GLENDALE ELEMENTARY SCHOOL DISTRICT NO. 40

Trust Board Regular Meeting March 30, 2016, 4:30 p.m.

Public Notice - Meeting Agenda

Notice of this meeting has been posted consistent with the requirements of A.R.S. §38-431.02. The meeting's location is the East Board Room in the District Office, 7301 N. 58th Avenue, Glendale.

The Board reserves the right to change the order of items on the agenda, with the exception of public hearings, which are scheduled for a specific time. Board members may participate via telephone conference call if necessary. At the chair's discretion, the Board may carry over consideration of any business not concluded by 6:00 p.m. to the next regular meeting's agenda.

1. Call to Order

2. Board and Staff Introductions

3. Call to the Public

The public is invited to address the Board on any issue within its jurisdiction, subject to reasonable time, place and manner restrictions. Trust Board members are not permitted to discuss or take legal action on matters raised during open call to the public unless the matters are properly noticed for discussion and legal action. However, the law permits Trust Board members to do the following at the conclusion of the open call to the public: (a) Respond to criticism made by those who have addressed the Board; (b) Ask staff to review a matter; or (c) Ask that a matter be put on a future agenda.

Those wishing to address the Trust Board should complete a "Call to the Public" form and submit it to the Trust Board Secretary prior to the start of the meeting. Each speaker will be provided three (3) minutes to address the Trust Board, unless provided other direction by the Board. At the outset of the speaker's remarks, the speaker should state their name and the Trust Board requests that the speaker provide his/her address.

4. Approval of Agenda

Consent Agenda

a. Approval of Minutes

The minutes of the March 9, 2016 Regular Trust Board Meeting are submitted for approval

6. Action Item

- a. Medical Benefits for Fiscal Year (FY) 2017
- b. Dental Benefits for Fiscal Year (FY) 2017

7. Informational Items

a. Assistant Superintendent's Update

8. Adjournment

Next Trust Board Meeting April 13, 2016

GLENDALE ELEMENTARY SCHOOL DISTRICT TRUST BOARD

ACTION AGENDA ITEM

AGENDA NO:	5.a TOPIC:	Approval of Minutes		
SUBMITTED BY:	Mike Barragan,	Assistant Superintendent for Financia	l & Auxiliary Servi	ces
DATE ASSIGNED	D FOR CONSIDER	ATION: <u>March 30, 2016</u>		
RECOMMENDA [*]	TION:			
		· · · · · · · · · · · · · · · · · · ·		
The minutes of	the March 9, 201	16 Regular Meeting are submitted for	approval,	······································

The minutes of the March 9, 2016 meeting are attached.

MINUTES OF THE REGULAR TRUST BOARD MEETING Glendale Elementary School District No. 40 of Maricopa County, Arizona District Office Governing Board Room 4:30 p.m. March 9, 2016

Present: Board Members

Other Attendees

Mr. Lee Peterson

Mr. Mike Barragan

Ms. Bernadette Bolognini

Ms. Davita Solter

Ms. Cathey Mayes

Ms. Jodi Finnesy

Ms. Mary Ann Wilson

Mr. Rod Petricek

Ms. Darlene Kracht

Ms. Stacee Grosshans

Absent:

None

Recorder: Barbara Renfro

CALL TO ORDER

Mr. Peterson acknowledged a quorum was present and the meeting was called to order at 4:30 p.m.

BOARD AND STAFF INTRODUCTIONS

Mr. Peterson welcomed any new attendees and sought introductions.

VISITORS COMMENTS

None

APPROVAL OF AGENDA

Ms. Mayes motioned to approve the Agenda as presented and Ms. Wilson seconded the motion. In a roll call vote, the motion carried. Passes 3-0

Action Items

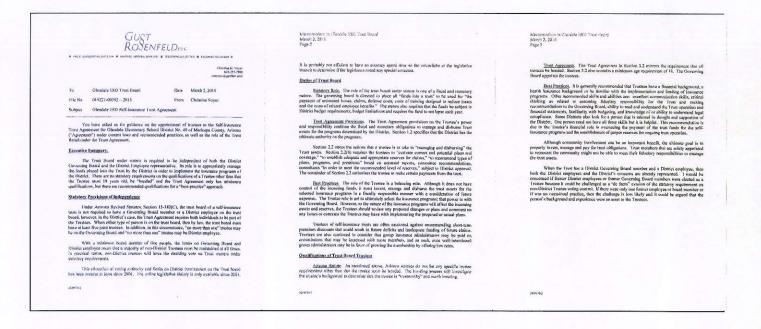
Approval of Minutes

Ms. Wilson motioned to approve the February 10, 2016 Regular Trust Board Meeting; Ms. Mayes seconded; the motion carried. Passes 3-0

Discussion Items

Review of Trust Agreement and Appointment of Trustee

Ms. Christina Noyes, District Attorney, Gust Rosenfeld, PLC was present to speak on behalf of the trust agreement. Ms. Noves explained and answered questions regarding statutes on the appointment of trustees.



INFORMATIONAL ITEM

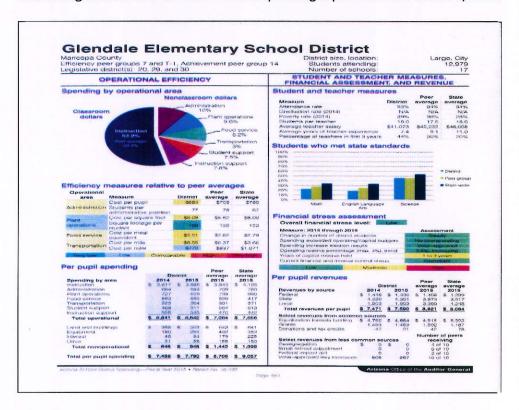
Assistant Superintendent's Update

Mr. Barragan provided an update pertaining to Glendale Elementary School District's Business Operations.

Mr. Barragan extended invitations to the committee members to this year's last Business breakfast on March 22, 2016, at Jack School, beginning at 8:00 a.m. This organization fosters relationships with the stakeholders of Glendale in an attempt to bring the businesses and education community together and develop long-term relationships. Mr. Barragan reminded committee members that there is a Governing Board Meeting, March 10, 2016 at 4:30 p.m.

Mr. Barragan requested that the Trust Board reconvene on March 30, 2016 to finalize benefit renewal information in order to submit to the Governing Board for April 13, 2016 meeting.

Mr. Barragan reviewed the GESD District spending report released March 1, 2016.



Medical & Dental Benefits for FY 2017

Ms. Stacee Grosshans, Delta Dental, and Ms. Darlene Kracht, Valley Schools, discussed the Delta Dental plan redesign for next year.

Ms. Darlene Kracht discussed the premium changes (if any) to employee medical benefits and the importance of educating employees on the changes.

Claims Experience Review - Medical

Mr. Barragan stated in January 2016, we incurred \$\$667,248 in medical claims, which represents a monthly loss ratio of 106%, we have incurred \$3,967,764 year-to-date in claims (or a monthly average of \$566,823).

Based on the trend we anticipate incurring approximately \$6,801,879 in medical claims or a loss ratio of 93% by June 30, 2016.

Claims Experience Review – Dental

Mr. Barragan stated In January 2016, we incurred \$35,467 in dental claims or a monthly loss ratio of 83%. We have incurred \$307,526 year-to-date in claims (or a monthly average of \$43,932). Based on the trend we anticipate incurring approximately \$527,184 in dental claims and a loss ratio of 107% by June 30, 2016.

Financial Review

The Trust Board will be presented with a Financial Report from Fester & Chapman, P.C., Certified Public Accountants. The "Ending net position reserved for claims and expenses" as of January 31, 2016 are \$6,383,881.01.

Wellness Update

Ms. Finnesy provided an update and review on the many events being offered to employees.





Insurance Benefit Update

Ms. Jodi Finnesy, Benefits Analyst, reiterated our meeting with Valley Schools and that we are optimistic about our offering for next year.

ACTION ITEMS None at this time

ADJOURNMENT

Ms. Wilson motioned to adjourn; Ms. Bolognini seconded; the motion carried. Passes 4-0

Meeting was adjourned at 6:00 p.m.

Next Trust Board Meeting March 30, 2016

GLENDALE ELEMENTARY SCHOOL DISTRICT

ACTION AGENDA ITEM

Reports, presentations and other similar items are submitted to the Trust Board as information and do not require action.

AGENDA NO: 6.a TOPIC: Medical Benefits for Fiscal Year (FY) 2017

SUBMITTED BY: Mike Barragan, Assistant Superintendent for Financial & Auxiliary Services

DATE ASSIGNED FOR CONSIDERATION: March 30, 2016

Staff recommends the following for medical benefits:

- 1. No increase to premium
 - ✓ (Health Savings Accounts (HSA) contributions of \$1,000 will be over two installments; \$500 at the beginning of the school year and the remaining \$500 after the employee completes three wellness activities.)
- 2. Eliminate the middle tier for the health savings account (HSA) plan
 - ✓ Compliance with the Affordable Care Act (ACA)
- 3. Emergency room copayment for in network change from \$250 to \$350

Staff has attached additional information comparing our current medical offerings to the proposed medical offerings for next fiscal year. Based on current enrollment numbers staff does not anticipate any additional cost, however, if enrollment increases GESD will incur higher cost. Below you will find our cost analysis for FY17.

FY17 UHC: Tradition		District ontribution	10000	imployee ntribution	333	Total Premium nnual) Cost	# of Participants	FY17 District's Premium (Annual) Cost		FY17 Employee's Premium Innual) Cost	FY17 Total Premium (Annual) Cost
Employee Only	\$	5,264.40	\$	720.00	\$	5,984.40	609	\$3,206,019.60	\$	438,480.00	\$3,644,499.60
Employee + Spouse	\$	7,920.00	\$	4,594.20	\$	12,514.20	32	\$ 253,440.00	\$	147,014.40	\$ 400,454.40
Employee + Child(ren)	\$	7,920.00	\$	3,456.60	\$	11,376.60	68	\$ 538,560.00	\$	235,048.80	\$ 773,608.80
Employee + Family	\$	7,920.00	\$	8,576.04	\$	16,496.04	16	\$ 126,720.00	\$	137,216.64	\$ 263,936.64
Total	個別		SH	IN THE SEC	1000		725	\$4,124,739,60	S	957,759.84	\$ 5,082,499,44

FY17 UHC: HSA/ HDHF	,												
Tier		District htribution	mployee intribution	Annual Premium Cost	,	Ith Savings Account ntribution*	# of Participants	1000	FY17 District's nnual Cost	FY17 Total GESD HSA	FY17 Employee's Annual Cost	Tot	FY17 al Annual Cost
Employee Only	\$	5,264.40	\$	\$ 5,264.40	\$	1,000.00	315	\$	1,658,286.00	\$ 315,000.00	\$ -	\$	1,973,286.00
Employee + Spouse	\$	7,920.00	\$ 2,341.68	\$ 10,261.68	\$	1,000.00	15	\$	118,800.00	\$ 15,000.00	\$ 35,125.20	\$	168,925.20
Employee + Child(ren)	\$	7,920.00	\$ 1,408.80	\$ 9,328.80	\$	1,000.00	44	\$	348,480.00	\$ 44,000.00	\$ 61,987.20	\$	454,467.20
Employee + Family	\$	7,920.00	\$ 5,606.76	\$ 13,526.76	\$	1,000.00	12	\$	95,040.00	\$ 12,000.00	\$ 67,281.12	\$	174,321.12
Total							386	\$	2,220,606.00	\$ 386,000.00	\$ 164,393.52	\$	2,770,999.52

FY17	FY17	FY17 Employee's Total Premium Cost	FY17
District's Total	District Total		Total Medical
Premium Cost	HSA Cost		Cost
\$ 6,345,345.60	\$ 386,000.00	\$1,122,153.36	\$7,853,498.96

FY17 District's Total Premium Cost	FY17 Employee's Total Premium Cost	FY17 Total Medical Cost
\$6,345,345.60	\$1,122,153.36	\$ 7,467,498.96

		Choice P	Choice Plus (104)	HS	HSA 2600
		ln ln	Out	Ŋ	Out
	Deductible (Calendar)	\$1,000/\$3,000	\$2,000/\$6,000	\$2,600/\$3,500/ \$4.000 EMB	\$5,000/\$7,000/\$8,000
	Maximum out-of-pocket	\$4,000/\$8,000	\$8,000/\$16,000	\$4,500/\$7,500/	\$9,000/\$15,000/\$18,000
apicol acid	Coinsurance	%08	20%	%08	20%
rian Design	PCP visit copay	\$20	20%	%08	20%
(III-INELWOIK)	Specialist copay	\$40	20%	%08	%09
	Urgent care copay	\$50	20%	%08	%09
	ER copay	\$250	20%	%08	20%
	Pharmacy deductible	•			
	Pharmacy	\$10/\$25/\$50		. \$10/\$25/\$50	
		627	\$498.70	321	\$438.70
Funding Rates	EE+SP	29	\$1,042.85	16	\$855.14
	EE+CH	62	\$948.05	44	\$777.40
	Fam	23	\$1.374.67	12	\$1,127.23
Expected	By Plan		\$5,199,889	\$2,	\$2,426,848
Annual Cost	All Plans			\$7,626,736	
		Plan Year 2016	ar 2016		
		Traditio	Traditional PPO	皇	HDHP Base
		E CONTRACTOR CONTRACTO	Out	q	Out
	Deductible (Calendar)	\$1,000/\$3,000	\$2,000/\$6,000	\$2,600/\$4,000 EMB	\$5,000/\$10,000
	Maximum out-of-pocket	\$4,000/\$8,000	\$8,000/\$16,000	\$4,500/\$9,000	\$9,000/\$18,000
	Coinsurance	%08	20%	80%	%09
Doolon	PCP visit copay	\$20	20%	80%	20%
I Motored	Specialist copay	\$40	20%	%08	%09
(III-MEIWOLK)	Urgent care copay	\$50	20%	%08	20%
	ER copay	\$350	%09	%08	%09
	Pharmacy deductible		0		
	Pharmacy	\$10/\$25/\$50	0	\$10/\$25/\$50	
	EE	627	\$498.70	321	\$438.70
Funding Rates	EE+SP	29	\$1,042.85	16	\$855.14
	EE+CH	62	\$948.05	44	\$777.40
	Fam		\$1,374.67	12	\$1,127.23
Expostod	By Plan	\$5,19	\$5,199,889	\$2,	\$2,426,848
Expected	% Change from Current	0	%0.0		%0.0
Annual Cost	All Plans		\$7.626.736	6.736	

- 2016 Plan Changes

 1. UHC and ACA / eliminate the Middle Tier for the 2600 plan
 2. Increase ER to \$350 (Dec 0.27% / \$14K)
 3. Estimated 5.4% reduction from UW projections

mployee #	1,134
ember#	1,478
ACA FeePEPM	\$1.69
A FeePMPM	\$1.30
Admin	\$61.92
Signature	



GLENDALE ELEMENTARY SCHOOL DISTRICT

ACTION AGENDA ITEM

Reports, presentations and other similar items are submitted to the Trust Board as information and do not require action.

AGENDA NO: 6.b TOPIC: Dental Benefits for Fiscal Year (FY) 2017

SUBMITTED BY: Mike Barragan, Assistant Superintendent for Financial & Auxiliary Services

DATE ASSIGNED FOR CONSIDERATION: March 30. 2016

Staff recommends the following for dental benefits:

1. Continue with Delta Dental but implement new plan design(s)

2. Approximately 91% of current enrollees will see no change in premium or will see a reduction in their premium cost

Staff has attached additional information comparing our current dental offerings to the proposed dental offerings for next fiscal year relative to plan design and premium changes to dental insurance. Based on our analysis, we project a \$6,553.24 increase for GESD in FY17 while reducing employees' premiums by \$20,117.20. Overall, GESD and its employees are saving \$13,563.96 on dental insurance.

FY17 Base Plan							(Carl			
Tier	district district	The second	ployee stribution	,	Total Annual Cost	# of Employees Participating	A	FY17 District's nnual Cost	 FY17 m ployee's nnual Cost	FY17 Total Annual Cost
Employee	\$ 313.32	\$	-	\$	313.32	733	\$	229,663.56	\$ -	\$229,663.56
Employee + Spouse	\$ 335.00	\$	291.64	\$	626.64	78	\$	26,130.00	\$ 22,747.92	\$ 48,877.92
Employee + Child(ren)	\$ 335.00	\$	322.96	\$	657.96	82	\$	27,470.00	\$ 26,482.72	\$ 53,952.72
Family	\$ 335.00	\$	604.84	\$	939.84	49	\$	16,415.00	\$ 29,637.16	\$ 46,052.16
Total					124	942	\$	299,678.56	\$ 78,867.80	\$ 378,546.36

i .	istrict tribution	m ployee ntribution	Total Annual Cost	# of Employees Participating	1480	FY17 District's nnual Cost	1000	FY17 mployee's nnual Cost	FY17 Total Annual Cost
Employee	\$ 335.00	\$ 205.12	\$ 540.12	76	\$	25,460.00	\$	15,589.12	\$ 41,049.12
Employee + Spouse	\$ 335.00	\$ 745.36	\$ 1,080.36	19	\$	6,365.00	\$	14,161.84	\$ 20,526.84
Employee + Child(ren)	\$ 335.00	\$ 799.36	\$ 1,134.36	23	\$	7,705.00	\$	18,385.28	\$ 26,090.28
Family	\$ 335.00	\$ 1,285.48	\$ 1,620.48	17	\$	5,695.00	\$	21,853.16	\$ 27,548.16
Total				135	\$	45,225.00	\$	69,989.40	\$115,214.40
					\$	344,903.56	\$	148,857.20	\$493,760.76

FY16 Base Plan								SIV			
Tier	WORLD CO.	istrict tribution	-	ployee tribution	A	Total Annual Cost	# of Employees Participating		FY17 District's nnual Cost	 FY17 m ployee's nnual Cost	FY17 Total Annual Cost
Employee	\$	314.16	\$	-	\$	314.16	733	\$	230,279.28	\$ -	\$230,279.28
Employee + Spouse	\$	314.16	\$	329.52	\$	643.68	78	\$	24,504.48	\$ 25,702.56	\$ 50,207.04
Employee + Child(ren)	\$	314.16	\$	423.84	\$	738.00	82	\$	25,761.12	\$ 34,754.88	\$ 60,516.00
Family	\$	314.16	\$	785.04	\$	1,099.20	49	\$	15,393.84	\$ 38,466.96	\$ 53,860.80
Total	12 H D						942	\$	295,938.72	\$ 98,924.40	\$ 394,863.12

FY16 Buy-Up Plan										
Tier	district tribution	E122 SC100	m ployee ntribution	Total Annual Cost	# of Employees Participating	100000	FY17 District's nnual Cost	888	FY17 m ployee's nnual Cost	FY17 Total Annual Cost
Employee	\$ 314.16	\$	196.56	\$ 510.72	76	\$	23,876.16	\$	14,938.56	\$ 38,814.72
Employee + Spouse	\$ 314.16	\$	605.28	\$ 919.44	19	\$	5,969.04	\$	11,500.32	\$ 17,469.36
Employee + Child(ren)	\$ 314.16	\$	877.20	\$ 1,191.36	23	\$	7,225.68	\$	20,175.60	\$ 27,401.28
Family	\$ 314.16	\$	1,378.56	\$ 1,692.72	17	\$	5,340.72	\$	23,435.52	\$ 28,776.24
Total					135	\$	42,411.60	\$	70,050.00	\$112,461.60

\$ 338,350.32 \$ 168,974.40 \$507,324.72



VSEBT Group Dental Program Effective: July 1st 2016

			Glenda	Glendale ESD			
		Low			High		
	#	Current	Renewal	#	Current	Renewal	
33	744	\$26.18	\$31.06	78	\$39.68	\$44.76	E
EE + Sp	79	\$53.64	\$60.27	70	\$78.07	\$88.31	EE + Sp
EE + Dep	81	\$61.50	\$68.59	24	\$89.04	\$100.76	EE + Dep
FAM	20	\$91.60	\$100.56	18	\$110.00	\$124.53	FAM
		\$33,277	\$38,454		\$8,773	\$9,917	
		PPO Plus	PPO Plus Premier		PPO Plus Premier	Premier	
Ben Max		\$1,	\$1,500		\$2,0	\$2,000	Ben Max
Ded		\$20/	\$50/\$150		\$20/	\$50/\$150	Ded
Preventive		10	100%		100	100%	Preventive
Basic		8	%08		80	%08	Basic
Major		25	20%		50	20%	Major
Ortho		Z	NA		20%	%	Ortho
Life Ortho		Z	NA		\$1,0	\$1,000	Life Ortho

		VSEBT Dental Program	
	Low	Mid	High
EE	\$26.11	\$32.86	\$45.01
EE + Sp	\$52.22	\$65.72	\$90.03
EE + Dep	\$54.83	\$69.01	\$94.53
FAM	\$78.32	\$98.58	\$135.04
	\$31,906	\$40,158	\$10,011
	PPO Dentist Low	PPO Dentist Mid	PPO Dentist High
Ben Max	\$1,000	\$1,500	\$2,000
Ded	\$50/\$150	\$25/\$75	\$25/\$75
Preventive	100%	100%	100%
Basic	%08	80%	%06
Major	20%	20%	%09
Ortho	AN	20%	20%
Life Ortho	AN	\$1,000	\$1,500

⁻ MAC reimbursement for Premier Dentist and Non Contracted Dentist - Benefit Levels are reduced for Premier Dentist and Non Contracted Dentist



	Covered Services	Delta PPO Dentist	Dental Premier Dentist'	Non Delta Dental Dentist
	nual Maximum Benefit (Combination of in and out-of-network)	\$1,000	\$1,000	\$1,000
An	nual Deductible (Individual/Family) (Combination of in and out-of-network)	\$50/150	\$50/150	\$50/150
	Preventive Services (Does not apply toward the Annual Maximum Benefit)			
•	Exams, evaluations or consultations: Two in a benefit year.			
•	Full mouth/Panorex or vertical bitewings X-rays: Once in a 5-year period.			
•	Bitewing X-rays: One in a benefit year.			
•	Periapical X-rays: Six in a benefit year.			
•	Routine Cleanings: Limited to two in a benefit year. One difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to once in a 5-year period.	100%	100%	100%
	Topical Application of Fluoride: For children to age 18 - Two in a benefit year.			
•	Space Maintainers: For missing posterior primary (baby) teeth up to age 14.			
•	Sealants: For children up to age 19 - Once in a 3-year period for permanent molars and bicuspids.			
	Besic Services		,	
•	Fillings: Silver amalgam and for front teeth only, synthetic tooth color fillings. One per surface every two years.			
•	Stainless Steel Crowns	80% ²	80% ²	80% ²
•	Emergency (Palliative Treatment): Treatment for the relief of pain.			
	Oral Surgery: Simple extractions.			
	Major Services Facility	DISEASON.		
•	Endodontics: Root canal treatment (permanent teeth). Pulpotomy primary (baby) teeth.			
•	Periodontics: Treatment of gum disease - Non-surgical once every two years. Surgical once every three years. \$1000 lifetime maximum.			
•	Prosthodontics: Bridges, partial dentures, complete dentures - 7-year waiting period for replacement last performed.			
•	Bridge and Denture Repair: Repair of such appliances to their original condition, including relining of dentures.	50% ²	50% ²	50% ²
•	Implants: Implants are only a benefit to replace a single missing tooth bounded by teeth on each side. Limited to \$1000 per tooth, per lifetime and is applied to the patient's benefit year maximum.			
•	Restorative: Crowns and onlays - 7-year waiting period for replacement last performed.			
•	Oral Surgery: Surgical extractions.			
	Members may incur higher out-of-nocket costs when seeing a Premier or Non Delta Dental dentist. See he	-laur	*******************************	- Name and Address of the Address of

Members may incur higher out-of-pocket costs when seeing a Premier or Non Delta Dental dentist. See below.

Deductible applies to these services.

BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT

Dependent Age Limit: 26 | Predetermination recommended for services over \$250.

You are enrolled in a Delta PPO plan. You and your family members may visit any licensed dentist. There are three levels of dentists to choose from:

- PPO Dentist -- Payment is based on the PPO dentist's allowable fee or the actual fee charged, whichever is less.
- **Premier Dentist** -- Payment is based on the PPO dentist's allowable fee. Members are responsible for the difference between the Premier Maximum Reimbursable Amount (MRA) and the PPO fee.
- Non Delta Dental Dentist -- Payment is based on the PPO dentist's allowable fee. Members are responsible for the difference between the PPO Allowance and the full fee charged by the dentist.

To Find A Dentist - www.deltadentalaz.com

Customer Service Phone # 1.800.352.6132



VSEBT Sample Group 3
Delta Dental PPO" Provider Network
Benefits Effective. July 1, 2016

	· · · · · · · · · · · · · · · · · · ·	Delta Dental		Non
	Covered Services	PPO Dentist	Premier Dentist'	Delta Dental Dentist
	nual Maximum Benefit (Combination of in and out-of-network)	\$2,000	\$1,500	\$1,500
	etime Orthodontia Maximum (Combination of in and out-of-network)	\$1,500	\$1,000	\$1,000
An	nual Deductible (Individual/Family) (Combination of in and out-of-network)	\$25/75	\$50/150	\$50/150
New York	Preventive Services (Does not apply toward the Annual Maximum Benefit)		T	
•	Exams, evaluations or consultations: Two in a benefit year.			
•	Full mouth/Panorex or vertical bitewings X-rays: Once in a 3-year period.			
•	Bitewing X-rays: Two in a benefit year.			
•	Periapical X-rays: As needed.			
•	Routine Cleanings: Limited to two in a benefit year. One difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to once in a 5-year period.	100%	100%	100%
•	Topical Application of Fluoride: For children to age 18 - Two in a benefit year.			
	Space Maintainers: For missing posterior primary (baby) teeth up to age 14.			
•	Sealants: For children up to age 19 - Once in a 3-year period for permanent molars and bicuspids.			
	Easic Services			
•	Fillings: Silver amalgam and for front teeth only, synthetic tooth color fillings. One per surface every two years.			
•	Stainless Steel Crowns			
•	Emergency (Palliative Treatment): Treatment for the relief of pain.			
•	Endodontics: Root canal treatment (permanent teeth). Pulpotomy primary (baby) teeth.	90% ²	80% ²	80% ²
•	Periodontics: Treatment of gum disease - Non-surgical once every two years. Surgical once every three years.			
•	al Surgery: Simple extractions.			
•	Oral Surgery: Surgical extractions.			
	Major Services	THE PERSON		
•	Prosthodontics: Bridges, partial dentures, complete dentures - 5-year waiting period for replacement last performed.			
•	Bridge and Denture Repair: Repair of such appliances to their original condition, including relining of dentures.	60% ²	50% ²	50%²
•	Implants: Implants are only a benefit to replace a single missing tooth bounded by teeth on each side. Limited to \$1000 per tooth, per lifetime and is applied to the patient's benefit year maximum.			
•	Restorative: Crowns and onlays - 5-year waiting period for replacement last performed.			
1	Orthodontic Services			
•	Benefit for adults and children age 8 and older. Payable in two payments - upon initial banding and 12 months after. The orthodontic maximum is separate from the annual maximum for your other dental benefits.	50%	50%	50%

Members may incur higher out-of-pocket costs when seeing a Premier or Non Delta Dental dentist. See below.

BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT

Dependent Age Limit: 26 | Predetermination recommended for services over \$250.

You are enrolled in a Delta Dental PPO plan. You and your family members may visit any licensed dentist. There are three levels of dentists to choose from:

- PPO Dentist -- Payment is based on the PPO dentist's allowable fee or the actual fee charged, whichever is less.
- Premier Dentist -- Payment is based on the PPO dentist's allowable fee. Members are responsible for the difference between the Premier Maximum Reimbursable Amount (MRA) and the PPO fee.
- Non Delta Dental Dentist -- Payment is based on the PPO dentist's allowable fee. Members are responsible for the difference between the PPO Allowance and the full fee charged by the dentist.

² Deductible applies to these services.

GLENDALE ELEMENTARY SCHOOL DISTRICT

INFORMATIONAL AGENDA ITEM

	11110	rmation and	do not require	acuon.		
AGENDA NO: 7.	a TOPIC:	Assistant S	Superintendent	's Update		*. *
SUBMITTED BY: DATE ASSIGNED				or Financial & A	Auxiliary Se	<u>rvices</u>
Note The Production of the Control o	nger a blokkens de granden herspersonen oder bland er gran som omne spesseren.					
Mr. Barragan will District's busines		rust Board w	ith an update (on the Glendale	e Elementar	y School