contract specifications.

Deductibles and Maximums
Deductible and maximum amounts for in network and out of network are inclusive of each other and not in addition to.

Single Dental Carrier
It is assumed that Delta Dental is to be the only dental carrier and that all primary enrollees (and their dependent enrollees) will be covered under our plan(s).

Additional Benefits for Pregnancy
Pregnant enrollees are eligible for a benefit enhancement consisting of one additional oral evaluation and either one additional prophylaxis or one periodontal scaling/root planing procedure.

Missing Teeth
Restorative treatment and replacement of teeth extracted prior to the effective date are covered benefits.

Posterior Composites
Posterior Composites paid at the Amalgam Benefits.