



Webb County Commissioners Court

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Summary of Material Notification

Effective January 1, 2017 your Dental Expense Benefit Plan is amended to reflect changes necessary due to the rising cost of Dental procedures. Your Plan Sponsor will offer a 2 tier benefit plan with changes to the contribution and benefit levels. Please review the following information;

Your summary benefit Description is hereby modified as set forth:

1. A: The Dental Base plan Lifetime and annual limits have been amended with contribution changes:

Deductible increase	\$75 Individual/\$150 Family
Lifetime Limits Orthodontics (child only)	\$750
Annual Limits	\$750
Dependent Contribution	See tier levels below

Rates:

Tier	Employer Contribution	Employee Monthly Cost	Employee Cost Per Pay Period
Employee Only	\$ 10.40	\$ 0 -	\$ 0
Employee plus 1 child	\$ 10.40	\$ 21.60	\$ 9.97
Employee plus 2 or more children	\$ 10.40	\$ 21.60	\$ 9.97
Employee plus Spouse	\$ 10.40	\$ 28.80	\$ 13.29
Employee plus Family	\$ 10.40	\$ 45.80	\$ 21.14

2. B: The Premium Dental Plan is will continue to offer the same level of benefits with the following Contribution changes and amends;

Rates:

Tier	Employer Contribution	Employee Monthly Cost	Employee Cost Per Pay Period
Employee Only	\$ 10.40	\$ 26.60	\$ 12.28
Employee plus 1 child	\$ 10.40	\$ 45.80	\$ 21.14
Employee plus 2 or more children	\$ 10.40	\$ 45.80	\$ 21.14
Employee plus Spouse	\$ 10.40	\$ 45.80	\$ 21.14
Employee plus Family	\$ 10.40	\$ 72.70	\$ 33.55

3. The following services have been removed from the covered services as a covered expense:

Adult Orthodontics will no longer be considered a covered expense

Aetna Insurance Company will be the Dental Plan Administrator.

Please review the summary of benefits for additional information and keep this document with your other important papers for future reference.

For additional information regarding this change or any other questions, please contact the Risk Management office for information at: 956-523-4144