



# FCSRMC

FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM

## 2018 DV PLAN OPTIONS

Participation in FCSRMC's Employee Benefit Plans Program requires participation

DV Plan Option 2	
 <span style="float: right;"><a href="http://www.DeltaDental.com">www.DeltaDental.com</a></span>	
<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>
<b>The out-of-network benefits are increase for those seeking services from a Premier</b>	
 <span style="float: right;"><a href="http://www.VSP.com">www.VSP.com</a></span>	
<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>\$180</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>Monthly Rates</b>	<b>Two Year Rate Guarantee thru 12/2020</b>
Spouse (Employee Paid)	\$33.14
Child(ren) (Employee Paid)	\$33.95
Family (Employee Paid)	\$73.75