



Campbell County Schools are excited to announce that we are renewing with our current carrier for another year! The benefits will all remain the same with minimal increases to the contributions.

## 2021 Benefit Offerings

### DENTAL | *Dental Care Plus*

Campbell County Board of Education has partnered with Dental Care Plus to provide dental coverage for you and your family. Dental Care Plus includes an extensive network of providers and offers flexibility based upon where you choose to access care. To locate a provider go to: [www.DentalCarePlus.com](http://www.DentalCarePlus.com).

Campbell County Dental Plan			
	Core Plan	Mid Plan	Buy Up Plan
Annual Deductible (Per Calendar Year)			
Individual	\$50	\$50	\$25
Family	\$150	\$150	\$75
Calendar Year Maximum	\$750	\$1,500	\$1,500
<b>DIAGNOSTIC &amp; PREVENTIVE BENEFITS</b>			
<i>Oral examinations, routine cleanings, x-rays</i>	Covered in Full	Covered in Full	Covered in Full
<b>BASIC BENEFITS</b>			
<i>Filings, simple extractions, Applications (to age 26)</i>	Deductible, then 50%	Deductible, then 40%	Deductible, then 20%
<b>MAJOR BENEFITS</b>			
<i>Crowns, inlays, onlays, cast restorations, bridges, dentures</i>	Deductible, then 75%	Deductible, then 60%	Deductible, then 50%
ORTHODONTIA (to age 19)	N/A	50%	50%
Orthodontial Lifetime Maximum	N/A	\$1,000	\$1,000

### Bi-Weekly Payroll Deduction

	Core Plan	Mid Plan	Buy Up Plan
Employee	\$9.22	\$13.00	\$18.29
Employee + Spouse	\$18.44	\$25.99	\$36.58
Employee + Child(ren)	\$19.37	\$27.97	\$39.35
Employee + Family	\$28.69	\$44.51	\$61.87

### VISION | *Humana*

Campbell County Board of Education knows it needs to be easy for our employees to get the vision care they need so we have partnered with Humana to meet these needs. To locate a Humana provider go to: [www.Humana.com](http://www.Humana.com).

Campbell County Vision Plan	
Examination Copay	\$10
Material Copay	\$15
<b>Allowance</b>	
Frames	\$130
Contact Lens	\$130
<b>Benefit Frequency</b>	
Vision Exam	Every 12 Months
Spectacle Lenses	Every 12 Months
Frames	Every 24 Months
Contact Lenses	Every 12 Months

### Bi-Weekly Payroll Deduction

Employee	\$3.72
Employee + Spouse	\$7.43
Employee + Child(ren)	\$7.17
Employee + Family	\$11.09

