



OPG • BENEFITS

Clarenceville School District

Dental Plan  
All Employees

	In-Network	In-Network	In-Network	In-Network
DEDUCTIBLE	None	None	None	None
CLASS I - PREVENTIVE	80%	80%	50%	50%
CLASS II - BASIC	80%	80%	50%	50%
CLASS III - MAJOR	80%	80%	50%	50%
CLASS IV - ORTHODONTICS	80%	80%	50%	50%
ANNUAL MAXIMUM	\$1,000	\$1,000	\$1,000	\$1,000
ORTHODONTIA MAXIMUM	\$800	\$800	\$500	\$500
NETWORK	Delta Dental	ADN	Delta Dental	ADN
FUNDING ARRANGEMENT	Fully Insured	Self Funded	Fully Insured	Self Funded
RATE GUARANTEE	12 months	12 months	12 months	12 months
Single				
Two Person				
Family				
Monthly Total:	\$10,283.08	\$9,447.24	\$1,990.66	\$1,801.55
Annual Total:	\$123,396.96	\$113,366.88	\$23,887.92	\$21,618.60
% Savings:				
Annual Savings:				

Please note:

- Rates quoted are based on the latest information provided by the District; all vendors reserve the right to re-rate based on actual
- Rates vary by segment.



**Clarenceville Public Schools**

Estimated Illustrative Rates 7-1-14 to 6-30-15

<b>Manager Admin Suppt PAK A</b>	<b>Illustrative Rate</b>
Single	\$ 38.80
Two Person	\$ 72.50
Family	\$ 118.06

<b>Manager Admin Suppt PAK A W/COB</b>	
Single	\$ 21.06
Two Person	\$ 39.44
Family	\$ 66.44

<b>Manager Admin Suppt PAK B</b>	
Single	\$ 34.53
Two Person	\$ 64.67
Family	\$ 109.45

<b>Manager Admin Suppt PAK B W/COB</b>	
Single	\$ 19.57
Two Person	\$ 36.74
Family	\$ 63.44

<b>Maint PAK A</b>	
Single	\$ 33.52
Two Person	\$ 62.71
Family	\$ 104.00

**Office PAK C**

Single	\$	34.55
Two Person	\$	64.61
Family	\$	105.64

**Office PAK C W/COB**

Single	\$	21.52
Two Person	\$	40.29
Family	\$	67.81

**Part Time Support PAK A**

Single	\$	35.76
Two Person	\$	65.35
Family	\$	107.43

**Part Time Support PAK B**

Single	\$	33.19
Two Person	\$	63.52
Family	\$	104.32

**Teacher/Counselor PAK A**

Single	\$	30.66
Two Person	\$	57.57
Family	\$	102.09

**Teacher/Counselor PAK A W/COB**

Single	\$	20.21
Two Person	\$	37.86
Family	\$	64.32

**Teacher/Counselor PAK B**

Single	\$	29.90
Two Person	\$	56.26
Family	\$	103.18

**Teacher/Counselor PAK B W/COB**

Single	\$	19.42
Two Person	\$	36.42
Family	\$	62.81

These rates do not include incurred but not reported (IBNR) claims cost. To include IBNR, add 12.5% to each rate. 1% HICA amount is included in the rates.