

MEMBER DENTAL BENEFITS

Calendar Max Benefit	\$1500	
Annual Deductible	\$50 Individual \$150 per family	Waived For Preventive
Preventive Services <i>No waiting period Deductible Waived</i>	100%	<ul style="list-style-type: none"> • Exams - 2 per calendar year • Prophylaxis / Periodontal Maintenance - 2 per calendar year • Bitewing X-rays • Fluoride - 2 per calendar year up to age 16 • Sealants to age 16 - permanent molars only • Space Maintainers to age 16 • Emergency Palliative - 1 per calendar year (limited to exam and x-ray only on same date of service)
Basic Services <i>No waiting period</i>	80%	<ul style="list-style-type: none"> • Fillings - posterior composites/resins allowed • Simple extractions & Oral surgery • Endodontics • Periodontics • Scaling / Root Planing (each quadrant covered at 6 month intervals) • Debridement (no frequency) • Arestin (per tooth) • Repair / Recementation • Consultation - 1 per calendar year (limited to exam and x-ray only on same date of service)
Major Services <i>No waiting period*</i>	50%	<ul style="list-style-type: none"> • Night guards for Bruins • Bridges • Dentures • Crowns • Inlays/Onlays

- **Provider participation should be verified at time of service.** Locate provider at PPOusa.com or kernFMC.com.
 - Participating providers paid at the connection dental (PPO USA) of Foundation for medical care Networks Fee Schedule. Non-participating providers paid at FMC fee schedule.
 - Pre-services review suggested on major services and oral surgery.
 - Prosthetic replacement 1 time every 5 years.
 - Unmarried dependents children are covered until their 26th birthday, regardless of student status.
 - Services paid up one complete action (seat date).
 - Standard coordination of benefits apply.
 - Implants and Orthodontia are not a covered benefit.
- *36 month waiting period on dentures and bridges, for missing teeth or extractions completed prior to policy effective date.

DENTAL ENROLLMENT

Employee Only

\$0 Monthly

Employee and Spouse

\$35 Monthly

Employee + Child(ren)

\$35 Monthly

Employee + Family

\$100 Monthly

Benefits subject to change.



MEMBER VISION BENEFITS Maximum Allowance

Deductible	None			
Eye Exams	\$100 - One exam every 12 months			
Frames	\$150 - One exam every 12 months			
Lenses <i>Per pair</i>	One pair every 12 months			
	Single Vision \$80	Bifocal \$110	Trifocal \$130	Lenticular \$150
Contacts <i>In lieu of glasses</i>	Convenience \$150 - One exam every 12 months		Medically Necessary \$200 - One exam every 12 months	

VISION ENROLLMENT

Employee Only

\$0 Monthly

Employee and Spouse

\$6 Monthly

Employee + Child(ren)

\$6 Monthly

Employee + Family

\$15 Monthly

Benefits subject to change.

Choice of Provider: Visit any provider; member is responsible for any fees over the above listed schedule amount.