

PPO | Group Number 16020

Plan Benefit Highlights for Florida College System Risk Management Consortium

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the birth year dependent turns 26			
Deductible	\$50 per person/\$150 per family each calendar year			
Deductibles waived for Diagnostic and Preventive (D&P) and Orthodontics?	Yes			
Maximums	\$1,500 per person each calendar year			
D&P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits	Major Benefits	Prosthodontics	Orthodontics
	None	None	None	None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D&P) Exams, cleanings and x-rays	100%	100%
Basic Services Fillings and sealants	80%	80%
Endodontics (root canals) Covered under basic services	80%	80%
Periodontics (gum treatments) Cover under basic services	80%	80%
Oral Surgery Covered under basic services	80%	80%
Major Services Crowns, inlays, onlays and cast restorations	50%	50%
Prosthodontics Bridges, dentures and implants	50%	50%
Orthodontic Benefits Dependent children to age 19	50%	50%
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contract fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Full-time Employee Dental, Vision and Life Premiums for 2023

PPO Dental (Administered by Delta Dental)		bi-monthly prems
Employee Coverage (paid by College)	\$25.95	\$12.98
Spouse	\$28.28	\$14.14
Child(ren)	\$28.80	\$14.40
Family	\$64.86	\$32.43
DHMO Dental (administered by Delta Dental)		bi-monthly prems
Employee Coverage (paid by College)	\$12.68	\$6.34
Spouse	\$9.52	\$4.76
Child(ren)	\$13.97	\$6.98
Family	\$24.74	\$12.37
Vision (administered by Humana)		bi-monthly prems
Employee Coverage (paid by College)	\$5.65	\$2.83
Family (includes Spouse and children)	\$6.73	\$3.36
FCSRMC DV Plan PPO Dental + Vision Program 2		bi-monthly prems
Employee Coverage (paid by College)	\$111.00	\$55.50
Spouse	\$38.30	\$19.15
Child(ren)	\$39.22	\$19.61
Family	\$85.12	\$42.56
Supplemental Life Insurance (administered by The Hartford)		bi-monthly prems
Employee Coverage (paid by College)	\$0.221	
Employee Supplemental (up to three times employee's base salary) per 1,000	\$0.267	
Spouse (\$25,000 coverage)	\$7.64	\$3.82
Children (\$10,000 coverage)	\$2.10	\$1.05



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