



## DV DENTAL & VISION PLAN

### OVERVIEW & SUMMARY OF BENEFITS *(Formerly Plan C)*

An Employee Only Option

#### OVERVIEW

Participation in the Consortium's Employee Benefit Plans Program requires participation of all active full-time employees. No duplicate plan offerings are permitted. <sup>1</sup>

The DV option was designed as an alternative plan for employees with other adequate health insurance and is an employer paid benefit. The program includes Dental and Vision insurance coverage for employees only.

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<sup>1</sup> FCSRMC Risk Management Manual, Chapter 3

# Delta Dental PPO<sup>SM</sup> – Easy, Friendly, Accessible

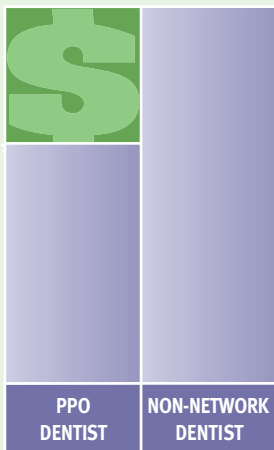


We'll do whatever it takes and then some.

Greatest potential savings when you visit a Delta Dental PPO dentist

## OUT-OF-POCKET COSTS

SAVE MORE    SAVE LESS



AMOUNT YOU SAVE  
AMOUNT YOU PAY

Illustration showing sample enrollee share of cost for information purposes only. Actual dentist fees and contract allowances will vary by region, procedure and by group contract.

We're pleased to be your partner in maintaining great oral health. The Delta Dental PPO\* plan makes it easy for you to find a dentist, and easy to control your costs when you visit a network dentist. Here are some of the great things you'll need to know about enrolling with Delta Dental:

- **Save money with a Delta Dental PPO dentist.** Our PPO network dentists accept reduced fees for covered services they provide you, so you'll usually pay the least when you visit a PPO network dentist. This also ensures Delta Dental PPO dentists won't balance bill you the difference between the contracted amount and their usual fee.
- **Visit the dentist of your choice.** Want to visit a non-Delta Dental dentist? No problem. You can visit any licensed dentist, but your costs are usually lowest when you see a PPO dentist.
- **Many network dentists to choose from.** Since Delta Dental offers access to one of the largest dentist networks in the U.S., chances are there's a wide choice of network dentists near your home or office. Many dentists nationwide are contracted Delta

Dental dentists, giving more enrollees convenient access to more dentists. Visit us at [deltadentalins.com](http://deltadentalins.com) to search our dentist directory by location or specialty.

- **Easy to use your benefits.** When you visit a Delta Dental dentist, pay only your portion for services. Delta Dental dentists will file claim forms for you and receive payment directly from us. Many non-Delta Dental dentists ask that you pay the entire cost up front and wait for reimbursement.
- **Delta Dental's Online Services make getting information quick and easy.** Access your benefits and eligibility, print ID cards and get information about your claims. And check out Delta Dental's oral health resources for tips and information that can help keep your smile healthy.

\* In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

 **DELTA DENTAL**

**WE KEEP YOU SMILING®**

**Plan Benefit Highlights for:** Florida College System Risk Management Consortium

**Group No:** 16020

**Effective Date:** 1/1/2013

**DELTA DENTAL PPO<sup>SM</sup>**

**BENEFIT HIGHLIGHTS**

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to age 26
<b>Deductibles</b>	\$50 per person / \$150 per family each calendar year
Deductibles waived for D & P?	Yes
<b>Maximums</b>	\$1,000 per person each calendar year
D & P counts toward maximum?	Yes

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-PPO dentists** <i>includes Premier Providers</i></b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays	100 %	100 %
<b>Basic Services</b> Fillings, simple tooth extractions, sealants, full mouth x-rays	80 %	60 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	80 %	60 %
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	80 %	60 %
<b>Oral Surgery</b> Covered Under Basic Services	80 %	60 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations, bridges and dentures , implants	50 %	40 %

\*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.

\*\*Your plan pays the dentist you visit based on PPO contracted fees. When you visit a PPO dentist for a cleaning, covered at 100%, you have no out-of-pocket costs. When you visit a Premier dentist, you pay the difference between the Premier fee and the PPO fee (usually a moderate amount). When you visit a non-Delta Dental dentist, you pay the difference between that dentist's usual fee and the PPO fee. Because there are no limits to what a non-Delta Dental dentist may charge, you would likely have the highest out-of-pocket costs when visiting one of these dentists.

**Delta Dental Insurance Company**  
1130 Sanctuary Parkway, Suite 600  
Alpharetta, GA 30009

**Customer Service**  
800-521-2651

**Claims Address**  
P.O. Box 1809  
Alpharetta, GA 30023-1809

**deltadentalins.com**

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.



## Your VSP Vision Benefits Summary

Welcome to VSP® Vision Care. Your VSP vision benefit offers you the best in eyecare and eyewear.

**Personalized Care.** A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

**Eyewear.** Choose the eyewear that's right for you and your budget. From classic styles to the latest designer frames, you'll find the eyewear that's right for you and your family.

**Choice of Providers.** With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider.

### Using your VSP benefit is easy.

- **Find the right eyecare provider for you.** To find a VSP doctor, visit [vsp.com](http://vsp.com) or call 800.877.7195.
- **Review your benefit information.** Visit [vsp.com](http://vsp.com) to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.** There's no ID card required.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

For your complete benefit description, visit [vsp.com](http://vsp.com) or call 800.877.7195.

FCSRMC and VSP provide you an affordable eyecare plan.

**VSP Coverage Effective** ..... 1/1/13

**Doctor Network**.....VSP Choice

### Your Coverage with a VSP Doctor

**WellVision Exam®** focuses on your eye health and overall wellness

- \$10 copay ..... **every 12 months**

#### Prescription Glasses

- \$10 copay

Lenses..... **every 12 months**

- Single vision, lined bifocal, and lined trifocal lenses
- Polycarbonate lenses for dependent children

Frame..... **every 24 months**

- \$85 allowance for a wide selection of frames
- 20% off the amount over your allowance

~OR~

**Contacts (instead of glasses)**..... **every 12 months**

- Up to \$60 copay for your contact lens exam (fitting and evaluation)
- \$120 allowance for contacts

*If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained.*

### Extra Discounts and Savings

#### Glasses and Sunglasses

- Average 20-25% savings on all non-covered lens options
- 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam

#### Contacts

- 15% off cost of contact lens exam (fitting and evaluation)

#### Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.

### Your Coverage with Other Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP doctor.

Exam .....	Up to \$35
Single vision lenses .....	Up to \$25
Lined bifocal lenses .....	Up to \$35
Lined trifocal lenses .....	Up to \$45
Frame .....	Up to \$55
Elective Contacts .....	Up to \$95
Necessary Contacts.....	Up to \$250

*VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.*

