



## 2015 DV PLAN OPTIONS

Participation in FCSRMC's Employee Benefit Plans Program requires participation of all full-time eligible employees. The DV Plan option was designed as an alternative plan for employees with other adequate health insurance and is an employer paid benefit for employees only. **NEW!** Benefits may be extend the participant's eligible dependents.

DV Plan	
<div style="display: flex; justify-content: space-between; align-items: center;">  <span style="font-weight: bold; font-size: 0.8em;">www.DeltaDental.com</span> </div>	
<b>Network</b>	PPO Network/ <b>Premier</b>
<b>Deductible</b>	\$50 per person, not to exceed \$150 per family, per calendar year- applies to Basic and Major Services
<b>Maximum Benefits</b>	\$1,000 Calendar Year Maximum
<b>Preventive Services</b>	No Deductible - provided at 100% of PPO provider fee schedule for Oral Examinations, Cleanings (two per calendar year) and Bitewings X-rays
<b>Basic Services</b>	Full Mouth X-rays, Periodontics (Gum Treatment), Endodontic (Root Canals), Oral Surgery and Restorative Services (Fillings) are covered at 80% of the PPO provider fee schedule in-network and 50% non-PPO network
<b>Major Services</b>	Crowns, Bridges, Full Dentures, Partial Dentures and Implants are covered at 50% of the PPO provider fee schedule in-network and <b>50%</b> out-of-network
<b>Missing Tooth Rule</b>	Teeth extracted prior to effective date are covered
<b>Orthodontics</b>	<b>Child only, \$1,000 max.</b>
The out-of-network benefits are increase for those seeking services from a Premier provider and Preventative Services are covered at 100%	
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<b>Network</b>	Choice Network
<b>Well Vision Exam</b>	\$10 Co-payment every 12 months
<b>Prescription Glasses</b>	\$10 Co-payment for lenses single vision, lined bifocal, and lined trifocal lenses every 12 months
<b>Frames</b>	<b>\$150</b> allowance for a wide selection of frames or 20% off the amount over your allowance
<b>Contacts (instead of glasses)</b>	Every 12 months - up to \$60 Co-payment for your contact lens exam (fitting and evaluation) and \$120 allowance for contact lens material
<b>Laser Vision Correction</b>	Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
<b>Rates</b>	<b>Two Year Rate Guarantee thru 12/2016</b>
Spouse (Employee Paid)	\$33.14
Child(ren) (Employee Paid)	\$33.95
Family (Employee Paid)	\$73.75