



Plan Year 2023 Dental and Vision Plan

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.

DELTA DENTAL

www.DeltaDental.com

Network	PPO Network/Premier
Deductible	\$50 per person, not to exceed \$150 per family, per calendar year- applies to Basic and Major Services
Maximum Benefits	\$1,500 Calendar Year Maximum
Preventive Services	No Deductible - provided at 100% of PPO provider fee schedule for Oral Examinations, Cleanings (two per calendar year) and Bitewings X-rays
Basic Services	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
Major Services	Crowns, Bridges, Full Dentures, Partial Dentures and Implants are covered at 50% of the PPO provider fee schedule in-network and 50% out-of-network
Missing Tooth Rule	Teeth extracted prior to effective date are covered
Orthodontics	Child only, \$1,000 max.
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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Network	Choice Network
Well Vision Exam	\$10 Co-payment every 12 months
Prescription Glasses	\$10 Co-payment for lenses single vision, lined bifocal, and lined trifocal lenses every 12 months
Frames	\$180 allowance for a wide selection of frames or 20% off the amount over your allowance
Contacts (instead of glasses)	Every 12 months - up to \$60 Co-payment for your contact lens exam (fitting and evaluation) and \$120 allowance for contact lens material
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.