Dental and Vision Care Benefits

DENTAL	
Deductible (individual/Family)	None
Preventive & Diagnostic (routine oral exams, prophylaxis, topical applications of fluoride, space maintainers, diagnostic casts, pulp vitality testing, dental x-rays & sealants)	80%
Basic Restorative Services (fillings, oral surgery, endodontic, simple extractions, periodontal services, other visits & exams, palliative emergency treatment, occlusal guards)	80%
Major Restorative Services (inlays, crowns, bridges, dentures, denture rebase or reline, repair of removable dentures, re-cement crowns & bridges, repair of fixed bridge)	80%
Calendar Year Maximum	$1,000 (excluding ortho)
Orthodontia (all ages)	50%
Lifetime Ortho Maximum	$1,000

VISION	
Deductible	None
Maximum Annual Benefit	$200
Reimbursement Benefits*: Vision Exam (provided by Ophthalmologist or optometrist); Eye Glass Frames; Eye Glass lenses; Hi index/progressive lenses Anti-reflective coating; Contact lenses; & Prescription Sunglasses	100%

***Please note, Employees will not be reimbursed for the following vision care expenses:**

Expenses incurred before coverage was effective or after such coverage terminates.
Expenses indemnified or reimbursed by insurance contract(s) or other reimbursement plan(s), or any state or federal government plan(s).
Expenses paid for injuries or conditions, to the extent reimbursed by Worker's Compensation or any other employer sponsored and provided medical plan.
Cost of non-prescription glasses and sunglasses.
Charges for Physician or Hospital's stand-by service.
Charges for holiday or overtime rates.
Charges for failure to keep scheduled visit.
Charges for completion of claim forms.
Advise or consultation given by any form of telecommunication.
Any item, service, supply or care not specifically listed as a benefit under this plan.