



WILLIAM FLOYD U.F.S.D. VISION & DENTAL BENEFIT SUMMARY

VISION BENEFITS

Vision Allowances: All services below are allowed once a year with the exception of frames which are allowed once in 24 months

Eye Examination	\$25
Single Vision lenses	\$14
Bifocal lenses	\$47
Contact lenses	\$112
Trifocal lenses	\$37
Frames	\$12

DENTAL BENEFITS

Calendar Year Deductible None (for either in or out of network benefits)

Annual Maximum Benefit \$2,000.00 per person per calendar year

**IN-NETWORK
BENEFIT PAYMENT**

**OUT-OF-NETWORK
BENEFIT PAYMENT**

PREVENTATIVE SERVICES

Cleanings	Covered in Full	100% of R&C
Emergency Treatment CODE 9110	Covered in Full	100% of R&C
Fluoride Treatment – covered for children up to their 18th birthday	Covered in Full	100% of R&C
Oral Examinations	Covered in Full	100% of R&C
Space Maintainers	Covered in Full	100% of R&C
X-rays	Covered in Full	100% of R&C

BASIC SERVICES

Anesthesia	Covered in Full	100% of R&C
Bonding	Covered in Full	100% of R&C
Extractions – Oral Surgery	Covered in Full	100% of R&C
Fillings	Covered in Full	100% of R&C



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DENTAL BENEFITS (CONT.)

	<u>IN-NETWORK BENEFIT PAYMENT</u>	<u>OUT-OF-NETWORK BENEFIT PAYMENT</u>
Gingivectomy	Covered in Full	100% of R&C
Laboratory Tests	Covered in Full	100% of R&C
Periodontic Services	Covered in Full	100% of R&C
Root Canals	Covered in Full	100% of R&C
Scaling and Root Planing	Covered in Full	100% of R&C
 <u>MAJOR SERVICES</u>		
Porcelain Crowns, Inlays, and Onlays	Covered in Full	100% of R&C
Dentures/Bridgework – Subject to missing tooth clause	Covered in Full	80% of R&C
Gold Crowns, Inlays, and Onlays	Covered in Full	80% of R&C
 <u>EXCLUSIONS AND LIMITATIONS</u>		
Sealants	Not Covered	Not Covered
Cleanings	One visit allowed ever 6 months to twice per year	One visit allowed ever 6 months to twice per year
Full Mouth Series & Panoramic X-Rays	Once every three years	Once every three years
Oral Exams	One visit allowed ever 6 months to twice per year	One visit allowed ever 6 months to twice per year
 <u>ORTHODONTIC</u>		
Lifetime Maximum of \$1,000.00 <i>Invisalign is not covered</i>	Payable at 50% of charges to the Lifetime maximum of \$1,000.00	Payable at 50% of charges to the Lifetime maximum of \$1,000.00