

OVERVIEW OF DENTAL BENEFITS

SUPPORT STAFF

Effective August 12, 2019

Annual Deductible:	None
Plan Year Maximum: <ul style="list-style-type: none">• Diagnostic/Preventive Services• Basic Services• Major Services	\$1,000 per covered individual for all covered services combined
Lifetime Maximum: <ul style="list-style-type: none">• Orthodontia Services	\$1,000 in a lifetime per covered individual
DENTAL EXPENSES	
Diagnostic Services	*75%
Preventive Services (2 cleanings per plan year)	*75%
Bitewing Radiographs (2 sets per plan year)	*75%
Bitewing Radiographs	*75%
All Other Radiographs	*75%
Brush Biopsy	*75%
Minor Restorative Services	*75%
Major Restorative Services	*75%
Endodontics	*75%
Periodontics	*75%
Relines and Repairs	*75%
Simple Extractions	*75%
Oral Surgery	*75%
Prosthetic Services	*60%
Orthodontia Services (up to age 19)	*60%
Sealants	Not Covered
TMJ	Not Covered

NOTE: This is only a brief overview of benefits.

*Reasonable and Customary (R&C) charges may apply.

OVERVIEW OF VISION BENEFITS

SUPPORT STAFF

Effective August 12, 2019

Vision Exams <ul style="list-style-type: none">• Optometrist• Ophthalmologist (Limited to one (1) exam per calendar year per covered individual)	\$35 max \$45 max
Contact Lens Allowance * <ul style="list-style-type: none">• Cosmetic (elective)• Medically necessary• Disposable	\$115 max \$115 max \$115 max
Frames (Limited to one (1) pair per calendar year per covered individual)	\$55 max
Lenses <ul style="list-style-type: none">• Single Vision• Bifocal• Trifocal• Lenticular	\$38 max \$60 max \$72 max \$108 max
Tinted Lenses <ul style="list-style-type: none">• Single Vision• Bifocal• Trifocal• Lenticular	\$42 max \$70 max \$84 max \$118 max
Polarized Lenses <ul style="list-style-type: none">• Single Vision• Bifocal• Trifocal• Lenticular	\$56 max \$90 max \$110 max \$138 max
Lenses, regardless of type, are limited to one (1) pair per calendar year per covered individual.	
Progressive Lenses	Not Covered

*One pair of contact lenses, or for disposables one supply, is available in lieu of all other plan benefits during each **plan year**.

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