

Receiving regular dental and vision care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health.

Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. Additionally, issues like glaucoma, diabetes, and damage to the optic never can cause vision loss if not caught early.

Benefits		
Network	Not Applicable	
Calendar Year Maximum	\$1,800*	
Waiting Period	A period of 30 consecutive days after the plans effective date of the plan before benefits will be available for covered services.	
Reimbursement Levels	Aggregated Expenses	Benefit
Benefits for Dental and Vision are combined.	Up to \$150.00	100%
Benefit is based on an aggregate total of accumulated expenses per Covered Person during the calendar year.	\$150.01 to \$250.00	75%
	\$250.01 to \$1,800.00	50%
	\$1,800.01 and up	0%
Benefits	Plan Pays	
Dental Class I - Preventive & Diagnostic Care Oral Exams Routine Cleanings Full Mouth X-rays Bitewing X-Ray Panoramic X-ray Fluoride Application Sealants Histopathologic Exams	At Current Reimbursement Level	
Dental Class II - Basic Restorative Care Fillings Emergency Care to Relieve Pain Root Canal Therapy/Endodontics Periapical X-rays Periodontal Scaling and Root Planing Oral Surgery – Simple Extractions Oral Surgery – all except simple Extractions Anesthetics Space Maintainers Surgical Extractions of Impacted Teeth	At Current Reimbursement Level	
Dental Class III - Major Restorative Care Crowns Dentures Bridges Inlays/Onlays Prosthesis Over Implant Repairs to Bridges, Crowns and Inlays Denture Adjustments and Repairs	At Current Reimbursement Level	
Vision Services Routine Examination Services Lenses – including, single, bifocal or trifocal Contact Lens Frames	At Current Reimbursement Level	

Dental Benefit Limitations

Procedure	Limitations	Procedure	Limitations
Exams	Two per Calendar year	Prophylaxis (Cleanings)	Two per Calendar year
Fluoride	1 per Calendar year for people under 20	Sealants	One treatment per tooth every three years up to age 14
X-Rays (routine)	Bitewings: 2 per Calendar year	X-Rays (non-routine)	Full mouth: 1 every 36 consecutive months., Panorex: 1 every 36 consecutive months
Crowns and Inlays	Replacement every 5 years	Bridges	Replacement every 5 years
Dentures and Partial	Replacement every 5 year	Surgeries (ALL)	Limited to removal of teeth, preparation of the mouth for dentures and removal of tooth-generated cysts.
Relines, Rebases	Covered if more than 6 months after installation	Adjustments	Covered if more than 6 months after installation
Repairs - Bridges	Reviewed if more than once	Repairs - Dentures	Reviewed if more than once
Prosthesis Over Implant	1 per 60 consecutive months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non- precious metals. No porcelain or white/tooth colored material on molar crowns or bridges	Missing Tooth Limitation	Teeth missing prior to coverage under the Dental plan are not covered. Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.
Space Maintainers	Limited to non-Orthodontic treatment		

Vision Benefit Limitations

Procedure	Limitations	Procedure	Limitations
Complete Eye Exam	One per Calendar year	Frames	One frame every two Calendar Years.
Frame-type Lenses	One per Calendar year	Contact Lens	One per Calendar year

Dental Plus Vision Benefit Exclusions:

- Care, treatment or supplies for which a charge was incurred before a person was covered under this Plan.
- Services that are deemed to be medical services
- Services and supplies received from a hospital
- Charges which the person is not legally required to pay
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- Experimental or investigational procedures and treatments
- Any injury resulting from, or in the course of, any employment for wage or profit
- Any sickness covered under any workers' compensation or similar law
- Charges in excess of the reasonable and customary allowances
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- For charges which would not have been made if the person had no insurance;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

Dental Specific Benefit Exclusions:

- Services performed primarily for cosmetic reasons
- Replacement of a lost or stolen appliance
- Replacement of a bridge or denture within five years following the date of its original installation
- Replacement of a bridge or denture which can be made useable according to accepted dental standards
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- Bite registrations; precision or semi-precision attachments; splinting
- Instruction for plaque control, oral hygiene and diet
- Dental services that do not meet common dental standards
- Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);

Vision Specific Benefit Exclusions:

- Artificial eyes, if medically necessary, are covered under the Medical Plan.
- Charges for orthoptics (eye muscle exercises) vision training or surgical treatment of the eye.
- Charges for Radial keratotomy or other eye surgery for improvement of visual acuity or refractive disorders. Also, routine eye examinations, including refractions, lenses for the eyes and exams for their fitting.

This benefit summary highlights some of the benefits available under Plan Document and Summary Plan Description.