Pflugerville Independent School District

Group Dental Insurance

Help protect your oral health with regular dental exams and procedures.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered dental care services. NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Triple Choice Low Plan 1: Dental Plan Summary **Effective Date: 1/1/2025**

Plan Benefit	
Type 1 (Preventive)	100%
Type 2 (Basic)	80%
Waiting Period	None
Deductible	$50/Calendar Year Type 2
	Waived Type 1
	$150/family
Maximum *(per person)*	$1,250 per calendar year
Allowance	80% usual and customary
Annual Eye Exam	None
Annual Open Enrollment	Included

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2
• Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 18 and under (2 per benefit period) • Sealants (age 18 and under) • Space Maintainers	• Fillings for Cavities • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Simple Extractions • Pre-Diagnostic Test (age 35 and over) (1 in 2 years)

Monthly Rates	
Employee Only (EE)	$28.68
EE + Spouse	$57.84
EE + Children	$48.48
EE + Spouse & Children	$74.38

Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member provider are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit **http://www.standard.com/services** and click on "Find a Dentist."

Your provider network is Classic Network.

Pflugerville Independent School District

Dental Network

In Texas, our network and plans are referred to as the Ameritas Dental Network.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

Submitting a claim

Your policy requires all claims be received by The Standard within 90 days of the date of service. You may submit a claim, or your Dentist can file your claim on your behalf and you can assign payment to your Dentist. If the 90 day deadline is missed, you will be responsible for covering the cost of the service. *Requirements for claims submission vary by state, please consult your group certificate for details.

Prior Extraction Limitation

Your policy has a prior extraction limitation, also known as the "missing tooth clause". This means that if you had a tooth extracted prior to enrolling in your plan with The Standard, we may or may not pay for any benefits towards replacing that tooth. Please review your policy or contact Customer Service for details.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Pflugerville Independent School District

Customer Service

Customer service is available to plan participants through our well-trained and helpful service representatives. Call or go online to locate the nearest network provider, view plan benefit information and more.

Call Center: 800.547.9515

- Service representative hours:
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About The Standard

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

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Triple Choice Medium Plan 1: Dental Plan Summary **Effective Date: 1/1/2025**

Plan Benefit	
Type 1 (Preventive)	100%
Type 2 (Basic)	80%
Type 3 (Major)	50%
Waiting Period	None
Deductible	$50 Lifetime Type 2,3
	Waived Type 1
	No Family Maximum
Maximum *(per person)*	$1,250 per calendar year
Allowance	80% usual and customary
Annual Eye Exam	None
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

Allowance	Usual and customary
Plan Benefit	50%
Lifetime Maximum *(per person)*	$1,500
Waiting Period	None

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 18 and under (2 per benefit period) • Sealants (age 18 and under) • Space Maintainers	• Fillings for Cavities • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Simple Extractions • Pre-Diagnostic Test (age 35 and over) (1 in 2 years)	• Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) • Complex Extractions • Anesthesia

Monthly Rates	
Employee Only (EE)	$34.70
EE + Spouse	$69.34
EE + Children	$93.54
EE + Spouse & Children	$128.18

Pflugerville Independent School District

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Type 1 (Preventive)	100%
Type 2 (Basic)	80%
Type 3 (Major)	50%
Waiting Period	None
Deductible	$50 Lifetime Type 2,3
	Waived Type 1
	No Family Maximum
Maximum *(per person)*	$2,000 per calendar year
Allowance	80% usual and customary
Max Builder℠	Included
Annual Eye Exam	None
Annual Open Enrollment	Included

Orthodontia Summary - Adult and Child Coverage

Allowance	Usual and customary
Plan Benefit	50%
Lifetime Maximum *(per person)*	$1,500
Waiting Period	None

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

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Monthly Rates	
Employee Only (EE)	$52.62
EE + Spouse	$116.94
EE + Children	$106.06
EE + Spouse & Children	$150.88

Pflugerville Independent School District

Max Builder℠

This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	$400	Max Builder amount is added to the following year's maximum
Maximum Carryover	$1,200	Maximum possible accumulation for Max Builder

Groups with a program similar to Max Builder on their previous plan are eligible for Max Builder Credits. To qualify for Max Builder Credits, the employer must request a list of carryover amounts from the previous carrier, to be sent to The Standard.

The Standard will credit each account based on amounts identified by the previous carrier. The credit is available only to initial insureds. The credit, and any amounts earned under our plan, will not exceed the maximum carryover proposed for the plan selected.

Enrollment data must include information for all dependents enrolling in the plan.

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