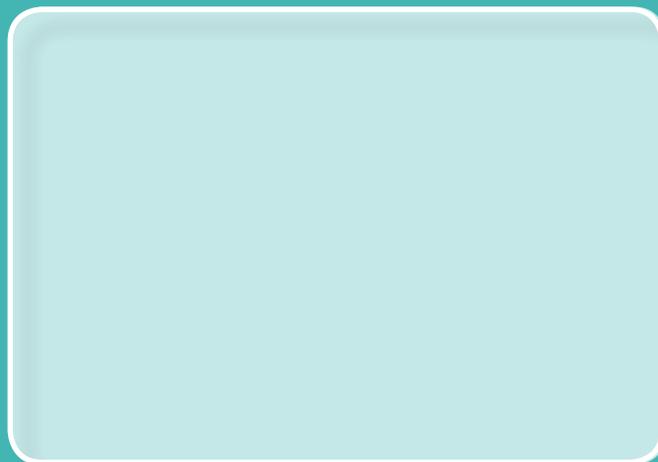
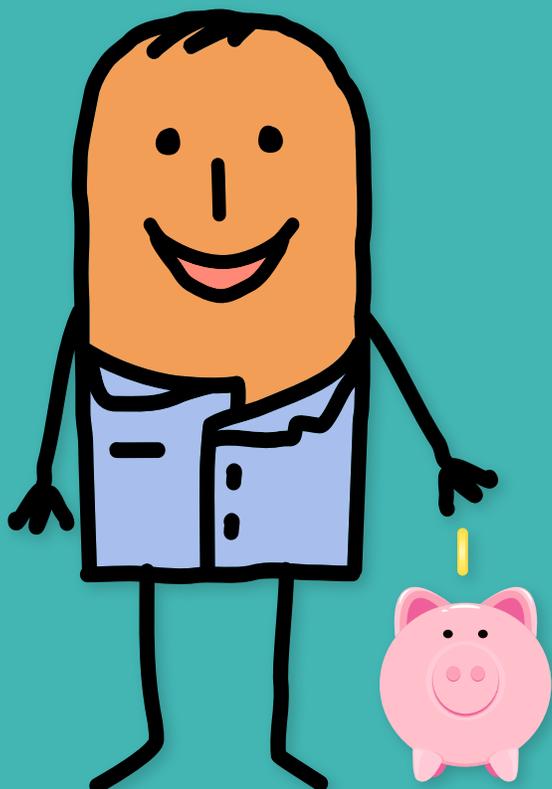


# YOUR **2015** FLEXIBLE BENEFITS GUIDE

It's about your health and well-being.



## what's inside?

You will find information about your flexible benefits and answers to frequently asked questions.

## Benefits Helpline:

### Enrollment Help Line

7 a.m. - 8 p.m. ET / Seven days a week  
1.305.995.2777

### Enrollment Website

[www.dadeschools.net](http://www.dadeschools.net)

### Benefits Inquiry

FBMC Service Center  
Mon - Fri, 7 a.m. - 8 p.m. ET  
1.855.5MDC.PS4U(1.855.632.7748)

### Paper Enrollment Form Assistance for Retirees • COBRA • Part-Time (B,E,F,L):

Office of Risk and Benefits Management  
1501NE 2<sup>nd</sup> Avenue, Suite 335  
Mon - Fri, 8 a.m. - 4:30 p.m. ET  
1.305.995.2777, [www.dadeschools.net](http://www.dadeschools.net)

### Florida Retirement System (FRS)

1.800.377.7687

### Medicare

24 hours / Seven days a week  
1.800.MEDICARE or 1.800.633.4227,  
TTY: 1.877.486.2048  
[www.medicare.gov](http://www.medicare.gov)

### Social Security Administration

1.800.772.1213  
TTY: 1.800.325.0178  
[www.ssa.gov](http://www.ssa.gov)

### Florida Kidcare

1.800.377.7687

## FlexPlan Providers

### Dental Plans

#### Delta Dental

Mon - Fri, 8 a.m. to 9 p.m. ET  
Customer Service at 1.800.693.2589  
Multilingual representatives are available.  
[www.deltadentalins.com/mdcps](http://www.deltadentalins.com/mdcps)

#### UnitedHealthcare (UHC) Dental

Dental Member Services  
Mon - Fri, 7 a.m. - 10 p.m. CDT  
1.800.955.4137  
[www.myuhcdental.com](http://www.myuhcdental.com)

### Vision Plans

#### Davis Vision

Customer Service: 1.800.999.5431  
During Open Enrollment:  
1.877.923.2847  
Client Code:4954  
[www.davisvision.com](http://www.davisvision.com)

#### UnitedHealthcare Vision

Customer Service  
Mon - Fri, 8 a.m. - 11 p.m. ET  
Sat, 9 a.m. - 6:30 p.m. ET  
1.800.638.3120

## Healthcare Providers

### Under Age 65 (Not Medicare Eligible) Healthcare Plans

**Cigna Healthcare**  
24-hours / Seven days a week  
1.800.806.3052  
[www.Cigna.com](http://www.Cigna.com)

### Over Age 65 (Medicare Eligible) Healthcare Plans

**Cigna - Leon Medical Center  
Health Plans - Leon Cares (HMO)  
Customer Service**  
Seven days a week, 8 a.m. - 8 p.m.  
1.866.266.8917 (TTY: 711)

**UnitedHealthcare  
Customer Service (for all plans)**  
Seven days a week, 8 a.m. - 8 p.m. ET  
1.877.776.1466 (TTY: 711)

**Enrollment materials for the Medicare  
Supplement Plan should be returned to:  
UnitedHealthcare Enrollment Division**  
P.O. Box 105331  
Atlanta, GA 30348-5337

**Enrollment materials for UHC Part D  
Prescription Plan or Medicare Advantage  
Plan should be returned to:  
UnitedHealthcare Enrollment Department**  
P.O. Box 29675  
Hot Springs, AR 71903 or  
Fax: 1.501.262.7070

# Directory

## Legal Plans

### ARAG® Legal Plan

Customer Care  
Mon - Fri, 8 a.m. - 8 p.m. ET  
1.800.360.5567  
www.araglegalcenter.com  
Access Code: 10287mds

### ARAG SeniorAdvocate® Plan

Mon - Fri, 8 a.m. - 8 p.m. ET  
1.800.360.5567  
www.araglegalcenter.com,  
Access Code: 10287mds

### MetLaw Legal Plan

Mon - Fri, 8 a.m. - 7 p.m. ET  
1.800.821.6400  
info.legalplans.com  
Access Code: 8900010

### MetLaw Senior Plan

Mon - Fri, 8 a.m. - 7 p.m. ET  
1.800.821.6400  
info.legalplans.com  
Access Code: 8890010

## The Short-Term & Long-Term Disability Plans

### Hartford Life and Accident Insurance Company

Customer Service 1.305.995.4889  
To File a Claim 1.800.741.4306  
Medical Underwriting 1.800.331.7234  
www.thehartfordatwork.com

### Identity Theft Plan

#### ID Watchdog, Inc.

Customer Service  
24 hours / Seven days a week  
1.866.513.1518  
www.idwatchdog.com

## Hospital Indemnity Coverage

### Life Insurance Co. of North America, a Cigna Company\*

Customer Service / Claims  
Mon - Fri, 7 a.m. - 8 p.m. ET  
1.855.MDC.PS4U (1.855.632.7748)

## Voluntary Life Insurance and Accidental Death and Dismemberment (AD&D)

### MetLife Voluntary Life Claims

Customer Service  
Mon - Thurs, 8 a.m. - 4:30 p.m. ET  
1.305.995.7029

### Claims

Mon - Thurs, 8 a.m. - 8 p.m. ET  
Fri, 8 a.m. - 5 p.m. ET  
1.800.638.6420, option #2

## Flexible Spending Accounts (FSA)

TASC  
Customer Service  
1.800.422.4661  
Mon - Fri, 8 a.m. - 5 p.m.  
www.tasconline.com

## 401(k)

### VISTA 401(k) Plan

P.O. Box 1878  
Tallahassee, FL 32302-1878  
Customer Service  
1.866.325.1278  
Fax: 1.850.425.8345  
IVR: 1.800.213.2310  
E-mail: 401k@vista401k.com  
www.vista401k.com

## Other Important Phone Numbers

For general benefit and enrollment information throughout the year:

### Miami-Dade County Public Schools

Office of Risk and Benefits Management  
Automated Phone System  
Mon - Fri, 8 a.m. - 4:30 p.m. ET  
1.305.995.7129  
1.305.995.7130  
Fax: 1.305.995.7190

### Office of Retirement/Leave/

Unemployment  
1.305.995.7090

### Payroll Deduction Control

Automated Phone System  
Mon - Fri, 8 a.m. - 4:30 p.m. ET  
1.305.995.1655  
Fax: 1.305.995.1644

## Life Insurance

### MetLife Group Life Claims

Customer Service  
Mon - Fri, 8 a.m. - 4:30 p.m. ET  
1.305.995.7029

### Claims

Mon - Thurs, 8 a.m. - 8 p.m. ET  
Fri, 8 a.m. - 5 p.m. ET  
1.800.638.6420, option #2

\*All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Life Insurance Company of North America. The Cigna name and logo are owned by Cigna Intellectual Property, Inc.

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The materials contained in this guide do not constitute an insurance certificate or policy. The information provided is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusions of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance and posted on the benefit website at [www.dadeschools.net](http://www.dadeschools.net).

The School Board of Miami-Dade County, Florida reserves the right to amend or to terminate the plans described in this guide at any time, subject to the specific restrictions, if any, in the collective bargaining agreement. In the event of any such amendment or termination, your coverage may be modified or discontinued and the School Board assumes no obligation to continue the benefits or coverages described in this guide.

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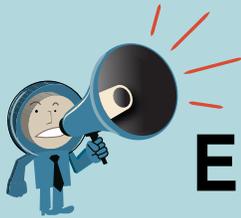
136 Retiree FlexPlan Rates

## Healthy Tip:

**Get to know your doctor! Now is a great time to schedule an annual physical or check up with your Primary Care Physician (PCP) for yourself and your dependents.**

# What's New?

This is a mandatory enrollment. If you do not re-enroll, your current benefits and those of your dependents will end December 31, 2014. However, your current disability plan(s) will continue. Your period of coverage dates are: January 1, 2015 through December 31, 2015.



## It's Benefits Enrollment Time!

### Flexible Benefits

Miami-Dade County Public Schools will continue to offer a wide range of high-quality, elective benefits at very competitive prices, including:

#### Dental Providers

DHMO Plans:

- DeltaCare USA Dental DHMO Plans - Standard and High
- UnitedHealthcare Solstice Dental DHMO Plans - Standard and High

Indemnity Plans:

- Delta Dental Indemnity Dental Plans - Standard and High
- UnitedHealthcare PPO Plans - Standard and High

#### Vision Plans

- Davis Vision Plan
- UnitedHealthcare Vision Plan

#### Legal Plans

- Arag Legal Plan and Arag Senior Advocate
- MetLaw Legal Plan and MetLaw Senior Plan

#### Identity Theft Protection

- ID Watchdog

#### Voluntary Life

#### Accidental Death and Dismemberment (AD&D)

#### Hospital Indemnity Coverage offered by Cigna

**Disability Plans offered by The Hartford** - only during this enrollment will you be provided the opportunity of enrolling or upgrading your coverage without having to complete **the Evidence of Insurability requirements**.

### >> How to use your benefits guides:

We consolidated all group benefits information, including full-time employees, part-time employees and COBRA participants into the following three benefits guides:

**Your 2015 Enrollment Guide** - provides clickable access to benefits updates, dependent eligibility information, frequently asked questions pertaining to your group and other supporting documentation.

**Your 2015 Healthcare Benefits Guide** - provides clickable access to healthcare plans and Healthcare Q&A information.

**Your 2015 Flexible Benefits Guide** - provides clickable access to flexible benefits information.

To view your benefits, simply click on the active links and directional tabs located throughout the guides to easily navigate pages within each guide and seamlessly link from one guide to another.

NOTE: Your 2015 Flexible Benefits Guide includes Retiree flexible benefits information.



# What's New?



The School Board provides a Term Life and Accidental Death and Dismemberment (AD&D) program with MetLaw Life Insurance Company for all **full-time** employees. The coverage amount is either one or two times your annual base salary, rounded up to the next \$1,000. Administrators and Confidential Exempt employees receive two times the annual base salary. All other employees receive one times their annual base salary. The minimum benefit for employees represented by AFSCME is \$10,000. Additional life insurance may be purchased through payroll deduction to bring maximum benefits to an additional, one times the amount provided by the School Board. You will be eligible to increase your coverage to a maximum of five times the annual base salary after the first year of participation in the optional life program. Evidence of Insurability will be required for any increases in coverage. To find out more about Board-Paid Term Life and Accidental Death and Dismemberment, contact the MetLife Representative at 1.305.995.7029.

A domestic partner and children of a domestic partner will also be taxed on the entire Board-paid dependent subsidy.

## Certificates of Coverage

The materials contained in this guide do not constitute an insurance certificate or policy. The information provided is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusions of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance and posted on the benefit website at [www.dadeschools.net](http://www.dadeschools.net).

The School Board of Miami-Dade County, Florida reserves the right to amend or to terminate the plans described in this guide at any time, subject to the specific restrictions, if any, in the collective bargaining agreement. In the event of any such amendment or termination, your coverage may be modified or discontinued and the School Board assumes no obligation to continue the benefits or coverages described in this guide.

## Dependent Eligibility

Employees who choose dependent coverage must enroll their eligible dependents by submitting proof of dependent eligibility before the end of the 2014 calendar year and provide their dependents' Social Security numbers.

>> Domestic  
Partner  
Eligibility  
Update:

**Employees covering  
a domestic partner  
of the same sex and  
legally married are able  
to add their eligible  
domestic partner on  
a tax free basis with  
proper documentation  
(marriage certificate)!**



# Flexible Spending Accounts (FSAs)



**New medical FSA  
maximum for 2015:  
\$2,550**



## Advantages of a Flexible Spending Account (FSA)

### A valuable pre-tax benefit with innovative services!

FlexSystem FSA increases your take-home pay by reducing your taxable income. A Flexible Spending Account (FSA) allows you to save up to 30% on your eligible healthcare and/or dependent care expenses every year by using pre-tax dollars.

Consider how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year:

- prescription drugs/medications.
- medical/dental office visit co-pays.
- eye exams and prescription glasses/lenses.
- vaccinations.
- daycare tuition.

Why not reduce these expenses by using pre-tax dollars instead of after-tax dollars? With rising healthcare costs, **every penny counts!** By using pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state and FICA taxes, and thereby you **increase your take home pay!**

Employee salary reductions to a medical Flexible Spending Account (FSA) are limited to **\$2,550** per Plan Year (2015), indexed for inflation. Check with your employer for your Plan's maximum annual election amount.

Putting money in an FSA is smart and safe! If you have medical FSA funds leftover at the end of the Plan Year and your employer has elected Carryover, you may carryover up to \$500 from year to year with no cost or penalty.

### How FlexSystem Works

FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem FSA Healthcare and/or Dependent Care, you choose the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year. **The more you contribute to these accounts, the more you save by paying less in taxes!**

Your total Healthcare FSA annual contribution amount is available immediately at the start of the Plan Year; Dependent Care FSA funds are available up to the current account balance only.

### Reimbursements and the TASC Card

As you incur eligible expenses, simply swipe your TASC Card. The card automatically pays for and substantiates most eligible expenses at the point of purchase. If you do not use the TASC Card to pay for an eligible expense, simply submit a request for reimbursement via the MyTASC Mobile App, online Request for Reimbursement form in MyTASC, text message, fax, or mail.

Your reimbursement is deposited in your MyCash account. You can access your MyCash funds in three ways: (1) swipe your TASC Card at any merchant that accepts major credit cards, (2) withdraw at an ATM using your TASC Card (with PIN), or (3) transfer to a personal bank account from MyTASC.

### FlexSystem Healthcare FSA FlexSystem Dependent Care FSA

#### Pre-Tax Savings Example

	Without FSA	With FSA
Gross Monthly Pay:	\$3,500	\$3,500
<b>Pre-Tax Contributions</b>		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
<b>TOTAL:</b>	\$0	<b>-\$600</b>
<b>Taxable Monthly Income</b>	<b>\$3,500</b>	<b>\$2,900</b>
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	<b>-\$600</b>	\$0
<b>Monthly Take-home Pay:</b>	<b>\$1,932</b>	<b>\$2,098</b>

**Net Increase in Take-Home Pay = \$166/mo!**  
For illustration only. Actual dollar amounts may vary.



# Flexible Spending Accounts (FSAs)

## FSA Eligible Expenses

FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical care services
- Prescriptions
- Dental care services
- Certain over-the-counter medications
- Vision care expenses
- Daycare tuition

More detailed lists can be found at [www.irs.gov](http://www.irs.gov) in IRS Publications 502 & 503. Please note insurance premiums are NOT eligible for reimbursement.

*33 million Americans  
save up to 30%  
every year  
by participating  
in an FSA.*

*2009 Nielson Consumer Research*

## Multiple Methods for Account Management

You may use any of the following self-service options to access your FlexSystem accounts and TASC Card transactions:

- **MyTASC Online:** [www.tasconline.com](http://www.tasconline.com).
- **MyTASC Mobile App:** Free download at [www.tasconline.com/mobile](http://www.tasconline.com/mobile).
- **MyTASC Text Messaging:** Elect through your MyTASC account online.

**Online enrollment and account management.**

**Online tax-savings calculator to help determine how much to contribute.**

**Convenient pre-tax payroll deductions.**

**Benefits debit card for eligible purchases.**

**Mobile app for account access on the go.**

**Multiple self-service tools.**

**Fast reimbursements.**

## Important Considerations

### **FSA Funds do not Rollover:**

It is important to be conservative in making elections because any unused funds left in your FSA at the close of the Plan Year are not refundable to you. (The only exception to this rule is for the Healthcare FSA where funds may carryover to the next Plan Year's healthcare FSA (up to \$500) when elected by your employer.) You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response System, to avoid having funds remaining in your account at year-end.

### **Changing Elections During the Plan Year:**

You may change your FSA elections during the Plan Year only if you experience a change of status such as:

- a marriage or divorce
- birth or adoption of a child, or
- a change in employment status

Refer to the Change of Election Form (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year.

*Sign up for FlexSystem and keep more money in your pocket!*



# Dental DHMO Comparison Charts

Benefits	Delta Dental DHMO Options		UnitedHealthcare DHMO Options	
	DeltaCare USA Plan DHMO Standard	DeltaCare USA Plan DHMO High	UHC Solstice Access+ Standard DHMO	UHC Solstice Access+ High DHMO
Exam	You Pay	You Pay	You Pay	You Pay
Office Visit	\$5.00	\$5.00	\$0.00	\$0.00
Periodic Oral Evaluation	\$0.00	\$0.00	\$0.00	\$0.00
Limited Oral Evaluation - problem focused	\$0.00	\$0.00	\$0.00	\$0.00
Comprehensive Oral Evaluation	\$0.00	\$0.00	\$0.00	\$0.00
<b>X-Rays</b>				
Intraoral - Complete Series, including bitewings	\$0.00	\$0.00	\$0.00	\$0.00
Intraoral - Periapical first film	\$0.00	\$0.00	\$0.00	\$0.00
Intraoral - Periapical each additional film	\$0.00	\$0.00	\$0.00	\$0.00
Bitewings - two films	\$0.00	\$0.00	\$0.00	\$0.00
Bitewings - four films	\$0.00	\$0.00	\$0.00	\$0.00
Panoramic	\$0.00	\$0.00	\$0.00	\$0.00
<b>Preventive Services</b>				
Prophylaxis - adult cleaning	\$0.00	\$0.00	\$0.00	\$0.00
Prophylaxis - child cleaning	\$0.00	\$0.00	\$0.00	\$0.00
Fluoride - child	\$0.00	\$0.00	\$0.00	\$0.00
Sealant - per tooth	\$0.00	\$5.00	\$0.00	\$5.00
<b>Silver Fillings</b>				
Amalgam, 1 Surface, primary or permanent	\$20.00	\$0.00	\$20.00	\$0.00
Amalgam, 2 surfaces, primary or permanent	\$25.00	\$0.00	\$25.00	\$0.00
<b>White Fillings, Front Teeth</b>				
Anterior Composite, 1 surface	\$35.00	\$35.00	\$35.00	\$35.00
Anterior Composite, 2 surfaces	\$40.00	\$40.00	\$40.00	\$40.00
<b>Onlays and Crowns</b>				
Crown, All Porcelain	\$370.00	\$280.00	\$370.00	\$280.00
Core Build Up	\$60.00	\$45.00	\$60.00	\$45.00



# Dental DHMO Comparison Charts

Benefits Continued	Delta Dental DHMO Options		UnitedHealthcare DHMO Options	
	DeltaCare USA Plan DHMO Standard	DeltaCare USA Plan DHMO High	UHC Solstice Access+ Standard DHMO	UHC Solstice Access+ High DHMO
<b>Periodontal Care (For Gums)</b>				
Periodontal Therapy, 4+ teeth/quadrant	\$60.00	\$40.00	\$60.00	\$40.00
Periodontal Maintenance	\$50.00	\$30.00	\$50.00	\$30.00
<b>Extractions</b>				
Extraction, erupted tooth or exposed root	\$20.00	\$0.00	\$20.00	\$0.00
Surgical removal of erupted teeth	\$50.00	\$30.00	\$50.00	\$30.00
<b>Orthodontia Care</b>				
Comprehensive Orthodontic treatment - adolescent (up to 24 months - including fixed/removable appliances) to age 19	\$2,095.00	\$1,800.00	\$2,095.00	\$1,800.00
Comprehensive Orthodontic treatment - adult (up to 24 months - including fixed/removable appliances)	\$2,095.00	\$1,800.00	\$2,095.00	\$1,800.00
Pre-orthodontic treatment visit (consult/records/exam)	\$35.00	\$0.00	\$35.00	\$0.00
Orthodontic Retention (removal of appliances, construction and placement of retainer(s))	\$300.00	\$300.00	\$300.00	\$300.00
Unspecified Orthodontic Procedure - By Report	\$250.00	\$250.00	\$250.00	\$250.00

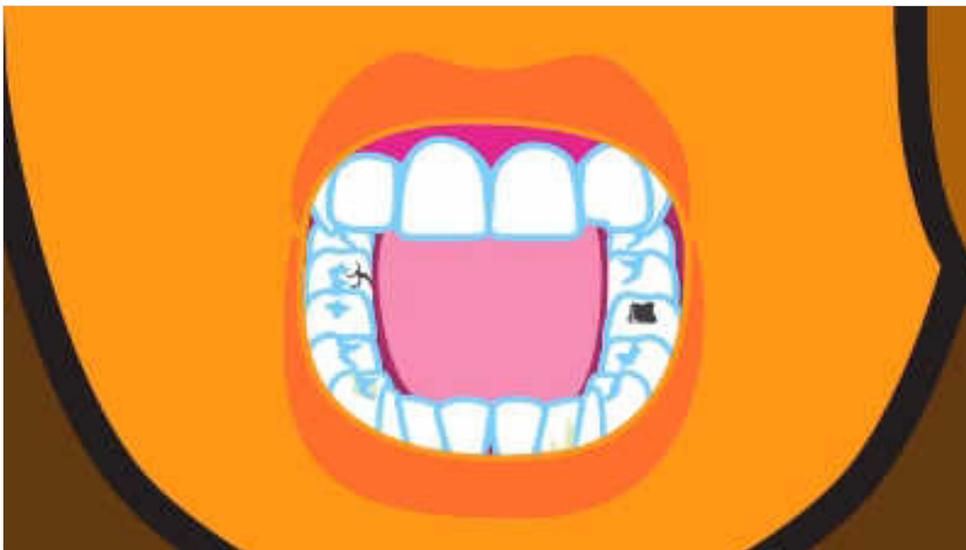


# DeltaCare<sup>®</sup> USA (DHMO)

Under the DeltaCare<sup>®</sup> USA program, many services are covered at no cost, while others have copayments (amount you pay your contract dentist) for certain benefits. See the copayments for the covered services on the following pages.



Click to play Dental Video:



## >> Benefit Eligibility Note:

- **All M-DCPS groups are eligible to enroll in the DeltaCare USA (DHMO) offered by the School Board.**
- **Current COBRA participants may only continue to enroll in DeltaCare USA (DHMO) if you were previously enrolled in vision.**
- **See eligibility section for more details.**



### Healthy Tip:

Preschedule your next dental appointment at the end of your dental visit to maintain routine treatment for yourself and your family members.



# DeltaCare<sup>®</sup> USA (DHMO)

## DeltaCare USA Plans - DHMO Dental Plans

Dental services that are not performed by your selected in-network participating (contracted) dentist, or are not covered under provisions for emergency care below, must be preauthorized by us to be covered by your DeltaCare USA program.

The program is designed to encourage regular visits to the dentist by having no copayments (fees you pay to the contract dentist) on most diagnostic and preventive benefits.

Your participating in-network (contracted) dentist will coordinate your specialty care needs for oral surgery, endodontics or periodontics with an approved in-network (contracted) specialist. There is no additional charge to you for receiving care from a specialist. If there is no participating specialist within your service area, a referral to an out-of-network specialist will be authorized at no extra cost, other than the applicable copayment.

## How to use your DeltaCare USA Plan:

A list of participating panel providers in Miami-Dade, Broward, Monroe and Palm Beach Counties can be viewed online at [www.deltadentalins.com/mdcps](http://www.deltadentalins.com/mdcps). You may also call Customer Service at 1.800.693.2589. Multilingual representatives are available from 8 a.m. to 9 p.m. Eastern time, Monday through Friday.

## How can I make an appointment with my DeltaCare USA dentist?

You may schedule an appointment by calling the dental office you selected on or after your effective date of coverage. When you call to schedule your appointment, inform the office that you are a member of the DeltaCare USA dental plan. It will not be necessary to use any claim forms. If you need to cancel your appointment for any reason, please let your provider know twenty-four (24) hours in advance of your scheduled appointment. The Benefits Schedule allows the provider to charge a fee (up to a maximum of \$25) for any broken or cancelled appointment without twenty-four (24) hours' notice.

## How long does it take to get an appointment with a DeltaCare USA dentist?

Two to four weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may have to wait longer. Most DeltaCare USA dentists are in private group practices, which means greater appointment availability and extended office hours.

## Who is an eligible dependent for this coverage?

Eligible dependents for this plan include:

- Spouse/Domestic Partner
- Unmarried natural children, adopted children, and stepchildren under you or your spouse's legal guardianship until the end of the calendar year in which the child reaches age 26
- Children of a Domestic Partner, as long as the Domestic Partner is also covered.

**NOTE:** Children may be covered under this plan until the end of the calendar year in which the child reaches age 26, provided he/she is unmarried and resides in your home and depends upon you for support, or is registered as a full-time or part-time student. Children with a mental or physical handicap are also eligible for coverage beyond the age of 26.

## Can I change my contract dentist?

You may change contract dentists by notifying us either by phone or in writing, or by visiting our website, [www.deltadentalins.com/mdcps](http://www.deltadentalins.com/mdcps). If you contact us by the 21st of the month, the change will become effective the first of the following month.

## What if I need the services of a Specialist?

Your participating dentist will coordinate your specialty care needs for oral surgery, endodontics or periodontics with an approved contract specialist. There is no additional charge to you for receiving care from a specialist. If there is no contract specialist within your service area, a referral to an out-of-network specialist will be authorized at no extra cost, other than the applicable copayment.



# DeltaCare<sup>®</sup> USA (DHMO)

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## What can I do if I have questions about the treatment plan prescribed by my General Dentist?

Call DeltaCare Customer Service at 1.800.693.2589 Monday through Friday 8 a.m. - 9 p.m. ET.

## What if I'm currently seeing a dentist under one plan and I change plans to the DeltaCare USA Plan, but would like to maintain the same dentist?

As long as the dentist is part of the DeltaCare USA network and is accepting patients, you may select the facility as your primary dentist. If the facility is not open to new membership, you will have to select another participating provider.

## How can I receive emergency care within the service area?

Under your DeltaCare USA program, you and your eligible dependents are covered for out-of-area dental emergencies (35 or more miles from your contract dentist). Your program pays up to \$100 for out-of-area emergency dental expenses per emergency for each enrollee.

## How can I receive emergency care for out-of-area?

Under your DeltaCare USA program, you and your eligible dependents are covered for out-of-area dental emergencies (35 or more miles from your contract dentist). Your program pays up to \$100 for out-of-area emergency dental expenses per emergency for each enrollee.

## What if I have questions about my DeltaCare USA program?

Call Customer Service at 1.800.693.2589. We have multilingual representatives available from 8 a.m. to 9 p.m. Eastern time, Monday through Friday. Our Customer Service representatives can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

## Are pre-existing dental conditions and work in progress covered?

Treatment for pre-existing conditions, such as extracted teeth, is covered under the DeltaCare USA program. However, benefits are not provided for any dental treatment started before joining the program (that is, work in progress, such as preparations for crowns, root canals and impressions for dentures). Orthodontic treatment in progress may be covered for new DeltaCare USA enrollees. See the "Limitations and Exclusions of Benefits."

## How to use dental benefits:

A list containing the Select Panel Providers in Miami-Dade, Broward, Monroe and Palm Beach Counties can be viewed online at [www.deltadentalins.com/mdcps](http://www.deltadentalins.com/mdcps). You may call the DeltaCare Customer Services Department at 1.800.693.2589 to verify your dentist's continued participation in your selected plan.



# DeltaCare® USA (DHMO)

## Standard Plan

### SCHEDULE A

#### Description of Benefits and Copayments Standard Plan

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to Schedule B for further clarification of Benefits. Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA program and is not to be interpreted as CDT-2015 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

All non-listed services are available with your selected Contract Dentist or Contract Specialist at 75% of their filed fees.

Code	Description	Enrollee Pays		
<b>D0100-D0999</b>			<b>I. DIAGNOSTIC</b>	
D0120	Periodic oral evaluation - established patient	\$0.00	D0415	Collection of microorganisms for culture and sensitivity \$0.00
D0140	Limited oral evaluation - problem focused	\$0.00	D0425	Caries susceptibility tests \$0.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0.00	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures \$50.00
D0150	Comprehensive oral evaluation - new or established patient	\$0.00	D0460	Pulp vitality tests \$0.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0.00	D0470	Diagnostic casts \$0.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0.00	D0472	Accession of tissue, gross examination, preparation and transmission of written report. \$0.00
D0171	Re-evaluation - post-operative office visit	\$0.00	D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report. \$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$20.00	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report. \$0.00
D0190	Screening of a patient	\$0.00	D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report \$0.00
D0191	Assessment of a patient	\$0.00	D0601	Caries risk assessment and documentation, with a finding of low risk - <i>limited to children age 3 to 19, 1 every 3 years</i> \$0.00
D0210	intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i>	\$0.00	D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>limited to children age 3 to 19, 1 every 3 years</i> \$0.00
D0220	Intraoral - periapical first radiographic image	\$0.00	D0603	Caries risk assessment and documentation, with a finding of high risk - <i>limited to children age 3 to 19, 1 every 3 years</i> \$0.00
D0230	Intraoral - periapical, each additional radiographic image	\$0.00	D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit including all fees for sterilization and/or infection control (in addition to other services)</i> \$5.00
D0240	Intraoral - occlusal radiographic image	\$0.00		
D0250	Extraoral - first radiographic image	\$0.00		
D0260	Extraoral - each additional radiographic image	\$0.00		
D0270	Bitewing radiograph - single radiographic image	\$0.00		
D0272	Bitewings radiographs - two radiographic images	\$0.00		
D0273	Bitewings - radiographs - three radiographic images	\$0.00		
D0274	Bitewings radiographs - four radiographic images - <i>limited to 1 series every 6 months</i>	\$0.00		
D0277	Vertical bitewings - 7 to 8 radiographic images	\$0.00		
D0330	Panoramic radiographic image	\$0.00		
D0350	2D oral/facial photographic images obtained intraorally or extraorally	\$0.00		
D0351	3D photographic image	\$0.00		



# DeltaCare® USA (DHMO)

## Standard Plan

### D1000-D1999

D1110	Prophylaxis cleaning - adult - 2 per year	\$0.00
D1110	<i>Additional prophylaxis cleaning - adult; 2 within year</i>	\$35.00
D1120	Prophylaxis cleaning - child - 2 per year	\$0.00
D1120	<i>Additional prophylaxis cleaning - child; 2 within year</i>	\$35.00
D1206	Topical application of fluoride varnish - 2 per year; 2 D1206 or D1208 per year	\$0.00
D1208	Topical application of fluoride - excluding varnish - 2 per year; 2 D1206 or D1208 per year	\$0.00
D1310	Nutritional counseling for control of dental disease.	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	\$0.00
D1352	Preventive resin restoration in a moderate to high carries risk patient - permanent tooth	\$0.00
D1353	Sealant repair – per tooth - <i>limited to permanent molars through age 15</i>	\$0.00
D1510	Space maintainer - fixed - unilateral	\$65.00
D1515	Space maintainer - fixed - bilateral	\$65.00
D1520	Space maintainer - removable - unilateral	\$105.00
D1525	Space maintainer - removable - bilateral	\$105.00
D1550	Re-cement or re-bond space maintainer	\$15.00
D1555	Removal of fixed space maintainer	\$15.00

### D2000-D2999

<p><i>- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</i></p> <p><i>- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is no copayment per crown unit in addition to regular copayments for porcelain on molars.</i></p> <p><i>- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$125.00 per crown, beyond the 6th unit.</i></p> <p><i>- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.</i></p>		
D2140	Amalgam - one surface, primary or permanent	\$20.00
D2150	Amalgam - two surfaces, primary or permanent	\$25.00
D2160	Amalgam - three surfaces, primary or permanent	\$30.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$35.00
D2330	Resin-based composite - one surface, anterior	\$35.00
D2331	Resin-based composite - two surfaces, anterior	\$40.00
D2332	Resin-based composite - three surfaces, anterior	\$50.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$55.00
D2390	Resin-based composite crown, anterior	\$65.00
D2391	Resin-based composite - one surface, posterior	\$75.00

### II. PREVENTIVE

D2392	Resin-based composite - two surfaces, posterior	\$85.00
D2393	Resin-based composite - three surfaces, posterior	\$95.00
D2394	Resin-based composite - four or more surfaces, posterior	\$120.00
D2510	Inlay - metallic - one surface	\$155.00
D2520	Inlay - metallic - two surfaces	\$165.00
D2530	Inlay - metallic - three or more surfaces	\$190.00
D2542	Onlay - metallic - two surfaces	\$370.00
D2543	Onlay - metallic - three surfaces	\$370.00
D2544	Onlay - metallic - four or more surfaces	\$370.00
D2610	Inlay - porcelain/ceramic - one surface	\$370.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$370.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$370.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$370.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$370.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$370.00
D2650	Inlay - resin-based composite - one surface	\$370.00
D2651	Inlay - resin-based composite - two surfaces	\$370.00
D2652	Inlay - resin-based composite - three or more surfaces	\$370.00
D2662	Onlay - resin-based composite - two surfaces	\$370.00
D2663	Onlay - resin-based composite - three surfaces	\$370.00
D2664	Onlay - resin-based composite - four or more surfaces	\$370.00
D2710	Crown - resin (indirect)	\$370.00
D2712	Crown - ¾ resin-based composite (indirect)	\$370.00
D2720	Crown - resin with high noble metal	\$370.00
D2721	Crown - resin with predominantly base metal	\$370.00
D2722	Crown - resin with noble metal	\$370.00
D2740	Crown - porcelain/ceramic substrate	\$370.00
D2750	Crown - porcelain fused to high noble metal	\$370.00
D2751	Crown - porcelain fused to predominantly base metal	\$370.00
D2752	Crown - porcelain fused to noble metal	\$370.00
D2780	Crown - ¾ cast high noble metal	\$370.00
D2781	Crown - ¾ cast predominantly base metal	\$370.00
D2782	Crown - ¾ cast noble metal	\$370.00
D2783	Crown - ¾ porcelain/ceramic	\$370.00
D2790	Crown - full cast high noble metal	\$370.00
D2791	Crown - full cast predominantly base metal	\$370.00
D2792	Crown - full cast noble metal	\$370.00
D2794	Crown - titanium	\$370.00
D2799	Provisional crown	\$0.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$15.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$0.00
D2920	Re-cement or re-bond crown	\$15.00
D2921	Reattachment of tooth fragment, incisal edge or cusp ( <i>anterior</i> )	\$55.00

### III. RESTORATIVE







# DeltaCare® USA (DHMO)

## Standard Plan

D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165.00	D6241	Pontic - porcelain fused to predominantly base metal	\$370.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165.00	D6242	Pontic - porcelain fused to noble metal	\$370.00
D5710	Rebase complete maxillary denture	\$125.00	D6245	Pontic - porcelain/ceramic	\$370.00
D5711	Rebase complete mandibular denture	\$125.00	D6250	Pontic - resin with high noble metal	\$370.00
D5720	Rebase maxillary partial denture	\$125.00	D6251	Pontic - resin with predominantly base metal	\$370.00
D5721	Rebase mandibular partial denture	\$125.00	D6252	Pontic - resin with noble metal	\$370.00
D5730	Reline complete maxillary denture (chairside)	\$65.00	D6253	Provisional pontic	\$0.00
D5731	Reline complete mandibular denture (chairside)	\$65.00	D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$370.00
D5740	Reline maxillary partial denture (chairside)	\$65.00	D6549	Resin retainer - for resin bonded fixed prosthesis	\$370.00
D5741	Reline mandibular partial denture (chairside)	\$65.00	D6600	Inlay - porcelain/ceramic, two surfaces	\$370.00
D5750	Reline complete maxillary denture (laboratory)	\$50.00	D6601	Inlay - porcelain/ceramic, three or more surfaces	\$370.00
D5751	Reline complete mandibular denture (laboratory)	\$50.00	D6602	Inlay - cast high noble metal, two surfaces	\$370.00
D5760	Reline maxillary partial denture (laboratory)	\$50.00	D6603	Inlay - cast high noble metal, three or more surfaces	\$370.00
D5761	Reline mandibular partial denture (laboratory)	\$50.00	D6604	Inlay - cast predominantly base metal, two surfaces	\$370.00
D5810	Interim complete denture (maxillary)	\$230.00	D6605	Inlay - cast predominantly base metal, three or more surfaces	\$370.00
D5811	Interim complete denture (mandibular)	\$230.00	D6606	Inlay - cast noble metal, two surfaces	\$370.00
D5820	Interim partial denture (maxillary) - limited to 1 in any 12 consecutive months	\$160.00	D6607	Inlay - cast noble metal, three or more surfaces	\$370.00
D5821	Interim partial denture (mandibular) - limited to 1 in any 12 consecutive months	\$170.00	D6608	Onlay - porcelain/ceramic, two surfaces	\$370.00
D5850	Tissue conditioning, maxillary	\$40.00	D6609	Onlay - porcelain/ceramic, three or more surfaces	\$370.00
D5851	Tissue conditioning, mandibular	\$40.00	D6610	Onlay - cast high noble metal, two surfaces	\$370.00
D5862	Precision attachment, by report	\$160.00	D6611	Onlay - cast high noble metal, three or more surfaces	\$370.00
D5900-D5999	<b>VII. MAXILLOFACIAL PROSTHETICS</b> - Not Covered		D6612	Onlay - cast predominantly base metal, two surfaces	\$370.00
D6000-D6199	<b>VIII. IMPLANT SERVICES</b> - Not Covered		D6613	Onlay - cast predominantly base metal, three or more surfaces	\$370.00
D6200-D6999	<b>IX. PROSTHODONTICS, FIXED</b> (each retainer and each pontic constitutes a unit in a fixed partial denture (bridge))		D6614	Onlay - cast noble metal, two surfaces	\$370.00
	- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is no copayment per crown/bridge unit in addition to regular copayments for porcelain on molars.		D6615	Onlay - cast noble metal, three or more surfaces	\$370.00
	- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$125.00 per unit, beyond the 6th unit.		D6710	Crown – indirect resin based composite	\$370.00
	- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.		D6720	Crown - resin with high noble metal	\$370.00
D6210	Pontic - cast high noble metal	\$370.00	D6721	Crown - resin with predominantly base metal	\$370.00
D6211	Pontic - cast predominantly base metal	\$370.00	D6722	Crown - resin with noble metal	\$370.00
D6212	Pontic - cast noble metal	\$370.00	D6740	Crown - porcelain/ceramic	\$370.00
D6214	Pontic - titanium	\$370.00	D6750	Crown - porcelain fused to high noble metal	\$370.00
D6240	Pontic - porcelain fused to high noble metal	\$370.00	D6751	Crown - porcelain fused to predominantly base metal	\$370.00
			D6752	Crown - porcelain fused to noble metal	\$370.00
			D6780	Crown - ¾ cast high noble metal	\$370.00
			D6781	Crown - ¾ cast predominantly base metal	\$370.00
			D6782	Crown - ¾ cast noble metal	\$370.00
			D6783	Crown - ¾ porcelain/ceramic	\$370.00
			D6790	Crown - full cast high noble metal	\$370.00
			D6791	Crown - full cast predominantly base metal	\$370.00
			D6792	Crown - full cast noble metal	\$370.00
			D6794	Crown - titanium	\$370.00
			D6930	Re-cement or re-bond fixed partial denture	\$15.00
			D6940	Stress breaker	\$110.00
			D6950	Precision attachment	\$195.00



# DeltaCare® USA (DHMO)

## Standard Plan

D6980 Fixed partial denture repair necessitated by restorative material failure \$45.00

### D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D7111 Extraction, coronal remnants - deciduous tooth \$20.00

D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) \$20.00

D7210 surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated \$50.00

D7220 Removal of impacted tooth - soft tissue \$75.00

D7230 Removal of impacted tooth - partially bony \$85.00

D7240 Removal of impacted tooth - completely bony \$135.00

D7241 Removal of impacted tooth - completely bony, with unusual surgical complications \$150.00

D7250 Surgical removal of residual tooth roots (cutting procedure) \$65.00

D7251 Coronectomy – intentional partial tooth removal \$150.00

D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth \$80.00

D7280 Surgical access of an unerupted tooth \$100.00

D7282 Mobilization of erupted or malpositioned tooth to aid eruption \$90.00

D7283 Placement of device to facilitate eruption of impacted tooth \$90.00

D7285 Incisional biopsy of oral tissue-hard (bone, tooth) - does not include pathology laboratory procedures \$150.00

D7286 Incisional biopsy of oral tissue-soft - does not include pathology laboratory procedures \$60.00

D7287 Exfoliative cytological sample collection \$50.00

D7288 Brush biopsy - transepithelial sample collection \$50.00

D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$45.00

D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$25.00

D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant \$100.00

D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$65.00

D7471 Removal of lateral exostosis - (maxilla or mandible) \$80.00

D7472 Removal of torus palatinus \$60.00

D7473 Removal of torus mandibularis \$60.00

D7485 Surgical reduction of osseous tuberosity \$60.00

D7510 Incision and drainage of abscess - intraoral soft tissue \$35.00

D7511 Incision and drainage of abscess - intraoral soft tissue - complicated \$35.00

D7520 Incision and drainage of abscess – extraoral soft tissue \$35.00

D7521 Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) \$35.00

D7910 Suture of Recent Small Wounds up to 5cm \$25.00

D7960 Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure \$90.00

D7963 Frenuloplasty \$90.00

D7970 Excision hyperplastic tissue - per arch \$55.00

D7971 Excision of pericoronal gingiva \$40.00

### D8000-D8999 XI. ORTHODONTICS

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$25.00, may apply.

- The Retention Copayment includes adjustments and/or office visits up to 24 months. Pre and post orthodontic records include:

#### Pre- and post-orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: \$0.00

D0210 Intraoral - complete series (including bitewings)

D0322 Tomographic survey

D0330 Panoramic radiographic image

D0340 Cephalometric radiographic image

D0350 2D oral/facial photographic images obtained intraorally or extraorally

D0351 3D photographic image

D0470 Diagnostic casts

The benefit for post-treatment records includes: \$0.00

D0210 Intraoral - complete series (including bitewings)

D0470 Diagnostic casts

D8010 Limited orthodontic treatment of the primary dentition \$1,095.00

D8020 Limited orthodontic treatment of the transitional dentition - child or adolescent to age 19 \$1,095.00

D8030 Limited orthodontic treatment of the adolescent dentition - adolescent to age 19 \$1,095.00

D8040 Limited orthodontic treatment of the adult dentition - adults, including covered dependent adult children \$1,095.00

D8050 Interceptive orthodontic treatment of the primary dentition 25% Discount

D8060 Interceptive orthodontic treatment of the transitional dentition 25% Discount

D8070 Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19 \$2,095.00

D8080 Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19 \$2,095.00



# DeltaCare® USA (DHMO)

## Standard Plan

D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$2,095.00
D8210	Removable appliance therapy	25% Discount
D8220	Fixed appliance therapy	25% Discount
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$35.00
D8670	Periodic orthodontic treatment visit	\$0.00
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	\$300.00
D8693	Re-bond or re-cement fixed retainer	\$0.00
D8694	Repair of fixed retainers, includes reattachment - <i>limited to 2 per 6 month period</i>	\$0.00
D8999	Unspecified orthodontic procedure, by report - includes treatment planning session	\$250.00

### D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$15.00
D9120	Fixed partial denture sectioning	\$0.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00
D9211	Regional block anesthesia	\$0.00
D9212	Trigeminal division block anesthesia	\$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9219	Evaluation for deep sedation or general anesthesia	\$0.00
D9220	Deep sedation/general anesthesia - first 30 minutes	\$150.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$45.00
D9230	Inhalation of nitrous oxide/anoxiolysis, analgesia	\$15.00
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	\$150.00
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	\$45.00
D9248	Non-intravenous moderate (conscious) sedation	\$15.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$5.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0.00
D9440	Office visit - after regularly scheduled hours	\$30.00
D9450	Case presentation, detailed and extensive treatment planning	\$0.00
D9610	Therapeutic parenteral drug, single administration	\$15.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$25.00
D9630	Other drugs and/or medicaments, by report	\$15.00
D9910	Application of desensitizing medicament	\$15.00

D9931	Cleaning and inspection of a removable appliance	\$0.00
D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	\$85.00
D9942	Repair and/or relining of occlusal guard	\$40.00
D9951	Occlusal adjustment, limited	\$25.00
D9952	Occlusal adjustment, complete	\$100.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$125.00
D9986	Missed appointment - <i>without 24 hour notice</i>	\$25.00
D9987	Canceled appointment - <i>without 24 hour notice</i>	\$25.00

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. During the course of treatment, your Contract Dentist may recommend the services of a dental specialist. Your Contract Dentist may refer you directly to a Contract Specialist; referral approval from Delta Dental is not required. However, certain procedures may require pre-treatment authorization prior to care. The Enrollee pays the Copayment specified for such services.

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees." "Filed fees" mean the Contract Dentist's fees on file with Delta Dental. Questions regarding these fees should be directed to the Customer Service department at 1.800.693.2589.

## SCHEDULE B

### Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.
2. Any procedures not specifically listed as a covered benefit in this Plan's Schedule A are available at 75% of the filed fees of the Enrollee's selected Contract Dentist or Contract Specialist, provided the services are included in the treatment plan and are not specifically excluded.
3. Dental procedures or services performed solely for cosmetic purposes or solely for appearance are available at 75% of the filed fees of the Enrollee's selected Contract Dentist or Contract Specialist, unless specifically listed as a covered benefit on Schedule A.
4. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$25.00 above the listed Copayment for each of these services after the sixth unit has been provided.
5. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).



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## Standard Plan

6. The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of the Enrollee's selected Contract Dentist or Contract Specialist's filed fees.
  7. Benefits provided by a pediatric Dentist are limited to children, through the end of the month that the dependent child turns age eight.
  8. The cost to an Enrollee receiving orthodontic treatment whose coverage is canceled or terminated for any reason will be based on the Contract Orthodontist's filed fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
  9. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.
4. abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
  7. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
  8. Consultations or other diagnostic services for non-covered benefits.
  9. Dental services received from any dental facility other than the assigned Contract Dentist or an authorized dental specialist (oral surgeon, endodontist, periodontist or Contract Orthodontist) except for Emergency Services as described in the Contract and/or Evidence of Coverage.
  10. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
  11. Over-the-counter drugs; prescription drugs not administered by the Enrollee's selected Contract Dentist or Contract Specialist.
  12. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.

### Exclusions of Benefits

1. Any procedure that has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or is inconsistent with generally accepted standards for dentistry.
  2. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
  3. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
  4. Lost, stolen or broken appliances including, but not limited to, full or partial dentures, space maintainers, crowns, fixed partial dentures (bridges) and orthodontic appliances.
  5. Procedures, appliances or restoration if the purpose is to change vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ) with the exception of procedures D9951 and D9952 as shown on Schedule A.
  6. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision
13. Changes in orthodontic treatment necessitated by accident of any kind.
  14. Myofunctional and parafunctional appliances and/or therapies.
  15. Composite or ceramic brackets, lingual adaptation of orthodontic bands, Invisalign and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
  16. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
  17. Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
  18. Dental services required while serving in the Armed Forces or any country or international authority.
  19. Dental services considered experimental in nature.
  20. Orthognathic surgery.
  21. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving the Enrollee's dental health, as determined by the DeltaCare USA Contract Dentist.
  22. Treatment of malignancies, cysts, or neoplasms unless specifically listed as a covered benefit on this Plan's Schedule of Benefits. Any services related to pathology laboratory fees.



# DeltaCare® USA (DHMO)

## High Plan

### SCHEDULE A

#### Description of Benefits and Copayments

#### High Plan

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to Schedule B for further clarification of Benefits. Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA program and is not to be interpreted as CDT-2015 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

All non-listed services are available with your selected Contract Dentist or Contract Specialist at 75% of their filed fees.

Code	Description	Enrollee Pays		
<b>D0100-D0999</b>			<b>I. DIAGNOSTIC</b>	
D0120	Periodic oral evaluation - established patient	\$0.00	D0415	Collection of microorganisms for culture and sensitivity \$0.00
D0140	Limited oral evaluation - problem focused	\$0.00	D0425	Caries susceptibility tests \$0.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0.00	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures \$50.00
D0150	Comprehensive oral evaluation - new or established patient	\$0.00	D0460	Pulp vitality tests \$0.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0.00	D0470	Diagnostic casts \$0.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0.00	D0472	Accession of tissue, gross examination, preparation and transmission of written report. \$0.00
D0171	Re-evaluation – post-operative office visit	\$0.00	D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report. \$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$10.00	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.\$0.00
D0190	Screening of a patient	\$0.00	D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report \$0.00
D0191	Assessment of a patient	\$0.00	D0601	Caries risk assessment and documentation, with a finding of low risk - <i>limited to children age 3 to 19, 1 every 3 years</i> \$0.00
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i>	\$0.00	D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>limited to children age 3 to 19, 1 every 3 years</i> \$0.00
D0220	Intraoral - periapical first radiographic image	\$0.00	D0603	Caries risk assessment and documentation, with a finding of high risk - <i>limited to children age 3 to 19, 1 every 3 years</i> \$0.00
D0230	Intraoral - periapical, each additional radiographic image	\$0.00	D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit including all fees for sterilization and/or infection control (in addition to other services)</i> \$5.00
D0240	Intraoral - occlusal radiographic image	\$0.00		
D0250	Extraoral - first radiographic image	\$0.00	<b>D1000-D1999</b>	<b>II. PREVENTIVE</b>
D0260	Extraoral - each additional radiographic image	\$0.00	D1110	Prophylaxis cleaning - adult - 2 per year \$0.00
D0270	Bitewing radiograph - single radiographic image	\$0.00	D1110	<i>Additional prophylaxis cleaning - adult; 2 within year</i> \$20.00
D0272	Bitewings radiographs - two radiographic images	\$0.00		
D0273	Bitewings - radiographs - three radiographic images	\$0.00		
D0274	Bitewings radiographs - four radiographic images - <i>limited to 1 series every 6 months</i>	\$0.00		
D0277	Vertical bitewings - 7 to 8 radiographic images	\$0.00		
D0330	Panoramic radiographic image	\$0.00		
D0350	2D oral/facial photographic images obtained intraorally or extraorally	\$0.00		
D0351	3D photographic image	\$0.00		



# DeltaCare® USA (DHMO)

## High Plan

D1120	Prophylaxis cleaning - child - 2 per year	\$0.00	D2393	Resin-based composite - three surfaces, posterior	\$90.00
D1120	<i>Additional prophylaxis cleaning - child; 2 within year</i>	\$20.00	D2394	Resin-based composite - four or more surfaces, posterior	\$120.00
D1206	Topical application of fluoride varnish - 2 per year; 2 D1206 or D1208 per year	\$0.00	D2510	Inlay - metallic - one surface	\$95.00
D1208	Topical application of fluoride - excluding varnish - 2 per year; 2 D1206 or D1208 per year	\$0.00	D2520	Inlay - metallic - two surfaces	\$105.00
D1310	Nutritional counseling for control of dental disease.	\$0.00	D2530	Inlay - metallic - three or more surfaces	\$130.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00	D2542	Onlay - metallic - two surfaces	\$230.00
D1330	Oral hygiene instructions	\$0.00	D2543	Onlay - metallic - three surfaces	\$230.00
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	\$5.00	D2544	Onlay - metallic - four or more surfaces	\$230.00
D1352	Preventive resin restoration in a moderate to high carries risk patient - permanent tooth	\$5.00	D2610	Inlay - porcelain/ceramic - one surface	\$230.00
D1353	Sealant repair - per tooth - <i>limited to permanent molars through age 15</i>	\$5.00	D2620	Inlay - porcelain/ceramic - two surfaces	\$230.00
D1510	Space maintainer - fixed - unilateral	\$45.00	D2630	Inlay - porcelain/ceramic - three or more surfaces	\$230.00
D1515	Space maintainer - fixed - bilateral	\$45.00	D2642	Onlay - porcelain/ceramic - two surfaces	\$230.00
D1520	Space maintainer - removable - unilateral	\$85.00	D2643	Onlay - porcelain/ceramic - three surfaces	\$230.00
D1525	Space maintainer - removable - bilateral	\$85.00	D2644	Onlay - porcelain/ceramic - four or more surfaces	\$230.00
D1550	Re-cement or re-bond space maintainer	\$5.00	D2650	Inlay - resin-based composite - one surface	\$230.00
D1555	Removal of fixed space maintainer	\$5.00	D2651	Inlay - resin-based composite - two surfaces	\$230.00
			D2652	Inlay - resin-based composite - three or more surfaces	\$230.00
			D2662	Onlay - resin-based composite - two surfaces	\$230.00
			D2663	Onlay - resin-based composite - three surfaces	\$230.00
			D2664	Onlay - resin-based composite - four or more surfaces	\$230.00
			D2710	Crown - resin (indirect)	\$230.00
			D2712	Crown - ¾ resin-based composite (indirect)	\$230.00
			D2720	Crown - resin with high noble metal	\$230.00
			D2721	Crown - resin with predominantly base metal	\$230.00
			D2722	Crown - resin with noble metal	\$230.00
			D2740	Crown - porcelain/ceramic substrate	\$280.00
			D2750	Crown - porcelain fused to high noble metal	\$280.00
			D2751	Crown - porcelain fused to predominantly base metal	\$280.00
			D2752	Crown - porcelain fused to noble metal	\$280.00
			D2780	Crown - ¾ cast high noble metal	\$230.00
			D2781	Crown - ¾ cast predominantly base metal	\$230.00
			D2782	Crown - ¾ cast noble metal	\$230.00
			D2783	Crown - ¾ porcelain/ceramic	\$230.00
			D2790	Crown - full cast high noble metal	\$280.00
			D2791	Crown - full cast predominantly base metal	\$280.00
			D2792	Crown - full cast noble metal	\$280.00
			D2794	Crown - titanium	\$230.00
			D2799	Provisional crown	\$0.00
			D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$10.00
			D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$0.00
			D2920	Re-cement or re-bond crown	\$10.00
			D2921	Reattachment of tooth fragment, incisal edge or cusp ( <i>anterior</i> )	\$55.00

### D2000-D2999

### III. RESTORATIVE

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.
- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is no copayment per crown unit in addition to regular copayments for porcelain on molars.
- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$125.00 per crown, beyond the 6th unit.
- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

D2140	Amalgam - one surface, primary or permanent	\$0.00
D2150	Amalgam - two surfaces, primary or permanent	\$0.00
D2160	Amalgam - three surfaces, primary or permanent	\$0.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$0.00
D2330	Resin-based composite - one surface, anterior	\$35.00
D2331	Resin-based composite - two surfaces, anterior	\$40.00
D2332	Resin-based composite - three surfaces, anterior	\$50.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$55.00
D2390	Resin-based composite crown, anterior	\$70.00
D2391	Resin-based composite - one surface, posterior	\$60.00
D2392	Resin-based composite - two surfaces, posterior	\$80.00



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## High Plan

D2929 Prefabricated porcelain/ceramic crown – (anterior) primary tooth	\$35.00	D3310 Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$80.00
D2930 Prefabricated stainless steel crown - primary tooth	\$25.00	D3320 Root canal - endodontic therapy, bicuspid tooth (excluding final restoration)	\$115.00
D2931 Prefabricated stainless steel crown - permanent tooth	\$25.00	D3330 Root canal - endodontic therapy, molar (excluding final restoration)	\$200.00
D2932 Prefabricated resin crown - anterior primary tooth	\$35.00	D3331 Treatment of root canal obstruction; non-surgical access	\$85.00
D2933 Prefabricated stainless steel crown with resin window - anterior primary tooth	\$35.00	D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$70.00
D2940 Protective restoration	\$10.00	D3333 Internal root repair of perforation defects	\$85.00
D2941 Interim therapeutic restoration – primary dentition	\$10.00	D3346 Retreatment of previous root canal therapy - anterior	\$135.00
D2949 Restorative foundation for an indirect restoration	\$45.00	D3347 Retreatment of previous root canal therapy - bicuspid	\$175.00
D2950 Core buildup, including any pins when required	\$45.00	D3348 Retreatment of previous root canal therapy - molar	\$275.00
D2951 Pin retention - per tooth, in addition to restoration	\$10.00	D3351 Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$65.00
D2952 Cast post and core in addition to crown, indirectly fabricated - includes canal preparation	\$60.00	D3352 Apexification/recalcification - interim medication replacement	\$65.00
D2953 Each additional indirectly fabricated post - same tooth - includes canal preparation	\$60.00	D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$65.00
D2954 Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$60.00	D3410 Apicoectomy - anterior	\$95.00
D2955 Post removal	\$10.00	D3421 Apicoectomy - bicuspid (first root)	\$95.00
D2957 Each additional prefabricated post - same tooth - base metal post; includes canal preparation	\$30.00	D3425 Apicoectomy - molar (first root)	\$95.00
D2960 Labial veneer (resin laminate) - chairside	\$250.00	D3426 Apicoectomy (each additional root)	\$60.00
D2961 Labial veneer (resin laminate) – laboratory	\$300.00	D3427 Periradicular surgery without apicoectomy	\$95.00
D2962 Labial Veneer (Porcelain Laminate)--Lab	\$350.00	D3430 Retrograde filling - per root	\$40.00
D2970 Temporary crown (fractured tooth) - palliative treatment only	\$0.00	D3450 Root amputation, per root	\$95.00
D2971 Additional procedures to construct new crown under existing partial denture framework	\$50.00	D3910 Surgical procedure for isolation of tooth with rubber dam	\$19.00
D2980 Crown repair necessitated by restorative material failure	\$0.00	D3920 Hemisection (including any root removal), not including root canal therapy	\$90.00
D2981 Inlay repair necessitated by restorative material failure	\$0.00	D3950 Canal preparation and fitting of preformed dowel or post	\$15.00
D2982 Onlay repair necessitated by restorative material failure	\$0.00		
D2983 Veneer repair necessitated by restorative material failure	\$0.00		
D2990 Resin infiltration of incipient smooth surface lesions	\$5.00		

### D3000-D3999

### IV. ENDODONTICS

D3110 Pulp cap - direct (excluding final restoration)	\$0.00
D3120 Pulp cap - indirect (excluding final restoration)	\$0.00
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$10.00
D3221 Pulpal debridement, primary and permanent teeth	\$45.00
D3222 Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	\$10.00
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$30.00
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$35.00

### D4000-D4999

### V. PERIODONTICS

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.	
- Periodontal maintenance copay includes periodontal charting for planning treatment of periodontal disease and periodontal hygiene instruction.	
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$125.00
D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$40.00
D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$40.00



# DeltaCare® USA (DHMO)

## High Plan

D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$150.00	D4910	Periodontal maintenance - limited to 2 treatments per year	\$30.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$113.00	D4910	Additional periodontal maintenance - beyond 2 per year	\$55.00
D4245	Apically positioned flap	\$165.00	D4921	Gingival irrigation – per quadrant	\$0.00
D4249	Clinical crown lengthening - hard tissue	\$120.00			
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$295.00	<b>D5000-D5899</b>	<b>VI. PROSTHODONTICS (removable)</b>	
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$210.00	-	For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.	
D4263	Bone replacement graft - first site in quadrant	\$180.00	-	Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.	
D4264	Bone replacement graft - each additional site in quadrant	\$95.00	-	Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.	
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95.00	D5110	Complete denture - maxillary	\$210.00
D4266	Guided tissue regeneration - resorbable barrier, per site	\$215.00	D5120	Complete denture - mandibular	\$210.00
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$255.00	D5130	Immediate denture - maxillary	\$225.00
D4270	Pedicle soft tissue graft procedure	\$245.00	D5140	Immediate denture - mandibular	\$225.00
D4273	Subepithelial connective tissue graft procedures, per tooth	\$75.00	D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$240.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$70.00	D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$240.00
D4275	Soft tissue allograft	\$380.00	D5213	Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	\$260.00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$245.00	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$260.00
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$245.00	D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$365.00
D4320	Provisional splinting – intracoronal	\$95.00	D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$365.00
D4321	Provisional splinting – extracoronal	\$85.00	D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$250.00
D4341	Periodontal scaling and root planing, four or more teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$40.00	D5410	Adjust complete denture - maxillary	\$0.00
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant - limited to 4 quadrants during any 12 consecutive months	\$30.00	D5411	Adjust complete denture - mandibular	\$0.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - limited to 1 treatment in any 12 consecutive months	\$40.00	D5421	Adjust partial denture - maxillary	\$0.00
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$45.00	D5422	Adjust partial denture - mandibular	\$0.00
			D5510	Repair broken complete denture base	\$15.00
			D5520	Replace missing or broken teeth - complete denture (each tooth)	\$15.00
			D5610	Repair resin denture base	\$15.00
			D5620	Repair cast framework	\$30.00
			D5630	Repair or replace broken clasp	\$15.00
			D5640	Replace broken teeth - per tooth	\$15.00
			D5650	Add tooth to existing partial denture	\$30.00
			D5660	Add clasp to existing partial denture	\$35.00



# DeltaCare® USA (DHMO)

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D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165.00	D6242	Pontic - porcelain fused to noble metal	\$280.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165.00	D6245	Pontic - porcelain/ceramic	\$250.00
D5710	Rebase complete maxillary denture	\$60.00	D6250	Pontic - resin with high noble metal	\$230.00
D5711	Rebase complete mandibular denture	\$60.00	D6251	Pontic - resin with predominantly base metal	\$230.00
D5720	Rebase maxillary partial denture	\$60.00	D6252	Pontic - resin with noble metal	\$230.00
D5721	Rebase mandibular partial denture	\$60.00	D6253	Provisional pontic	\$0.00
D5730	Reline complete maxillary denture (chairside)	\$35.00	D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$200.00
D5731	Reline complete mandibular denture (chairside)	\$35.00	D6549	Resin retainer - for resin bonded fixed prosthesis	\$200.00
D5740	Reline maxillary partial denture (chairside)	\$35.00	D6600	Inlay - porcelain/ceramic, two surfaces	\$230.00
D5741	Reline mandibular partial denture (chairside)	\$35.00	D6601	Inlay - porcelain/ceramic, three or more surfaces	\$230.00
D5750	Reline complete maxillary denture (laboratory)	\$35.00	D6602	Inlay - cast high noble metal, two surfaces	\$230.00
D5751	Reline complete mandibular denture (laboratory)	\$35.00	D6603	Inlay - cast high noble metal, three or more surfaces	\$230.00
D5760	Reline maxillary partial denture (laboratory)	\$35.00	D6604	Inlay - cast predominantly base metal, two surfaces	\$230.00
D5761	Reline mandibular partial denture (laboratory)	\$35.00	D6605	Inlay - cast predominantly base metal, three or more surfaces	\$230.00
D5810	Interim complete denture (maxillary)	\$230.00	D6606	Inlay - cast noble metal, two surfaces	\$230.00
D5811	Interim complete denture (mandibular)	\$230.00	D6607	Inlay - cast noble metal, three or more surfaces	\$230.00
D5820	Interim partial denture (maxillary) - limited to 1 in any 12 consecutive months	\$60.00	D6608	Onlay - porcelain/ceramic, two surfaces	\$230.00
D5821	Interim partial denture (mandibular) - limited to 1 in any 12 consecutive months	\$60.00	D6609	Onlay - porcelain/ceramic, three or more surfaces	\$230.00
D5850	Tissue conditioning, maxillary	\$30.00	D6610	Onlay - cast high noble metal, two surfaces	\$230.00
D5851	Tissue conditioning, mandibular	\$30.00	D6611	Onlay - cast high noble metal, three or more surfaces	\$230.00
D5862	Precision attachment, by report	\$160.00	D6612	Onlay - cast predominantly base metal, two surfaces	\$230.00
D5900-D5999	<b>VII. MAXILLOFACIAL PROSTHETICS</b>	- Not Covered	D6613	Onlay - cast predominantly base metal, three or more surfaces	\$230.00
D6000-D6199	<b>VIII. IMPLANT SERVICES</b>	- Not Covered	D6614	Onlay - cast noble metal, two surfaces	\$230.00
D6200-D6999	<b>IX. PROSTHODONTICS, FIXED</b>		D6615	Onlay - cast noble metal, three or more surfaces	\$230.00
	(each retainer and each pontic constitutes a unit in a fixed partial denture (bridge))		D6710	Crown – indirect resin based composite	\$230.00
	- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is no copayment per crown/bridge unit in addition to regular copayments for porcelain on molars.		D6720	Crown - resin with high noble metal	\$230.00
	- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$125.00 per unit, beyond the 6th unit.		D6721	Crown - resin with predominantly base metal	\$230.00
	- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.		D6722	Crown - resin with noble metal	\$230.00
D6210	Pontic - cast high noble metal	\$280.00	D6740	Crown - porcelain/ceramic	\$230.00
D6211	Pontic - cast predominantly base metal	\$280.00	D6750	Crown - porcelain fused to high noble metal	\$230.00
D6212	Pontic - cast noble metal	\$280.00	D6751	Crown - porcelain fused to predominantly base metal	\$230.00
D6214	Pontic - titanium	\$280.00	D6752	Crown - porcelain fused to noble metal	\$230.00
D6240	Pontic - porcelain fused to high noble metal	\$280.00	D6780	Crown - ¾ cast high noble metal	\$230.00
D6241	Pontic - porcelain fused to predominantly base metal	\$280.00	D6781	Crown - ¾ cast predominantly base metal	\$230.00
			D6782	Crown - ¾ cast noble metal	\$230.00
			D6783	Crown - ¾ porcelain/ceramic	\$230.00
			D6790	Crown - full cast high noble metal	\$230.00
			D6791	Crown - full cast predominantly base metal	\$230.00
			D6792	Crown - full cast noble metal	\$230.00
			D6794	Crown - titanium	\$230.00
			D6930	Re-cement or re-bond fixed partial denture	\$0.00
			D6940	Stress breaker	\$110.00
			D6950	Precision attachment	\$195.00
			D6980	Fixed partial denture repair necessitated by restorative material failure	\$45.00



# DeltaCare® USA (DHMO)

## High Plan

### D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D7111	Extraction, coronal remnants - deciduous tooth	\$0.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0.00
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$30.00
D7220	Removal of impacted tooth - soft tissue	\$45.00
D7230	Removal of impacted tooth - partially bony	\$65.00
D7240	Removal of impacted tooth - completely bony	\$80.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$100.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$35.00
D7251	Coronectomy – intentional partial tooth removal	\$100.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50.00
D7280	Surgical access of an unerupted tooth	\$85.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$90.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth) - does not include pathology laboratory procedures	\$0.00
D7286	Incisional biopsy of oral tissue-soft - does not include pathology laboratory procedures	\$0.00
D7287	Exfoliative cytological sample collection	\$50.00
D7288	Brush biopsy - transepithelial sample collection	\$50.00
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$35.00
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25.00
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$70.00
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$65.00
D7471	Removal of lateral exostosis - (maxilla or mandible)	\$80.00
D7472	Removal of torus palatinus	\$60.00
D7473	Removal of torus mandibularis	\$60.00
D7485	Surgical reduction of osseous tuberosity	\$60.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$25.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated	\$30.00
D7520	Incision and drainage of abscess – extraoral soft tissue	\$30.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$30.00
D7910	Suture of Recent Small Wounds up to 5cm	\$25.00

D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$40.00
D7963	Frenuloplasty	\$40.00
D7970	Excision hyperplastic tissue - per arch	\$55.00
D7971	Excision of pericoronal gingiva	\$35.00

### D8000-D8999

### XI. ORTHODONTICS

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$25.00, may apply.
- The Retention Copayment includes adjustments and/or office visits up to 24 months. Pre and post orthodontic records include:

#### Pre- and-post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: \$0.00

D0210	Intraoral - complete series (including bitewings)	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	Cephalometric radiographic image	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	

The benefit for post-treatment records includes: \$0.00

D0210	Intraoral - complete series (including bitewings)	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	\$1,000.00
D8020	Limited orthodontic treatment of the transitional dentition - child or adolescent to age 19	\$1,000.00
D8030	Limited orthodontic treatment of the adolescent dentition - adolescent to age 19	\$1,000.00
D8040	Limited orthodontic treatment of the adult dentition - adults, including covered dependent adult children	\$1,000.00
D8050	Interceptive orthodontic treatment of the primary dentition	25% Discount
D8060	Interceptive orthodontic treatment of the transitional dentition	25% Discount
D8070	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19	\$1,800.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19	\$1,800.00
D8090	Comprehensive orthodontic treatment of the adult dentition - adults, including covered dependent adult children	\$1,800.00
D8210	Removable appliance therapy	25% Discount



# DeltaCare® USA (DHMO)

## High Plan

D8220	Fixed appliance therapy	25% Discount
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$0.00
D8670	Periodic orthodontic treatment visit	\$0.00
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	\$300.00
D8693	Re-bond or re-cement fixed retainer	\$0.00
D8694	Repair of fixed retainers, includes reattachment - <i>limited to 2 per 6 month period</i>	\$0.00
D8999	Unspecified orthodontic procedure, by report - includes treatment planning session	\$250.00

D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$125.00
D9986	Missed appointment - <i>without 24 hour notice</i>	\$25.00
D9987	Canceled appointment - <i>without 24 hour notice</i>	\$25.00

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. During the course of treatment, your Contract Dentist may recommend the services of a dental specialist. Your Contract Dentist may refer you directly to a Contract Specialist; referral approval from Delta Dental is not required. However, certain procedures may require pre-treatment authorization prior to care. The Enrollee pays the Copayment specified for such services.

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees." "Filed fees" mean the Contract Dentist's fees on file with Delta Dental. Questions regarding these fees should be directed to the Customer Service department at 1.800.693.2589.

### D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$10.00
D9120	Fixed partial denture sectioning	\$0.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00
D9211	Regional block anesthesia	\$0.00
D9212	Trigeminal division block anesthesia	\$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9219	Evaluation for deep sedation or general anesthesia	\$0.00
D9220	Deep sedation/general anesthesia - first 30 minutes	\$150.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$45.00
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	\$15.00
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	\$150.00
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	\$45.00
D9248	Non-intravenous moderate (conscious) sedation	\$15.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0.00
D9440	Office visit - after regularly scheduled hours	\$30.00
D9450	Case presentation, detailed and extensive treatment planning	\$0.00
D9610	Therapeutic parenteral drug, single administration	\$15.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$25.00
D9630	Other drugs and/or medicaments, by report	\$15.00
D9910	Application of desensitizing medicament	\$15.00
D9931	Cleaning and inspection of a removable appliance	\$0.00
D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	\$85.00
D9942	Repair and/or relin of occlusal guard	\$40.00
D9951	Occlusal adjustment, limited	\$25.00
D9952	Occlusal adjustment, complete	\$100.00

## SCHEDULE B

### Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.
2. Any procedures not specifically listed as a covered benefit in this Plan's Schedule A are available at 75% of the filed fees of the Enrollee's selected Contract Dentist or Contract Specialist, provided the services are included in the treatment plan and are not specifically excluded.
3. Dental procedures or services performed solely for cosmetic purposes or solely for appearance are available at 75% of the filed fees of the Enrollee's selected Contract Dentist or Contract Specialist, unless specifically listed as a covered benefit on Schedule A.
4. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$25.00 above the listed Copayment for each of these services after the sixth unit has been provided.
5. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
6. The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of the Enrollee's selected Contract Dentist or Contract Specialist's filed fees.



# DeltaCare® USA (DHMO)

## High Plan

7. Benefits provided by a pediatric Dentist are limited to children, through the end of the month that the dependent child turns age eight.
  8. The cost to an Enrollee receiving orthodontic treatment whose coverage is canceled or terminated for any reason will be based on the Contract Orthodontist's filed fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
  9. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.
7. implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
  7. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
  8. Consultations or other diagnostic services for non-covered benefits.
  9. Dental services received from any dental facility other than the assigned Contract Dentist or an authorized dental specialist (oral surgeon, endodontist, periodontist or Contract Orthodontist) except for Emergency Services as described in the Contract and/or Evidence of Coverage.
  10. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
  11. Over-the-counter drugs; prescription drugs not administered by the Enrollee's selected Contract Dentist or Contract Specialist.
  12. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.

### Exclusions of Benefits

1. Any procedure that has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or is inconsistent with generally accepted standards for dentistry.
  2. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
  3. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
  4. Lost, stolen or broken appliances including, but not limited to, full or partial dentures, space maintainers, crowns, fixed partial dentures (bridges) and orthodontic appliances.
  5. Procedures, appliances or restoration if the purpose is to change vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ) with the exception of procedures D9951 and D9952 as shown on Schedule A.
  6. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays,
13. Changes in orthodontic treatment necessitated by accident of any kind.
  14. Myofunctional and parafunctional appliances and/or therapies.
  15. Composite or ceramic brackets, lingual adaptation of orthodontic bands, Invisalign and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
  16. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
  17. Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
  18. Dental services required while serving in the Armed Forces or any country or international authority.
  19. Dental services considered experimental in nature.
  20. Orthognathic surgery.
  21. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving the Enrollee's dental health, as determined by the DeltaCare USA Contract Dentist.
  22. Treatment of malignancies, cysts, or neoplasms unless specifically listed as a covered benefit on this Plan's Schedule of Benefits. Any services related to pathology laboratory fees.



# UHC Access+ Dental

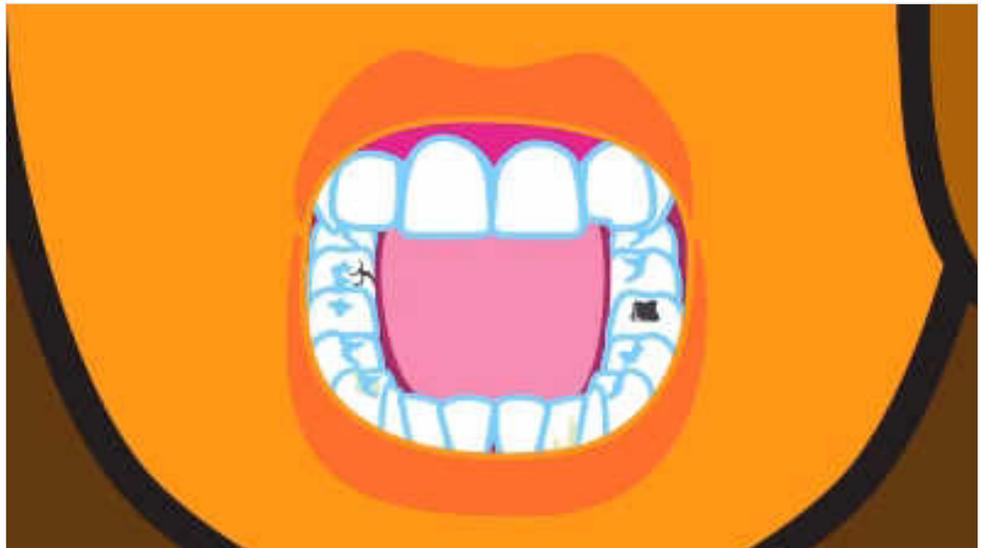


UnitedHealthcare Solstice Dental Health Maintenance Organization or DHMO, is a network of Provider Groups who have agreed to offer specific services at negotiated rates to participating members. There are many reasons to consider selecting one of the UnitedHealthcare Solstice DHMO plans, a Standard and a High Plans.

## >> Benefit Eligibility Note:

- **All M-DCPS groups are eligible to enroll in the UHC Access+ Dental offered by the School Board.**
- **Current COBRA participants may only continue to enroll in UHC Access+ Dental if you were previously enrolled in vision.**
- **See eligibility section for more details.**

[Click to play Dental Video:](#)



## UnitedHealthcare Solstice DHMO Plans

You do not need to select a dental facility at the time of enrolment; you elect your dentist at the time of service by selecting a participating provider and verifying their participation the plan prior to the dental visit. Additionally, these plans provide you with certain services with set reimbursements when accessing care from non-participating providers.

The member pays a copayment at participating providers, however, most diagnostic and preventive care are covered at no cost. Additionally, there are no deductibles, and no claim forms are needed. The plans also provide reimbursement for services provided by an out-of-network provider for preventative and diagnostic services. Additionally the plan offers a 25% discount on all procedure codes not listed in the following pages.

The patient/Member is ultimately responsible for verifications to the accuracy and appropriateness of all fees applicable to any dental benefit provided by a network provider. We urge all of our Members to verify all fees for proposed treatment via the "Schedule of Benefits" and/or with UnitedHealthcare Solstice DHMO Member Services Department prior to treatment.



# UHC Access+ Dental

## Why choose a UnitedHealthcare Solstice DHMO plan?

The Dental Health Maintenance Organization, or DHMO, is a network of Provider Groups who have agreed to offer specific services at negotiated rates to participating members. There are many reasons to consider selecting one of the UnitedHealthcare Solstice DHMO plans:

- No deductibles
- No waiting periods
- No office visits copays
- No claim forms to submit
- Out-of-Network Preventive and Diagnostic Reimbursement (25 procedure codes only)
- No annual benefit dollar maximums
- Coverage for pre-existing conditions
- No primary dentist selection required
- Ability to change dentist at any time
- Specialist coverage at same general dentist copay level with authorization, or self-referral for a 25% discount
- Defined copayment on over 400 procedures codes
- Implant coverage at copayment level through network of implant specialists
- Cosmetic procedures (teeth whitening, bonding, and veneers) are included
- 25% discount on all procedure codes not listed

## Am I eligible for this coverage?

You may elect to enroll in the dental plan if you are an active, benefit-eligible employee working a minimum of 20 hours per week on a regularly scheduled basis.

## Who is an eligible dependent for this coverage?

Eligible dependents for the dental plan include:

- Spouse/Domestic Partner
- Unmarried natural children, adopted children, and stepchildren under you or your spouse's legal guardianship until the end of the calendar year in which the child reaches age 26
- Children of a Domestic Partner, as long as the Domestic Partner is also covered.

NOTE: Children may be covered under this plan until the end of the calendar year in which the child reaches age 26, provided he/she is unmarried and resides in your home and depends upon you for support, or is registered as a full-time or part-time student. Children with a mental or physical handicap are also eligible for coverage beyond the age of 26.

## How do I select or change my dental provider?

You may select a dental provider from the many offices in the Solstice network without prior authorization. Visit [www.myuhcdental.com](http://www.myuhcdental.com) or call Member Services at phone number 1.800.955.4137 to choose a participating provider for the first time or to make changes. If you would like to keep the dentist you have under your prior plan and are now changing plans, you may maintain that same dentist as long as they are part of the UnitedHealthcare Solstice network.

## How do I make an appointment with my UnitedHealthcare Solstice dentist?

To schedule an appointment, you simply call the dental office and identify yourself as a UnitedHealthcare Solstice member on or after your effective date of coverage.

When you see your dentist for the first time, you may be required to undergo an oral examination including diagnostic X-rays, before your routine cleaning is done. After the dentist has completed the evaluation, you should request a written treatment plan of care the dentist is recommending including the 4-digit ADA code for each treatment. Review this treatment plan and compare it with your Schedule of Benefits. It should match! For help analyzing your treatment plan and charges, you can call UnitedHealthcare Dental member services at 1.800.955.4137.

## What if I need the services of a Specialist?

Should you need to use the services of a Specialist such as an Oral Surgeon, Endodontist, Periodontist, Orthodontist, Prosthodontist, or Pediatric Dentist, you may receive this care in either one of two ways:

- You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's reasonable and customary fees or
- You need to get prior written authorization from Solstice Benefits and receive specialty treatment by an approved specialist at the co-payments listed in the schedule of benefits.

## What if I need services from an Implantologist (Implants)?

Members seeking implant treatment should refer to their participating implantologist, a select network of providers. Not all providers perform the implant procedures at the copay listed on the Schedule of Benefits. Please refer to the provider listing at [www.myuhcdental.com](http://www.myuhcdental.com) under "find a physician."



# UHC Access+ Dental

## UHC Solstice Access+ High DHMO

### What if I require dental services while I'm traveling out of state?

If you need the services of a dentist specifically for the relief of pain while traveling out of the state of Florida, UnitedHealthcare Solstice will reimburse up to \$100.00 per occurrence. You should mail your receipt and treatment information from the dental office to UnitedHealthcare Dental Claims Unit.

### What if I need a Pedodontist for my child?

With the DHMO plans you have the choice to select the participating dentist that best satisfies the needs of each individual. Children are covered at the Pediatric Dentist up to age 16 and do not require a referral from a General Dentist. Visits to the participating Pediatric Dentist for covered routine preventive and diagnostic dental work (exams, X-rays, cleanings, fluoride, sealants, and space maintainers) are allowed without a pre-authorization. However, if additional treatment is needed, you may need pre-authorization. For additional treatment, you may receive this care in either of two ways: 1) You may go directly to a participating Pediatric Dentist and receive a 25% reduction off the provider's Usual and Customary fee; or 2) You may obtain prior written authorization from Solstice and receive specialty treatment by an approved participating specialist at the listed co-payments. With the open access provider network, you have the option to select a Pedodontist for your child without a pre-authorization or you may choose to have your child see a General Dentist.

### Where may I call for inquiries or additional questions?

All inquiries and questions should be directed to Member Services at phone number 1.800.955.4137.

### Pre-Treatment Plans

Your dental plan covers an extensive array of dental procedures at either a fixed copayment or at a discount off the dentist's normal charges. It is highly recommended that prior to having dental work started; you request a pre-treatment plan or estimate, from your dentist on all treatment over \$500. Should you have any questions regarding your treatment plan, you can always refer to your schedule of benefits or call UnitedHealthcare Dental so we can ensure that you receive the maximum benefit from your dental plan.

### SCHEDULE OF BENEFITS

Members of the Solstice Access+ S1000A HIGH dental plan are eligible to receive benefits immediately upon the effective date of coverage with:

- No Waiting Periods
- No Deductibles
- No Claim Forms to Submit
- Out-of-Network Preventive and Diagnostic Reimbursement

The Member copayments listed are offered by a participating in-network provider. The Member receives:

The Member receives:

- Most diagnostic & preventive care at No Charge
- Cosmetic & orthodontia treatment covered

Members can choose a participating provider at [www.myuhcdental.com](http://www.myuhcdental.com)

Member Services Department: 1.800.955.4137

The patient/Member is ultimately responsible for verifications to the accuracy and appropriateness of all fees applicable to any dental benefit provided by a network provider. We urge all of our Members to verify all fees for proposed treatment via the "Schedule of Benefits" and/or with our Member Services Department prior to treatment.

The following Member copayments apply when a participating General Dentist performs services. An "\*" denotes limitation on certain benefits (see "Exclusions/Limitations").

Code	Description	Copay/Reimbursement
D0120	*Periodic oral evaluation - established patient	\$0/\$20
D0140	Limited oral evaluation - problem focused	\$0/\$20
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0/\$25
D0150	*Comprehensive oral evaluation - new or established patient	\$0/\$30
D0160	*Detailed and extensive oral evaluation - problem focused, by report	\$0/\$30
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0/\$15
D0180	Comprehensive periodontal evaluation - new or established patient	\$10/\$15
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0
D9440	Office visit - after regularly scheduled hours	\$30
D9450	Case presentation, detailed and extensive treatment planning	\$0







# UHC Access+ Dental

## UHC Solstice Access+ High DHMO

D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$10	D3950 Canal preparation and fitting of preformed dowel or post	\$15
D3221 Pulpal debridement, primary and permanent teeth	\$45	<b>Periodontic Services</b>	
D3222 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$80	D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$125
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$30	D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$40
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$35	D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$50
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	\$80	D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$150
D3320 Endodontic therapy, bicuspid tooth (excluding final restoration)	\$115	D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$113
D3330 Endodontic therapy, molar (excluding final restoration)	\$200	D4245 Apically positioned flap	\$165
D3331 Treatment of root canal obstruction; non-surgical access	\$85	D4249 Clinical crown lengthening - hard tissue	\$120
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$70	D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$295
D3333 Internal root repair of perforation defects	\$85	D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$210
D3346 Retreatment of previous root canal therapy - anterior	\$135	D4263 Bone replacement graft - first site in quadrant	\$180
D3347 Retreatment of previous root canal therapy - bicuspid	\$175	D4264 Bone replacement graft - each additional site in quadrant	\$95
D3348 Retreatment of previous root canal therapy - molar	\$275	D4265 Biologic materials to aid in soft and osseous tissue regeneration	\$95
D3351 Apexification/recalcification	\$65	D4266 Guided tissue regeneration - resorbable barrier, per site	\$215
D3352 Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)	\$65	D4267 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$255
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	\$65	D4268 Surgical revision procedure, per tooth	\$0
D3410 Apicoectomy - anterior	\$95	D4270 Pedicle soft tissue graft procedure	\$245
D3421 Apicoectomy - bicuspid (first root)	\$95	D4273 Subepithelial connective tissue graft procedures, per tooth	\$75
D3425 Apicoectomy - molar (first root)	\$95	D4274 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$70
D3426 Apicoectomy (each additional root)	\$60	D4275 Soft tissue allograft	\$380
D3427 Periradicular surgery without apicoectomy	\$100	D4276 Combined connective tissue and double pedicle graft, per tooth	\$70
D3428 Bone graft in conjunction with periradicular surgery - per tooth, single site	\$50	D4277 Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$220
D3429 Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$45	D4278 Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$80
D3430 Retrograde filling - per root	\$40	D4320 Provisional splinting - intracoronal	\$95
D3431 Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$150	D4321 Provisional splinting - extracoronal	\$85
D3432 Guided tissue regeneration in conjunction with periradicular	\$150	D4341 Periodontal scaling and root planing - four or more teeth per quadrant	\$40+
D3450 Root amputation - per root	\$95		
D3460 Endodontic endosseous implant	\$550		
D3470 Intentional reimplantation (including necessary splinting)	\$175		
D3910 Surgical procedure for isolation of tooth with rubber dam	\$19		
D3920 Hemisection (including any root removal), not including root canal therapy	\$90		



# UHC Access+ Dental

## UHC Solstice Access+ High DHMO

D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$30†	D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	\$165*
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$40†	D5710	*Rebase complete maxillary denture	\$60*
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$45†	D5711	*Rebase complete mandibular denture	\$60*
D4910	*Periodontal maintenance	\$30	D5720	*Rebase maxillary partial denture	\$60*
D4910	Periodontal maintenance Additional	\$55	D5721	*Rebase mandibular partial denture	\$60*
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$20	D5730	*Reline complete maxillary denture (chairside)	\$35*
D4921	Gingival irrigation - per quadrant	\$15	D5731	*Reline complete mandibular denture (chairside)	\$35*
D4999	Unspecified periodontal procedure, by report	\$0	D5740	*Reline maxillary partial denture (chairside)	\$35*
<b>Prosthodontics Removable</b>			D5741	*Reline mandibular partial denture (chairside)	\$35*
D5110	*Complete denture - maxillary	\$210*	D5750	*Reline complete maxillary denture (laboratory)	\$35*
D5120	*Complete denture - mandibular	\$210*	D5751	*Reline complete mandibular denture (laboratory)	\$35*
D5130	*Immediate denture - maxillary	\$225*	D5760	*Reline maxillary partial denture (laboratory)	\$35*
D5140	*Immediate denture - mandibular	\$225*	D5761	*Reline mandibular partial denture (laboratory)	\$35*
D5211	*Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$240*	D5810	*Interim Complete denture (maxillary)	\$230*
D5212	*Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$240*	D5811	*Interim complete denture (mandibular)	\$230*
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$260*	D5820	*Interim partial denture (maxillary)	\$60*
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$260*	D5821	*Interim partial denture (mandibular)	\$60*
D5225	*Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$365*	D5850	Tissue conditioning, maxillary	\$30
D5226	*Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$365*	D5851	Tissue conditioning, mandibular	\$30
D5281	*Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$250*	D5862	Precision attachment, by report	\$160
D5410	Adjust complete denture - maxillary	\$0	D5899	Unspecified removable prosthodontic procedure, by report	\$0
D5411	Adjust complete denture - mandibular	\$0	D5982	Surgical stent	\$150*
D5421	Adjust partial denture - maxillary	\$0	D5987	Commissure splint	\$150*
D5422	Adjust partial denture - mandibular	\$0	D5988	Surgical splint	\$150*
D5510	*Repair broken complete denture base	\$15*	<b>*Implant Supported Prosthetics</b>		
D5520	*Replace missing or broken teeth - complete denture (each tooth)	\$15*	D6190	Radiographic/surgical implant index, by report	\$235
D5610	*Repair resin denture base	\$15*	D6010	*Surgical placement of implant body; endosteal implant	\$950
D5620	*Repair cast framework	\$30*	D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$950
D5630	*Repair or replace broken clasp	\$15*	D6100	Implant removal, by report	\$700
D5640	*Replace broken teeth - per tooth	\$15*	D6056	*Prefabricated abutment – includes placement	\$400
D5650	*Add tooth to existing partial denture	\$30*	D6057	*Customer abutment – includes placement	\$600
D5660	*Add clasp to existing partial denture	\$35*	D6066	*Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$950
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	\$165*	D6055	Dental implant supported connecting bar	\$1,800
			D6110	*implant /abutment supported removable denture for edentulous arch – maxillary	\$1,200
			D6111	*implant /abutment supported removable denture for edentulous arch – mandibular	\$1,200
			D6112	*implant /abutment supported removable denture for partially edentulous arch – maxillary	\$940
			D6113	*implant /abutment supported removable denture for partially edentulous arch – mandibular	\$940
			D6114	*implant /abutment supported fixed denture for edentulous arch – maxillary	\$3,800
			D6115	*implant /abutment supported fixed denture for edentulous arch – mandibular	\$3,800



# UHC Access+ Dental

## UHC Solstice Access+ High DHMO

D6116	*implant /abutment supported fixed denture for partially edentulous arch – maxillary	\$2,200	D6624	*Inlay - titanium	\$250*
D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular	\$2,200	D6634	*Onlay - titanium	\$250*
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis, and abutments and reinsertion of prosthesis	\$180	D6710	*Crown - indirect resin based composite	\$230*
D6090	Repair implant supported prosthesis, by report	\$400	D6720	*Crown - resin with high noble metal	\$230*
D6095	Repair implant abutment, by report	\$220	D6721	*Crown - resin with predominantly base metal	\$230*
D6092	Recement implant/abutment supported crown	\$45	D6722	*Crown - resin with noble metal	\$230*
D6093	Recement implant/abutment supported fixed partial denture	\$65	D6740	*Crown - porcelain/ceramic	\$230*
<b>Prosthodontics Fixed</b>			D6750	*Crown - porcelain fused to high noble metal	\$230*
D6205	Pontic - indirect resin based composite	\$750	D6751	*Crown - porcelain fused to predominantly base metal	\$230*
D6210	*Pontic - cast high noble metal	\$280*	D6752	*Crown - porcelain fused to noble metal	\$230*
D6211	*Pontic - cast predominantly base metal	\$280*	D6780	*Crown - 3/4 cast high noble metal	\$230*
D6212	*Pontic - cast noble metal	\$280*	D6781	*Crown - 3/4 cast predominantly base metal	\$230*
D6214	*Pontic - titanium	\$280*	D6782	*Crown - 3/4 cast noble metal	\$230*
D6240	*Pontic - porcelain fused to high noble metal	\$280*	D6783	*Crown - 3/4 porcelain/ceramic	\$230*
D6241	*Pontic - porcelain fused to predominantly base metal	\$280*	D6790	*Crown - full cast high noble metal	\$230*
D6242	*Pontic - porcelain fused to noble metal	\$280*	D6791	*Crown - full cast predominantly base metal	\$230*
D6245	*Pontic - porcelain/ceramic	\$280*	D6792	*Crown - full cast noble metal	\$230*
D6250	*Pontic - resin with high noble metal	\$250*	D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$130
D6251	*Pontic - resin with predominantly base metal	\$230*	D6794	*Crown - titanium	\$230*
D6252	*Pontic - resin with noble metal	\$230*	D6930	Re-cement or re-bond fixed partial denture	\$0
D6253	Provisional Pontic - further treatment or completion of diagnosis necessary prior to final impression	No charge	D6940	Stress breaker	\$110
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$200*	D6950	Precision attachment	\$195
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$375*	D6980	Fixed partial denture repair necessitated by restorative material failure	\$45
D6600	Inlay - porcelain/ceramic, two surfaces	\$230*	<b>Oral Surgery</b>		
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$230*	D7111	Extraction, coronal remnants - deciduous tooth	\$0
D6602	Inlay - cast high noble metal, two surfaces	\$230*	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0
D6603	Inlay - cast high noble metal, three or more surfaces	\$230*	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$30
D6604	Inlay - cast predominantly base metal, two surfaces	\$230*	D7220	Removal of impacted tooth - soft tissue	\$45
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$230*	D7230	Removal of impacted tooth - partially bony	\$65
D6606	Inlay - cast noble metal, two surfaces	\$230*	D7240	Removal of impacted tooth - completely bony	\$80
D6607	Inlay - cast noble metal, three or more surfaces	\$230*	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$100
D6608	Onlay -porcelain/ceramic, two surfaces	\$230*	D7250	Surgical removal of residual tooth roots (cutting procedure)	\$35
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$230*	D7251	Cronectomy - intentional partial tooth removal	\$270
D6610	Onlay - cast high noble metal, two surfaces	\$230*	D7260	Oroantral fistula closure	\$140
D6611	Onlay - cast high noble metal, three or more surfaces	\$230*	D7261	Primary closure of a sinus perforation	\$280
D6612	Onlay - cast predominantly base metal, two surfaces	\$230*	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$230*	D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$100
D6614	Onlay - cast noble metal, two surfaces	\$230*	D7280	Surgical access of an unerupted tooth	\$85
D6615	Onlay - cast noble metal, three or more surfaces	\$230*			



# UHC Access+ Dental

## UHC Solstice Access+ High DHMO

D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90	D7952	Sinus augmentation via a vertical approach	\$350
D7283	Placement of device to facilitate eruption of impacted tooth	\$90	D7953	Bone replacement graft for ridge preservation – per site	\$100
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$0	D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$40
D7286	Incisional biopsy of oral tissue-soft	\$0	D7963	Frenuloplasty	\$40
D7287	Exfoliative cytological sample collection	\$50	D7970	Excision of hyperplastic tissue - per arch	\$55
D7288	Brush biopsy - transepithelial sample collection	\$50	D7971	Excision of Pericoronal Gingiva	\$35
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$40	D7972	Surgical reduction of fibrous tuberosity	\$130
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$35	<b>Orthodontic</b>		
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25	D8010	Limited orthodontic treatment of the primary dentition	\$1000
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$70	D8020	Limited orthodontic treatment of the transitional dentition	\$1000
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$65	D8030	Limited orthodontic treatment of the adolescent dentition	\$1000
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$370	D8040	Limited orthodontic treatment of the adult dentition	\$1000
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$990	D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1800
D7410	Excision of benign lesion up to 1.25 cm	\$30	D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1800
D7411	Excision of benign lesion greater than 1.25 cm	\$50	D8090	Comprehensive orthodontic treatment of the adult dentition	\$1800
D7412	Excision of benign lesion, complicated	\$60	D8210	Removable appliance therapy	\$103
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$65	D8220	Fixed appliance therapy	\$103
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$95	D8660	Pre-orthodontic treatment examination to monitor growth and development	\$0
D7471	Removal of lateral exostosis (maxilla or mandible)	\$80	D8670	Periodic orthodontic treatment visit	\$0
D7472	Removal of torus palatinus	\$60	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$300
D7473	Removal of torus mandibularis	\$60	D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	\$0
D7485	Surgical reduction of osseous tuberosity	\$60	D8999	Unspecified orthodontic procedure, by report	\$250
D7510	Incision and drainage of abscess - intraoral soft tissue	\$25	<b>Miscellaneous</b>		
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$30	D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$10
D7520	Incision and drainage of abscess - extraoral soft tissue	\$30	D9120	Fixed partial denture sectioning	\$0
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$30	D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
D7910	Suture of recent small wounds up to 5 cm	\$25	D9211	Regional block anesthesia	\$0
D7921	Collection and application of autologous blood concentrate product	\$130	D9212	Trigeminal division block anesthesia	\$0
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogeneous or nonautogeneous, by report	\$350	D9215	Local anesthesia	\$0
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$800	D9220	Deep sedation/general anesthesia - first 30 minutes	\$150
			D9221	Deep sedation/general anesthesia – each additional 15 minutes	\$45
			D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15
			D9241	Intravenous moderate (conscious) sedation/analgesia – first 30 minutes	\$150
			D9242	Intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes	\$45



# UHC Access+ Dental

## UHC Solstice Access+ High DHMO

D9248	Non-intravenous moderate (conscious) sedation	\$15
D9610	Therapeutic parenteral drug, single administration	\$15
D9630	Other drugs and/or medicaments, by report	\$15
D9910	Application of desensitizing medicament	\$15
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$0
D9940	*Occlusal guard, by report	\$85
D9942	Repair and/or reline of Occlusal guard	\$40
D9950	Occlusion analysis - mounted case	\$75
D9951	Occlusal adjustment - limited	\$25
D9952	Occlusal adjustment - complete	\$100
D9972	External bleaching - per arch - performed in office	\$125
D9973	External bleaching - per tooth	\$30
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$240

### Specialty Services

1. This Member Schedule of Benefits applies when listed dental services are performed by a participating General Dentist, unless otherwise authorized by Solstice.
2. Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at the participating General Dentist's usual and customary fee less 25%.
3. The participating General Dentist you select may not perform all procedures listed. The copayments shown apply to participating General Dentists.
4. Should the services of a specialist (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care in either of two ways: (1) You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee; or (2) You may obtain prior written authorization from Solstice and receive specialty treatment by an approved participating specialist at the listed copayments. Please refer to the Specialty Care Referral Policy in your Member handbook.
5. Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee; or (2) You may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member co-pay.
6. Members seeking implant treatment should refer to their participating implantologist, a select network of providers. Not all providers perform the implant procedures at the copay listed on the Schedule of Benefits. Please refer to the provider listing at [www.myuhc.com](http://www.myuhc.com) under "find a physician."

### Exclusions

1. Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
2. Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the Member's dental health or experimental in nature, as determined by the participating Solstice dentist.
3. Orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the Schedule of Benefits.
4. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
5. Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and prior Solstice approval.
6. Dental procedures initiated prior to the Member's eligibility under this benefit plan or started after the Member's termination from the plan.
7. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the Member, including but not limited to, physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetics.
8. D9972 Excludes bleaching material for home use.

### Limitations

1. Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new or an established patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation.
2. All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
3. The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) month period. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.
4. Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period.
5. Sealants are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
6. Space maintainers and all adjustments are limited to children under the age of 16.



# UHC Access+ Dental

## UHC Solstice Access+ Standard DHMO

7. Harmful habit appliances are limited to one (1) time per person under the age of 16.
8. General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice.
9. New dentures include one (1) reline within the first six (6) months
10. Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years.
11. When crown, implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
12. Copayments marked by "\*" do not include the cost of material and laboratory fees. Additional cost to patient is as follows:
  - High noble metal (precious) up to \$145.00
  - Titanium metal up to \$120 (covered with proof of allergy to other metals)
  - Noble metal (semi-precious) up to \$120.00
  - Predominantly base metal (non-precious) up to \$55.00
  - Crown laboratory fees up to \$155.00
  - Laboratory fees on dentures up to \$225.00
  - Porcelain laboratory fees for D2610-D2644, D2929, D2961, D2962, D6600, D6601, D6608, and D6609 up to \$65.00
  - Denture repair laboratory fees up to \$50.00
  - All ceramic and/or porcelain crown material fees up to \$155.00
13. Copayments marked by "+" are not eligible at a specialist.
14. Either D0210 or D0330 are reimbursable one (1) time every five (5) consecutive years.
15. Copies of X-rays can be obtained for \$2 per periapical image up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
16. D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.
17. All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are at no fee to the member.
18. Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
19. A broken appointment fee up to \$20 may be charged by the dental office if 24 hour prior notice is not given.
20. Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the general dentists or specialists usual and customary fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor's usual and customary fees.
21. Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.
22. Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/Bruxism.
23. D0364-D0395 is limited to one (1) time per sixty(60) months, covered only in a dental setting and not in a radiographic imaging center

### ACCESS+ S1500A STANDARD

#### SCHEDULE OF BENEFITS

Members of the Solstice Access+ S1500A HIGH dental plan are eligible to receive benefits immediately upon the effective date of coverage with.

- No Waiting Periods
- No Deductibles
- No Claim Forms to Submit
- Out-of-Network Preventive and Diagnostic Reimbursement

The Member copayments listed are offered by a participating in-network provider. The Member receives:

The Member receives:

- Most diagnostic & preventive care at No Charge
- Cosmetic & orthodontia treatment covered

Members can choose a participating provider at [www.myuhcdental.com](http://www.myuhcdental.com)

Member Services Department: 1.800.955.4137

The patient/Member is ultimately responsible for verifications to the accuracy and appropriateness of all fees applicable to any dental benefit provided by a network provider. We urge all of our Members to verify all fees for proposed treatment via the "Schedule of Benefits" and/or with our Member Services Department prior to treatment.

The following Member copayments apply when a participating General Dentist performs services. An "\*" denotes limitation on certain benefits (see "Exclusions/Limitations").

Code	Description	Copay/Reimbursement
D0120	*Periodic oral evaluation - established patient	\$0/\$20
D0140	Limited oral evaluation - problem focused	\$0/\$20
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0/\$25
D0150	*Comprehensive oral evaluation - new or established patient	\$0/\$30
D0160	*Detailed and extensive oral evaluation - problem focused, by report	\$0/\$30
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0/\$15



# UHC Access+ Dental

## UHC Solstice Access+ Standard DHMO

D0180	Comprehensive periodontal evaluation - new or established patient	\$20/\$15	D0381	*Cone beam CT image capture with field of view of one full dental arch - mandible	\$140
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$5	D0382	*Cone Beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	\$140
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0	D0383	*Cone beam CT image capture with field of view of both jaws, with or without cranium	\$190
D9440	Office visit - after regularly scheduled hours	\$30	D0384	*Cone beam CT image capture for TMJ series including two or more exposures	\$140
D9450	Case presentation, detailed and extensive treatment planning	\$0	D0385	*Maxillofacial MRI image capture	\$170
<b>Radiography / Diagnostic Dentistry</b>			D0386	*Maxillofacial ultrasound image capture	\$170
D0210	*Intraoral - complete series (including bitewings)	\$0/\$25	D0393	*Treatment simulation using 3D image volume	\$10
D0220	Intraoral - periapical first radiographic images	\$0/\$4	D0394	*Digital subtraction of two or more images or image volumes of the same modality	\$10
D0230	Intraoral - periapical each additional radiographic images	\$0/\$2	D0395	*Fusion of two or more 3D image volumes of one or more modalities	\$10
D0240	Intraoral - occlusal radiographic images	\$0	D0415	Collection of microorganisms for culture and sensitivity	\$0
D0260	Extraoral - each additional radiographic images	\$0	D0425	Caries susceptibility tests	\$0
D0270	*Bitewing - single radiographic images	\$0/\$10	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$50
D0272	*Bitewings - two radiographic images	\$0/\$15	D0460	Pulp vitality tests	\$0
D0273	*Bitewings - three radiographic images	\$0/\$20	D0470	Diagnostic casts	\$0
D0274	*Bitewings - four radiographic images	\$0/\$23	D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
D0277	*Vertical bitewings - 7 to 8 radiographic images	\$0/\$25	D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic images	\$150	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
D0310	Sialography	\$150	D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$0
D0320	Temporomandibular joint arthrogram, including injection	\$250	D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0
D0321	Other temporomandibular joint radiographic images, by report	\$150	D0502	Other oral pathology procedures, by report	\$0
D0322	Tomographic survey	\$150	D0601	Caries risk assessment and documentation, with a finding of low risk	\$0
D0330	*Panoramic radiographic images	\$0/\$25	D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0
D0340	Cephalometric radiographic images	\$75	D0603	Caries risk assessment and documentation, with a finding of high risk	\$0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$0/\$15	<b>Preventive Dentistry</b>		
D0364	*Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	\$150	D1110	*Prophylaxis - adult	\$0/\$30
D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	\$140	D1110	Prophylaxis - adult additional	\$35
D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	\$140	D1120	*Prophylaxis - child	\$0/\$20
D0367	*Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	\$190	D1120	Prophylaxis - child additional	\$35
D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	\$140	D1206	Topical fluoride varnish	\$0
D0369	*Maxillofacial MRI capture and interpretation	\$190			
D0370	*Maxillofacial ultrasound capture and interpretation	\$170			
D0371	*Sialoendoscopy capture and interpretation	\$170			
D0380	*Cone beam CT image capture with limited field of view - less than one whole jaw	\$150			



# UHC Access+ Dental

## UHC Solstice Access+ Standard DHMO

D1208	*Topical application of fluoride - excluding varnish	\$17/\$10	D2663	Onlay - resin-based composite - three surfaces	\$370
D1310	Nutritional counseling for control of dental disease	\$0	D2664	Onlay - resin-based composite - four or more surfaces	\$370
D1320	Tobacco counseling for the control and prevention of oral disease	\$0	D2710	*Crown - resin-based composite (indirect)	\$370
D1330	Oral hygiene instructions	\$0	D2712	*Crown - 3/4 resin-based composite (indirect)	\$370*
D1351	*Sealant - per tooth	\$0/\$20	D2720	*Crown- resin with high noble metal	\$370*
D1352	*Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$0	D2721	*Crown - resin with predominantly base metal	\$370*
D1510	*Space maintainer - fixed - unilateral	\$65/\$50	D2722	*Crown - resin with noble metal	\$370*
D1515	*Space maintainer - fixed - bilateral	\$65/\$75	D2740	*Crown - porcelain/ceramic substrate	\$370*
D1520	*Space maintainer - removable - unilateral	\$105/\$50	D2750	*Crown - porcelain fused to high noble metal	\$370*
D1525	*Space maintainer - removable - bilateral	\$105/\$75	D2751	*Crown - porcelain fused to predominantly base metal	\$370*
D1550	*Re-cementation or re-bond space maintainer	\$15	D2752	*Crown - porcelain fused to noble metal	\$370*
D1555	Removal of fixed space maintainer	\$15	D2780	*Crown - 3/4 cast high noble metal	\$370*
<b>Restorative Dentistry</b>			D2781	*Crown - 3/4 cast predominantly base metal	\$370*
D2140	Amalgam - one surface, primary or permanent	\$20	D2782	*Crown - 3/4 cast noble metal	\$370*
D2150	Amalgam - two surfaces, primary or permanent	\$25	D2783	*Crown - 3/4 porcelain/ceramic	\$370*
D2160	Amalgam - three surfaces, primary or permanent	\$30	D2790	*Crown - full cast high noble metal	\$370*
D2161	Amalgam - four or more surfaces, primary or permanent	\$35	D2791	*Crown - full cast predominantly base metal	\$370*
D2330	Resin-based composite - one surface, anterior	\$35	D2792	*Crown - full cast noble metal	\$370*
D2331	Resin-based composite - two surfaces, anterior	\$40	D2794	*Crown - titanium	\$370*
D2332	Resin-based composite - three surfaces, anterior	\$50	D2799	Provisional Crown - further treatment or completion of diagnosis necessary prior to final impression	\$0
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$55	D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	\$15
D2390	Resin-based composite crown, anterior	\$65	D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$0
D2391	Resin-based composite - one surface, posterior	\$75	D2920	Re-cement or re-bond crown	\$15
D2392	Resin-based composite - two surfaces, posterior	\$85	D2921	Reattachment of tooth fragment, incisal edge or cusp	\$15
D2393	Resin-based composite - three surfaces, posterior	\$95	D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$50
D2394	Resin-based composite - four or more surfaces, posterior	\$120	D2930	Prefabricated stainless steel crown - primary tooth	\$25
D2410	Gold foil - one surface	\$65	D2931	Prefabricated stainless steel crown - permanent tooth	\$25
D2420	Gold foil - two surfaces	\$90	D2932	Prefabricated resin crown	\$45
D2430	Gold foil - three surfaces	\$120	D2933	Prefabricated stainless steel crown with resin window	\$45
D2510	Inlay - metallic - one surface	\$155	D2940	Protective restoration	\$0
D2520	Inlay - metallic - two surfaces	\$165	D2941	Interim therapeutic restoration - primary dentition	\$15
D2530	Inlay - metallic - three or more surfaces	\$190	D2949	Restorative foundation for an indirect restoration	\$20
D2542	Onlay - metallic-two surfaces	\$370	D2950	Core buildup, including any pins	\$60
D2543	Onlay - metallic-three surfaces	\$370	D2951	Pin retention - per tooth, in addition to restoration	\$10
D2544	Onlay - metallic-four or more surfaces	\$370	D2952	Post and core in addition to crown, indirectly fabricated	\$60
D2610	Inlay - porcelain/ceramic - one surface	\$370*	D2953	Each additional indirectly fabricated post - same tooth	\$60
D2620	Inlay - porcelain/ceramic - two surfaces	\$370*	D2954	Prefabricated post and core in addition to crown	\$30
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$370*	D2955	Post removal	\$10
D2642	Onlay - porcelain/ceramic - two surfaces	\$370*	D2957	Each additional prefabricated post - same tooth	\$30
D2643	Onlay - porcelain/ceramic - three surfaces	\$370*	D2960	Labial veneer (resin laminate) - chairside	\$250
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$370	D2961	Labial veneer (resin laminate) - laboratory	\$300*
D2650	Inlay - resin-based composite - one surface	\$370	D2962	Labial veneer (porcelain laminate) - laboratory	\$350*
D2651	Inlay - resin-based composite - two surfaces	\$370	D2970	Temporary crown (fractured tooth)	\$0
D2652	Inlay - resin-based composite - three or more surfaces	\$370	D2971	Additional procedures to construct new crown under existing partial denture framework	\$50
D2662	Onlay - resin-based composite - two surfaces	\$370	D2975	Coping	\$100
			D2980	Crown repair necessitated by restorative material failure	\$0



# UHC Access+ Dental

## UHC Solstice Access+ Standard DHMO

D2981	Inlay repair necessitated by restorative material failure	\$100
D2982	Onlay repair necessitated by restorative material failure	\$100
D2983	Veneer repair necessitated by restorative material failure	\$100
D2990	Resin infiltration of incipient smooth surface lesions	\$30

### Endodontic Services

D3110	Pulp cap - direct (excluding final restoration)	\$5
D3120	Pulp cap - indirect (excluding final restoration)	\$5
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$40
D3221	Pulpal debridement, primary and permanent teeth	\$60
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$80
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$40
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$40
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$200
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$210
D3330	Endodontic therapy, molar (excluding final restoration)	\$310
D3331	Treatment of root canal obstruction; non-surgical access	\$85
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$110
D3333	Internal root repair of perforation defects	\$85
D3346	Retreatment of previous root canal therapy - anterior	\$230
D3347	Retreatment of previous root canal therapy - bicuspid	\$280
D3348	Retreatment of previous root canal therapy - molar	\$325
D3351	Apexification/recalcification	\$70
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$70
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$70
D3410	Apicoectomy - anterior	\$190
D3421	Apicoectomy - bicuspid (first root)	\$95
D3425	Apicoectomy - molar (first root)	\$95
D3426	Apicoectomy (each additional root)	\$80
D3427	Periradicular surgery without apicoectomy	\$100
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	\$50
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$45
D3430	Retrograde filling - per root	\$60
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$150

D3432	Guided tissue regeneration in conjunction with periradicular	\$150
D3450	Root amputation - per root	\$110
D3460	Endodontic endosseous implant	\$550
D3470	Intentional reimplantation (including necessary splinting)	\$175
D3910	Surgical procedure for isolation of tooth with rubber dam	\$19
D3920	Hemisection (including any root removal), not including root canal therapy	\$90
D3950	Canal preparation and fitting of preformed dowel or post	\$15

### Periodontic Services

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$180
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$55
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$50
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$170
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$130
D4245	Apically positioned flap	\$165
D4249	Clinical crown lengthening - hard tissue	\$160
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$330
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$248
D4263	Bone replacement graft - first site in quadrant	\$180
D4264	Bone replacement graft - each additional site in quadrant	\$95
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95
D4266	Guided tissue regeneration - resorbable barrier, per site	\$215
D4267	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$255
D4268	Surgical revision procedure, per tooth	\$0
D4270	Pedicle soft tissue graft procedure	\$250
D4273	Subepithelial connective tissue graft procedures, per tooth	\$75
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$100
D4275	Soft tissue allograft	\$380
D4276	Combined connective tissue and double pedicle graft, per tooth	\$70



# UHC Access+ Dental

## UHC Solstice Access+ Standard DHMO

D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$220	D5610	*Repair resin denture base	\$30*
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$80	D5620	*Repair cast framework	\$50*
D4320	Provisional splinting - intracoronal	\$95	D5630	*Repair or replace broken clasp	\$30*
D4321	Provisional splinting - extracoronal	\$85	D5640	*Replace broken teeth - per tooth	\$30*
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$60†	D5650	*Add tooth to existing partial denture	\$45*
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$45†	D5660	*Add clasp to existing partial denture	\$70*
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$50†	D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	\$165*
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$60†	D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	\$165*
D4910	*Periodontal maintenance	\$50	D5710	*Rebase complete maxillary denture	\$125*
D4910	Periodontal maintenance Additional	\$60	D5711	*Rebase complete mandibular denture	\$125*
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$20	D5720	*Rebase maxillary partial denture	\$125*
D4921	Gingival irrigation - per quadrant	\$15	D5721	*Rebase mandibular partial denture	\$125*
D4999	Unspecified periodontal procedure, by report	\$0	D5730	*Reline complete maxillary denture (chairside)	\$65*
<b>Prosthodontics Removable</b>			D5731	*Reline complete mandibular denture (chairside)	\$65*
D5110	*Complete denture - maxillary	\$375*	D5740	*Reline maxillary partial denture (chairside)	\$65*
D5120	*Complete denture - mandibular	\$375*	D5741	*Reline mandibular partial denture (chairside)	\$65*
D5130	*Immediate denture - maxillary	\$375*	D5750	*Reline complete maxillary denture (laboratory)	\$50*
D5140	*Immediate denture - mandibular	\$375*	D5751	*Reline complete mandibular denture (laboratory)	\$50*
D5211	*Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$375*	D5760	*Reline maxillary partial denture (laboratory)	\$50*
D5212	*Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$375*	D5761	*Reline mandibular partial denture (laboratory)	\$50*
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375*	D5810	*Interim Complete denture (maxillary)	\$230*
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375*	D5811	*Interim complete denture (mandibular)	\$230*
D5225	*Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$480*	D5820	*Interim partial denture (maxillary)	\$160*
D5226	*Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$480*	D5821	*Interim partial denture (mandibular)	\$170*
D5281	*Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$360*	D5850	Tissue conditioning, maxillary	\$40
D5410	Adjust complete denture - maxillary	\$20	D5851	Tissue conditioning, mandibular	\$40
D5411	Adjust complete denture - mandibular	\$20	D5862	Precision attachment, by report	\$160
D5421	Adjust partial denture - maxillary	\$20	D5899	Unspecified removable prosthodontic procedure, by report	\$0
D5422	Adjust partial denture - mandibular	\$20	D5982	Surgical stent	\$150*
D5510	*Repair broken complete denture base	\$30*	D5987	Commisure splint	\$150*
D5520	*Replace missing or broken teeth - complete denture (each tooth)	\$30*	D5988	Surgical splint	\$150*
			<b>*Implant Supported Prosthetics</b>		
			D6190	Radiographic/surgical implant index, by report	\$235
			D6010	*Surgical placement of implant body; endosteal implant	\$950
			D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$950
			D6100	Implant removal, by report	\$700
			D6056	*Prefabricated abutment – includes placement	\$400
			D6057	*Customer abutment – includes placement	\$600
			D6066	*Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$950
			D6055	Dental implant supported connecting bar	\$1,800
			D6110	*implant /abutment supported removable denture for edentulous arch – maxillary	\$1,200
			D6111	*implant /abutment supported removable denture for edentulous arch – mandibular	\$1,200





# UHC Access+ Dental

## UHC Solstice Access+ Standard DHMO

D7261	Primary closure of a sinus perforation	\$280	D7921	Collection and application of autologous blood concentrate product	\$130
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$80	D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogeneous or nonautogeneous, by report	\$350
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$100	D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$800
D7280	Surgical access of an unerupted tooth	\$100	D7952	Sinus augmentation via a vertical approach	\$350
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90	D7953	Bone replacement graft for ridge preservation – per site	\$100
D7283	Placement of device to facilitate eruption of impacted tooth	\$90	D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$90
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$150	D7963	Frenuloplasty	\$90
D7286	Incisional biopsy of oral tissue-soft	\$60	D7970	Excision of hyperplastic tissue - per arch	\$55
D7287	Exfoliative cytological sample collection	\$50	D7971	Excision of Pericoronal Gingiva	\$40
D7288	Brush biopsy - transepithelial sample collection	\$50	D7972	Surgical reduction of fibrous tuberosity	\$130
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$40			
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$45	<b>Orthodontic</b>		
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25	D8010	Limited orthodontic treatment of the primary dentition	\$1095
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$100	D8020	Limited orthodontic treatment of the transitional dentition	\$1095
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$65	D8030	Limited orthodontic treatment of the dolescent dentition	\$1095
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$370	D8040	Limited orthodontic treatment of the adult dentition	\$1095
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$990	D8070	Comprehensive orthodontic treatment of the transitional dentition	\$2095
D7410	Excision of benign lesion up to 1.25 cm	\$30	D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2095
D7411	Excision of benign lesion greater than 1.25 cm	\$50	D8090	Comprehensive orthodontic treatment of the adult dentition	\$2095
D7412	Excision of benign lesion, complicated	\$60	D8210	Removable appliance therapy	\$103
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$65	D8220	Fixed appliance therapy	\$103
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$95	D8660	Pre-orthodontic treatment examination to monitor growth and development	\$35
D7471	Removal of lateral exostosis (maxilla or mandible)	\$80	D8670	Periodic orthodontic treatment visit	\$0
D7472	Removal of torus palatinus	\$60	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$300
D7473	Removal of torus mandibularis	\$60	D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	\$250
D7485	Surgical reduction of osseous tuberosity	\$60	D8999	Unspecified orthodontic procedure, by report	\$250
D7510	Incision and drainage of abscess - intraoral soft tissue	\$35			
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$35	<b>Miscellaneous</b>		
D7520	Incision and drainage of abscess - extraoral soft tissue	\$35	D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$15
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$35	D9120	Fixed partial denture sectioning	\$0
D7910	Suture of recent small wounds up to 5 cm	\$25	D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
			D9211	Regional block anesthesia	\$0
			D9212	Trigeminal division block anesthesia	\$0
			D9215	Local anesthesia	\$0
			D9220	Deep sedation/general anesthesia - first 30 minutes	\$150



# UHC Access+ Dental

## UHC Solstice Access+ Standard DHMO

D9221	Deep sedation/general anesthesia – each additional 15 minutes	\$45
D9230	Analgesia, anxiety, inhalation of nitrous oxide	\$15
D9241	Intravenous moderate (conscious) sedation/analgesia – first 30 minutes	\$150
D9242	Intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes	\$45
D9248	Non-intravenous moderate (conscious) sedation	\$15
D9610	Therapeutic parenteral drug, single administration	\$15
D9630	Other drugs and/or medicaments, by report	\$15
D9910	Application of desensitizing medicament	\$15
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$0
D9940	*Occlusal guard, by report	\$85
D9942	Repair and/or reline of Occlusal guard	\$40
D9950	Occlusion analysis - mounted case	\$75
D9951	Occlusal adjustment - limited	\$25
D9952	Occlusal adjustment - complete	\$100
D9972	External bleaching - per arch - performed in office	\$125
D9973	External bleaching - per tooth	\$30
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$240

### Specialty Services

1. This Member Schedule of Benefits applies when listed dental services are performed by a participating General Dentist, unless otherwise authorized by Solstice.
2. Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at the participating General Dentist's usual and customary fee less 25%.
3. The participating General Dentist you select may not perform all procedures listed. The copayments shown apply to participating General Dentists.
4. Should the services of a specialist (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care in either of two ways: (1) You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee; or (2) You may obtain prior written authorization from Solstice and receive specialty treatment by an approved participating specialist at the listed copayments. Please refer to the Specialty Care Referral Policy in your Member handbook.
5. Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee; or (2) You may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member co-pay.

6. Members seeking implant treatment should refer to their participating implantologist, a select network of providers. Not all providers perform the implant procedures at the copay listed on the Schedule of Benefits. Please refer to the provider listing at [www.myuhc dental.com](http://www.myuhc dental.com) under "find a physician."

### 7. Exclusions

8. Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
9. Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the Member's dental health or experimental in nature, as determined by the participating Solstice dentist.
10. Orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the Schedule of Benefits.
11. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
12. Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and prior Solstice approval.
13. Dental procedures initiated prior to the Member's eligibility under this benefit plan or started after the Member's termination from the plan.
14. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the Member, including but not limited to, physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetics.
15. D9972 Excludes bleaching material for home use.

### Limitations

1. Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new or an established patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation.
2. All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
3. The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) month period. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.
4. Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period.



# UHC Access+ Dental

## UHC Solstice Access+ Standard DHMO

5. Sealants are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
6. Space maintainers and all adjustments are limited to children under the age of 16.
7. Harmful habit appliances are limited to one (1) time per person under the age of 16.
8. General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice.
9. New dentures include one (1) reline within the first six (6) months
10. Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years.
11. When crown, implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
12. Copayments marked by "\*" do not include the cost of material and laboratory fees. Additional cost to patient is as follows:
  - High noble metal (precious) up to \$145.00
  - Titanium metal up to \$120 (covered with proof of allergy to other metals)
  - Noble metal (semi-precious) up to \$120.00
  - Predominantly base metal (non-precious) up to \$55.00
  - Crown laboratory fees up to \$155.00
  - Laboratory fees on dentures up to \$225.00
  - Porcelain laboratory fees for D2610-D2644, D2929, D2961, D2962, D6600, D6601, D6608, and D6609 up to \$65.00
  - Denture repair laboratory fees up to \$50.00
  - All ceramic and/or porcelain crown material fees up to \$155.00
13. Copayments marked by "+" are not eligible at a specialist.
14. Either D0210 or D0330 are reimbursable one (1) time every five (5) consecutive years.
15. Copies of X-rays can be obtained for \$2 per periapical image up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
16. D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.
17. All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are at no fee to the member.
18. Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
19. A broken appointment fee up to \$20 may be charged by the dental office if 24 hour prior notice is not given.
20. Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the general dentists or specialists usual and customary fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor's usual and customary fees.
21. Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.
22. Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/BruXism.
23. D0364-D0395 is limited to one (1) time per sixty(60) months, covered only in a dental setting and not in a radiographic imaging center.



# Dental Indemnity Comparison Chart

	Delta Dental Indemnity Options				UnitedHealthcare Indemnity Options			
	Delta Dental PPO Standard		Delta Dental PPO High		UHC PPO Standard		UHC PPO High	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Calendar Year Deductible</b>	\$0.00	\$50 / person \$150 / family Classes I, II and III only	\$50 / person \$150 / family Classes II and III only	\$50 / person \$150 / family Classes I, II and III only	\$0.00	\$50 / person \$150 / family Classes I, II and III only	\$50 / person \$150 / family Classes II & II only	\$50 / person \$150 / family Classes I, II and III only
<b>Annual Calendar Year Maximum (Per Person)</b>	\$1,500.00		\$1,500.00		\$1,500.00		\$1,500.00	
<b>Exam</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay (Area 2)</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay<sup>2</sup></b>
Limited Oral Evaluation - problem focused	\$5.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$5.00	10% of MAC	0% of MAC <sup>1</sup>	0% of MAC
Comprehensive Oral Evaluation	\$5.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$5.00	10% of MAC	0% of MAC <sup>1</sup>	0% of MAC
<b>X-Rays</b>								
Intraoral - Complete Series, including bitewings	\$0.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$0.00	10% of MAC	0% of MAC <sup>1</sup>	0% of MAC
Intraoral - Periapical first film	\$9.00	40% of PPO fee**	20% of PPO fee*	20% of PPO fee**	\$8.00	40% of MAC	20% of MAC <sup>1</sup>	20% of MAC
Intraoral - Periapical each additional film	\$3.00	40% of PPO fee**	20% of PPO fee*	20% of PPO fee**	\$3.00	40% of MAC	20% of MAC <sup>1</sup>	20% of MAC
Bitewings - two films	\$0.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$0.00	10% of MAC	0% of MAC <sup>1</sup>	0% of MAC
Bitewings - four films	\$0.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$0.00	10% of MAC	0% of MAC <sup>1</sup>	0% of MAC
Panoramic	\$0.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$0.00	10% of MAC	0% of MAC <sup>1</sup>	0% of MAC
<b>Preventive Services</b>								
Prophylaxis - adult cleaning	\$15.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$15.00	10% of MAC	0% of MAC <sup>1</sup>	0% of MAC
Prophylaxis - child cleaning	\$15.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$15.00	10% of MAC	0% of MAC <sup>1</sup>	0% of MAC
Fluoride - child	\$0.00	10% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$0.00	10% of MAC	0% of MAC <sup>1</sup>	0% of MAC
Sealant - per tooth	\$15.00	40% of PPO fee**	0% of PPO fee*	0% of PPO fee**	\$10.00	40% of MAC	0% of MAC <sup>1</sup>	0% of MAC
<b>Silver Fillings</b>								
Amalgam, 1 Surface, primary or permanent	\$35.00	40% of PPO fee**	20% of PPO fee*	20% of PPO fee**	\$35.00	40% of MAC	20% of MAC <sup>1</sup>	20% of MAC
Amalgam, 2 surfaces, primary or permanent	\$45.00	40% of PPO fee**	20% of PPO fee*	20% of PPO fee**	\$45.00	40% of MAC	20% of MAC <sup>1</sup>	20% of MAC
<b>White Fillings, Front Teeth</b>								
Anterior Composite, 1 surface	\$40.00	40% of PPO fee**	20% of PPO fee*	20% of PPO fee**	\$35.00	40% of MAC	20% of MAC <sup>1</sup>	20% of MAC
Anterior Composite, 2 surfaces	\$50.00	40% of PPO fee**	20% of PPO fee*	20% of PPO fee**	\$45.00	40% of MAC	20% of MAC <sup>1</sup>	20% of MAC

\*In-Network: Member pays balance of PPO fees, after plan pays.

\*\* Out-of-Network: Member pays balance of PPO fees, in addition to the remaining balance of claim. Balance equals the difference between total claim and PPO fee.

<sup>1</sup> The network percentage of benefits is based on discounted fees negotiated with the provider.

<sup>2</sup> MAC = The percentage of benefits is based on the schedule of maximum allowable charges. Maximum allowable charges are the limitation on billed charges in the geographic area in which the expenses are incurred.



# Dental Indemnity Comparison Chart

	Delta Dental Indemnity Options				UnitedHealthcare Indemnity Options			
	Delta Dental PPO Standard		Delta Dental PPO High		UHC PPO Standard		UHC PPO High	
Benefits Continued	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Onlays and Crowns</b>								
Crown, All Porcelain	\$475.00	70% of PPO fee**	50% of PPO fee*	50% of PPO fee**	\$390.00	70% of MAC	50% of MAC <sup>1</sup>	50% of MAC
Core Build Up	\$85.00	70% of PPO fee**	50% of PPO fee*	50% of PPO fee**	\$70.00	70% of MAC	50% of MAC <sup>1</sup>	50% of MAC
<b>Periodontal Care (For Gums)</b>								
Periodontal Therapy, 4+ teeth/quadrant	\$85.00	70% of PPO fee**	50% of PPO fee*	50% of PPO fee**	\$75.00	70% of MAC	50% of MAC <sup>1</sup>	50% of MAC
Periodontal Maintenance	\$40.00	40% of PPO fee**	20% of PPO fee*	20% of PPO fee**	\$35.00	40% of MAC	20% of MAC <sup>1</sup>	20% of MAC
<b>Extractions</b>								
Extraction, erupted tooth or exposed root	\$50.00	70% of PPO fee**	50% of PPO fee*	50% of PPO fee**	\$45.00	70% of MAC	50% of MAC <sup>1</sup>	50% of MAC
Surgical removal of erupted teeth	\$105.00	70% of PPO fee**	50% of PPO fee*	50% of PPO fee**	\$90.00	70% of MAC	50% of MAC <sup>1</sup>	50% of MAC
<b>Orthodontia Care</b>								
Comprehensive orthodontic treatment of adolescent dentition <small>(full treatment case up to 24 months - including fixed/removable appliances)</small>	\$2,100.00	50% of PPO fee**	50% of PPO fee**	50% of PPO fee**	\$2,100.00	50% of MAC	50% of MAC <sup>1</sup>	50% of MAC
Comprehensive orthodontic treatment of adult dentition <small>(full treatment case up to 24 months - including fixed/removable appliances)</small>		50% of PPO fee**	50% of PPO fee*	50% of PPO fee**		50% of MAC	50% of MAC <sup>1</sup>	50% of MAC
Pre-orthodontic treatment visit <small>(consult/records/exam)</small>		50% of PPO fee**	50% of PPO fee**	50% of PPO fee**		50% of MAC	50% of MAC <sup>1</sup>	50% of MAC
Orthodontic Retention <small>(removal of appliances, construction and placement of retainer(s))</small>		50% of PPO fee**	50% of PPO fee**	50% of PPO fee**		50% of MAC	50% of MAC <sup>1</sup>	50% of MAC
Unspecified Orthodontic Procedure - By Report		50% of PPO fee**	50% of PPO fee**	50% of PPO fee**		50% of MAC	50% of MAC <sup>1</sup>	50% of MAC
Lifetime Maximum Benefit Per Person		\$1,500	\$1,500	\$1,500		\$1,500	\$1,500	\$1,500

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<sup>2</sup> MAC = The percentage of benefits is based on the schedule of maximum allowable charges. Maximum allowable charges are the limitation on billed charges in the geographic area in which the expenses are incurred.



# Delta Dental PPO<sup>SM</sup>



The Delta Dental PPO plans are preferred provider organization plans that allow you and your family to visit any licensed dentist, but provide cost savings when you visit an in-network dentist. Delta Dental offers you a choice of two different plans.

## The Standard Plan

The Standard Plan is a low-cost plan that is designed for those individuals who primarily would need only diagnostic and preventive dental services. The Standard Plan includes a copayment schedule that applies to the various dental procedures when you visit an in-network dentist. You do not have to satisfy an annual calendar year deductible if you seek services from an in-network PPO dentist. When you visit an out-of-network dentist, you are responsible for a percentage of the dentist's charges, which is referred to as "coinsurance."

## The High Plan

The High Plan is designed for those individuals who have more extensive dental needs. This plan provides a reimbursement of either 100, 80 or 50% of the plan's PPO dentist fees, depending on the service provided, after you have satisfied the plan deductible. Delta Dental offers quality dental care at affordable prices with their Preferred Provider Organization (PPO) plan. You have access to a nationwide network of dentists who have agreed to contracted fees, which helps reduce your costs. You are free to choose an in-network or out-of-network dentist at the time you make your appointment. However, when using an out-of-network dentist, the level of coverage is reduced and your out-of-pocket expenses will increase.

## How to select the Delta Dental PPO plan

### Employee-Paid Benefits:

1. You may cover yourself by selecting the "Employee-only" benefit.
2. You may cover yourself and your eligible dependent(s) by selecting the "Employee and Family" benefit.

**NOTE:** If you choose dependent dental coverage, your dependents must be covered by the same dental plan and level of coverage (Standard or High) which you selected for yourself.

## About Delta Dental PPO

### Pre-treatment estimate:

Ask your dentist to obtain a pre-treatment estimate from Delta Dental for any services that are expected to exceed \$300. This free service gives you an estimate of your costs for the service. This provision does not apply to charges for emergency treatment.

## >> Benefit Eligibility Note:

- **All M-DCPS groups are eligible to enroll in the DeltaCare USA offered by the School Board.**
- **Current COBRA participants may only continue to enroll in DeltaCare USA if you were previously enrolled in vision.**
- **See eligibility section for more details.**



# Delta Dental PPO<sup>SM</sup>

## Where can I get claim forms?

Dental claim forms will be provided to you upon request at the Office of Risk and Benefits Management. For claims assistance or status, log on to [www.deltadentalins.com/mdcps](http://www.deltadentalins.com/mdcps) or call Delta Dental Customer Service at 1.800.693.2589.

## Where may I call for inquiries or additional questions?

All inquiries and questions should be directed to Delta Dental Customer Service at 1.800.693.2589.

## Who is an eligible dependent for this coverage?

Eligible dependents for this plan include:

- Spouse/domestic partner
- Unmarried natural children, adopted children, and stepchildren to the end of the calendar year they reach age 26
- Children older than age 26 will remain covered under this plan only if proof is submitted that they suffer from a physical handicap or mental retardation, provided they remain chiefly dependent upon you for support.
- Children of a domestic partner, as long as the domestic partner is also covered.

This example indicates your savings using the Delta Dental PPO High Dental Plan (Filling-Type B service):

### In-Network (PPO)

PPO Dentist Fee	\$ 62.60
Plan pays 80% of PPO Fee	- \$ 50.08
You pay 20% of PPO Fee	\$12.52
<b>Your cost</b>	<b>\$12.52*</b>

### Out-of-Network

Dentist Fee	\$190.00
PPO Fee	\$62.60
Plan pays 80% of PPO Fee	- \$50.08
You pay 20% of PPO Fee	\$12.52
Plus Charge over Dentist Fee	\$127.40
<b>Your cost</b>	<b>\$139.92**</b>

Total \$\$\$ saved by using a Delta Dental PPO dentist = \$127.40

\* Example assumes \$50 deductible has been satisfied.

\*\*Example assumes \$150 deductible has been satisfied.



# Delta Dental PPO<sup>SM</sup>

## Standard Plan

STANDARD PLAN BENEFITS	PPO Network	Non - PPO Network**
<b>ANNUAL CALENDAR YEAR DEDUCTIBLE</b>		
Deductible applies to:	None	\$50/person \$150/ family (type A,B,C)
<b>ANNUAL CALENDAR YEAR MAXIMUM</b>		
Maximum benefit allowed per person for Types A, B & C Combined	\$1,500	\$1,500
<b>PREVENTIVE (Type A)</b>	<b>Employee Pays</b>	<b>Plan Pays</b>
X-rays (bitewing 2 per year)	\$0	90% **
X-rays (full mouth or panoramic every 3 years)	\$0	90% **
Cleaning and scaling (2 per year)	\$15	90% **
Fluoride treatment (up to age 19 - two per year)	\$0	90% **
<b>BASIC SERVICE (Type B)</b>		
Space Maintainers - unilateral (up to age 19)	\$105	60% **
Sealants (Dependent child up to age 19 - once every 2 years on permanent molars only)	\$15	60% **
Amalgams (2 surfaces)	\$45	60% **
Periodontics maintenance (4 per calendar year less regular cleanings)	\$40	60% **
<b>MAJOR SERVICE (Type C)</b>		
Denture relining (chairside)	\$105	30% **
Denture adjustments	\$30	30% **
General anesthesia (30 minutes)	\$155	30% **
Impacted Teeth	\$145	30% **
Periodontics (gum treatment) scaling and root planing	\$85 per quad	30% **
Crowns	\$475	30% **
Bridges	\$435	30% **
Full dentures	\$535	30% **
Partial dentures	\$420	30% **
Resin base Inlays	\$330	30% **
Onlays	\$475	30% **
Simple extractions	\$50	30% **
Additional extraction	\$50	30% **
Surgical extractions	\$105	30% **
<b>ORTHODONTIA (Type D)</b>		
Amount	\$2,100	50% ** \$1500/person

\*\* Non - PPO Network: Member pays balance in addition to the remaining balance of claim. Balance equals the difference between total claim and PPO fee.



## Standard Plan

### Diagnostic and Preventive Benefits and Limitations:

- Oral exams but not more than twice in a Calendar Year
- Full mouth or panoramic x-rays but not more than once every 36 months
- Bitewing x-rays but not more than twice per Calendar Year
- Cleaning of teeth (oral prophylaxis) but not more than twice in a Calendar Year
- Topical fluoride treatment twice in a Calendar Year for a dependent child 19 years of age or younger

### Basic Benefits and Limitations:

- Intraoral-periapical x-rays and other x-rays not specified under Diagnostic and Preventive Benefits
- Pulp vitality tests
- Diagnostic casts
- Bacteriological studies for determinations of pathological agents
- Initial placement of amalgam or composite fillings
- Replacement of an existing amalgam or composite fillings
- Sedative fillings
- Pulp capping (excluding final restoration) and therapeutic pulpotomy (excluding final restoration)
- Periodontal maintenance where periodontal treatment (including scaling, root planning and periodontal surgery such as gingivectomy, gingivoplasty, gingival curettage and osseous surgery) has been performed. Periodontal maintenance is limited to four (4) times per Calendar Year less the number of teeth cleanings received during such Calendar Year.
- Emergency palliative treatment to relieve tooth pain
- For dependent child 19 years of age or younger, sealants which are applied to non-restored, non-decayed, first and second permanent molars, once per tooth every 24 months
- For dependent children 19 years of age or younger, space maintainers

### Major Benefits and Limitations:

- Prefabricated stainless steel crown or prefabricated resin crown, but not more than one per tooth within two (2) years
- Repair or re-cementing of Cast Restorations (Cast Restoration means an inlay, onlay or crown.)

- Periodontal surgery, including gingivectomy, gingivoplasty, gingival curettage and osseous surgery, but no more than one type of surgical procedure per quadrant in any 36 month period
- Periodontal scaling and root planing but not more than once per quadrant in any 24 month period
- Initial installation of Cast Restorations
- Replacement of any Cast Restorations with the same or a different type of Cast Restoration but not more than one replacement for the same tooth within five (5) years
- Oral surgery except as mentioned elsewhere
- Pulp therapy and apexification/recalcification
- Extractions of unimpacted teeth and removal of exposed roots
- Extractions of impacted teeth
- Root canal treatment but not more than once in a 24 month period for same tooth
- Initial installation of full or removable Dentures (Denture means fixed partial dentures (bridgework), removable partial dentures and removable full dentures.)
- Addition of teeth to a partial removable Denture to replace natural teeth removed while covered dental services are in effect for the Enrollee receiving such services
- Replacement of a non-serviceable Denture if such Denture was installed more than 5 years prior to replacement
- Replacement of an immediate, temporary full Denture with a permanent full Denture if the immediate, temporary full Denture cannot be made permanent and such replacement is done within 12 months of the installation of the immediate, temporary full Denture
- Repair of Dentures
- Relinings and rebasings of existing removable Dentures if at least six (6) months have passed since the installation of the existing removable Denture and not more than once in any 36 month period
- Other removable prosthetic services not described elsewhere
- Other fixed Denture prosthetic services not described elsewhere
- Core buildup, labial veneers and post and cores, but not more than one of each service for a tooth in a period of five (5) years
- Adjustments of Dentures, if at least six (6) months have passed since the installation of the Denture
- Administration of general anesthesia and IV Sedation administered by a Provider in connection with covered Oral Surgery or selected Endodontic and Periodontal surgical procedures



# Delta Dental PPO<sup>SM</sup>

## Standard Plan

- Consultations, but not more than twice in a Calendar Year
- Injections of therapeutic drugs
- Local chemotherapeutic agents
- Fixed removable appliances for correction of harmful habits

### Orthodontic Benefits and Limitations:

- Orthodontic Services mean procedures performed by a Dentist, involving the use of an active orthodontic appliance and post-treatment retentive appliances for treatment of misalignment of teeth and/or jaws which significantly interferes with their functions
- Benefits for Orthodontic Services will be provided in periodic payments based on the Enrollee's continuing eligibility
- Benefits are not paid to repair or replace any orthodontic appliance received under this program
- Benefits are not provided for orthodontic retreatment procedures

**Note on additional benefits during pregnancy** - When an Enrollee is pregnant, Delta Dental will pay for additional services to help improve the oral health of the Enrollee during the pregnancy. The additional services each Calendar Year while the Enrollee is covered under this Contract include: one (1) additional oral exam and either one (1) additional routine cleaning or one (1) additional periodontal scaling and root planing per quadrant. Written confirmation of the pregnancy must be provided by the Enrollee or her dentist when the claim is submitted.

### Exclusions

- Treatment of injuries or illness paid under workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law
- Cosmetic surgery or dentistry for purely cosmetic reasons
- Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate (unless services for cleft palate are provided to a covered child under the age of 18), upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn dependent children for medically diagnosed congenital defects, birth abnormalities or prematurity
- Treatment to restore tooth structure lost from wear, erosion or abrasion; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; or treatment to stabilize the teeth. Examples include but are not limited to: equilibration, periodontal splinting or occlusal adjustment

- Any Single Procedure started prior to the date the Enrollee became covered for such services under this program
- Prescribed drugs, medication, pain killers or experimental procedures
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility
- Charges for anesthesia, other than general anesthesia and IV sedation administered by a licensed Dentist in connection with covered oral surgery or selected endodontic and periodontal surgical procedures
- Extraoral grafts (grafting of tissues from outside the mouth to oral tissues)
- Treatment performed by someone other than a Dentist or a person who by law may work under a Dentist's direct supervision
- Charges incurred for oral hygiene instruction, a plaque control program, dietary instruction, x-ray duplications, cancer screening or broken appointments
- Services or supplies covered by any other health plan of the Contractholder
- Treatment rendered by a person who ordinarily resides in your household or who is related to you (or to your spouse) by blood, marriage or legal adoption
- Services for any disturbances of the temporomandibular (jaw) joints
- Replacement of a lost, missing or stolen crown, bridge or denture
- Use of material or home health aids to prevent decay, such as toothpaste or fluoride gels, other than the topical application of fluoride
- Temporary or provisional restoration
- Temporary or provisional appliance
- Adjustment of a denture or a bridgework which is made within six (6) months after installation by the same Dentist who installed it
- Any duplicate appliance or prosthetic device
- Charges made by a Dentist for failure to keep a scheduled visit with such Dentist
- Sterilization supplies
- Implantology
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards



# Delta Dental PPO<sup>SM</sup>

## High Plan

HIGH PLAN BENEFITS	PPO Network	Non - PPO Network**
<b>ANNUAL CALENDAR YEAR DEDUCTIBLE</b>		
Deductible applies to:	\$50/ person \$150/ family (type B,C)	\$50/ person \$150/ family (type A, B, C)
<b>ANNUAL CALENDAR YEAR MAXIMUM</b>		
Maximum benefit allowed per person for Types A, B & C Combined	\$1,500	\$1,500
<b>PREVENTIVE (Type A)</b>	<b>Plan Pays</b>	<b>Plan Pays</b>
X-rays (bitewing 2 per year)	100%	100% **
X-rays (full mouth or panoramic every 3 years)	100%	100% **
Cleaning and scaling (2 per year)	100%	100% **
Fluoride treatment (up to age 19 - two per year)	100%	100% **
Space Maintainers - unilateral (up to age 19)	100%	100% **
Sealants (Dependent child up to age 19 - once every 2 years on permanent molars only)	100%	100% **
<b>BASIC SERVICE (Type B)</b>		
Amalgams (2 surfaces)	80%*	80% **
Periodontics maintenance (4 per calendar year less regular cleanings)	80%*	80% **
<b>MAJOR SERVICE (Type C)</b>		
Denture relining (chairside)	50% *	50% **
Denture adjustments	50% *	50% **
General anesthesia (30 minutes)	50% *	50% **
Impacted Teeth	50% *	50% **
Periodontics (gum treatment) scaling and root planing	50% *	50% **
Crowns	50% *	50% **
Bridges	50% *	50% **
Full dentures	50% *	50% **
Partial dentures	50% *	50% **
Resin base Inlays	50% *	50% **
Onlays	50% *	50% **
Simple extractions	50% *	50% **
Additional extraction	50% *	50% **
Surgical extractions	50% *	50% **
Root canal therapy Anterior	50% *	50% **
Bicuspid	50% *	50% **
Molar	50% *	50% **
Repairs to prosthetics	50% *	50% **
<b>ORTHODONTIA (Type D)</b>		
Amount	50%* \$1500/person	50% ** \$1500/person

\* PPO Network: Member pays balance after plan pays.

\*\* Non - PPO Network: Member pays balance in addition to the remaining balance of claim. Balance equals the difference between total claim and PPO fee.



## High Plan

### Diagnostic and Preventive Benefits and Limitations:

- Oral exams but not more than twice in a Calendar Year
- Full mouth or panoramic x-rays but not more than once every 36 months
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- Cleaning of teeth (oral prophylaxis) but not more than twice in a Calendar Year
- Topical fluoride treatment twice in a Calendar Year for a dependent child 19 years of age or younger
- For dependent child 19 years of age or younger, sealants which are applied to non-restored, non-decayed, first and second permanent molars, once per tooth every 24 months
- For dependent children 19 years of age or younger, space maintainers

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- Pulp vitality tests
- Diagnostic casts
- Bacteriological studies for determinations of pathological agents
- Initial placement of amalgam or composite fillings
- Replacement of an existing amalgam or composite fillings
- Sedative fillings
- Pulp capping (excluding final restoration) and therapeutic pulpotomy (excluding final restoration)
- Periodontal maintenance where periodontal treatment (including scaling, root planning and periodontal surgery such as gingivectomy, gingivoplasty, gingival curettage and osseous surgery) has been performed. Periodontal maintenance is limited to four (4) times per Calendar Year less the number of teeth cleanings received during such Calendar Year.
- Emergency palliative treatment to relieve tooth pain

### Major Benefits and Limitations:

- Prefabricated stainless steel crown or prefabricated resin crown, but not more than one per tooth within two (2) years
- Repair or re-cementing of Cast Restorations (Cast Restoration means an inlay, onlay or crown.)
- Periodontal surgery, including gingivectomy, gingivoplasty, gingival curettage and osseous surgery, but no more than one type of surgical procedure per quadrant in any 36 month period

- Periodontal scaling and root planing but not more than once per quadrant in any 24 month period
- Initial installation of Cast Restorations
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- Replacement of a non-serviceable Denture if such Denture was installed more than 5 years prior to replacement
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- Consultations, but not more than twice in a Calendar Year
- Injections of therapeutic drugs
- Local chemotherapeutic agents
- Fixed removable appliances for correction of harmful habits



## High Plan

### Orthodontic Benefits and Limitations:

- Orthodontic Services mean procedures performed by a Dentist, involving the use of an active orthodontic appliance and post-treatment retentive appliances for treatment of misalignment of teeth and/or jaws which significantly interferes with their functions
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- Treatment of injuries or illness paid under workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law
- Cosmetic surgery or dentistry for purely cosmetic reasons
- Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate (unless services for cleft palate are provided to a covered child under the age of 18), upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn dependent children for medically diagnosed congenital defects, birth abnormalities or prematurity
- Treatment to restore tooth structure lost from wear, erosion or abrasion; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; or treatment to stabilize the teeth. Examples include but are not limited to: equilibration, periodontal splinting or occlusal adjustment
- Any Single Procedure started prior to the date the Enrollee became covered for such services under this program
- Prescribed drugs, medication, pain killers or experimental procedures
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility
- Charges for anesthesia, other than general anesthesia and IV sedation administered by a licensed Dentist in connection with covered oral surgery or selected endodontic and periodontal surgical procedures
- Extraoral grafts (grafting of tissues from outside the mouth to oral tissues)
- Treatment performed by someone other than a Dentist or a person who by law may work under a Dentist's direct supervision
- Charges incurred for oral hygiene instruction, a plaque control program, dietary instruction, x-ray duplications, cancer screening or broken appointments
- Services or supplies covered by any other health plan of the Contractholder
- Treatment rendered by a person who ordinarily resides in your household or who is related to you (or to your spouse) by blood, marriage or legal adoption
- Services for any disturbances of the temporomandibular (jaw) joints
- Replacement of a lost, missing or stolen crown, bridge or denture
- Use of material or home health aids to prevent decay, such as toothpaste or fluoride gels, other than the topical application of fluoride
- Temporary or provisional restoration
- Temporary or provisional appliance
- Adjustment of a denture or a bridgework which is made within six (6) months after installation by the same Dentist who installed it
- Any duplicate appliance or prosthetic device
- Charges made by a Dentist for failure to keep a scheduled visit with such Dentist
- Sterilization supplies
- Implantology
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards



# UHC PPO Plans

## UnitedHealthcare (UHC) PPO Plans

### UnitedHealthcare PPO Plans

UnitedHealthcare PPO Plans are traditional indemnity plans, you have the choice of two plans, a Standard PPO Plan or the High PPO Plan. You save money and receive a higher level of coverage when choosing a participating dentist, these dentists have agreed to a discounted fee schedule resulting in a lower out-of-pocket expense to the member.

### Why choose a UnitedHealthcare dental PPO plan?

Whether you select the Standard PPO Plan or the High PPO Plan, you can see any dentist or specialist in or outside the UnitedHealthcare national network. However, you can save money by choosing a dentist who is part of the network because network dentists agree to discount their services by 20-30% for UnitedHealthcare dental members.

Preventive care such as exams and cleanings are covered at little or no cost to you. The plan also covers Oral Cancer screenings each year for adult members. There is also a Pregnancy Dental Benefit designed to cover extra visits for dental cleanings and gum treatments, if needed, during pregnancy and the first three months after the baby is born.

### Am I eligible for this coverage?

You may elect to enroll in the dental plan if you are an active, benefit-eligible employee working a minimum of 20 hours per week on a regularly scheduled basis.

### Who is an eligible dependent for this coverage?

Eligible dependents for this plan include:

- Spouse/Domestic Partner
- Unmarried natural children, adopted children, and stepchildren to the end of the calendar year they reach age 26
- Children older than age 26 will remain covered under this plan only if proof is submitted that he/she suffers from a physical handicap or mental retardation, provided the child remains chiefly dependent upon you for support.
- Children of a Domestic Partner, as long as the Domestic Partner is also covered.

### How do I select or change my dental provider?

You may select a dental provider who is part of the large national UnitedHealthcare network. Visit [www.myuhcdental.com](http://www.myuhcdental.com) and click on Find a Dentist under Links and Tools to choose a network doctor or make changes. If you would like to keep the dentist you have under your prior plan and are now changing plans, you may maintain that same dentist provided they are part of the UnitedHealthcare network.

### How can I make an appointment with my dentist?

To schedule an appointment, you may call a dentist you've selected through the UnitedHealthcare network or any other licensed dentist on or after your effective date of coverage. Be sure to bring your ID card each time you visit your dentist.

### How are my dental visits paid for?

When you see a network dentist, you don't need to worry about claim forms. Your dentist will bill UnitedHealthcare who will pay them directly. If you see a dentist who is not part of the network, the dentist may bill you and you can then send the claim to UnitedHealthcare.

### Where may I call for inquiries or additional questions?

All inquiries and questions should be directed to the UnitedHealthcare Member Services at 1.877.816.3596.



# UHC PPO Plans

## UHC PPO Standard

### Standard PPO Plan – PIN31

The Standard Plan is a low-cost which allows you and each of your covered family members to use a provider of your choice; however, you'll receive a higher level of coverage when you choose a participating network provider. The Standard Plan includes a co-pay schedule that applies to the various in-network dental procedures. You do NOT have to satisfy an annual calendar year deductible if you seek services from an in-network dental provider. If you use an out-of-network provider fees are subject to Maximum Allowable Charges (MAC).

Benefit	In-Network	Out-of-Network
Individual Annual Deductible	\$0	\$50
Family Annual Deductible	\$0	\$150 (applies to Classes I, II and III)
Maximum (the sum of all Network and Non-network benefits will not exceed the Annual Maximum)	\$1,500 per person per Calendar Year	\$1,500 per person per Calendar Year
Lifetime Orthodontic Maximum	\$1,500 per person per Lifetime	\$1,500 per person per Lifetime
Waiting Period	None	
Diagnostic and Preventative Services	In-Network** Miami-Dade County (Area 2)	Out-of-Network***
	EMPLOYEE PAYS	PLAN PAYS
Periodic Exam	\$0	90% of MAC
Radiographs ( bitewings)	\$0	90% of MAC
Prophylaxis (Cleaning)	\$15	90% of MAC
Fluoride Treatment	\$0	90% of MAC
Basic Services		
Amalgam - 2 Surfaces	\$45	60% of MAC
Sealants	\$10	60% of MAC
Space Maintainers - Unilateral	\$100	60% of MAC
Periodontics- Maintenance	\$35	60% of MAC
Major Services		
General Anesthesia	\$120	30% of MAC
Simple Extractions	\$45	30% of MAC
Oral Surgery - Surgical Removal of Erupted tooth	\$90	30% of MAC
Endodontics		30% of MAC
Anterior Root Canal	\$265	
Bicuspid Root Canal	\$315	
Molar Root Canal	\$425	
Crowns/Onlays* - Metal Porcelain	\$390	30% of MAC

\*Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

\*\*Miami-Dade County (Area 2) consist of zip codes that begin with digits 330-332, 338, 341-342 and 349. If you do not reside in a zip code that begins with these digits, please contact UnitedHealthcare Member Services at 1.877.816.3596 for more accurate in-network schedule of benefits copay.

\*\*\*The benefit percentage applies to the schedule of maximum allowable charges. Maximum allowable charges are limitations on billed charges in the geographic area in which the expenses are incurred.



# UHC PPO Plans

## UHC PPO Standard

Benefits Continued	In-Network	Out-of-Network
<b>Major Services Continued</b>		
Inlays	\$295	30% of MAC
Periodontic-Scaling and Root Planing (per quadrant)	\$75	30% of MAC
Complete Dentures	\$485	30% of MAC
Partial Dentures – Resin Base	\$375	30% of MAC
Fixed Partial Dentures Pontics (Bridges)*	\$375	30% of MAC
<b>Orthodontic Services</b>		
Diagnose or correct misalignment of teeth or bite (Adult and Child)	\$2,100	50% of MAC

\*Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

\*\*Miami-Dade County (Area 2) consist of zip codes that begin with digits 330-332, 338, 341-342 and 349. If you do not reside in a zip code that begins with these digits, please contact UnitedHealthcare Member Services at 1.877.816.3596 for more accurate in-network schedule of benefits copay.

\*\*\*The benefit percentage applies to the schedule of maximum allowable charges. Maximum allowable charges are limitations on billed charges in the geographic area in which the expenses are incurred.



# UHC PPO Plans

## UHC PPO High

### PPO High Plan – OP542

The High Plan is designed for those individuals who have more extensive dental needs. This option allows you and each of your covered family members to use a provider of your choice; however, you'll receive a higher level of coverage when you choose a participating network provider. If you use an out-of-network provider fees are subject to Maximum Allowable Charges (MAC).

Benefit	In-Network	Out-of-Network
Individual Annual Deductible	\$50	\$50
Family Annual Deductible	\$150 (applies to Classes II and III)	\$150 (applies to Classes I, II and III)
Maximum (the sum of all Network and Non-network benefits will not exceed the Annual Maximum)	\$1,500 per person per Calendar Year	\$1,500 per person per Calendar Year
Lifetime Orthodontic Maximum	\$1,500 per person per Lifetime	\$1,500 per person per Lifetime
Waiting Period	None	
Diagnostic and Preventative Services	In-Network**	Out-of-Network***
	PLAN PAYS	PLAN PAYS
Periodic Exam	100%	100% of MAC
Radiographs (bitewings)	100%	100% of MAC
Prophylaxis (Cleaning)	100%	100% of MAC
Fluoride Treatment (Preventive)	100%	100% of MAC
Sealants	100%	100% of MAC
Space Maintainers	100%	100% of MAC
Basic Services		
Restorations (Amalgams or Composites)*	80%	80% of MAC
General Anesthesia	80%	80% of MAC
Emergency Treatment	80%	80% of MAC
Simple Extractions	80%	80% of MAC
Periodontics		
Periodontics - Non-Surgical	80%	80% of MAC
Periodontics - Maintenance	80%	80% of MAC
Endodontics - Pulpotomy	80%	80% of MAC
Major Services		
Oral Surgery (incl. surgical extractions)	50%	50% of MAC
Periodontics		
Periodontics – Surgical	50%	50% of MAC
Periodontics – Osseus Surgery	50%	50% of MAC



# UHC PPO Plans

## UHC PPO High

Benefits Continued	In-Network	Out-of-Network
<b>Major Services Continued</b>		
Endodontics – Other	50%	50% of MAC
Inlays/Onlays/Crowns*	50%	50% of MAC
Dentures and other Removable Prsothetics	50%	50% of MAC
Fixed Partial Dentures (Bridges)*	50%	50% of MAC
<b>Orthodontic Services</b>		
Diagnose or correct misalignment of teeth or bite (Adult and Child)	50%	50% of MAC

\*Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

\*\*The network percentage of benefits is based on the discounted fees negotiated with the provider.

\*\*\*The benefit percentage applies to the schedule of maximum allowable charges. Maximum allowable charges are limitations on billed charges in the geographical area in which the expenses are incurred.

### Pre-Treatment Plans for PPO Plans

It is highly recommended that prior to having dental work started; you request a pre-treatment plan or estimate, from your dentist on all treatment over \$500. Should you have any questions regarding your treatment plan, you can always refer PPO plans benefits description above or call UnitedHealthcare Dental so we can ensure that you receive the maximum benefit from your dental plan.

Dental Benefits can be found at [www.myuhcdental.com](http://www.myuhcdental.com).

The information you need is all in one place. When you sign in at [www.myuhcdental.com](http://www.myuhcdental.com), you can quickly find answers and complete important tasks 24 hours a day:

- Locate a dentist
- Review your coverage
- Compare costs with the Treatment Cost Calculator
- Check your dental claims
- Get answers to the most frequently asked questions
- Learn about oral health and dental treatment
- Request a dental ID card



# UHC PPO Plans

## UHC PPO High

### UnitedHealthcare/Dental Exclusions and Limitations

Dental Services described in this section are covered when such services are:

- A. Necessary;
- B. Provided by or under the direction of a Dentist or other appropriate provider as specifically described;
- C. The least costly, clinically accepted treatment, and
- D. Not excluded as described in the Section entitled. General Exclusions.

#### General Limitations:

1. PERIODIC ORAL EVALUATION Limited to 2 times per consecutive 12 months.
2. COMPLETE SERIES OR PANOREX RADIOGRAPHS Limited to 1 time per consecutive 36 months.
3. BITEWING RADIOGRAPHS Limited to 1 series of films per calendar year.
4. EXTRAORAL RADIOGRAPHS Limited to 2 films per calendar year.
5. DENTAL PROPHLYAXIS Limited to 2 times per consecutive 12 months.
6. FLUORIDE TREATMENTS Limited to covered persons under the age of 16 years, and limited to 2 times per consecutive 12 months.
7. SPACE MAINTAINERS Limited to covered persons under the age of 16 years, limited to 1 per consecutive 60 months. Benefit includes all adjustments within 6 months of installation.
8. EALANTS Limited to covered persons under the age of 16 years, and once per first or second permanent molar every consecutive 36 months.
9. RESTORATIONS (Amalgam or Composite) Multiple restorations on one surface will be treated as a single filling.
10. PIN RETENTION Limited to 2 pins per tooth; not covered in addition to cast restoration.
11. INLAYS AND ONLAYS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
12. CROWNS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
13. POST AND CORES Covered only for teeth that have had root canal therapy.
14. SEDATIVE FILLINGS Covered as a separate benefit only if no other service, other than x-rays and exam, were performed on the same tooth during the visit.
15. SCALING AND ROOT PLANING Limited to 1 time per quadrant per consecutive 24 months.
16. ROOT CANAL THERAPY Limited to 1 time per tooth per lifetime.
17. PERIODONTAL MAINTENANCE Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.
18. FULL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
19. PARTIAL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
20. RELINING AND REBASING DENTURES Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.
21. REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.
22. PALLIATIVE TREATMENT Covered as a separate benefit only if no other service, other than the exam and radiographs, were performed on the same tooth during the visit.
23. OCCLUSAL GUARDS Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.
24. FULL MOUTH DEBRIDEMENT Limited to 1 time every consecutive 36 months.
25. GENERAL ANESTHESIA Covered only when clinically necessary.
26. OSSEOUS GRAFTS Limited to 1 per quadrant or site per consecutive 36 months.
27. PERIODONTAL SURGERY Hard tissue and soft tissue periodontal surgery are limited to 1 quadrant or site per consecutive 36 months per surgical area.
28. REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.



# UHC PPO Plans

## UHC PPO High

### General Exclusions:

The following are not covered:

1. Dental Services that are not Necessary.
2. Hospitalization or other facility charges.
3. Any Dental Procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
4. Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any Dental Procedure not directly associated with dental disease.
6. Any Dental Procedure not performed in a dental setting.
7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
8. Placement of dental implants, implant-supported abutments and prostheses.
9. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
10. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
11. Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
12. Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
13. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
14. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
15. Expenses for Dental Procedures begun prior to the Covered Person becoming enrolled under the Policy.
16. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
17. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
18. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
19. Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
20. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
21. Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child.
22. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
23. Acupuncture; acupressure and other forms of alternative treatment, whether or not used as anesthesia.
24. Orthodontic service Coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, or a surgical procedure to correct a malocclusion, replacement of retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.
25. Foreign Services are not Covered unless required as an Emergency.
26. Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
27. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.



# Vision Comparison Chart

Benefits	Davis Vision	UnitedHealthcare Vision
	Co-pay	Co-pay
Eye Examination (Once every calendar year)	\$0.00	\$0.00
Spectacle Lenses (Once every calendar year)	\$10.00	\$10.00
Frames (Once every calendar year)	\$0.00	\$10.00
Contact Lens Evaluation, Fitting & Follow-Up Care (Once every calendar year)	\$10.00, the copay only applies when you select the Davis Vision collection contact lenses (in lieu of eyeglasses)	\$10.00 (in lieu of eyeglasses)
Contact Lenses (in lieu of eyeglasses) (Once every calendar year)	\$0.00	N/A
<b>Eyeglass Benefit - Frame Allowance</b>		
Any frame at any In-Network Provider	Up to \$130 at ANY In-Network Provider OR Up to \$180 (at Visionworks locations only) (20% discount on overage at participating network providers, not applicable at Walmart, Sam's Club or Costco locations)	Up to \$130.00 (30% discount on overage at participating network providers)
Select frames	Davis Vision's Collection Frames (available only at participating private practice providers) Fashion & Designer - Covered-In-Full (Retail value up to \$160) Premier Frames: Covered-in-Full after \$25 copay (Retail value up to \$195)	N/A
<b>Eyeglass Benefit - Lenses &amp; Lens Options</b>		
	<b>Member Charges</b>	<b>Member Charges</b>
Clear plastic / glass single-vision, bifocal, trifocal or lenticular lenses (any Rx)	\$0.00	\$0.00
Solid Tint	\$0.00	\$13.00
Gradient Tint	\$0.00	\$15.00
Scratch-Resistant Coating	\$0.00	\$0.00
Polycarbonate Lenses (Single and Multi-focal)	\$0.00	\$0.00
Ultraviolet Coating (Plastic)	\$12.00	\$16.00
Ultraviolet Coating (Glass)	\$12.00	\$23.00
Anti-Reflective (AR) Coating (Standard)	\$35.00	\$40.00
Anti-Reflective (AR) Coating (Premium)	\$48.00	\$80.00
Anti-Reflective (AR) Coating (Ultra / Platinum)	\$60.00	\$90.00
Progressive Lenses (Standard)	\$50.00	\$70.00
Progressive Lenses (Deluxe)	\$90.00	\$110.00
Progressive Lenses (Premium)	\$90.00	\$150.00
Progressive Lenses (Ultra / Platinum)	\$140.00	\$250.00
High-Index (Single Vision)	\$55.00	\$30.00
High Index (Single Vision Spectralite or 1.60)	\$55.00	\$40.00

# Vision Comparison Chart

Benefits Continued	Davis Vision	UnitedHealthcare Vision
<b>Eyeglass Benefit - Lenses &amp; Lens Options Continued</b>	<b>Member Charges</b>	<b>Member Charges</b>
High Index (Single Vision 1.66)	\$55.00	\$54.00
High Index (Multi-Focal)	\$55.00	\$50.00
High Index (Multi-Focal Spectralite or 1.60)	\$55.00	\$60.00
High Index (Multi-Focal 1.66)	\$55.00	\$69.00
Glass Photochromic Lenses (Single Vision)	\$20.00	\$20.00
Glass Photochromic (Multi-Focal)	\$20.00	\$30.00
Non-Glass Photochromic (Single Vision)	\$65.00	\$50.00
Non-Glass Photochromic (Multi-Focal)	\$65.00	\$65.00
Polarized Lenses	\$75.00	
Scratch Protection Warranty	\$20.00 Single/ \$40.00 Multifocal	\$10.00
<b>Contact Lens Benefit (in lieu of eyeglasses)</b>		
Select Contact Lenses: Materials Allowance	Included (Retail value up to \$200) 4 boxes/multi-packs - Disposable 2 boxes/multi-packs - Planned Replacement	Included Up to 4 boxes
Select Contact Lenses: Evaluation, Fitting & Follow Up Care (CLEFFU)	Included (CLEFFU) (Retail Value up to \$60)	
Contact Lens Allowance Evaluation, Fitting & Follow-up Care (CLEFFU)	\$105.00 allowance (15% discount on overage at participating network providers, not applicable at Walmart, Sam's Club or Costco locations)	\$105.00 allowance
Medically Necessary Contact Lenses (with prior approval) - Materials, Evaluation, Fitting & Follow-Up Care	Included	Included, after \$10 copay
<b>Out-of-Network Reimbursement Schedule (Up to)</b>		
Plan Co-pays apply	NO	
Eye Examination	\$40.00	\$40.00
Frames	\$45.00	\$45.00
Single Vision Lenses	\$40.00	\$40.00
Bifocal/Progressive Lenses	\$60.00	\$60.00
Trifocal Lenses	\$80.00	\$80.00
Lenticular Lenses	\$80.00	\$80.00
Elective Contact Lenses	\$105.00	\$105.00
Medically Necessary CL	\$225.00	\$175.00
<b>Other Services</b>		
Participating Retailers	Visionworks, Costco, Sam's Club, Walmart, For Eyes and others: For network details visit <a href="http://www.davisvision.com">www.davisvision.com</a> .	America's Best, Costco, Eyeglass World, For Eyes, Visionworks, Walmart, Sam's Club and others. Visit <a href="http://www.myuhcvision.com">www.myuhcvision.com</a> for more.
Participating Private Practice Providers	Yes	Yes
Breakage Warranty	Yes, for frames and lenses for one year from date of service delivery; INCLUDED	



# Davis Vision

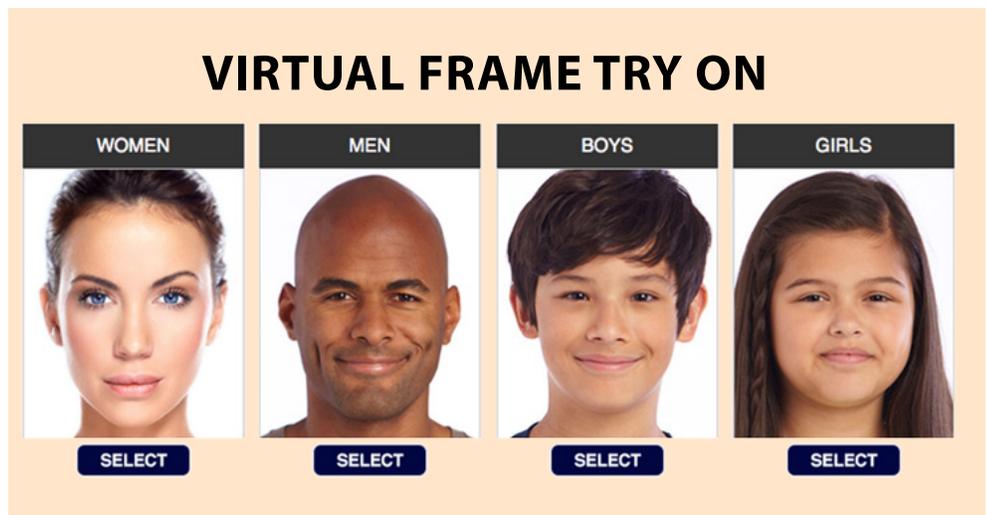


Davis Vision Plan provides access to care through Private Practice Providers and national Retailers including *Visionworks*, *Costco*, *Sam's Club*, *Walmart*, *For Eyes*, and more. The plan provides comprehensive vision coverage including the eye exam, your choice of frames or contact lenses, a broad array of paid-in-full lenses and the latest technology in lens options.

## >> Benefit Eligibility Note:

- All M-DCPS groups are eligible to enroll in the Davis Vision Plan offered by the School Board.
- Current COBRA participants may only continue to enroll in the Davis Vision plan if you were previously enrolled in vision.
- See eligibility section for more details.

Go to the Davis Vision Try On Tool  
[trydv.davisvision.com](http://trydv.davisvision.com)



## Davis Vision Plan

This plan provides you with both in- and out-of-network benefits. You can visit any participating Private Practice OR Retail provider such as: *Visionworks*, *Costco*, *For Eyes*, *Sam's Club*, *Walmart* and more.

If you elect out-of-network services, you pay for services and materials at time of service and submit a claim to Davis Vision for coverage according to the Plan Reimbursement Schedule.

Included (at no cost) Davis Vision provides a Breakage Warranty for repair or replacement of plan frames and/or lenses for one year from date of delivery.

To locate the nearest in-network provider visit [www.davisvision.com](http://www.davisvision.com) or call 1.877.923.2847 and enter **Client Code: 4954**

For other plan details or questions you can visit [www.dadeschools.net](http://www.dadeschools.net) or call 1.800.403.1765 to speak with a customer service representative.

# Davis Vision

## The Benefits of Davis Vision are Clear

A comprehensive eye exam can provide early detection of vision problems as well as systemic disease, such as: diabetes, high cholesterol and other conditions in addition to common eye disorders.

- Davis Vision provides for 100% covered annual eye examination, driving wellness through early detection of vision problems.
- Davis Vision offers a one-year breakage warranty for repairs or replacement of plan-covered frames and/or lenses at no cost to members.
- The Plan uniquely offers three levels of frame coverage to choose from:
- Select ANY frame of your choice from any participating Private Practice or Retail provider and receive up to \$130 plan benefit Allowance toward the cost of the frame.
- OR, for greater savings (in lieu of the Plan Allowance), you may select any high quality brand name frame from the Davis Vision Exclusive Collection available through participating Private Practice Providers.
- OR, you may visit any Visionworks retail store, select any frame of your choice and receive an enhanced frame benefit allowance up to \$180 toward the cost of your frame.
- Davis Vision offers the latest technology of quality premium lenses and many lens options as covered-in-full or at-cost effective, fixed/published member cost.
- Plan co-pays do not apply to out-of-network plan-covered services.

Designer Plan	In-Network	Out-of-Network
<b>Benefits</b>	<b>Frequency - Once every:</b>	<b>Reimbursement Schedule (up to)</b>
Eye Examination inclusive of Dilation (when professionally indicated)	12 months (every calendar year)	\$40
Spectacle Lenses	12 months (every calendar year)	\$40 (Reimbursements vary by lens type. Refer to Eyeglass benefits below.)
Frame	12 months (every calendar year)	\$45
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 months (every calendar year)	
Contact Lenses (in lieu of eyeglasses)	12 months (every calendar year)	Refer to the Contact Lens Benefit (in lieu of eyeglasses) below.
Eye Examination	\$0 co-pay	Co-pay not applicable
Spectacle Lenses	\$10 co-pay	Co-pay not applicable
Contact Lens Evaluation, Fitting & Follow-Up Care	\$10 <sup>1</sup> co-pay	Co-pay not applicable
<b>Eyeglass Benefit - Frame</b>	<b>Plan Coverage</b>	
Non-Collection Frame Allowance (Retail)	Up to \$130 (any In-Network Provider) OR Up to \$180 at Visionworks locations <sup>2</sup> Plus a 20% discount on any overage <sup>3</sup>	\$45
<b>Davis Vision Frame Collection<sup>4</sup></b> (in lieu of Allowance)	<b>Member Cost</b>	
Fashion Level	Included (covered-in-full)	N/A
Designer Level	Included (covered-in-full)	N/A
Premier Level	\$25 co-pay	N/A

Any co-payment or out-of-pocket cost may be reimbursed through your Medical Expense FSA.

See Page 8 for a partial list of eligible expenses or visit TASC's website at [www.tasconline.com](http://www.tasconline.com) for the full version of eligible expenses.



# Davis Vision

Benefits Continued	In-Network	Out-of-Network
<b>Eyeglass Benefit - Spectacle Lenses / Lens Options</b>	<b>Member Cost</b>	<b>Reimbursement Schedule (up to)</b>
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	Included (covered-in-full)	(Plan pays up to) Single Vision: \$40 Bifocal/Progressive Lenses: \$60 Trifocal Lenses: \$80 Lenticular Lenses: \$80
Tinting of Plastic Lenses	Included (covered-in-full)	
Scratch-Resistant Coating	Included (covered-in-full)	
Polycarbonate Lenses (Children / Adults)	Included (covered-in-full)	
Ultraviolet Coating	\$12	
Anti-Reflective (AR) Coating (Standard / Premium / Ultra)	\$35 / \$48 / \$60	
Progressive Lenses (Standard / Premium / Ultra <sup>3</sup> )	\$50 / \$90 / \$140	
High-Index Lenses	\$55	
<b>Eyeglass Benefit - Spectacle Lenses / Lens Options</b>	<b>Member Cost</b>	
Polarized Lenses	\$75	
Plastic Photochromic Lenses	\$65	
<b>Scratch Protection Plan:</b> Single Vision / Multifocal Lenses	\$20 / \$40	
<b>Contact Lens Benefit</b> (in lieu of eyeglasses)	<b>Plan Coverage</b>	
<b>Non-Collection Elective Contact Lenses:</b> Materials Allowance	Up to \$105 Plus a 15% discount on any overage <sup>3</sup>	\$105
- Evaluation, Fitting & Follow-Up Care - Standard Lens types	15% Discount <sup>3</sup>	
- Evaluation, Fitting & Follow-Up Care - Specialty Lens types	15% Discount <sup>3</sup>	
<b>Collection Contact Lenses<sup>4</sup></b> (in lieu of Allowance): Materials		
- Disposable: up to	4 boxes / multi-packs (Included)	
- Planned Replacement: up to	2 boxes / multi-packs (Included)	
- Evaluation, Fitting & Follow-Up Care	Included	
<b>Medically Necessary Contact Lenses:</b> (with prior approval)		
- Materials, Evaluation, Fitting & Follow-Up Care	Included	\$225

1. Co-pay applies to Collection Contact Lenses only.

2. Enhanced frame allowance available at Visionworks locations nationwide only.

3. Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

4. Collection is available at most participating independent provider offices. Collection is inclusive of select torics and multifocals.

5. Category includes digital free-form progressive lenses.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and the M-DCPS contract with Davis Vision, the terms of the contract or group insurance policy will prevail.

**One-year eyeglass breakage warranty included.**



# Davis Vision

## More Covered Frames

Members can select any frame of their choice at participating providers. For greater savings and in lieu of the frame allowance, members may select any frame from Davis Vision's Exclusive Collection. The Collection is available at most participating independent provider offices and features three levels of frames: Fashion, Designer and Premier, with retail values of change \$100 to \$195. By selecting a Collection frame, member eyewear is often completely covered. In fact, approximately 7 out of 10 members take advantage of the tremendous savings by selecting a Davis Vision Collection frame.<sup>1</sup>

## Free One-Year Breakage Warranty

All eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The one-year breakage warranty applies to all plan-covered eyeglasses (i.e., all spectacle lenses, Davis Vision Collection frames and national retailer frames, where our exclusive frame Collection is not displayed).

## Ancillary Product Discount

Members will receive 50% off of additional pairs of eyeglasses at Visionworks retail locations nationally. At most other participating network offices, members will receive a 20% courtesy discount on items not covered by the benefit, e.g., second pairs, sunglasses, etc. Disposable contact lenses are available at a 10% discount.<sup>2</sup>

## Scratch-Protection Plan

Standard scratch-resistant coating is available for plastic lenses free of charge. Members may also purchase an optional scratch protection plan, which will replace scratched lenses with new lenses of the same material, style and prescription, at no charge for one year from the original date of dispensing.

## More Covered Contact Lenses

Members can select any contact lenses of their choice at any participating provider. For greater savings and in lieu of the allowance, members may be fitted with contact lenses from our contact lens Collection<sup>1</sup>, which includes torics and multifocals. All Collection contact lenses are covered in full up to the plan-specified amount and include evaluation, fitting and follow-up care.

## Mail Order Replacement Contact Lenses

Davis Vision's mail order contact lens replacement service is designed to save you time and money. By accessing [www.davisvisioncontacts.com](http://www.davisvisioncontacts.com), Davis Vision members can easily order replacement contact lenses at significant savings and have them shipped directly to their doorstep.

## Laser Vision Correction Discounts

Members are entitled to savings of up to 25% off participating provider's usual and customary fees, or a 5% discount on any advertised special through our network of physicians and refractive surgery centers (some centers provide a flat fee equating to these discount levels).

## Low Vision Coverage

Members who require low-vision services and optical devices are entitled to the following coverage, both in- and out-of-network, with prior approval from Davis Vision:

**Low Vision Evaluation:** One comprehensive evaluation every five years, with a maximum charge of \$300. This examination, sometimes called a functional vision assessment, can determine distance and clarity of vision, the size of readable print, the existence of blind spots or tunnel vision, depth perception, eye-hand coordination, problems perceiving contrast and lighting requirements for optimum vision.

**Low-Vision Aid:** Maximum allowance of \$600 with a lifetime maximum of \$1,200 for items such as high- power spectacles, magnifiers and telescopes. These devices are utilized to maximize use of available vision, reduce problems of glare or increase contrast perception, based on the individual's visual goals and lifestyle needs.

**Follow-up care:** Four visits in any five-year period, with a maximum charge of \$100 for each visit.

## Can you explain the Davis Vision Frame Benefit?

With Davis Vision, you are free to choose any framed available at any participating private practice or retail location. You will receive a \$130 allowance toward the cost of the frame. If the frame falls within the allowance, it will be covered in full.

If you choose a frame that exceeds the allowance, you will be responsible to pay the difference. At participating private practices and Visionworks retail locations, you will receive a 20% discount on any overage cost not covered by the allowance.

If you choose a Fashion or Designer frame from our Davis Vision Exclusive Collection it will be covered in full. Our collection can be found at any in-network independent Provider location.

1. Participating retail providers typically do not display the Collection, but are contractually required to maintain a comparable selection (in both quantity and quality) of frames that would be covered in full, with no additional member out-of-pocket expense. Collection is subject to change.

2. Additional discounts not applicable at Walmart, Sam's Club or Costco locations.



# Davis Vision

If you choose to visit a Visionworks location you can apply your enhanced frame benefit allowance. This benefit offers an additional \$50 benefit for a total up to \$180 benefit allowance at Visionworks. Plus, you receive 20% off the balance toward any frame from a Visionworks family of store locations.

## How do I locate an In-Network Provider?

For more details about the plan, just log onto the Open Enrollment section of our Member site at [www.davisvision.com](http://www.davisvision.com) or [www.dadeschools.net](http://www.dadeschools.net), call 1.877.923.2847 and enter Client Code 4954. Upon selecting a provider, the member simply calls the doctor's office to make an appointment

## How do I use my Out-of-Network Benefit?

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit  
P.O. Box 1525  
Latham, New York 12110

## Who is an eligible dependent for this coverage?

Eligible dependents covered under this plan include:

- Spouse/Domestic Partner
- Children (including children of Domestic Partner, as long as the Domestic Partner is also covered) will be covered under this plan until the end of the calendar year in which he/she reaches age 26. Coverage applies whether they are/are not married or a student.

## How do I select Davis Vision Plan Benefits?

Choose from one of the two options listed below:

1. You may cover yourself by selecting the "Employee-Only Benefit"
2. You may cover yourself and your eligible dependent(s) by selecting the "Employee and Family" benefit.

## Are broken eyeglasses covered?

All plan-supplied eyeglasses and lenses include a breakage warranty for one full year, from date of service.

## Exclusions and Limitations:

Benefit will not be paid for and the term "Covered Expenses" will not include charges:

1. For any Covered Expense not shown in the Schedule of Benefits.
2. For eye examinations required by an employer as a condition of employment except, as otherwise provided under the Occupational and Safety Program.
3. Or services or materials provided in connection with special procedures, such as orthoptics and visual training, or in connection with medical or surgical treatment (including laser vision correction) except as provided herein.
4. For lenses which do not provide vision correction, except as provided herein.
5. For charges for the replacement of lost or stolen lenses or frames.
6. For services or supplies furnished to a Member before the effective date of his Insurance under the Policy or after the date of Member's insurance ends.
7. For services rendered by practitioners who do not meet the definition of Provider.
8. For expenses covered by any other group insurance.
9. For expenses covered by a health maintenance organization or hospital or medical services prepayment plan available through an employer, union or association.
10. For any expenses covered by any union welfare plan or government program or a plan required by law.
11. For medically necessary contact lenses prescribed for a Member for which prior approval was not obtained from us or our authorized representative.
12. For laser vision correction for which prior approval was obtained from us or our authorized representative.

## Pick the Frame that Best Fits You!

With your Davis Vision benefit, you can choose the style you want at the price that best fits your needs. Visit any in-network private practice or retail provider and use your **\$130 allowance toward any frame of your choice.**

Or, you can visit any Visionworks location nationally and use the **enhanced benefit allowance of up to \$180, plus 20% off the balance** toward any frame from a Vision Works store location.

The Davis Vision Exclusive Collection has been designed to reflect the distinctive styles you love, crafted with unparalleled commitment to quality!

Choose any frame from our Fashion or Designer Exclusive Collection (covered in full) available through participating independent providers.

# UnitedHealthcare Vision Plan

The UnitedHealthcare Vision Plan provides access to both private practice and retail chain providers that provide quality eye care and materials. This plan is designed to provide regular eye examinations and benefits toward vision care expenses, including glasses or contact lenses.



[Click to play Vision Video:](#)



## UnitedHealthcare Vision Plan

The Plan offers in-network and out-of-network benefits. When using a participating network provider, you pay a modest co-payment for exam and materials as shown in the Schedule of Benefits. The out-of-network benefit allows you to select any licensed non-network provider. As the plan participant, when visiting a non-network provider, you pay the full fee to the provider and UnitedHealthcare Vision will reimburse you for services rendered up to the maximum allowance. There are no co-pays or deductibles when using an out-of-network provider.

As part of your package you are entitled to receive frames. Frames are covered in full if services are rendered in-network after paying a \$10 co-payment. For out-of-network, we will reimburse up to \$45. The in-network contact lens benefit is covered in full after paying a \$10 co-payment which includes the fitting/evaluation fees and up to two follow-up visits for covered contacts. For non-covered contacts, there is a \$105 allowance applied toward the fitting/evaluation fees and purchase of the contacts. Under the out-of-network contact lens benefit, we will reimburse up to \$105 less any fitting/evaluation fee.

## >> Benefit Eligibility Note:

- **All M-DCPS groups are eligible to enroll in the UnitedHealthcare Vision Plan offered by the School Board.**
- **Current COBRA Participants may only continue to enroll in the UnitedHealthcare Vision plan if you were previously enrolled.**
- **See eligibility section for more details.**



# UnitedHealthcare Vision Plan

## Schedule of Benefits

Covered services*	In-Network	Out-of-Network
One-Time Co-Payment (Applies to frames and/or lenses, contact lens fitting and follow up)	\$10	N/A
Vision Exam (once every calendar year)	Paid in full	up to \$40
Single Lenses (once every calendar year)	Paid in full**	up to \$40
Bifocal Lenses (once every calendar year)	Paid in full**	up to \$60
Trifocal Lenses (once every calendar year)	Paid in full**	up to \$80
Frames	Paid in full	up to \$45
	Private Practice:	
	Private Practice: 100% coverage after \$10 co-pay (\$130 allowance)	
	Retail Chain: 100% coverage after \$10 co-pay (\$130 allowance)	
Frequency	Once every calendar year	Once every calendar year
Contact lenses (in lieu of frames and lenses) Elected by Insured	Paid in full or up to \$105 allowance	up to \$105
Medically Necessary	Paid in full or up to \$175 allowance	up to \$175
Mail Order Contact Replacement	10% provider discount	
Optional Services at Additional Costs (for Panel Plan only)	You Pay	
Solid Tint	\$13	
Gradient Tint	\$15	
Ultra Violet Coating (Glass)	\$23	
Standard Scratch Resistance Coating	\$0	
Standard Anti-Reflection Coating	\$40	
Glass Photochromic		
Single Vision	\$20	
Multifocal	\$30	

\* During any plan year, you may elect either the frames and/or lenses covered service or the contact lenses allowance, but not both.

\*\*Single vision, lined bifocal or lined trifocal are paid in full, after \$10 copay.

Any co-payment or out-of-pocket cost may be reimbursed through your Medical Expense FSA.

See Page 8 for a partial list of eligible expenses or visit TASC's website at [www.tasconline.com](http://www.tasconline.com) for the full version of eligible expenses.

# UnitedHealthcare Vision Plan

## Notes on the UnitedHealthcare Vision In-Network:

1. The eye exam, contact lenses (new or replacement), or lenses are provided once every calendar year regardless of prescription change. Frames are provided once every calendar year.
2. Your out-of-pocket cost for the service rendered is paid by you upon receipt of services. Oversize lenses, tinted lenses, sunglasses, and nonstandard and photochromatic lenses may be purchased with an additional charge. Contact lenses are in lieu of frames and lenses.
3. There is no annual deductible with this plan.

## How to use the UnitedHealthcare Vision In-Network Plan Benefits:

### Using a Panel Eye Doctor

1. A list of participating optometrists and ophthalmologists can be accessed through [www.dadeschools.net](http://www.dadeschools.net). Benefits listed are valid at all participating eye doctors.
2. Identification cards are not needed. Your eligibility for service is verified by identifying yourself as a UnitedHealthcare Vision Plan participant when you make an appointment with a participating eye doctor.
3. The eye doctor's office will handle all claim forms.

## Notes on the UnitedHealthcare Vision Out-of-Network Plan:

1. You are responsible for payment of the entire fee. There will be a one-time reimbursement by the UnitedHealthcare Vision Plan up to the amounts listed on Page 74.
2. The vision exam is provided once every calendar year, with a maximum \$40 reimbursement.
3. Lenses are provided once every calendar year, if needed, as determined by your optometrist or ophthalmologist.
4. Frames are provided once every 12 months, if needed. Frames are limited to a maximum \$45 benefit.
5. Contact lenses will be provided once every 12 months under the plan, if needed, as determined by your optometrist or ophthalmologist. Payment will be made for only one pair of lenses, either single, bifocal, trifocal, or contacts during the calendar year. No frame or lens benefits are available during the calendar year that contact lenses are elected.

Any co-payment or out-of-pocket cost may be reimbursed through your Medical Expense FSA.

See Page 8 for a partial list of eligible expenses or visit TASC's website at [www.tasconline.com](http://www.tasconline.com) for the full version of eligible expenses.

## How to use UnitedHealthcare Vision Out-of-Network Benefits:

1. UnitedHealthcare Vision Out-of-Network vision benefits are valid at any non-panel licensed ophthalmologist, optometrist or optician.
2. Vision claim forms will be provided upon request by **UnitedHealthcare Vision at 1.800.638.3120**.

## Can you explain the UnitedHealthcare Vision Plan frame benefits?

Under the UnitedHealthcare plan, you are free to choose any frame available at any provider location, or any frame that a provider is willing to order for you. At both network retail locations and private locations, you will receive a \$130 retail allowance toward the cost of the frame. If the frame falls within the allowance, it will be fully covered with no out-of-pocket expenses beyond the material co-pay. If you choose a frame that exceeds these allowances, you only pay the difference and may also take advantage of any provider discounts offered.

For out-of-network we reimburse up to \$45.

## Does the plan offer access to vision discounts?

As a UnitedHealthcare vision plan member, you have access to discounts on laser vision correction from the Laser Vision Network of America. All in-network surgeons extend discounts of 15% off standard prices or 5% off promotional prices to members. Learn more about laser vision correction and find an in-network LASIK\* provider by visiting [www.uhclasik.com](http://www.uhclasik.com) or call 1.888.563.4497.

You can save on high-quality hearing aids when you buy them from hi HealthInnovations<sup>TM\*\*</sup>. For more information, visit [www.hiHealthInnovations.com](http://www.hiHealthInnovations.com) or call 1.855.523.9355.

\*LASIK is not a covered benefit, but a discount available to UnitedHealthcare vision members.

\*\*The hi HealthInnovations<sup>TM</sup> hearing program is provided through UnitedHealthcare, offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.



# UnitedHealthcare Vision Plan



## What services and materials does the plan exclude?

- Cosmetic contact lenses.
- Medical or surgical treatment of the eyes.
- Services and materials for orthoptics or vision training, subnormal vision aids, aniseikonic lenses, two pair of glasses in lieu of bifocals, and nonprescription glasses.
- Lost or broken lens replacement or repair, unless it is time for your annual exam.
- Any services and material that Workers' Compensation, another plan or a government agency provides.
- Any employer-required exam as a condition for employment.

## Who is an eligible dependent for this coverage?

Eligible dependents covered under this plan include:

- Spouse/Domestic Partner
- Children (including children of a Domestic Partner, as long as the Domestic Partner is also covered) will be covered under this plan until the end of the calendar year in which he/she reaches age 26. Coverage applies whether they are/are not married or a student.

## How to select UnitedHealthcare Vision Plan benefits:

1. You may cover yourself by selecting the "Employee-only" benefit.
2. You may cover yourself and your eligible dependent(s) by selecting the "Employee and Family" benefit.

## Plan Provider:

UnitedHealthcare vision coverage is provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut. Administrative services provided by Spectera, Inc., UnitedHealthCare Services, Inc. or their affiliates.

>> Domestic  
Partner  
Eligibility  
Update:

**Employees covering a domestic partner of the same sex and legally married are able to add their eligible domestic partner on a tax free basis with proper documentation (marriage certificate)!**

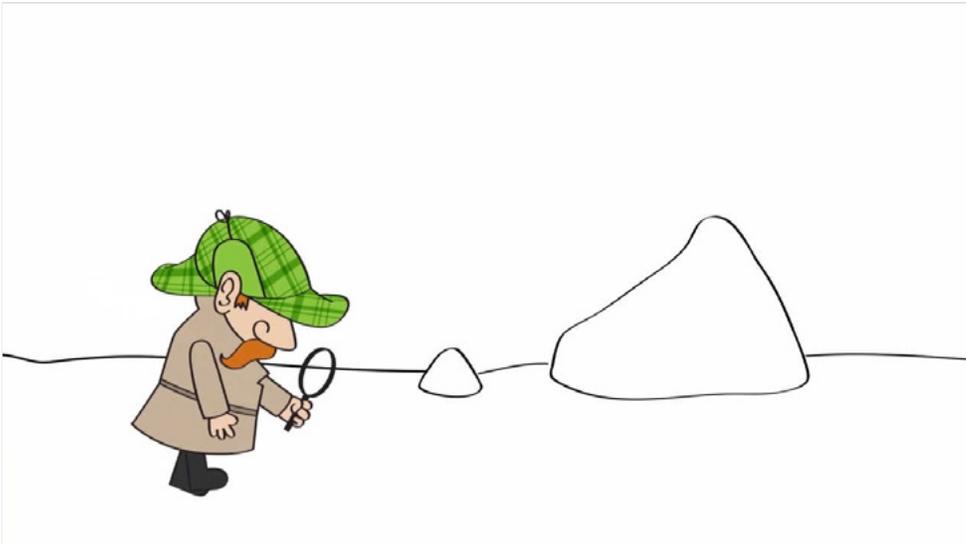
**To access the provider directory, log on to [www.dadeschools.net](http://www.dadeschools.net) or contact UnitedHealthcare at 1.800.638.3120.**

# Identity Theft Plan

Identity theft occurs when someone uses elements of your personally identifying information, such as a Social Security Number or financial information, to commit fraud. Many consumers assume identity theft means using a stolen credit card, but this should be the least of your concerns. True identity theft is widespread, and has a much more significant impact.



[Click to play the Identity Theft Video:](#)



## Why Choose ID Theft Protection?

- The average victim spends 330 hours and \$6,000 resolving his or her own case. Many victims lose far more.
- The value is in the identity, not the bank account.
- 50% of ID theft victims have trouble getting loans or credit cards.
- 12% of ID theft victims end up having warrants issued by law enforcement in their name for crimes committed by the identity thief.
- Identity theft occurs every two seconds in the U.S.
- Without identity theft protection, children won't discover fraudulent activity in their names until they try to apply for credit at 18 years of age.

## ID Watchdog Plus

*ID Watchdog Plus* is our core identity monitoring, identity theft detection and resolution product. Plus monitors thousands of public and private databases searching for new and updated information associated with your personnel, identifiable and financial information. Plus includes monitoring of an employee's Social Security number, criminal records, address history, TransUnion credit report score, and monthly score tracker, and more.

## >> Benefit Eligibility Note:

- **All M-DCPS Full-Time and Part-Time employees, and Retirees are eligible to enroll in the Identity Theft plan offered by the School Board.**
- **COBRA participants are ineligible for Identity Theft Plan enrollment.**
- **See eligibility section for more details.**



# Identity Theft Plan

## ID Plus Features

- Identity Monitoring
- Advanced Monitoring
- Alternative Lending Monitoring
- High Risk Transaction Monitoring
- Cyber Monitoring
- Non-Credit Loan Monitoring
- Address Monitoring
- Single-Bureau Credit Monitoring Report, Score, Monthly Score Tracker
- Lost Wallet Vault and Recovery Assistance
- \$1 million reimbursement insurance including fraudulent funds transfer
- 100% Resolution Guarantee
- Instant-On Fulfillment
- Solicitation Reduction Assistance
- Credit Freeze Assistance
- Pre-paid Legal Services

## True Identity Protection™

**Identity Monitoring:** Scans public records searching for new information associated with your Social Security Number.

**Advanced Identity Monitoring:** Scans National Change of Address (NCOA) database identifying new addresses associated with your personal information.

**Alternate Monitoring\*:** Scans non-credit payday loan databases which provide high-interest, quick cash transactions requiring minimal personal information to obtain. Our expansive fraud detection network includes monitoring auto pawn, buy-here-pay-here auto dealers, and rent-to-own store transactions. This is the most comprehensive alternative credit monitoring in the ID theft protection industry.

**High Risk Transaction Monitoring:** Daily scanning of billions of transactions and data points will provide an early warning alerting customers of high risk transactions. Detects potential fraud as it is happening so our team can help you stop it in its tracks and prevent damage.

**Cyber Monitoring:** Scans social networking sites, hacker forums and underground websites that buy, sell and trade personal information.

**Credit Report Monitoring:** Monitors credit and notifies you when changes such as new accounts, delinquent accounts and other credit-related information is recorded.

**Credit Reports and Score:** Access to your credit report and score from TransUnion.

**Credit Score Tracker:** Monthly tracker keeps you up-to-date on credit changes so that you stay on top of your TransUnion credit picture. Easily see what various changes alter your score and track your progress over time.

## Extended Identity Protection

**Lost Wallet Vault and Recovery Assistance:** Online vault securely stores credit card, driver license information, and more. Includes cancellation and request for new credit cards in the event your wallet or purse is stolen.

**Full-Service Identity Restoration:** Dedicated Certified Identity Theft Resolution Specialists work on your behalf to restore your identity by removing erroneous and fraudulent records that appear in your name. Our concierge-level service keeps costs associated with your identity restoration process low. We have a flawless record in restoring victims' identities. However, ID Watchdog plans include \$1M expense reimbursement insurance\* for your peace of mind.

**NPI Monitoring:** Monitors National Provider Identifiers (NPI) for healthcare professionals.

**Pre-paid Legal Services:** You and your family will have access to a nationwide network of plan attorneys that have contracted with Legal Club to provide free and discounted legal services. Upon contacting our Member Services Department, you will be referred to a plan attorney based on language, area of law, and location.

For more information go to [www.idwatchdog.com/legal](http://www.idwatchdog.com/legal).

If you have any questions, please call 1.866.513.1518

\*All ID Watchdog Plus Protection Plans will include a \$1 million expense reimbursement insurance to cover those rare expenses during a restoration.



# Identity Theft Plan

## How We Protect You

Most identity monitoring companies only monitor your information for credit card fraud, but ID Watchdog provides protection for your entire identity. We constantly monitor thousands of databases, watching for suspicious changes in our customers' information, and promise 100% resolution if there is ever a problem on our watch.

## Monitoring

When you sign up for ID Watchdog Plus, we will verify your identity and create an Identity Profile Report for you. You may access this report at any time by logging into your personal ID Watchdog dashboard. Each month thereafter, we'll send you an update that highlights any changes or give you an "all clear" notice.

### Monthly Monitoring

After your recognized profile has been established, we will comb our thousands of databases for your identity information each month. If there are no new or changed data points, we'll notify you that your records are clean. However, if we find new data points, we will notify you of the changes for you to review. More often than not, the new information will have resulted from a new account you opened. In that case, you can approve the data, and we'll add it to your identity profile.

In the case that the new data is unfamiliar and suspicious, we ask that you let us know. We will initiate extensive reporting that will tell us more about activities on your records through our ID SnapShot, and then proceed with our ID Rehab resolution services, if necessary, until the problem is resolved.

## Detection

If there is a reason to believe that your identity has been compromised, be it an unrecognized record in your Identity Profile Report or a suspicious change found through your monthly search, we'll compile an ID Snapshot. The SnapShot is an extensive report that will allow us to pinpoint any fraudulent data. The ID SnapShot pulls information associated with your identity, including addresses, phone numbers, property deeds, driving records, banking accounts, credit history and more. If we detect new threats after your enrollment in ID Watchdog Plus, your ID Snapshot is included in your plan, and pre-existing conditions are covered by our Plus Plan.

The ID SnapShot pulls information associated with your identity, including the following:

- Credit Reports
- DMV Driving History
- Motor Vehicle Registration History
- Global Criminal Check
- U.S. Criminal Record Check
- U.S. Wants and Warrants Check
- Sex Offender Registry
- Social Security Number Trace
- Terrorist Watch List
- Bankruptcies, Liens and Judgments
- And much more...

If you require an ID SnapShot, we'll be compiling a very detailed report with highly-sensitive data, so we'll just need a few additional components from you to verify our permission to pull these records on your behalf. We'll work with you to obtain these documents, so that we can efficiently compile and mail your full report to your home.

After providing the ID SnapShot to you and going over any unfamiliar data, we will then decide whether our ID Rehab resolution services are required. Through the ID SnapShot, we will know exactly which entities to contact in order to clear your good name.

## Resolution

Should your ID SnapShot reveal any indication that you have been a victim of identity theft, we will work on your behalf to clear your name through our unique ID Rehab™ process. Our resolution experts will negotiate with any applicable institutions, file the necessary paperwork, and follow up to see that your good name is restored. This restoration is provided, free of charge, to ID Watchdog Plus customers who encounter



# Identity Theft Plan

issues while enrolled in the program, and is backed by our 100% resolution guarantee. ID Watchdog ensures you'll never have to worry about cleaning up the damage that can come from a breached identity.

This service, which is free of charge to any customers who become victimized during their enrollment in ID Watchdog Plus, will include the work it takes to clear your good name. After obtaining a police report and ID Theft Affidavit as proof that damages have occurred, our Resolution Agents will use limited Power of Attorney to work towards restoring the identity that is rightfully yours. By communicating on your behalf with the agencies that control your records, our experts will do all of the legwork for you.

Our guarantee of full-service protection means that we won't stop until you are no longer held responsible for any damage caused by the identity thief.

You could spend hundreds of hours rectifying a case of stolen identity, but with the ID Rehab services of ID Watchdog your identity will be secure again before you know it.

## Take Control with Online Account Access

You can manage your account online with our exclusive Identity Management Dashboard and receive alerts and communication via SMS text or e-mail. This 24/7 access allows you to check your Identity Profile Report at your leisure, and make updates to your data at any time. Through our secure website, you'll have the option to make the most of your ID Watchdog monitoring by providing more insight into the records that are associated with your identity. Also, by managing your account exclusively online, you'll save precious time by receiving your monthly alerts instantly to your in box.

If you need additional support, you can call us with your questions 24 hours per day, seven days per week at 1.866.513.1518.

## Who is an eligible dependent covered under this plan?

Eligible dependents covered under the this plan include:

- Spouse (until a final decree of divorced has been filed)
- Domestic Partner
- Unmarried natural children, stepchildren, children under your care through court-approved guardianship, and children of a Domestic Partner through the end of the calendar year in which he/she reaches age 20.
- Children may be covered until the end of the calendar year in which the child reaches age 26 if he/she is a full-time or part-time student who receives more than half of his/her financial support from the eligible employee. Children may also be covered until the end of the calendar year in which he/she reaches age 26, if the child suffers from a mental or physical handicap, is incapable of self-support, and is fully dependent upon the employee for support.

## What is ID Watchdog?

ID Watchdog was created in 2004 by a group of seasoned credit professionals who recognized the growing crime of identity theft and sought out to provide un-matched protection services to consumers. By enlisting experts on all facets of identity theft – including law enforcement authorities, judicial representatives, consumer privacy advocates and banking and credit experts – ID Watchdog created the most powerful, pro-consumer identity theft protection product possible. ID Watchdog is a publicly traded company on the Toronto Stock Exchange, under the symbol (IDW.V.)



# ARAG® Legal Plan

The ARAG Group Legal Plan is a legal safety net that provides comprehensive legal protection and resources.



Click to play the Legal Plan Video:



## Legal Plan Coverage

The ARAG® Legal Plan has provided comprehensive legal protection and resources to M-DCPS employees and their families for over 25 years. The legal plan includes:

- No waiting periods on ANY coverages (including bankruptcy and divorce). You can use the plan as soon as your coverage begins.
- Broad coverage of life's legal issues. More coverages for your investment including defense of motions to modify, administrative hearings and IRS audit protection and collection defense.
- Freedom of choice for representation. You can choose ANY attorney you want to work with, in or outside ARAG's Network. ARAG doesn't assign attorneys for representation.
- A trusted carrier with national reach. As a leading provider of legal insurance in the United States for more than 40 years, you have access to ARAG's nationwide network of more than 9,000 attorneys.

You can use the ARAG Legal Plan as soon as you become a member, NO waiting periods. Benefits include:

### In-office Legal Representation

Attorney fees for most covered matters are 100% paid-in-full when you work with your choice of a Network Attorney with NO waiting periods unless otherwise stated. Network Attorneys provide legal representation – including review and document preparation – for covered legal matters including:

## >> Benefit Eligibility Note:

- **All M-DCPS Full-Time and Part-Time employees are eligible to enroll in the ARAG Legal Plan offered by the School Board.**
- **COBRA participants are ineligible for ARAG Legal Plan enrollment.**
- **See eligibility section for more details.**



# ARAG Legal Plan

- Standard Will Preparation
- Complex Will Preparation (up to 6 office hours)
- Codicil Preparation (Amendment to a Will)
- Living Will Preparation
- Powers of Attorney Preparation
- Contested Guardianship/Conservatorship
- Uncontested Guardianship/Conservatorship
- Legal Name Change Proceedings
- Contested Divorce (up to 10 office Hours)
- Uncontested Divorce
- Spousal Divorce (partial reimbursement)
- Defense of Motions to Modify, a Final Divorce Decree
- Consumer Protection
- Debt Collection Matters
- Juvenile Court Proceedings
- Criminal Misdemeanor Defense
- Defense of Felony (named insured only)
- Driving Privilege Protection
- Driving While Intoxicated
- Personal Transfers (1 purchase and sale per year)
- Refinance (up to 1 hour per year)
- Property Transfers
- Tenant Rental Issues
- Administrative Hearings (includes visa extensions, naturalization and deportation, also referred to as removal)
- Insanity and Infirmity Defense
- IRS Audit Protection (partial reimbursement)
- IRS Collection Defense (partial reimbursement)
- Personal Bankruptcy
- General In-Office for any other legal issues - (up to 2 hours per family every 6 months)

For a complete list, please review the chart on Pages 85 - 88.

To locate a Network Attorney in your area, call the toll-free number, 1.800.360.5567, or visit [ARAGLegalCenter.com](http://ARAGLegalCenter.com), enter Access Code: **10287mds**, click on the "Plan Details" tab and the Attorney Finder link. You can also log in as a member for more details.

You can see a Network Attorney for legal representation – including review and document preparation.

You may also select a Non-Network Attorney and the plan will reimburse you according to scheduled limits. The legal services that are available are listed on the chart on Pages 85 - 88.

If you need legal representation for a legal situation that's not covered under the ARAG Legal Plan, you can still save money through the Reduced Fee Benefit. Network Attorneys provide a reduced fee of at least 25 percent off their normal hourly rate for any legal situations that are not covered or excluded.

## Telephone Legal Advice and Consultation

Attorneys can easily handle certain legal matters over the phone. You can consult with a Network Attorney over the phone as often as necessary – for any of the following legal needs, including:

- General Legal Advice and Consultation on virtually any legal matter
- Standard Will Preparation
- Living Will Preparation
- Durable Powers of Attorney Preparation
- Small Claims Assistance
- Follow-up Calls and Letters
- Specific Document Preparation
- Document Review

## Identity Theft Services

You have toll-free access to Certified Identity Theft Case Managers who will help you get your life back in order and repair any damage done to your identity. The case managers will:

- Explain what identity theft is and how to prevent it
- Provide resources to minimize and recover from identity theft
- Explain plan coverages that may be relevant to the identity theft, such as Consumer Protection
- Provide Identity Theft Prevention and Victim Action Kits
- Monitor the resolution of the situation

## Immigration Assistance

To help with the immigration process, your plan includes:

- Toll-free telephone advice from an attorney on how immigration relates to your legal matter and what actions may be taken.
- Access to immigration education materials.
- Access to Network Attorneys who will provide reduced fee services of at least 25% off their normal hourly rate for specific covered matters.



# ARAG Legal Plan

## Online Legal Tools and Resources

The ARAG Legal Center provides easy online access to legal tools and resources, including:

- An Education Center™ offering a wide range of tools to educate and empower you to handle your legal issues, including the Law Guide, Guidebooks, LawExpresso® and the Legal Glossary.
- Hundreds of DIY Docs®, when you want the convenience and control of preparing legally valid documents yourself.
- Assessments, calculators, and profiles to learn what legal matters may impact your life.

## Financial Education and Counseling Services - ARAG Exclusive

You have access to professional Financial Counselors and online resources exclusively through your ARAG Legal Plan. Experienced Financial Counselors are available to answer questions and provide guidance on a range of financial topics including:

- General Financial Planning Information and Guidance
- Cash and Debt Management/Budgeting
- Retirement and Investment Planning
- Federal Tax Information and Education
- Individual Retirement Accounts (IRAs)

You also have access to online resources through the ARAG Legal Center that provide:

- A Personalized Financial Plan
- A Step-by-Step Action Plan
- Life Events Guides and Financial Articles
- Online Courses
- Financial Calculators
- Webcasts

## What if I have a legal concern that existed before I became insured under the ARAG Legal Plan?

Coverage for pre-existing matters is included as long as the legal action or charge is filed and the attorney is first retained after the effective date of the policy. (Most attorneys' fees are 100 percent paid-in-full for covered matters when a Network Attorney is used.) Coverage is provided for matters in process at the time of termination of employment or plan termination. Coverage is provided anywhere in the United States.

## How to Use Legal Benefits

You can use your ARAG Legal Plan as soon as you need to, with NO waiting periods, in the following ways:

- 1. Legal Advice and Consultation:** Insured employees can reach a Network Attorney by calling 1.800.360.5567, Monday - Friday, 8 a.m. - 8 p.m., ET.
- 2. Legal Representation Services – Network Attorney:** Contact the Network Attorney of your choice and identify yourself as an insured M-DCPS employee and ARAG member. The Network Attorney will file a claim with ARAG to receive payment and, for most covered benefits, attorney fees are 100 percent paid-in-full. You will be responsible for any filing fees, court costs and miscellaneous costs, such as photocopying.
- 3. Legal Representation Services – Non-Network Attorney/Indemnity Coverage:** You may choose to use an attorney not in the network and be reimbursed by ARAG up to schedule maximums by submitting a claim form and your attorney's billing statement directly to ARAG. Claim forms can be obtained by calling the ARAG Customer Care Center at 1.800.360.5567, Monday - Friday, 8 a.m. - 8 p.m., ET or by logging in as a member at [www.ARAGLegalCenter.com](http://www.ARAGLegalCenter.com) and clicking on the "Find an Attorney" tab and the "Non-Network Attorney Claim Form" link.



# ARAG Legal Plan

## How to Select ARAG Legal Benefits

You may cover yourself and your family by selecting the ARAG Legal Plan under the Employee-Paid FlexPlan Benefits section of the online enrollment.

## How does the legal coverage benefit affect taxes?

According to IRS rules, the Legal Plan is not qualified to be included in the FlexPlan as a tax-free benefit. If you select legal coverage, your premium is deducted on an after-tax basis (POST-TAX).

## What legal services does the plan exclude?

Plan exclusions include: actions between you and your employer, union, fellow employees, insurance carriers, ARAG Insurance Company, or anyone else when prohibited by law; business matters, preparation of tax returns, patents or copyrights, summary procedure actions; class actions, interventions or amicus curiae filings, citizen's dispute settlements program procedures; filing fees, court costs, and miscellaneous costs, or matters where other reimbursement is available; contingency fee, workers' compensation, unemployment compensation and probate cases; actions between you and your dependents; duplication of services previously claimed, title search and title insurance, and legal proceedings where you are entitled to legal representation or reimbursement from any other source; and matters related to structural damage to dwellings, appurtenances, paved surfaces and matters not specifically listed.

## Who is an eligible dependent covered under this plan?

Eligible dependents covered under the Legal Plan include:

- Spouse (until a final decree of divorced has been filed)
- Domestic Partner
- Unmarried natural children, stepchildren, children under your care through court-approved guardianship, and children of a Domestic Partner through the end of the calendar year in which he/she reaches age 19.
- Children may be covered until the end of the calendar year in which the child reaches age 26 if he/she is a full-time or part-time student who receives more than half of his/her financial support from the eligible employee. Children may also be covered until the end of the calendar year in which he/she reaches age 26 if the child suffers from a mental or physical handicap, is incapable of self-support, and is fully dependent upon the employee for support.

## Which insurance company makes the Legal Plan available to me?

ARAG Insurance Company underwrites and administers the plan. A.M. Best's Reports, an organization that compares and rates the financial strength and performance of insurance companies, rates ARAG® Insurance Company "A" (Excellent).

For questions relating to your account,  
contact a Customer Care Specialist at  
1.800.360.5567, Monday - Friday,  
between 8 a.m. - 8 p.m. ET.



# ARAG Legal Plan

## What legal services are available?

The chart below shows the legal services available and reimbursement.

ARAG 2014 & 2015 Plan Design		
COVERAGE	NETWORK ATTORNEY	NON-NETWORK ATTORNEY*
<b>In-Office Legal Services</b>		
Consumer Protection Action		
Advice, consultation, negotiation, and correspondence	Paid in Full	\$600*
Trial	Paid in Full	\$1,600**
Major Trial	Paid in Full	\$5,000***
Debt Collection Defense (Consumer Debt Defense)		
Advice, consultation, negotiation, and correspondence	Paid in Full	\$600*
Trial	Paid in Full	\$1,600**
Major Trial	Paid in Full	\$5,000***
Debt Collection Defense (Foreclosures)		
Advice, consultation, negotiation, and correspondence	Paid in Full	\$600*
Trial	Paid in Full	\$1,600**
Major Trial	Paid in Full	\$5,000***
Debt Collection Defense (Defense of Garnishment)		
Advice, consultation, negotiation, and correspondence	Paid in Full	\$600*
Trial	Paid in Full	\$1,600**
Major Trial	Paid in Full	\$5,000***
IRS audit protection		
Advice, consultation, and negotiation	\$420*	\$420*
Representation at IRS Audit		\$900*
Major Trial	\$900*	\$5,000*
IRS Collection Defense	\$5,000*	\$5,000*
Personal bankruptcy/wage-earner plan		
Chapter 7 (member/spouse)	Paid in Full	\$420*
Chapter 13 (member/spouse)	Paid in Full	\$420*
Dissolution of Marriage (Divorce)		
Uncontested Divorce, legal separation or annulment (coverage for Named Insured)	Paid in Full	\$600*
Contested Divorce, legal separation or annulment (coverage for Named Insured)	1 <sup>st</sup> 10 hours paid in full then \$70/hr thereafter	\$600*
Spousal Dissolution of Marriage	\$300*	\$300*



# ARAG Legal Plan

COVERAGE CONTINUED	NETWORK ATTORNEY	NON-NETWORK ATTORNEY*
Family Law Decrees	Paid in Full	\$360*
Adoption	Paid in Full	\$350*
Contested Guardianship/Conservatorship	Paid in Full	\$2,080*
Uncontested Guardianship/Conservatorship	Paid in Full	\$2,080*
Mental Incompetency or infirmity proceedings		
Advice, consultation, negotiation, and correspondence	Paid in Full	\$600*
Trial	Paid in Full	\$1,600**
Major Trial	Paid in Full	\$5,000***
Name Change	Paid in Full	\$240*
Juvenile court proceedings (excluding traffic matters)		
Advice, consultation, negotiation, and correspondence	Paid in Full	\$480*
Trial	Paid in Full	\$1,600**
Major Trial	Paid in Full	\$5,000***
Habeas corpus		
Advice, consultation, negotiation, and correspondence	Paid in Full	\$300*
Trial		
Major Trial		
Driving Privilege Protection (Driving While Intoxicated)		
Advice, consultation, negotiation, and correspondence	Paid in Full	\$480*
Trial	Paid in Full	\$1,600**
Major Trial	Paid in Full	\$5,000***
Criminal misdemeanor defense (except involving motorized vehicles)		
Advice, consultation, negotiation, and correspondence	Paid in Full	\$480*
Trial	Paid in Full	\$1,600**
Major Trial	Paid in Full	\$5,000***
Driving Privilege Restoration	Paid in Full	\$1,200*



# ARAG Legal Plan

COVERAGE CONTINUED	NETWORK ATTORNEY	NON-NETWORK ATTORNEY*
Felony (named insured only)		
Advice, consultation, negotiation, and correspondence	Paid in Full	\$900*
Trial	Paid in Full	\$1,600**
Major Trial	Paid in Full	\$5,000***
Estate planning		
Simple Wills		
Individual	Paid in Full	\$100
Member/Spouse	Paid in Full	\$125
Codicil		
Individual	Paid in Full	\$60*
Member/Spouse		
Complex Wills (Wills with trust)		
Individual	Paid in full up to 6 hrs.	\$240*
Member/Spouse		
Living Will		
Individual	Paid in Full	\$60*
Member/Spouse		
Durable power of attorney		
Individual	Paid in Full	\$60*
Member/Spouse		
Purchase/sale of principal residence (one attempt at each per year)	Paid in Full	\$360*
Real estate refinancing (limit of one hour)	Paid in Full	\$60*
Administrative hearings (excluding employment related)		
Advice, consultation, negotiation, and correspondence	Paid in Full	\$1,200*
Trial		
General In-office****		
Office consultations for legal advice, negotiation, document preparation and review	2 hours every 6 months per family, noncumulative****	\$120*
Reduced Fee Benefit for any personal legal matter not specifically covered and not excluded	25% reduced fee	N/A
Reduced Contingency Fees	Maximum fee of 25% of the amount awarded before or after trial, or maximum fee of 30% of the amount awarded if successfully resolved only after an appeal	N/A



# ARAG Legal Plan

COVERAGE CONTINUED	NETWORK ATTORNEY
<b>Telephone Advice and Consultation</b>	<b>Paid in Full</b>
<p>Attorneys can easily handle certain legal matters over the phone. You can consult with a Network Attorney over the phone as often as necessary for any of the following legal needs including:</p> <ul style="list-style-type: none"> <li>• General Legal Advice and Consultation on Virtually any Legal Matter</li> <li>• Standard Will Preparation</li> <li>• Living Will and Durable Powers of Attorney Preparation</li> <li>• Small Claims Assistance</li> <li>• Follow-up Calls and Letters</li> <li>• Specific Document Preparation</li> <li>• Document Review</li> </ul>	
<b>Online Legal Tools and Resources</b>	<b>Paid in Full</b>
<p>At ARAGLegalCenter.com, you have easy online access to legal services, including:</p> <ul style="list-style-type: none"> <li>• Assessments, calculators, and profiles to learn what legal matters may impact your life.</li> <li>• An Education Center offering a wide range of tools to educate and empower you to handle your legal issues, including: <ul style="list-style-type: none"> <li>» Law Guide - Easy-to-understand legal articles to help you research your legal situation.</li> <li>» Guidebooks - A collection of 11 go-to guides, 11 with detailed information and checklists to assist you with common life events.</li> <li>» Legal Glossary - An easy-to-use glossary to help you better understand complex legal terms.</li> <li>» Hundreds of DIY Docs®, for when you want the convenience and control of preparing legally valid documents yourself.</li> </ul> </li> </ul>	
<b>Value-Added Services</b>	<b>Paid in Full</b>
<ul style="list-style-type: none"> <li>• Financial and Education Counseling Services</li> <li>• Identity Theft Services</li> <li>• Immigration Assistance</li> </ul>	

See 2014 Policy for limits and complete definitions.

\* Non-Network Attorney coverage is at \$60 per hour to the stated amount for pre-trial.

\*\* Trial indemnity benefits are (\$200 per 1/2 day of trial time) up to stated amount for (4) days or less.

\*\*\* Trial indemnity benefits are (\$200 per 1/2 day of trial time) up to stated amount beginning on day five (5) until completion.

\*\*\*\* You cannot use the 2 hours to increase any other plan benefits or waive their limitations.

Complete plan details can be found in the official plan documents. Any conflict between plan documents and this chart, the plan documents will prevail.





M-DCPS offers a one-stop resource with the legal, financial and adult care assistance you need to take care of your family: SeniorAdvocate Legal Plan, administered by ARAG.

## ARAG SeniorAdvocate Legal Plan

With SeniorAdvocate, you can receive legal advice and consultation, and reduced fee services on a variety of legal matters including: fraud, schemes and scams, planning for incapacity, healthcare decisions, financial planning, debt and consumer protection and estate planning.

## Which of my family members can benefit from the SeniorAdvocate Plan?

You can use the plan for matters related to your parents, grandparents, spouse's parents and spouse's grandparents.

## What legal services are offered?

### Legal Advice and Consultation

You will have toll-free telephone access to a Network Attorney for the following services:

- Legal Advice and Consultation - Toll-free telephone advice on how the law relates to senior family members' personal legal matters and which actions may be taken.
- Document Preparation - Assistance with the preparation or review of the following documents as they relate to the senior family members:
  - » Special powers of attorney and revocations
  - » Challenge to denial of credit
  - » Bad check notice
  - » Promissory notes and affidavits related to their personal property
  - » Bills of sale related to personal property
- Document Review - Attorneys will review legal documents for the senior family member, up to four pages, except those related to trusts or real estate property transfers.
- Follow-up Calls/Correspondence - Assistance with follow-up telephone calls and correspondence to third parties, related to the senior family member.

### Legal Representation

If a matter requires an in-office visit, you can meet with a Network Attorney and you are guaranteed at least a reduced fee of at least 25 percent off of his/her normal rates.

To use a Network Attorney:

- Contact the attorney to make an appointment. Identify yourself as an ARAG® plan member.
- Ask the attorney what materials you should bring to your appointment.
- The attorney will provide the needed services.
- The Network Attorney will bill you directly at the discounted rate.

## >> Benefit Eligibility Note:

- **All M-DCPS Full-Time and Part-Time employees are eligible to enroll in the ARAG® SeniorAdvocate® Plan offered by the School Board.**
- **COBRA participants are ineligible for ARAG SeniorAdvocate Plan enrollment.**
- **See eligibility section for more details.**



# ARAG SeniorAdvocate

## What Financial Educational and Counseling Services are available?

Only through ARAG's SeniorAdvocate do you have exclusive access to professional Financial Counselors and an interactive financial planning website to help you deal with your senior family members' financial future.

Experienced Financial Counselors are available to answer questions and provide guidance on a range of financial topics including:

- General Financial Planning Information and Guidance
- Cash and Debt Management/Budgeting
- Retirement and Investment Planning
- Federal Tax Information and Education
- Individual Retirement Accounts (IRAs)

You also have access to an interactive financial planning website that offers:

- A Personalized Financial Plan
- A Step-by-Step Action Plan
- Life Events Guides and Financial Articles
- Online Courses
- Financial Calculators
- A Mutual Center
- Webcasts

## Identity Theft Services

You have toll-free access to Certified Identity Theft Case Managers who will help your senior family members get their life back in order and repair any damage done to their identity. The case managers will:

- Explain what identity theft is and how to prevent it
- Provide resources to minimize and recover from identity theft
- Explain relevant plan coverages
- Provide Identity Theft Prevention and Victim Action Kits
- Monitor the resolution of the situation

## What are Caregiving Services?

You can receive assistance in planning for your own or your senior family members' immediate or future adult care needs through toll-free, telephone access to a Care Advocate who will:

- Answer your eldercare-related questions, assess eldercare needs and help you develop a care plan.
- Send you a customized information guide that contains lists of assisted living facilities, nursing homes or home health care agencies – including comparative quality-of-care ratings and reports on thousands of facilities and agencies – along with helpful eldercare information.
- Give you access to the nation's most comprehensive eldercare database with more than 90,000 long-term care providers.
- Conduct searches to determine availability and rates of assisted living facilities, nursing homes, home health care agencies and adult day care providers. Advocates will negotiate discounts when available.

Plus, you will have access to the **ElderAnswers Website** which provides you online access to quality-of-care ratings and reports, direct access to the provider database, and a wide-range of eldercare information.

## Which insurance company makes the SeniorAdvocate Legal Plan available to me?

ARAG Insurance Company underwrites and administers this plan. A.M. Best's Reports, an organization that compares and rates the financial strength and performance of insurance companies, rates ARAG® Insurance Company "A" (Excellent).

Visit **[www.ARAGLegalCenter.com](http://www.ARAGLegalCenter.com)** and enter **Access Code: 10287mds** for more information.



# ARAG Senior Advocate

## Life the Way You Want to Live

For your convenience, attorney information and an online Attorney Finder can be found when you visit [www.ARAGLegalCenter.com](http://www.ARAGLegalCenter.com), enter Access Code: 10287mds, click on the "Choose Your Plan" tab and the Attorney Finder link. You may also call the Customer Care Center at **1.800.360.5567**, Monday - Friday, 8 a.m. – 8 p.m. ET. The ARAG Network Attorneys average nearly 25 years of experience.

Is your personal attorney a member of the ARAG Attorney Network? If not, let them know and they can contact ARAG about joining, or the attorney can visit [www.ARAGgroup.com](http://www.ARAGgroup.com).

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For questions relating to your account, contact a Customer Care Specialist at **1.800.360.5567**, Monday - Friday, between 8 a.m. - 8 p.m. ET.

To access the provider directory, visit [www.ARAGLegalCenter.com](http://www.ARAGLegalCenter.com), enter Access Code: 10287mds, click on the "Choose Your Plan" tab and the Attorney Finder link.

For questions relating to your account, contact a Customer Care Specialist at **800.360.5567**, Monday - Friday, between 8 a.m. - 8 p.m. ET.



Visit FBMC Benefits Management at [www.myFBMC.com](http://www.myFBMC.com) for valuable benefits information!

## Need help?

Call **1.855.5MDC.PS4U**, Monday - Friday, 7 a.m. - 8 p.m. ET for assistance with your benefits questions.



# MetLaw Legal Plan

MetLaw offers you and your family value, convenience and comfort in knowing you can access legal services for almost all personal legal matters.



## >> Benefit Eligibility Note:

- **All M-DCPS Full-Time and eligible Part-Time employees, and Retirees are eligible to enroll in the MetLaw Legal Plan offered by the School Board.**
- **COBRA participants are ineligible for MetLaw Legal Plan enrollment.**
- **See eligibility section for more details.**

[Click Below to View the Legal Plan Video](#)



MetLaw gives you easy and low-cost access to a wide variety of personal legal services without deductibles, copays and usage limits when you use a network plan attorney. The plan covers you, your spouse and dependents and provides legal services from network and non-network attorneys.

- MetLaw offers 13,000 nationwide network plan attorneys and freedom of choice. Choose any attorney in our network or use an out of network attorney and MetLaw will reimburse you according to the fee schedule.
- Plan attorneys have an average of 25 years of experience and must meet stringent criteria to join MetLaw's network.
- No waiting periods to begin plan coverage. Start using the plan as soon as your coverage begins.
- Wide variety of covered legal matters that pay the attorney fees 100% for services such as wills, estate planning, traffic ticket defense, debt matters, purchasing or selling your home and much more.
- MetLaw, offered by Hyatt Legal Plans, is the largest provider of group legal plans in the United States and has been in the business for more than 30 years.

MetLaw includes full representation without wait periods.



# MetLaw Legal Plan

## Benefits Include:

### Legal Plan Coverage

#### In-Office Legal Representation

The following benefits are 100% paid-in-full for attorneys' fees when you use a Network Attorney.

- Simple Will
- Complex Will
- Codicils
- Living Wills
- Powers of Attorney
- Uncontested Guardianship/Conservatorship
- Contested Guardianship/Conservatorship
- Uncontested Adoption
- Contested Adoption
- Name Change
- Divorce (First 15 Hours)
- Modification of Support Order
- Enforcement of Support Order
- Consumer Protection Matters
- Personal Property Protection
- Debt Collection Defense
- Small Claims Assistance
- Juvenile Court Defense
- Misdemeanor Defense
- Immigration Assistance
- Driving Privileges Restoration
- Driving Under the Influence
- Traffic Ticket Defense
- Felony Defense
- Habeas Corpus
- Tenant Rental Issues
- IRS Tax Audits
- Identity Theft Defense
- Personal Bankruptcy
- Administrative Hearing Representation
- Incompetency Defense
- Demand Letters
- Document Review
- Elder Law Matters
- Sale or Purchase of Home (Primary Residence)
- Refinancing of Home (Primary Residence)
- Home Equity Loans (Primary Residence)
- Unlimited Telephone/Office Consultations

To locate a Network Attorney in your area, call the toll-free telephone number 1.800.821.6400 or visit: [info.legalplans.com](http://info.legalplans.com) and enter access code 8900010.

You can select a local Network Attorney for legal representation – including review and document preparation.

You may also select a Non-Network Attorney and the plan will reimburse you according to a set fee schedule. The legal services available are listed on the chart on Page 95.

#### Reduced Fee Services

Personal Injury – Plan Attorneys will handle personal injury matters (where the participant is the plaintiff) at a maximum fee of 25% of the gross award.

Probate – 10% Network Discount

If you need legal representation for a legal situation that's not fully covered by MetLaw, you can still save money by receiving a free phone/office consultation for any personal legal problem that is not specifically excluded. The Network attorney will explain your rights, point out your options and recommend a course of action. Additionally, the Network attorney will identify any further coverage available through MetLaw.

#### Telephone Legal Advice

Attorneys can easily handle certain issues over the phone. You can consult with a Network Attorney over the phone as often as necessary for virtually any personal legal need, including:

- General Legal Advice on virtually any legal matter
- Will Preparation
- Living Will Preparation
- Durable Powers of Attorney Preparation
- Small Claims Assistance
- Follow-up calls and letters
- Specific Document Preparation
- Document Review
- Debt negotiation
- Tenant issues
- Property protection
- and more

#### Law Firm e-Panel

Send questions directly to attorneys via email at any time and receive answers electronically.

#### Identity Theft Services

As a member, this service provides you with consultations with a network attorney regarding potential creditor actions resulting from identity theft and provides attorney services as needed for the following:

- Contact creditors.
- Contact Credit bureaus and financial institutions.
- Provides defense services for specific creditor actions over disputed accounts such as limiting creditor harassment.
- Provides representation for any action that arises out of identity theft such as foreclosure, repossession or garnishment, up to and including trial if necessary.
- MetLaw provides online help and information about identity theft and prevention.

#### Immigration Coverage

To assist in the immigration process, the MetLaw plan offers the below services:

- Telephone/Office consultations for questions regarding the immigration process.
- Preparation of affidavits.
- Preparation of powers of attorneys.
- Review of any immigration documents.
- Assistance in preparing the participate for hearings.



# MetLaw Legal Plan

## Legal Tools and Resources

MetLaw provides you with easy online access to legal resources and tools, including:

- An extensive law guide of articles on everyday legal topics ranging from traffic tickets to personal assets.
- E-newsletters – deliver the latest legal plan news right to your inbox.
- Do-it-yourself personal legal documents.
- Attorney Locator for more than 13,000 nationwide attorneys.
- Legal Needs Test and Life Advice.
- Cost Calculator so you can predict a legal issues' impact on your life.

## Elder Law Matters

Protecting you and your family is important. MetLaw provides you with Elder Law coverage that covers counseling over the phone or in office on any personal issues relating to your parents as they affect you:

- Reviewing documents of the parents
- Medicare or Medicaid material review
- Prescription plans
- Leases
- Nursing home agreements
- Powers of Attorney
- Living Wills and Wills
- Also includes preparing deeds involving the parents when the participant is either the grantor or the grantee.
- Preparing promissory notes involving the parents when the participant is the payor or payee

## What about legal matters that occurred before I became insured under MetLaw?

We encourage participants to use the legal plan to resolve as many legal issues as possible even if they are pre-existing matters. The only pre-existing matters which cannot be covered are those for which the employee retained an attorney before becoming eligible for plan benefits.

Attorneys' fees are paid-in-full for covered matters when a Network Attorney is used. Coverage is provided for matters in process at the time of termination of employment or plan termination. Coverage is provided anywhere in the United States.

## How to Use Legal Benefits

1. Legal Advice and Consultation: Insured employees can reach a Network Attorney with no waiting periods by calling 1.800.821.6400 Monday – Friday, 8 a.m. – 7 p.m. EST to speak with a live representative and receive assistance.
2. Legal Representation Services - Network Attorney: Contact the Network attorney of your choice and identify yourself as an insured M-DCPS employee and MetLaw member. For covered services, MetLaw will pay the Network Attorney directly for all attorneys' fees in full. You will be responsible for any filing fees, court costs and miscellaneous costs.

3. Legal Representation Services - Non-Network Attorney/Indemnity Coverage: You may use any non-Network Attorney and be reimbursed by MetLaw up to schedule maximums by submitting a claim form and your attorney's billing statement directly to MetLaw. Claim forms can be obtained by calling 1.800.821.6400, Monday – Friday, 8 a.m. – 7 p.m., ET.

## How to Select MetLaw Benefits

You may cover yourself and your family by selecting MetLaw Legal Plan under the Employee-Paid FlexPlan Benefits section of the online enrollment.

## How does the legal coverage benefit affect taxes?

According to IRS rules, the Legal Plan is not qualified to be included in the FlexPlan as a tax-free benefit. If you select legal coverage, your premium is deducted on an after-tax basis (POST-TAX).

## What legal services does the plan exclude?

Plan exclusions include actions between you and your employer, union, fellow employees, insurance carriers, MetLife and affiliates, and Plan Attorneys, or anyone else when prohibited by law; business matters (such as farm and rental properties when the participant is the landlord), investment properties; patents or copyrights, appeals; class actions; filing fees, court costs, and miscellaneous costs; workers' compensation, unemployment compensation and probate cases; actions between you and your dependents; frivolous or unethical matters; matters for which an attorney-client relationship exists prior to plan eligibility.

## Who is an eligible dependent covered under this plan?

Eligible dependents covered under the Legal Plan include:

- Spouse (until a final decree of divorce has been filed)
- Domestic Partner
- Unmarried natural children, stepchildren, children under your care through court-approved guardianship, and children of a Domestic Partner through the end of the calendar year in which he/she reaches age 26.
- Children may be covered until the end of the calendar year in which the child reaches age 26 if he/she is a full-time or part-time student who receives more than half of his/her financial support from the eligible employee. Children may also be covered until the end of the calendar year in which he/she reaches age 26 if the child suffers from a mental or physical handicap, is incapable of self-support, and is fully dependent upon the employee for support.



# MetLaw Legal Plan

## Which insurance company makes the Legal Plan available to me?

Hyatt Legal Plans, a MetLife Company, underwrites and administers the MetLaw Legal Plan. Hyatt Legal Plans is the market leader in group legal plans.

## What Legal services are available?

The chart below shows the legal services available and reimbursement.

COVERAGE	NETWORK ATTORNEY	NON-NETWORK ATTORNEY*
<b>In-Office Legal Services</b>		<b>Up To:</b>
Consumer Protection Action	Paid in Full	\$2,000
Correspondence and Negotiation	Paid in Full	\$500
File of Suit, Ending in Settlement or Judgment	Paid in Full	\$2,000*
Personal Property Protection	Paid in Full	\$125
Small Claims Assistance	Paid in Full	\$200
Tax Audits	Paid in Full	\$1,200
Negotiation and Settlement	Paid in Full	\$500
Audit Hearing ending in settlement or judgment	Paid in Full	\$1,200*
Debt Collection Defense	Paid in Full	\$350 - \$1,500*
Personal bankruptcy/wage earner plan	Paid in Full	\$1,400
Chapter 7	Paid in Full	\$850
Chapter 13	Paid in Full	\$1,400
Divorce, separation, or annulment (15 hour coverage for employee)		
Uncontested	Paid in Full (First 15 hours)	\$1,350
Contested	Paid in Full (First 15 hours)	\$1,350
Employee's Spouse's legal fees	\$300	\$300
Enforcement of Support Order	Paid in Full	\$750
Modification of Support Order	Paid in Full	\$750
Adoption	Paid in Full	\$1,500*
Uncontested Adoption	Paid in Full	\$650*
Contested Adoption	Paid in Full	\$1,500*
Guardianship/Conservatorship	Paid in Full	\$1,500*
Uncontested Guardianship	Paid in Full	\$650*
Contested Guardianship	Paid in Full	\$1,500*
Incompetency Defense	Paid in Full	\$500 - \$1,800*
Name Change	Paid in Full	\$400
Juvenile Court Defense	Paid in Full	\$1,200*
Restoration of Driving Privileges	Paid in Full	\$385
Habeas Corpus	Paid in Full	\$420

\*Trial Supplement – In addition to the fees indicated, we will pay the attorney's fees for representation in trial beyond the second day of trial up to a maximum of \$800 per day up to \$10,000 total trial supplement maximum.



# MetLaw Legal Plan

COVERAGE CONTINUED	NETWORK ATTORNEY	NON-NETWORK ATTORNEY*
Defense of DUI	Paid in Full	\$1,000*
Misdemeanor Defense	Paid in Full	\$1,250*
Traffic Ticket Defense	Paid in Full	\$500*
Felony Defense	Paid in Full	\$1,750*
Individual Wills	Paid in Full	\$150
Husband and Wife	Paid in Full	\$200
Codicil	Paid in Full	\$200
Living Will	Paid in Full	\$75 - \$80
Durable Power of Attorney	Paid in Full	\$65 - \$75
Purchase and sale of primary residence	Paid in Full	\$500
Real Estate Refinancing	Paid in Full	\$350
Home Equity Loans	Paid in Full	\$350
Administrative Hearings (excluding employment related)	Paid in Full	\$500 - \$1,800*
Immigration	Paid in Full	\$500
Office/Telephone Consultation	Paid in Full	\$70
Demand Letter	Paid in Full	\$75
Document Review	Paid in Full	\$100
Elder Law Matters	Paid in Full	\$140
<b>Telephone Advice and Consultation</b>	<b>Paid in Full</b>	
<p>Attorneys can easily handle certain issues over the phone. You can consult with a Network Attorney over the phone as often as necessary for virtually any personal legal need, including:</p> <ul style="list-style-type: none"> <li>• General Legal Advice on virtually any legal matter</li> <li>• Will Preparation</li> <li>• Living Will Preparation</li> <li>• Durable Powers of Attorney Preparation</li> <li>• Small Claims Assistance</li> <li>• Follow-up calls and letters</li> <li>• Specific Document Preparation</li> <li>• Document Review</li> <li>• Debt negotiation</li> <li>• Tenant issues</li> <li>• Property protection</li> <li>• and more</li> </ul>		
<b>Online Tools and Resources</b>	<b>Paid in Full</b>	
<ul style="list-style-type: none"> <li>• Law Guide of articles of everyday legal topics</li> <li>• Do-it-yourself personal legal documents</li> <li>• Attorney search by location and case type</li> <li>• E-Newsletter and cost calculators</li> <li>• Legal needs test and life advice</li> </ul>		
<b>Value-Added Services</b>		
Identity Theft Services	Paid in Full	\$250
Elder Law Matters	Paid in Full	\$140
Immigration assistance	Paid in Full	\$500

\*Trial Supplement – In addition to the fees indicated, we will pay the attorney's fees for representation in trial beyond the second day of trial up to a maximum of \$800 per day up to \$10,000 total trial supplement maximum.



# MetLaw Senior Plan

With the MetLaw Senior Plan, you and your family will receive value, convenience and comfort in knowing you can access legal services including unlimited phone and office consultations, powers of attorney, demand letters and document review. The legal plan can help your family prepare for your legal needs that may lie ahead.



## Which of my family members can benefit from the Senior Defender Plan?

The MetLaw Senior plan will cover you, your spouse and dependents. You can also use the plan for matters related to your parents and spouse's parents as they impact you.

## What legal services are offered?

### Legal Advice and Consultation

You will have phone and office access to a network attorney for the following services:

- Telephone Advice and Consultation – Unlimited phone consultations for personal and family legal questions.
- Office Advice and Consultations – Unlimited office consultations to speak one-on-one with an attorney regarding your personal legal matters

### Legal Representation

- Document Review – Full coverage for the review of any personal legal document of the participant.
- Elder Law Matters – Covers counseling the participant over the phone or in office on any personal issues relating to the participant's parents as they affect the participant such as:
  - Reviewing documents of the parents.
  - Medicare or Medicaid material review.
  - Prescription plans.
  - Leases.
  - Nursing home agreements.
  - Powers of Attorney.
  - Living Wills and Wills.
- Also includes preparing deeds involving the parents when the participant is either the grantor or the grantee.
- Preparing promissory notes involving the parents when the participant is the payor or payee.
- Fully prepared affidavits.
- Demand letters: Preparing letters that demand money, property or some other property interest of the participant.
- Powers of Attorney

If a matter requires an in-office visit, you can meet with a Network Attorney and MetLaw will pay for your office consultation 100%.

## >> Benefit Eligibility Note:

- **All M-DCPS Full-Time and eligible Part-Time employees, and Retirees are eligible to enroll in the MetLaw Senior Plan offered by the School Board.**
- **COBRA participants are ineligible for MetLaw Senior Plan enrollment.**
- **See eligibility section for more details.**



# MetLaw Senior Plan

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## To use a Network Attorney:

- Call 1.800.821.6400 Monday – Friday, 8 a.m. – 7 p.m. ET and identify yourself as a MetLaw Senior plan member. We will refer you to a local attorney. Or visit [info.legalplans.com](http://info.legalplans.com) to view all participating plan attorneys.
- Contact the attorney to make an appointment.
- Ask the attorney what material you should bring to your appointment.
- The attorney will provide the needed services.
- The Network Attorney will bill you according to your plan parameters.

## Which insurance company makes the Legal Plan available to me?

MetLaw is offered by Hyatt Legal Plans, a MetLife Company, that underwrites and administers the MetLaw Senior Legal Plan. Hyatt Legal Plans is the market leader in group legal plans.

For questions, contact 1.800.821.6400,  
Monday – Friday, 8 a.m. – 7 p.m. ET  
or visit [info.legalplans.com](http://info.legalplans.com) and  
enter access code 8890010.



# Short-Term Disability (STD)

The Standard STD plan provides a benefit of 60 percent of your earnings up to a maximum of \$500 per week. Benefits under this plan are paid up to 22 weeks after a 30-day calendar day elimination period.

You have the opportunity to enroll in an employee-paid disability plan without submitting Evidence of Insurability (EOI). If you choose not to enroll during this enrollment, future enrollments will require that you complete EOI, and your coverage will not be guaranteed.



The Miami-Dade County School Board provides all eligible, full-time employees with Standard Short-Term Disability (STD). This Standard STD plan provides a benefit of 60 percent of your earnings up to a maximum of \$500 per week. Benefits under this plan are paid up to 22 weeks after a 30 calendar day elimination period. You may elect to upgrade this plan by purchasing one of the upgrade plans available.

## What is Short-Term Disability?

STD provides you with income, it protects your paycheck by paying you 60% of your earnings when you are out of work due to short periods of disability due to injury or illness, as defined in the policy. Loss of income can be devastating – and today, it's more important than ever for employees and their families to understand how they would manage their regular expenses during a period of lost income and make sure they're prepared.

## What STD plans are available to purchase?

You may elect to buy up to one of the voluntary options below:

- **Standard Upgrade:** This plan upgrades your Standard STD plan by paying benefits 2 weeks longer, to 24 weeks by reducing the elimination period from 30 to 15 calendar days. It continues to pay 60% of your earnings to a maximum of \$500 a week.
- **High:** This plan is designed for employees with salaries in excess of \$43,000 annually. It continues to pay 60% of earnings but increases the maximum benefit payable from \$500 to \$1000. The 30 day elimination period and 22 week benefit remain the same as the STD Standard plan.
- **High Upgrade:** This plan is also designed for employees with salaries in excess of \$43,000 annually. It provides a 24 week benefit period after a 15 calendar day elimination period, while providing a benefit of 60 percent of your earnings up to a maximum of \$1,000 week.
- **Current Employees:** You have the opportunity during this enrollment to enroll in the STD upgrade or an STD High Plan without submitting Evidence Of Insurability (EOI). If you are currently eligible for coverage, but choose not to enroll during this enrollment, future enrollments will require that you complete an EOI and your coverage will not be guaranteed.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that affect any benefits payable. For complete details of coverage and availability, please contact The Hartford at 1.305.995.4889.

## >> Benefit Eligibility Note:

- **All M-DCPS Full-Time and Part-Time employees are eligible to enroll in the Short-Term Disability (STD) plan offered by the School Board.**
- **Part-Time employees are only eligible for Standard and Standard Upgrade.**
- **Retirees and COBRA Participants are ineligible for Short-Term Disability (STD) plan enrollment.**
- **Coverage is guaranteed during this open enrollment.**



# Short-Term Disability (STD)

## When can I begin collecting benefits?

Depending on the STD plan you have, the:

- **Standard and High Plans** - Benefits are paid up to 22 weeks after a 30 calendar day elimination period.
- **Standard Upgrade and High Upgrade Plans** - Benefits are paid up to 24 weeks after a 15 calendar day elimination period.

## Am I eligible for disability benefits after childbirth?

Yes, if you have a Cesarean section, you will be considered disabled for a minimum period of eight weeks beginning on the date of your Cesarean section, unless you return to work prior to the end of the eight weeks. If you have vaginal birth, you will be considered disabled for a minimum of six weeks beginning on the date of your vaginal delivery, unless you return to work prior to the end of the six weeks.

Example: You have a standard STD plan and have a C-section on January 29, 2015. Your waiting period is from January 29, 2015, through February 27, 2015. Your Standard STD benefit begins on February 28, 2015, for four weeks.

## What services does this benefit include? What is deducted from my STD benefit payments?

What does it cover? Life's unexpected curve balls: A back injury, for instance. Or a serious illness. Or the birth of twins. Depending on how much protection you choose, your STD plan delivers a percentage of your income every week. And beyond your monthly benefits, it offers expert help: Services from legal specialists, financial experts and therapeutic counselors to ease the stress and boost your confidence. To prevent over insurance, The Hartford will subtract from your gross disability payment other sources of income (see your certificate for a definition of other sources of income, if any). You do not have to use up your sick days to receive benefits. However, if you do choose to use your sick days, The Hartford will NOT subtract from the gross disability payment income you receive from salary continuation or sick leave plan.

## When should I submit a claim?

Your claim should be submitted within 30 days after the date of your disability begins or as soon as possible. However, The Hartford must receive written proof of your claim no later than 90 days after your elimination period. If this is not possible, proof must be given no later than one year after the time proof is required except in the absence of legal capacity.

## How do I submit a claim?

You must initiate your claim by calling The Hartford's toll-free telephonic claim intake number at 1.800.741.4306 and report your claim. You will not need to submit a paper claim form as the The Hartford intake specialist will take your information by phone. However, it will be your responsibility to provide an authorization form to your physician to be signed/dated and faxed or mailed to The Hartford. This allows The Hartford to access your medical records in order to process your claim.

## Is there a survivor benefit?

No. There is no survivor benefit included with this Short-Term Disability plan.

## What is the minimum weekly benefit?

The minimum weekly benefit is \$25.

## What are the exclusions?

The policy will not cover any disability due to:

- War or act of war (declared or not)
- Military service for any country engaged in war or other armed conflict
- The commission of, or attempt to commit a felony
- An intentional self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability
- Any injury sustained as a result of doing any work for pay or profit for another employer
- Occupational sickness or injury covered by workers' compensation
- Elective cosmetic surgery



# Short-Term Disability (STD)

## Are benefits taxable?

If your premiums to upgrade to the High plan are paid on a pre-tax basis, you will receive a W-2 form for the calendar year in which benefits were paid. However, if your premiums were paid on a post-tax basis, benefits paid to you will not be taxed. The premiums paid by the School Board for the Standard Disability plan will be on a pre-tax basis.

## Am I eligible for benefits under this plan if I am absent from work on the plan effective date?

No. If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will begin on the date you return to active employment.

## What insurance company makes this plan available to me?

The Short-Term Disability benefit is offered through Hartford Life and Accident Insurance Company. The Hartford is rated "A, (Excellent)" rating effective 2013) by A.M. Best's Reports, which compares and rates the financial strength and performance of insurance companies.

## Is Coverage guaranteed during this enrollment?

Yes. The Hartford is offering a true open enrollment, meaning no health questions (EOI) for eligible employees during the 2015 Open Enrollment. You have the opportunity to enroll in Short-Term Disability during this enrollment period without submitting Evidence of Insurability. If you are currently eligible for coverage, but choose not to elect a plan option greater than the Standard STD plan upgrade during this enrollment, future enrollments will require that you complete Evidence of Insurability and your coverage will not be guaranteed.

For more questions, you may call Customer Service 1.800.331.7234. You may also call the Enrollment Support Number at 1.877.426.6483.



Visit FBMC Benefits Management at [www.myFBMC.com](http://www.myFBMC.com) for valuable benefits information!

## Need help?

Call 1.855.5MDC.PS4U,  
Monday - Friday, 7 a.m. - 8 p.m. ET for assistance with your benefits questions.



# Long-Term Disability (LTD)

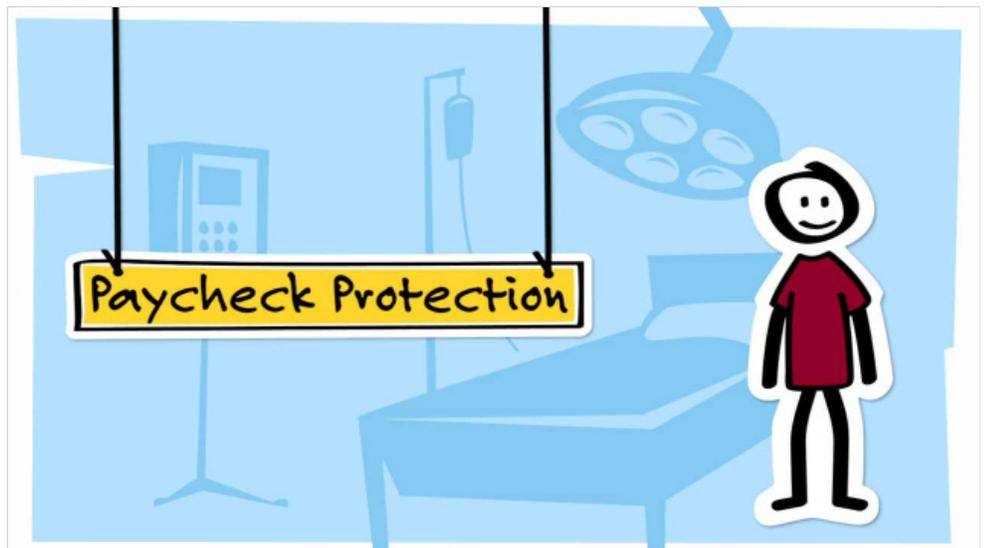


The Long-Term Disability Plan will provide you with 60 percent of your income if you are totally disabled and qualify for benefits. Total disability is the ability to perform one or more essential duties of your regular occupation and you have a 20 percent or more loss in your monthly earnings.

## >> Benefit Eligibility Note:

- **All M-DCPS Full-Time and Part-Time employees are eligible to enroll in the Long-Term Disability (LTD) plan offered by the School Board.**
- **Part-Time employees are only eligible for Level 1.**
- **Retirees and COBRA Participants are ineligible for Long-Term Disability (LTD) plan enrollment.**
- **See eligibility section for more details.**

[Click to play the LTD Disability Video:](#)



After 24 months of payments, you are disabled when The Hartford determines that you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

## Is Coverage guaranteed during this 2015 Open Enrollment?

Yes. The Hartford is offering a true open enrollment, meaning no health questions (EOI) for eligible employees during the 2015 Open Enrollment. You have the opportunity to enroll in Short-Term Disability during this enrollment period without submitting Evidence of Insurability. If you are currently eligible for coverage, but choose not to elect a plan option greater than the Standard STD plan upgrade during this enrollment, future enrollments will require that you complete Evidence of Insurability and your coverage will not be guaranteed.

## Am I eligible for benefits under this plan if I am absent from work on the plan effective date?

No. If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will begin on the date you return to active employment.



# Long-Term Disability (LTD)

## What are the amounts of Long-Term Disability benefits available?

You can choose the level of coverage that best suits your needs. They are as follows:

**Level 1:** 60 percent of monthly earnings, not to exceed a maximum monthly benefit of \$1,800

**Level 2:** 60 percent of monthly earnings, not to exceed a maximum monthly benefit of \$3,000

**Level 3:** 60 percent of monthly earnings, not to exceed a maximum monthly benefit of \$5,000

**Level 4:** 60 percent of monthly earnings, not to exceed a maximum monthly benefit of \$7,500

Benefits are reduced by any benefits received from other sources, as defined on Page 105. A person currently disabled will not be eligible to increase their benefit.

Age at Disability	Maximum Benefit Period
Less than age 62	to age 67
62	60 months
63	48 months
64	42 months
65	36 months
66	30 months
67	24 months
68	18 months
69 and over	12 months

## How to Select Your Level of Coverage

You should consider your annual salary when selecting a level of coverage to provide you and your family the most protection.

- If your annual salary is less than \$36,000, you should select Level 1 Coverage.
- If your annual salary is \$36,000 - \$60,000, you should select Level 2 Coverage.
- If your annual salary is \$60,000 - \$100,000, you should select Level 3 Coverage.
- If your annual salary is greater than \$100,000, you should select Level 4 Coverage.

## What is the minimum benefit?

The minimum monthly benefit is \$100, or 10 percent of your gross disability benefit, whichever is greater.

## How long must I be totally disabled before I receive benefits?

There is a 180 elimination period (benefit waiting period), during which time you must be continuously disabled and for which no benefit is payable. The elimination period begins on the first day of disability. You can satisfy your elimination period if you are working, as long as you meet the definition of disability. Your disability may be treated as continuous as long as you do not exceed 90 return-to-work days during the elimination period.

## When are benefits payable?

LTD benefits begin to accrue after you meet the definition of disability as defined in the policy to satisfy a benefit waiting period of 180 days or the expiration of accrued sick leave, whichever is greater.

## How long are benefits payable?

If you are disabled prior to age 62, your benefits will cover you to age 67. If you are disabled at age 62 or after, benefits will be paid according to a decreasing maximum benefit period as indicated below.

## Is coverage guaranteed during this enrollment?

**New Hires:** Yes. You have the opportunity to enroll in Long-Term Disability during this enrollment period without submitting Evidence of Insurability. If you are currently eligible for coverage, but choose not to enroll during this enrollment, future enrollments will require that you complete Evidence of Insurability and your coverage will not be guaranteed.

**Current Employees:** Yes. You have the opportunity during this enrollment to enroll in the Long-Term Disability Plan without submitting Evidence of Insurability (EOI). If you are currently eligible for coverage, but choose not to enroll during this enrollment, future enrollments will require that you complete an EOI, and your coverage will not be guaranteed.

For any questions, you may call a representative at 1.305.995.4889.



# Long-Term Disability (LTD)

## Must I pay my premiums if my disability prevents me from working?

Your LTD premium payments are waived when you begin receiving LTD benefit checks. Premiums for all levels of LTD coverage are 100 percent employee paid.

## What limitations apply for Mental Illness?

The monthly benefit payments for disabilities due to sickness or injury, which are due to mental illness, will not exceed 24 months. However, any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 months.

## What benefits are included in Long-Term Disability?

If you become disabled, the following benefits can help until you get back to full-time work.

**Work Incentive Benefit** - This benefit offers an effective incentive if you are disabled and return to work. You may receive your full disability benefit during the first 12 months after returning, as long as your benefit and earnings are not more than 100 percent of pre-disability earnings.

**Rehabilitation and Return to Work Assistance** - The Hartford vocational rehabilitation experts provide qualified employees with formalized assessment and planning as well as financial support to help you return to productive, independent lifestyles.

**Worksite Modification Benefit** - The Hartford helps your employer make the worksite accommodations necessary to enable employees to return to work. This benefit reimburses your employer up to the amount equal to the amount of the maximum monthly benefit for worksite modifications for each employee.

**Family Care Credit Benefit** - When you are disabled and incurring child care expenses for your dependent child(ren) and participating continuously in the Rehabilitation and Return to Work Assistance program, The Hartford will, for the purpose of calculating your benefit, deduct the cost of family care from earnings received from work as part of a program of Rehabilitation, subject to limitations. The reimbursement payment will begin immediately after you start the Rehabilitation and Return to Work Program.

The child must be under 13 years of age or incapable of providing their own care on a daily basis due to their own physical handicap or mental retardation.

## Worldwide Emergency Assistance Services

Just one phone call gives employees and their families 24-hour access to a network of emergency medical and legal resources any time they travel more than 100 miles from home.

The Hartford's Travel Assistance Program is provided by Worldwide Assistance, a Europe Assistance company and part of the world's leading assistance network.

The program provides three kinds of services for your business or vacation travel - Pre Trip Information, Emergency Medical Assistance, and Emergency Personal Services subject to terms and conditions of the policy. Of course, all our travel services are simple to take advantage of from start to finish.

Pre Trip Planning includes:

- Visa, Passport, inoculation and Immunization Requirements
- International "Hot Spots"
- Travel Advisories
- Foreign Exchange Rates
- Embassy and Consular Referrals

Emergency Medical Assistance includes:

- Medical Referrals, Medical Monitoring, and Medical Evacuation
- Repatriation
- Traveling Companion and Dependent Children Assistance
- Emergency Medical Payments
- Return of Mortal Remains
- Replacement of Medication and Eyeglasses

Emergency Personal Services includes:

- Sending and Receiving Emergency Messages
- Emergency Travel Arrangements
- Emergency Cash
- Locating Lost Items
- Legal Assistance
- Bail Advancement
- Translation



# Long-Term Disability (LTD)

## What is a recurrent disability?

A recurrent disability is a disability that is related to, or due to the same cause or causes of a prior disability for which a monthly benefit was paid. A recurrent disability will be treated as part of the prior disability and you will not have to complete another elimination period if, after receiving disability benefits under the plan, an employee returns to work on a full-time basis for less than six months and performs all of the duties of the employee's own occupation. Benefit payments will be subject to the terms of the plan for the prior disability.

## What are the limitations?

The policy will not cover any disability due to:

- War or act of war (declared or not)
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability
- Military service for any country engaged in war or other armed conflict

## Are benefits taxable?

Because your premiums are paid on a post-tax basis, disability benefits paid to you will not be taxed.

## When should I submit a claim?

Your claim should be submitted within 30 days after the date of your disability begins or as soon as possible. However, The Hartford must receive written proof of your claim no later than 90 days after your elimination period. If this is not possible, proof must be given no later than one year after the time proof is required except in the absence of legal capacity.

## How do I submit a claim?

The transition process from Short Term Disability to Long Term Disability claim is automated by our claim system. A claimant questionnaire is sent to the employee that requests information about other income/offset information, past work experience/education and medical providers. We may also obtain additional information from the employer. A separate claim form is not required.

## What if I receive benefits from another group disability plan or other source?

Disability benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance
- Workers' Compensation
- Other employer-based Insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)

Disability benefit payments will not be reduced by certain kinds of other income, such as:

- Retirement benefits if you were already receiving them before you became disabled
- Retirement benefits that are funded by your after-tax contributions
- The portion of your Long Term Disability payment that you place in an IRS-approved account to fund your future retirement.
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Most personal disability policies
- Social Security increases

## Is there a survivor benefit?

Yes, if you die after your disability had continued for 180 or more consecutive days; and you were receiving or were entitled to receive payments under the plan, The Hartford will pay your eligible survivor a lump sum benefit equal to three months of your gross disability payment.



# Long-Term Disability (LTD)



>> Domestic  
Partner  
Eligibility  
Update:

**Employees covering  
a domestic partner  
of the same sex and  
legally married are able  
to add their eligible  
domestic partner with  
proper documentation  
(marriage certificate)!**

## Is there a pre-existing condition clause?

Yes. Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your policy, you will be covered for a disability due to that condition only if:

- You have not received treatment for your condition for three months before the effective date of your insurance, or
- You have been insured under this coverage for twelve months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
- You have already satisfied the pre-existing condition requirement of your previous insurer.

## What insurance company makes this plan available?

The Long-Term Disability benefit is offered through Hartford Life and Accident Insurance Company. The Hartford is rated "A (Excellent)" (rating effective 2013) by A.M. Best's Reports, which compares and rates the financial strength and performance of insurance companies.

**NOTE:** This product description does not constitute an insurance certificate or policy. The information provided is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusion of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance companies.



# Hospital Indemnity Coverage



Hospital Indemnity Coverage provides benefits if you or your insured dependents are confined in a hospital as an inpatient *due to a covered sickness or injury*. The levels of daily coverage are \$50, \$100 or \$150.

Unexpected hospital stays can mean lost time and lost income, which can make it hard to keep up with bills and things at home. Hospital Indemnity Coverage pays you a set amount for every day you're in the hospital, for a covered stay, so you can rest easier.

The Employee-Paid daily benefit levels combined cannot exceed \$150. You must be enrolled for coverage in order to enroll your dependent(s). Coverage for your dependents cannot exceed your own.

If a child is born to anyone under this policy while family coverage is in force, the child shall automatically become a covered dependent from the moment of birth. However, you must still contact the FBMC Service Center at 1.855.MDC.PS4U (1.855.632.7748) and request a Change in Status form. This includes coverage for sickness or injury, and the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities and premature birth. **Routine care for the child is not covered under this policy.**

You and your dependents may select different levels of coverage as long as (a) your amount does not exceed \$150 and (b) your dependent's level of coverage does not exceed your own.

## Who is an eligible dependent for this coverage?

Eligible dependents covered under this plan include:

- Legal Spouse/Domestic Partner
- Unmarried children who are under age 25 provided:
  - » the child is dependent upon the insured for support
  - » the child is living in the insured's household, or
  - » the child is a full-time or part-time student.

**NOTE:** 'Child' includes stepchild, legally adopted child, a child pending finalization of adoption proceedings, natural child, and children of a Domestic Partner (provided the Domestic Partner is also covered). Dependent eligibility will be determined at the time of claim.

## When will my benefits begin?

You are eligible for benefits on the first day of a covered hospitalization. Outpatient procedures are not covered.

## How long will the benefits continue?

These benefits are payable for each day you are confined as an inpatient in a covered hospital (see exclusions) for any period from one to 365 days. Successive periods of hospital confinement, due to the same or related causes, not separated by 60 days shall be considered as one period of hospital confinement.

## >> Benefit Eligibility Note:

- All Full-Time and Part-Time employees are eligible to enroll in the Hospital Indemnity Coverage offered by the School Board.
- Current Retirees may only continue to enroll in the Hospital Indemnity Coverage if you were previously enrolled at the time of your retirement.
- COBRA Participants and PT Food Service (AFSCME) employees are ineligible to enroll in Hospital Indemnity Coverage.
- See eligibility section for more details.



# Hospital Indemnity Coverage

## Must I still pay my premiums if I am hospitalized or disabled and unable to work?

If you are confined in a hospital before your 60th birthday, coverage will be continued without further payment of premium beginning on the next premium due date:

- a. after you have received benefits for 60 consecutive days during which premiums are paid, and
- b. while you remain in the hospital as an inpatient for the same or related injury or sickness and benefits continue to be paid to a maximum of 365 days.

If you become disabled before your 60th birthday, coverage will be continued without further payment of premiums after you have been disabled for nine (9) straight months during which premiums are paid and while you remain disabled and after you have submitted proof that you are disabled. Premiums will continue to be waived as long as you remain hospitalized or disabled provided you are eligible to continue receiving benefits, but no more than 365 days.

Waiver of Premium applies only to you; however, coverage for your covered dependents will also be continued without further payments while premiums are waived.

## When are benefits payable?

Benefits are payable for each day of a necessary hospital confinement when the insured is confined in a hospital as an inpatient, *for the treatment of a covered sickness or injury*, as recommended by a doctor for care that is reasonably and medically necessary.

## How do I obtain claim forms?

To obtain claim forms, call the FBMC Service Center at 1.855.5MYFBMC (1.855.569.3262), Monday - Friday, 7 a.m. - 8 p.m. ET.

## Are benefits taxable?

The IRS may require you to pay taxes on payments you receive from the Hospital Indemnity Coverage plan under current law. For further information, consult your personal tax advisor.

## Definitions

"Doctor" means a duly licensed practitioner of the healing arts acting within the scope of his/her license. Doctor does not include: the Insured or the Insured's spouse; or the Insured or the Insured spouse's child, parent, brother, sister; or a person living with the Insured.

"Hospital" means an institution which:

- a. is licensed as a hospital pursuant to applicable law
- b. is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- c. is under the supervision of a staff of doctors
- d. provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.)
- e. has medical, diagnostic and treatment facilities, with major surgical facilities:
  - on its premises, or
  - available to it on a prearranged basis, and
- f. charges for its services.

Hospital does not include:

- a. a clinic or facility or unit of a hospital for 1) convalescent, custodial (primarily for the purpose of meeting personal needs and could be provided by person other than doctors and nurses), educational or nursing care; 2) the aged, drug addicts or alcoholics; 3) rehabilitation; or
- b. a military or veterans hospital contracted for, or operating by a national government or its agency unless: 1) the services are rendered on an emergency basis; and 2) in the absence of insurance, a legal liability exists to pay the charges for the services given.

## Effective Date Provision

An insured's coverage begins on the effective date shown in the issued Certificate of Insurance, subject to receipt of the correct initial premium and provided the person is considered to be actively at work.

## Termination Provision

An insured's coverage will end on the earliest of: if no longer an eligible employee/retiree of the policyholder; if required premium is not paid by the end of the grace period; the date the group policy is terminated; the date coverage is terminated for the class of eligible persons to which the insured belongs.



# Hospital Indemnity Coverage

## Is there a survivor benefit?

Yes, if benefits are unpaid at the time of your death, one lump sum payment will be made to the first surviving class of the following classes of persons:

- wife or husband
- child(ren)
- mother or father
- sister or brother

If there is no surviving member as stated above, the benefits will be paid to the Insured's estate.

## What injuries or sicknesses are excluded from coverage?

Benefits will not be paid for a loss caused by or resulting from:

- Intentionally self-inflicted injuries
- Voluntary self-administration of any drug or chemical substance not prescribed by, or taken according to the directions of a doctor (accidental ingestion of a poisonous substance is not excluded)
- Driving while intoxicated or driving under the influence of a controlled substance unless administered on the advice of a doctor
- Commission or attempt to commit a felony
- Participation in a riot or insurrection
- Declared or undeclared war or act of war
- Active duty service in any armed forces (proof of service will result in a refund of premium; reserve or national guard active duty or training is not excluded unless it extends beyond 31 days)
- Elective or cosmetic surgery (unrelated to trauma, infection or other disease of the involved part, or congenital disease or anomaly of a covered dependent child, which resulted in a functional defect)
- Dental surgery, unless the surgery is the result of an accidental injury
- Confinements in hospitals owned or operated by the national government, unless a charge is made, whether or not there is insurance coverage
- Injury or sickness covered by Workers' Compensation or any occupational disease law.

Also excluded:

- Outpatient procedures
- Confinement in a clinic, facility or unit of a hospital that provides convalescent, custodial care, educational care, nursing care, aged care, care for drug addicts or alcoholics or rehabilitation
- Confinement in a military or veterans hospital, contracted for, or operated by, a national government or its agency unless the services are rendered on an emergency basis and in the absence of insurance, a legal liability exists to pay the charges for services given.

## What insurance company makes this plan available to me?

This group Hospital Indemnity Insurance Policy is underwritten by Life Insurance Company of North America, Philadelphia, PA

**This plan provides HOSPITAL INDEMNITY INSURANCE ONLY. It does not pay for all losses caused by sickness and is not a substitute for comprehensive or major medical coverage.** This is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth on Policy Form No. 604852 (FL). The group policy (AGL-1060), issued in Florida is subject to the laws of the state in which it is issued. Florida Licensed Agent: Stephen C. Zilberfarb, 2701 N. Rocky Point Drive, Tampa, FL 33607, Lic. # 108462 .



Visit FBMC Benefits  
Management at  
[www.myFBMC.com](http://www.myFBMC.com)  
for valuable benefits  
information!

## Need help?

Call 1.855.5MDC.PS4U,  
Monday - Friday,  
7 a.m. - 8 p.m. ET  
for assistance with your  
benefits questions.



# Voluntary Life Insurance



You may purchase \$10,000 to \$100,000 (in \$10,000 increments) of group term life insurance. This insurance supplements your Board-provided life insurance. You can have up to \$50,000 in tax-free life insurance.

## >> Benefit Eligibility Note:

- **All Full-Time and eligible Part-Time employees are eligible to enroll in the MetLife Voluntary Life Insurance offered by the School Board.**
- **Current Retirees may only continue to enroll in the MetLife Voluntary Life Insurance if you were previously enrolled at the time of your retirement.**
- **COBRA Participants are ineligible to enroll in MetLife Voluntary Life Insurance .**
- **See eligibility section for more details.**

## WHEN TO UPDATE YOUR BENEFICIARY

*Marriage  
Birth/Adoption  
Death of a family member  
Divorce*

Under Section 79 of the IRS Code, employees are liable to pay federal income taxes on Group Term Life insurance amounts in excess of \$50,000, to the extent that the costs for amounts in excess of \$50,000, less any employee contributions for the entire coverage amount, is included in the employee's gross income. This additional amount will be listed as imputed income on your W-2.

### Who is eligible?

All full-time employees are eligible; however, if you are totally disabled or not in active service for other reasons, your effective date of insurance or change in coverage will be delayed until the date of your return to Active Service.

### How do I obtain claim forms?

To obtain claim forms, call the MetLife onsite representative at 1.305.995.7029.

### Are the premiums taxable?

Under current Internal Revenue Code rules and regulations, employees whose life insurance is more than \$50,000 will have premiums for any amount more than \$50,000 included as taxable income on their W-2 forms. Please refer all tax-related questions to your tax advisor.



# Voluntary Life Insurance

## Must I still pay my premiums if I'm disabled and unable to work?

If you become totally disabled prior to age 60 and that disability lasts for nine consecutive months, during which time premiums are paid, the insurance company will continue your life insurance in force without further payment of premiums if proof of such disability is provided and waiver is approved. For waiver of premium forms, please call 1.305.995.7029.

## Is there any situation that would exclude my benefits?

If you commit suicide while you are sane or insane within two years of the effective date of coverage, benefits will not be paid; however, your beneficiary will receive a refund of the premiums you have paid for this insurance.

Also, if coverage was elected while you were on a leave of absence due to a disability and you did not return to work, benefits will not be paid. However, your beneficiary will receive a refund of the premiums you have paid for this insurance.

## Does the plan pay any benefits if I am terminally ill ?

The plan will pay a lump sum—50 % of the life insurance benefit amount in force to a maximum of \$50,000 if you are terminally ill and your life expectancy is six months or less. Your benefits paid to you will reduce the death benefit. This benefit is payable only once in your lifetime.

## Is there any situation that would reduce my benefit amount?

All benefits are subject to reduction after age 64 as follows:

- At age 65, to 65 % of the original face value of coverage in force
- At age 70, to 45 % of the original face value of coverage amount in force
- At age 75, to 30 % of the original face value of coverage amount in force
- At age 80, to 20 % of the original face value of coverage amount in force

**NOTE:** Premiums will be adjusted.

## Can I convert my Employee-Paid life insurance if I terminate employment?

Yes. You may apply for a conversion policy for all or any portion of life insurance in effect at termination, if you make a request. You must complete a conversion application within 31 days of termination. To request a conversion application, contact the MetLife onsite representative at 1.305.995.7029.

## Can I continue my Employee-Paid life insurance if I retire?

Yes. Upon retirement, employees may continue their coverage at their current level of coverage subject to the maximum of their class. You may not add or increase your existing coverage. If at any time of your retirement you do NOT elect to continue this coverage, you will no longer be eligible for coverage under this plan and your group life coverage will be terminated. The maximum for actives is \$100,000. The maximum for retirees is \$100,000.

## Additional Features:

If you participate in MetLife's Optional Life Insurance, you will receive the following additional plan features:

- Will Preparation. This feature is offered by Hyatt Legal Plans, a MetLife company that will provide you access to a participating plan attorney to help you prepare or update your or your spouse's will at no cost if you choose to use an attorney that participates in the network.
- Estate Resolution Services. This is offered by Hyatt Legal Plans, Inc., a MetLife company and provides probate services to beneficiaries who are executors or administrators of the deceased employee's estate at no additional cost. These services include telephone and office consultations to discuss matters of probate, document preparation and representation at court proceedings needed to transfer the probate assets and the completion of correspondence necessary to transfer non-probate assets.

## What insurance company makes this plan available to me?

Metropolitan Life Insurance Company. A.M. Best's Reports, which compares and rates the financial strength and performance of insurance companies, rates MetLife "A+, Superior."



# Accidental Death & Dismemberment (AD&D)



Accidental Death and Dismemberment (AD&D), provides benefits for you or your insured dependents in the event of a covered accident—on or off the job—which results in loss of life, limbs, use of limbs, eyesight, hearing or speech.

## >> Benefit Eligibility Note:

- **All Full-Time employees are eligible to enroll in AD&D Insurance offered by the School Board.**
- **Current Retirees may only continue to enroll in the AD&D insurance if you were previously enrolled at the time of your retirement.**
- **COBRA Participants and Part-Time (AFSCME) employees are ineligible to enroll in AD&D insurance.**
- **See eligibility section for more details.**

Accidental Death and Dismemberment (AD&D), provides benefits for you or your insured dependents in the event of a covered accident—on or off the job—which results in loss of life, limbs, use of limbs, eyesight, hearing or speech. You may select \$25,000 to \$500,000 (in \$25,000 increments) of coverage.

You must be enrolled for coverage in order to cover your dependents. Your dependent's coverage is a percentage of your selected benefit amount. They are as follows:

Spouse - The spouse's benefit amount will be 40 percent of the employee's, or 50 percent if the employee has no dependent children. This amount cannot exceed \$250,000.

Children - Each covered child's benefit amount will be 10 percent of the employee's, or 15 percent if the employee has no spouse. The maximum children's benefit is \$25,000.

## What accidents are not covered?

Benefits will not be paid for a loss caused by or resulting from:

- Sickness, physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
- Infection, other than infection occurring in an external accidental wound;
- Suicide or attempted suicide; intentionally self-inflicted injury;
- Service in the armed forces of any country or international authority, except the United States National Guard;

Any incident related to:

1. travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
  2. travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight;
  3. parachuting or otherwise exiting from an aircraft while such aircraft is in flight except for self preservation;
  4. travel in an aircraft or device used for testing or experimental purposes; by or for any military authority; or for travel or designed for travel beyond the earth's atmosphere;
- Committing or attempting to commit a felony;
  - The voluntary intake or use by any means of:
    1. any drug, medication or sedative, unless it is: taken or used as prescribed by a Physician, or an "over the counter" drug, medication or sedative, taken as directed;
    2. alcohol in combination with any drug, medication, or sedative; or
    3. poison, gas, or fumes; or war, whether declared or undeclared; or any act of war, insurrection, rebellion, or riot; or driving a vehicle or other device while intoxicated as defined by the laws of the jurisdiction in which the vehicle or other device was being operated.



# Accidental Death & Dismemberment (AD&D)

## Who is eligible?

An employee will become insured on the date the employee becomes eligible.

All full-time employees who are employed and compensated for services by the employer in accordance with the employer's general practices and work a minimum of 17 hours per week.

## What injuries are covered and for how much?

Accidental Death and Dismemberment (AD&D) will pay the following percentage of the amount of coverage you purchase (from \$25,000 up to \$500,000 for employee coverage) if, within 365 days of an eligible accident, bodily injuries result in:

• Loss of life	100%
• Total paralysis of arms and legs	100%
• Loss of any combination of two: hands, feet or eyesight	100%
• Loss of speech and hearing in both ears	100%
• Loss of arm/leg permanently severed at or above elbow/knee	75%
• Total paralysis of both legs	50%
• Total paralysis of arm and leg on one side of the body	50%
• Loss of one hand, foot or sight in one eye	50%
• Loss of speech or hearing in both ears	50%
• Loss of thumb and index finger on the same hand	25%

For example, if you purchase \$200,000 in coverage for yourself and you are in an accident that results in your death, the benefit would pay \$200,000.

If the accident results in total paralysis of both your legs, the benefit would pay \$100,000. If the accident results in loss of your thumb and index finger on the same hand, the benefit would pay \$50,000.

If you or a dependent sustain more than one covered loss due to an accidental injury, the amount we will pay will not exceed the full amount

**Employees under the AFSCME bargaining units are not eligible to purchase this product.**

## Is there any situation that would reduce my benefit amount?

Benefits will be reduced based upon the age of you or your spouse:

- If you are age 70 to 74, benefits will be reduced to 70 percent of the amount of coverage.
- If you are age 75 to 79, benefits will be reduced to 45 percent of the amount of coverage.
- If you are age 80 to 84, benefits will be reduced to 30 percent of the amount of coverage.
- If you are age 85 and over, benefits will be reduced to 15 percent of the amount of coverage.
- Coverage for children ends when they no longer qualify as eligible dependents.

NOTE: Premiums will be adjusted.

## Can I purchase coverage for my dependents?

If you sign up for employee coverage under the Employee-Paid FlexPlan Benefit you can also choose to select coverage for your family. The amount of insurance applies to only those dependents insured at the time the loss occurs. Benefits are as follows:

- Spouse-only coverage will provide 50 percent of the employee's coverage to a maximum of \$250,000
- Children-only coverage will provide 15 percent of the employee's coverage, with a maximum of \$25,000 per child.
- Spouse and children coverage will provide 40 percent of the employee's coverage for the spouse and 10 percent of the employee's coverage for each dependent child, with a maximum of \$25,000 per child.



# Accidental Death & Dismemberment (AD&D)

## How do I obtain claim forms?

To obtain claim forms, call the MetLife's onsite representative at 1.305.995.7029. **NOTE:** Dependent Eligibility will be determined at the time of claim.

## Can I port my Employee-Paid insurance when I terminate employment?

MetLife will reach out to you via mail to advise you of your right to port this policy.

## What insurance company makes this plan available to me?

Metropolitan Life Insurance Company. A.M. Best's Reports, which compares and rates the financial strength and performance of insurance companies, rates MetLife "A+, Superior."

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy # OK 82 11 33 on Policy form # LM-2160, issued in Florida. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference.

## Are benefits taxable?

The IRS may require you to pay taxes on payments you receive from the AD&D Coverage plan under current law. For further information, consult your personal tax advisor.

## What other benefits does this policy offer?

BENEFIT	WHEN IT APPLIES	AMOUNT
Seatbelt	<p>Upon death from injuries sustained in an accident while driving or riding as a passenger in a passenger car*, provided the person was wearing a properly fastened seat belt that meets published, US Government safety standards, is properly installed by the manufacturer and has not been altered after installation, at the time of the accident.</p> <p>* Passenger car is any validly registered four-wheel private passenger car. It does not include any commercially licensed car or a private car that is being used for commercial purposes, recreation or professional racing.</p>	An additional 10 percent of the benefit amount up to \$25,000; minimum amount is \$1,000. The correct position of the seat belt must be certified by the investigating officer or included in the official accident report and a copy of the police report must be submitted with a claim for this benefit.
Education	The Child Education Benefit provides an additional benefit equal to the tuition charges for each eligible dependent child to attend college or another accredited institution for up to 4 consecutive years as long as the child is: enrolled in an accredited college, university or vocational school above the 12th grade level at the time of the employee's accidental death; or is at the 12th grade level and, within one year after the employee's accidental death, enrolls as a full-time student in an accredited college, university or vocational school.	<p>The benefit amount will not exceed \$5,000 per year and an overall maximum of 2% of the employee's AD&amp;D Full Amount.</p> <p>If at the time of the accident there are no dependents who qualify for the education benefit, the plan will pay an additional benefit of \$1,000 to the designated beneficiary.</p>
Spouse Training	If your spouse is enrolled in an accredited school on the date of your death or enrolls in such a school within 12 months of the date of your death.	<p>The additional amount we will pay is equal to the tuition charges for 1 academic year up to \$5,000 per year. The overall maximum additional benefit is 2% of the AD&amp;D Full Amount.</p> <p>If there is no Spouse who qualifies, \$1,000 will be paid to the beneficiary.</p>
Cobra Continuation	If benefit is paid for a covered loss of your life.	Up to \$4,500 reimbursement per year for three (3) years. Minimum amount is \$1,000 and maximum amount is 3% of the full amount.



# Accidental Death & Dismemberment (AD&D)

BENEFIT	WHEN IT APPLIES	AMOUNT
Hospital Confinement	This benefit becomes payable if a covered person is confined in a hospital as a result of an accidental injury.	Pays an additional monthly benefit equal to 1% of the AD&D Full Amount the lesser of or \$2,500. Benefits will be determined on a pro-rate basis for partial month of confinement. If more than one confinement for any one accident, we will pay for just one hospital confinement. We will pay for the first confinement while under doctor's care.
Child day care benefit	The Child Care Benefit provides an additional amount equal to the Child Care Center* for each eligible dependent child, 11 years of age or younger, to attend a licensed Child Care Center for up to 4 consecutive years as long as the eligible child is enrolled in a Child Care Center at the time of the employee's accidental death.	Additional amount equal to the Child Care Center* charge up to a maximum of \$7,500 per year and an overall maximum of 3% of the AD&D Full Amount.  * Child Care Center means a facility that is operated and licensed according to the law of the jurisdiction where it is located and provides care and supervision for children in a group setting on a regularly scheduled and daily basis.  This benefit is paid quarterly when MetLife receives proof that Child Care Center charges have been paid. Payment is made to the person who pays the charges on behalf of the Child.

## WAIVER OF PREMIUM PROVISION

The Waiver of Premium disability provision applies to total disabilities beginning before age 60. Proof that the you have been continuously, totally, disabled for at least 9 months must be provided to MetLife within 12 months of the date your total disability begins. During the waiting period, premium payment is continued through the employer and is not refundable. Waiver of Premium begins once MetLife determines proof of total disability to be satisfactory.

Employees who become totally disabled on or after the effective date of coverage and:

- the coverage is still in effect;
- the coverage is still in effect;
- the disability occurred before the employee attained age 60; and
- the application for total disability is approved;

Will have continuing coverage without premium payment until death. Continuation will end at the earliest of:

- the date of your death
- the date you are no longer totally disabled,
- the date you attain age 65,
- the date you have not given us proof of total disability, and
- the date you refuse to be examined by our physician

At age 65, If you remain on disability, the death benefit will reduce to zero.

\* If, at the time of the accident, you have coverage for your family but there is no dependent who is or could become eligible for the education or spouse education benefits, an additional benefit of \$1,000 will be paid to the insured's designated beneficiary.



# Accidental Death & Dismemberment (AD&D)

## Value-Added Features:

### Air Bag Benefit:

If an Air Bag is deployed for the covered person during the accident and the covered person dies as a result of the accident while driving or riding in a passenger car\* and wearing a properly fastened seat belt, we will pay an additional benefit of 5% of the AD&D Full Amount to a maximum of \$10,000. When the Air Bag Benefit and the Seat Belt Benefit both apply, the combined additional benefit will not exceed 15% of the AD&D Full Amount, to a combined maximum of \$20,000.

\* Passenger Car is any validly registered four-wheel private passenger vehicle. It does not include any commercially licensed car; or a private passenger car that is being used for commercial purposes, or any vehicle used for recreational or professional racing.

### Brain Damage Benefit:

Brain Damage is a covered loss that pays a benefit equal to 100% of the AD&D Full Amount as long as the brain damage\* manifests itself within 30 days of the accidental injury, the covered person requires hospitalization for at least 5 days and brain damage persists for 12 consecutive months after the injury.

\* Brain Damage means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life.

### Child Care Benefit:

The Child Care Benefit provides an additional amount equal to the Child Care Center\* charge up to a maximum of \$7,500 per year and an overall maximum of 3% of the AD&D Full Amount for each eligible dependent child, 11 years of age or younger, to attend a licensed Child Care Center for up to 4 consecutive years as long as the eligible child is enrolled in a Child Care Center at the time of the employee's accidental death.

If no child qualifies, \$1,000 will be paid to the covered person's beneficiary.

\* Child Care Center means a facility that is operated and licensed according to the law of the jurisdiction where it is located and provides care and supervision for children in a group setting on a regularly scheduled and daily basis.

This benefit is paid quarterly when MetLife receives proof that Child Care Center charges have been paid. Payment is made to the person who pays the charges on behalf of the Child.

### Child Education Benefit:

The Child Education Benefit provides an additional benefit equal to the tuition charges for each eligible dependent child to attend college or another accredited institution for up to 4 consecutive years as long as the child is: enrolled in an accredited college, university or vocational school above the 12th grade level at the time of the employee's accidental death; or is at the 12th grade level and, within one year after the employee's accidental death, enrolls as a full-time student in an accredited college, university or vocational school. The benefit amount will not exceed \$5,000 per year and an overall maximum of 2% of the employee's AD&D Full Amount.

If at the time of the accident there are no dependents who qualify for the education benefit, the plan will pay an additional benefit of \$1,000 to the designated beneficiary.

### Coma Benefit:

Coma is a covered loss that provides a benefit amount of 1% monthly of the AD&D Full Amount up to a maximum of 60 months if a covered person goes into a coma\* as a result of an accidental injury and independent of other causes. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

\* Coma means a state of deep and total unconsciousness from which the comatose person cannot be aroused.

### Common Carrier Benefit:

The Common Carrier Benefit pays an additional benefit in an amount equal to 100% of the AD&D Full Amount if a covered person dies as a result of an accidental injury while traveling in a Common Carrier\*.

\* Common Carrier means a government regulated entity that is in the business of transporting fare-paying passenger. This does not include chartered or other privately arranged transportation, taxis, or limousines.

### Common Disaster Benefit for VADD:

If the employee and the employee's spouse are injured in the same accident and die as a result of injuries sustained in the accident, the spouse's benefit amount will be increased to 100% of the VAD&D Full Amount payable for the employee's loss of life.\* In Texas, Children age 25 only and Student age 25 only.

### Exposure:

MetLife will deem a loss to be the direct result of an accidental injury if it results from unavoidable exposure to the elements and such exposure was a direct result of an accident.



# Accidental Death & Dismemberment (AD&D)

## Full Amount:

Regarding Accidental Death & Dismemberment, the scheduled dollar benefit amount for an accidental death and certain accidental injuries.

## Hospitalized:

Includes inpatient hospital care, care in a hospice, intermediate or long-term care facility, or receipt of chemotherapy, radiation therapy, or dialysis treatment wherever performed.

## Hospital Confinement Benefit:

Hospital Confinement Benefit pays an additional monthly benefit equal to 1/30th of 1% of the AD&D Full Amount if a covered person is confined in a Hospital as a result of an accidental injury. Benefits begin on the 5 4th day of continuous confinement and are subject to a monthly limit of \$2,500 and a maximum duration of 12 continuous months.

Benefits will be determined on a pro-rate basis for partial month of confinement. If more than one confinement for any one accident, we will pay for just one hospital confinement. We will pay for the first confinement.

\* Hospital means a facility which is licensed as such in the jurisdiction in which it is located and; provides a broad range of medical and surgical services on a 24 hour a day basis for injured and sick persons by or under the supervision of staff of Physicians; and provides a broad range of nursing care on a 24 hour a day basis by or under the direction of a registered professional nurse.

## Travel Assistance & Identity Theft Solutions:

Employees and their dependents enrolled in MetLife's Accidental Death & Dismemberment coverage will have access to Travel Assistance services that provide immediate access to doctors, hospitals, pharmacies, and certain other services when faced with an emergency while traveling internationally or domestically more than 100 miles from home.

Covered employees and their dependents may travel (together or separately) with greater peace of mind knowing that they are just one phone call away from being connected to a global alarm center to provide vital assistance services including: Medical Consultation and Evaluation, Emergency Evacuation, Dispatch of Prescription Medication, and even Emergency Message Transmission.

Identity Theft Solutions, an additional benefit packaged with Travel Assistance, educates participants on preventing identify theft and provides personal assistance and guidance to help alleviate the stress and time burden that victims of identity theft often face. This important feature can be used while the Participant is home or away and is available 24 hours a day 365 days a year. Participants receive assistance with filing police reports, contacting creditor fraud departments, taking inventory of lost or stolen items and more.

There is no travel requirement and no additional charge for Identity Theft Solutions.

Travel Assistance services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by ACE American Insurance Company. AXA Assistance and ACE American are not affiliated with MetLife, and the Travel Assistance & Identity Theft Solutions services they provide are separate and apart from the insurance provided by MetLife.

Paralysis means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

## Presumption of Death:

A person will be presumed to have died as a result of an accidental injury if the aircraft or other vehicle in which the person is traveling disappears, sinks or is wrecked and the person's body is not found within 1 year of the date the aircraft or vehicle was scheduled to have arrived at its destination, or, if not a Common Carrier, the date the person was reported missing to authorities.

## Seat Belt Benefit:

Seat Belt Benefit provides an additional benefit equal to 10% of the AD&D Full Amount, subject to a minimum benefit of \$1,000, up to a maximum of \$25,000 if a covered person dies from injuries sustained in an accident while driving or riding as a passenger in a Passenger Car\*, provided the person was wearing a properly fastened Seat Belt\* at the time of the accident. When the Seat Belt Benefit and the Air Bag Benefit both apply, the combined additional benefit will not exceed 15%.

\* Passenger Car: Any validly registered four-wheel private passenger car. It does not include any commercially licensed car; or a private car that is being used for commercial purposes, or any vehicle used for recreation or professional racing.

\* Seat Belt means any restraint device that meets published, US Government safety standards, is properly installed by the car manufacturer and has not been altered after installation. The term also includes a child restraint device that meets the requirements of state law.



# Accidental Death & Dismemberment (AD&D)

The correct position of the seat belt must be certified by the investigating officer or included in the official accident report, and a copy of the police report must be submitted with a claim for this benefit..

## **Spouse Education Benefit:**

If the Spouse is enrolled in an accredited school on the date the covered employee dies, or enrolls in such a school within 12 months of the employee's death, the additional amount we will pay is equal to the tuition charges for 1 academic year up to \$5,000 per year and an overall maximum of 2% of the employee's AD&D Full Amount.

If there is no Spouse who qualifies, \$1,000 will be paid to the beneficiary.

## **What insurance company makes this plan available to me?**

Metropolitan Life Insurance Company, underwrites this plan. A.M. Best's Reports, which compares and rates the financial strength and performance of insurance companies, rates MetLife "A+ Superior."

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy # 24400, issued in Florida. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference.

>> Domestic  
Partner  
Eligibility  
Update:

**Employees covering  
a domestic partner  
of the same sex and  
legally married are able  
to add their eligible  
domestic partner on  
a tax free basis with  
proper documentation  
(marriage certificate)!**



# Full-Time FlexPlan Rates

January 1, 2015 - December 31, 2015

## Disability Insurance

### The Hartford Employee Coverage

<b>Short-Term</b>	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Standard Upgrade	\$3.59	\$3.00	\$2.76
High	\$1.52	\$1.27	\$1.17
High Upgrade	\$5.60	\$4.67	\$4.31
<b>Long-Term</b>	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Level 1	\$11.93	\$9.94	\$9.18
Level 2	\$15.28	\$12.74	\$11.76
Level 3	\$23.04	\$19.20	\$17.72
Level 4	For Level 4 coverage (available only if your salary is in excess of \$100,000), determine your premium by choosing a payroll cycle and following ONE of the formulas below:		

For 10-month (20 Deductions), use this formula: Annual Salary\* \$ \_\_\_\_\_ ÷ 100 x 1.06 ÷ 20 = \$ \_\_\_\_\_

For 11-month (24 Deductions), use this formula: Annual Salary\* \$ \_\_\_\_\_ ÷ 100 x 1.06 ÷ 24 = \$ \_\_\_\_\_

For 12-month (20 Deductions), use this formula: Annual Salary\* \$ \_\_\_\_\_ ÷ 100 x 1.06 ÷ 26 = \$ \_\_\_\_\_

\* If your salary exceeds \$150,000, enter \$150,000 here.

## Dental

### DeltaCare USA DHMO Plans

	10-MONTH (20 Deductions)		11-MONTH (24 Deductions)		12-MONTH (26 Deductions)	
	High	Standard	High	Standard	High	Standard
Employee Only	\$7.99	\$4.75	\$6.66	\$3.96	\$6.14	\$3.65
Employee & Family	\$20.39	\$12.08	\$16.99	\$10.07	\$15.68	\$9.30

### Delta Dental Indemnity PPO Plans

	10-MONTH (20 Deductions)		11-MONTH (24 Deductions)		12-MONTH (26 Deductions)	
	High	Standard	High	Standard	High	Standard
Employee Only	\$24.38	\$10.34	\$20.32	\$8.62	\$18.75	\$7.96
Employee & Family	\$72.89	\$31.74	\$60.74	\$26.45	\$56.07	\$24.42

### UnitedHealthcare Access+ DHMO Plans

	10-MONTH (20 Deductions)		11-MONTH (24 Deductions)		12-MONTH (26 Deductions)	
	High	Standard	High	Standard	High	Standard
Employee Only	\$6.52	\$5.00	\$5.43	\$4.17	\$5.01	\$3.84
Employee & Family	\$16.62	\$12.72	\$13.85	\$10.60	\$12.78	\$9.78

### UnitedHealthcare Indemnity PPO Plans

	10-MONTH (20 Deductions)		11-MONTH (24 Deductions)		12-MONTH (26 Deductions)	
	High	Standard	High	Standard	High	Standard
Employee Only	\$22.75	\$10.89	\$18.96	\$9.08	\$17.50	\$8.38
Employee & Family	\$68.02	\$33.41	\$56.68	\$27.84	\$52.32	\$25.70

# Full-Time FlexPlan Rates

January 1, 2015 - December 31, 2015

## Vision

### Davis Vision Plan

	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee Only	\$3.04	\$2.53	\$2.34
Employee & Family	\$7.33	\$6.11	\$5.64

### UnitedHealthcare Vision Plan

	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee Only	\$3.18	\$2.65	\$2.45
Employee & Family	\$7.96	\$6.63	\$6.12

## Identity Theft

### ID Watchdog Identity Theft Plan

	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee	\$4.77	\$3.98	\$3.67
Employee & Family	\$8.37	\$6.98	\$6.44

## Hospital Indemnity Plan Coverage

Rates are subject to change.

### Cigna® Hospital Indemnity Plan Coverage

Coverage at \$50.00 Per Day	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee Only	\$1.49	\$1.24	\$1.14
Employee + Family	\$3.72	\$3.10	\$2.86
Coverage at \$100.00 Per Day	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee Only	\$2.98	\$2.48	\$2.29
Employee + Family	\$7.44	\$6.20	\$5.72
Coverage at \$150.00 Per Day	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee Only	\$4.46	\$3.72	\$3.43
Employee + Family	\$11.16	\$9.30	\$8.58

## Legal Coverage

**ARAG NOTE:** These premiums will be deducted on a post-tax basis.

	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
ARAG Group Legal Plan	\$8.86	\$7.38	\$6.81
ARAG Senior Advocate Program	\$4.66	\$3.88	\$3.58

**MetLaw NOTE:** These premiums will be deducted on a post-tax basis.

	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Hyatt Legal Plan	\$9.57	\$7.98	\$7.36
Senior Advocate Plan	\$3.81	\$3.18	\$2.93

# Full-Time FlexPlan Rates

January 1, 2015 - December 31, 2015

## Metropolitan Life Insurance

Employee-Only Coverage

Age	Reduction	Amount	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Under 65	100% of original policy	10,000	\$1.80	\$1.50	\$1.38
		20,000	\$3.60	\$3.00	\$2.77
		30,000	\$5.40	\$4.50	\$4.15
		40,000	\$7.20	\$6.00	\$5.54
		50,000	\$9.00	\$7.50	\$6.92
		60,000	\$10.80	\$9.00	\$8.31
		70,000	\$12.60	\$10.50	\$9.69
		80,000	\$14.40	\$12.00	\$11.08
		90,000	\$16.20	\$13.50	\$12.46
		100,000	\$18.00	\$15.00	\$13.85
65-69	65% of original policy	6,500	\$1.17	\$0.98	\$0.90
		13,000	\$2.34	\$1.95	\$1.80
		19,500	\$3.51	\$2.93	\$2.70
		26,000	\$4.68	\$3.90	\$3.60
		32,500	\$5.85	\$4.88	\$4.50
		39,000	\$7.02	\$5.85	\$5.40
		45,500	\$8.19	\$6.83	\$6.30
		52,000	\$9.36	\$7.80	\$7.20
		58,500	\$10.53	\$8.78	\$8.10
65,000	\$11.70	\$9.75	\$9.00		
70-74	45% of original policy	4,500	\$0.81	\$0.68	\$0.62
		9,000	\$1.62	\$1.35	\$1.25
		13,500	\$2.43	\$2.03	\$1.87
		18,000	\$3.24	\$2.70	\$2.49
		22,500	\$4.05	\$3.38	\$3.12
		27,000	\$4.86	\$4.05	\$3.74
		31,500	\$5.67	\$4.73	\$4.36
		36,000	\$6.48	\$5.40	\$4.98
		40,500	\$7.29	\$6.08	\$5.61
45,000	\$8.10	\$6.75	\$6.23		

# Full-Time FlexPlan Rates

Age	Reduction	Amount	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
75-80	30% of original polic	3,000	\$0.54	\$0.45	\$0.42
		6,000	\$1.08	\$0.90	\$0.83
		9,000	\$1.62	\$1.35	\$1.25
		12,000	\$2.16	\$1.80	\$1.66
		15,000	\$2.70	\$2.25	\$2.08
		18,000	\$3.24	\$2.70	\$2.49
		21,000	\$3.78	\$3.15	\$2.91
		24,000	\$4.32	\$3.60	\$3.32
		27,000	\$4.86	\$4.05	\$3.74
		30,000	\$5.40	\$4.50	\$4.15
80+	20% of original policy	2,000	\$0.36	\$0.30	\$0.28
		4,000	\$0.72	\$0.60	\$0.55
		6,000	\$1.08	\$0.90	\$0.83
		8,000	\$1.44	\$1.20	\$1.11
		10,000	\$1.80	\$1.50	\$1.38
		12,000	\$2.16	\$1.80	\$1.66
		14,000	\$2.52	\$2.10	\$1.94
		16,000	\$2.88	\$2.40	\$2.22
		18,000	\$3.24	\$2.70	\$2.49
				20,000	\$3.60

# Full-Time FlexPlan Rates

## Accidental Death and Dismemberment (AD&D)

Employee Coverage

Age	Reduction	Amount	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
			EE Only	EE & Family	EE Only	EE & Family	EE Only	EE & Family
Under 70	100% of original policy	25,000	\$0.20	\$0.40	\$0.16	\$0.32	\$0.15	\$0.30
		50,000	\$0.39	\$0.78	\$0.33	\$0.66	\$0.30	\$0.60
		75,000	\$0.59	\$1.18	\$0.49	\$0.98	\$0.45	\$0.90
		100,000	\$0.78	\$1.56	\$0.65	\$1.30	\$0.60	\$1.20
		125,000	\$0.98	\$1.96	\$0.81	\$1.62	\$0.75	\$1.50
		150,000	\$1.17	\$2.34	\$0.98	\$1.96	\$0.90	\$1.80
		175,000	\$1.37	\$2.74	\$1.14	\$2.28	\$1.05	\$2.10
		200,000	\$1.56	\$3.12	\$1.30	\$2.60	\$1.20	\$2.40
		225,000	\$1.76	\$3.52	\$1.46	\$2.92	\$1.35	\$2.70
		250,000	\$1.95	\$3.90	\$1.63	\$3.26	\$1.50	\$3.00
		275,000	\$2.15	\$4.30	\$1.79	\$3.58	\$1.65	\$3.30
		300,000	\$2.34	\$4.68	\$1.95	\$3.90	\$1.80	\$3.60
		325,000	\$2.54	\$5.08	\$2.11	\$4.22	\$1.95	\$3.90
		350,000	\$2.73	\$5.46	\$2.28	\$4.56	\$2.10	\$4.20
		375,000	\$2.93	\$5.86	\$2.44	\$4.88	\$2.25	\$4.50
		400,000	\$3.12	\$6.24	\$2.60	\$5.20	\$2.40	\$4.80
		425,000	\$3.32	\$6.64	\$2.76	\$5.52	\$2.55	\$5.10
		450,000	\$3.51	\$7.02	\$2.93	\$5.86	\$2.70	\$5.40
475,000	\$3.71	\$7.42	\$3.09	\$6.18	\$2.85	\$5.70		
500,000	\$3.90	\$7.80	\$3.25	\$6.50	\$3.00	\$6.00		

# Full-Time FlexPlan Rates

Age	Amount	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)		
		EE Only	EE & Family	EE Only	EE & Family	EE Only	EE & Family	
70-74		17,500	\$0.14	\$0.28	\$0.11	\$0.22	\$0.11	\$0.22
		35,000	\$0.27	\$0.54	\$0.23	\$0.46	\$0.21	\$0.42
		52,500	\$0.41	\$0.82	\$0.34	\$0.68	\$0.32	\$0.64
		70,000	\$0.55	\$1.10	\$0.46	\$0.92	\$0.42	\$0.84
		87,500	\$0.68	\$1.36	\$0.57	\$1.14	\$0.53	\$1.06
		105,000	\$0.82	\$1.64	\$0.68	\$1.36	\$0.63	\$1.26
		122,500	\$0.96	\$1.92	\$0.80	\$1.60	\$0.74	\$1.48
		140,000	\$1.09	\$2.18	\$0.91	\$1.82	\$0.84	\$1.68
	70% of	157,500	\$1.23	\$2.46	\$1.02	\$2.04	\$0.95	\$1.90
	original	175,000	\$1.37	\$2.74	\$1.14	\$2.28	\$1.05	\$2.10
	policy	192,500	\$1.50	\$3.00	\$1.25	\$2.50	\$1.16	\$2.32
		210,000	\$1.64	\$3.28	\$1.37	\$2.74	\$1.26	\$2.52
		227,500	\$1.77	\$3.54	\$1.48	\$2.96	\$1.37	\$2.74
		245,000	\$1.91	\$3.82	\$1.59	\$3.18	\$1.47	\$2.94
		262,500	\$2.05	\$4.10	\$1.71	\$3.42	\$1.58	\$3.16
		280,000	\$2.18	\$4.36	\$1.82	\$3.64	\$1.68	\$3.36
		297,500	\$2.32	\$4.64	\$1.93	\$3.86	\$1.79	\$3.58
		315,000	\$2.46	\$4.92	\$2.05	\$4.10	\$1.89	\$3.78
		332,500	\$2.59	\$5.18	\$2.16	\$4.32	\$2.00	\$4.00
		350,000	\$2.73	\$5.46	\$2.28	\$4.56	\$2.10	\$4.20

# Full-Time FlexPlan Rates

Age	Amount	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)		
		EE Only	EE & Family	EE Only	EE & Family	EE Only	EE & Family	
75-79	45% of original policy	11,250	\$0.09	\$0.18	\$0.07	\$0.14	\$0.07	\$0.14
		22,500	\$0.18	\$0.36	\$0.15	\$0.30	\$0.14	\$0.28
		33,750	\$0.26	\$0.52	\$0.22	\$0.44	\$0.20	\$0.40
		45,000	\$0.35	\$0.70	\$0.29	\$0.58	\$0.27	\$0.54
		56,250	\$0.44	\$0.88	\$0.37	\$0.74	\$0.34	\$0.68
		67,500	\$0.53	\$1.06	\$0.44	\$0.88	\$0.41	\$0.82
		78,750	\$0.61	\$1.22	\$0.51	\$1.02	\$0.47	\$0.94
		90,000	\$0.70	\$1.40	\$0.59	\$1.18	\$0.54	\$1.08
		101,250	\$0.79	\$1.58	\$0.66	\$1.32	\$0.61	\$1.22
		112,500	\$0.88	\$1.76	\$0.73	\$1.46	\$0.68	\$1.36
		123,750	\$0.97	\$1.94	\$0.80	\$1.60	\$0.74	\$1.48
		135,000	\$1.05	\$2.10	\$0.88	\$1.76	\$0.81	\$1.62
		146,250	\$1.14	\$2.28	\$0.95	\$1.90	\$0.88	\$1.76
		157,500	\$1.23	\$2.46	\$1.02	\$2.04	\$0.95	\$1.90
		168,750	\$1.32	\$2.64	\$1.10	\$2.20	\$1.01	\$2.02
		180,000	\$1.40	\$2.80	\$1.17	\$2.34	\$1.08	\$2.16
		191,250	\$1.49	\$2.98	\$1.24	\$2.48	\$1.15	\$2.30
		202,500	\$1.58	\$3.16	\$1.32	\$2.64	\$1.22	\$2.44
213,750	\$1.67	\$3.34	\$1.39	\$2.78	\$1.28	\$2.56		
225,000	\$1.76	\$3.52	\$1.46	\$2.92	\$1.35	\$2.70		

# Full-Time FlexPlan Rates

Age	Amount	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
		EE Only	EE & Family	EE Only	EE & Family	EE Only	EE & Family
80-84	30% of original policy						
	7,500	\$0.06	\$0.12	\$0.05	\$0.10	\$0.05	\$0.10
	15,000	\$0.12	\$0.24	\$0.10	\$0.20	\$0.09	\$0.18
	22,500	\$0.18	\$0.36	\$0.15	\$0.30	\$0.14	\$0.28
	30,000	\$0.23	\$0.46	\$0.20	\$0.40	\$0.18	\$0.36
	37,500	\$0.29	\$0.58	\$0.24	\$0.48	\$0.23	\$0.46
	45,000	\$0.35	\$0.70	\$0.29	\$0.58	\$0.27	\$0.54
	52,500	\$0.41	\$0.82	\$0.34	\$0.68	\$0.32	\$0.64
	60,000	\$0.47	\$0.94	\$0.39	\$0.78	\$0.36	\$0.72
	67,500	\$0.53	\$1.06	\$0.44	\$0.88	\$0.41	\$0.82
	75,000	\$0.59	\$1.18	\$0.49	\$0.98	\$0.45	\$0.90
	82,500	\$0.64	\$1.28	\$0.54	\$1.08	\$0.50	\$1.00
	90,000	\$0.70	\$1.40	\$0.59	\$1.18	\$0.54	\$1.08
	97,500	\$0.76	\$1.52	\$0.63	\$1.26	\$0.59	\$1.18
	105,000	\$0.82	\$1.64	\$0.68	\$1.36	\$0.63	\$1.26
	112,500	\$0.88	\$1.76	\$0.73	\$1.46	\$0.68	\$1.36
	120,000	\$0.94	\$1.88	\$0.78	\$1.56	\$0.72	\$1.44
	127,500	\$0.99	\$1.98	\$0.83	\$1.66	\$0.77	\$1.54
135,000	\$1.05	\$2.10	\$0.88	\$1.76	\$0.81	\$1.62	
142,500	\$1.11	\$2.22	\$0.93	\$1.86	\$0.86	\$1.72	
150,000	\$1.17	\$2.34	\$0.98	\$1.96	\$0.90	\$1.80	

# Full-Time FlexPlan Rates

Age	Amount	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
		EE Only	EE & Family	EE Only	EE & Family	EE Only	EE & Family
85+	15% of original policy						
	3,750	\$0.03	\$0.06	\$0.02	\$0.04	\$0.02	\$0.04
	7,500	\$0.06	\$0.12	\$0.05	\$0.10	\$0.05	\$0.10
	11,250	\$0.09	\$0.18	\$0.07	\$0.14	\$0.07	\$0.14
	15,000	\$0.12	\$0.24	\$0.10	\$0.20	\$0.09	\$0.18
	18,750	\$0.15	\$0.30	\$0.12	\$0.24	\$0.11	\$0.22
	22,500	\$0.18	\$0.36	\$0.15	\$0.30	\$0.14	\$0.28
	26,250	\$0.20	\$0.40	\$0.17	\$0.34	\$0.16	\$0.32
	30,000	\$0.23	\$0.46	\$0.20	\$0.40	\$0.18	\$0.36
	33,750	\$0.26	\$0.52	\$0.22	\$0.44	\$0.20	\$0.40
	37,500	\$0.29	\$0.58	\$0.24	\$0.48	\$0.23	\$0.46
	41,250	\$0.32	\$0.64	\$0.27	\$0.54	\$0.25	\$0.50
	45,000	\$0.35	\$0.70	\$0.29	\$0.58	\$0.27	\$0.54
	48,750	\$0.38	\$0.76	\$0.32	\$0.64	\$0.29	\$0.58
	52,500	\$0.41	\$0.82	\$0.34	\$0.68	\$0.32	\$0.64
	56,250	\$0.44	\$0.88	\$0.37	\$0.74	\$0.34	\$0.68
	60,000	\$0.47	\$0.94	\$0.39	\$0.78	\$0.36	\$0.72
	63,750	\$0.50	\$1.00	\$0.41	\$0.82	\$0.38	\$0.76
67,500	\$0.53	\$1.06	\$0.44	\$0.88	\$0.41	\$0.82	
71,250	\$0.56	\$1.12	\$0.46	\$0.92	\$0.43	\$0.86	
75,000	\$0.59	\$1.18	\$0.49	\$0.98	\$0.45	\$0.90	

# Part-Time (B,E,F,L) FlexPlan Rates

January 1, 2015 - December 31, 2015

BENEFIT	COVERAGE LEVEL	EMPLOYEE ONLY	EMPLOYEE & FAMILY
Delta Dental	DeltaCare USA Plan DHMO Standard	\$7.91	\$20.14
	DeltaCare USA Plan DHMO High	\$13.31	\$33.98
	Delta Dental PPO Standard	\$17.24	\$52.90
	Delta Dental PPO High	\$40.63	\$121.48
UnitedHealthcare Dental	UHC Solstice Access+ Standard DHMO	\$8.33	\$21.20
	UHC Solstice Access+ High DHMO	\$10.86	\$27.70
	UHC PPO Standard	\$18.51	\$55.68
	UHC PPO High	\$37.92	\$113.36
Davis Vision	—	\$5.06	\$12.21
UHC Vision	—	\$5.30	\$13.26
Hospital Indemnity Coverage	\$50 Per Day	\$2.48	\$6.20
	\$100 Per Day	\$4.96	\$12.40
	\$150 Per Day	\$7.44	\$18.60
ID Watchdog Identity Theft Protection	—	\$7.95	\$13.95
Short-Term Disability	Standard Upgrade	\$5.99	N/A
	Standard High	\$2.54	N/A
	Standard High Upgrade	\$9.34	N/A
Life Insurance	\$10,000	\$3.00	N/A
	\$20,000	\$6.00	N/A
	\$30,000	\$9.00	N/A
	\$40,000	\$12.00	N/A
	\$50,000	\$15.00	N/A
	\$60,000	\$18.00	N/A
	\$70,000	\$21.00	N/A
	\$80,000	\$24.00	N/A
	\$90,000	\$27.00	N/A
	\$100,000	\$30.00	N/A
ARAG® Legal	—	N/A	\$14.76
ARAG® Senior Advocate™	—	N/A	\$7.76
MetLaw Hyatt Legal Plan	—	N/A	\$15.95
MetLaw Senior Advocate Plan	—	N/A	\$6.35

# Part-Time (B,E,F,L) FlexPlan Rates

January 1, 2015 - December 31, 2015

BENEFIT	AGE	REDUCTION	COVERAGE LEVEL	EMPLOYEE ONLY	EMPLOYEE & FAMILY
MetLife Accidental Death and Dismemberment (AD&D) This benefit is not available to Bargaining Unit 4 (AFSCME) employees.	Under 70	100% of original policy	\$ 25,000	\$ 0.33	\$ 0.65
			\$ 50,000	\$ 0.65	\$ 1.30
			\$ 75,000	\$ 0.98	\$ 1.95
			\$ 100,000	\$ 1.30	\$ 2.60
			\$ 125,000	\$ 1.63	\$ 3.25
			\$ 150,000	\$ 1.95	\$ 3.90
			\$ 175,000	\$ 2.28	\$ 4.55
			\$ 200,000	\$ 2.60	\$ 5.20
			\$ 225,000	\$ 2.93	\$ 5.85
			\$ 250,000	\$ 3.25	\$ 6.50
			\$ 275,000	\$ 3.58	\$ 7.15
			\$ 300,000	\$ 3.90	\$ 7.80
			\$ 325,000	\$ 4.23	\$ 8.45
			\$ 350,000	\$ 4.55	\$ 9.10
			\$ 375,000	\$ 4.88	\$ 9.75
			\$ 400,000	\$ 5.20	\$ 10.40
			\$ 425,000	\$ 5.53	\$ 11.05
\$ 450,000	\$ 5.85	\$ 11.70			
\$ 475,000	\$ 6.18	\$ 12.35			
\$ 500,000	\$ 6.50	\$ 13.00			

# Part-Time (B,E,F,L) FlexPlan Rates

January 1, 2015 - December 31, 2015

BENEFIT	AGE	REDUCTION	COVERAGE LEVEL	EMPLOYEE ONLY	EMPLOYEE & FAMILY
MetLife Accidental Death and Dismemberment (AD&D) This benefit is not available to Bargaining Unit 4 (AFSCME) employees.	70-74	70% of original policy	\$ 17,500	\$ 0.23	\$ 0.46
			\$ 35,000	\$ 0.46	\$ 0.91
			\$ 52,500	\$ 0.68	\$ 1.37
			\$ 70,000	\$ 0.91	\$ 1.82
			\$ 87,500	\$ 1.14	\$ 2.28
			\$ 105,000	\$ 1.37	\$ 2.73
			\$ 122,500	\$ 1.59	\$ 3.19
			\$ 140,000	\$ 1.82	\$ 3.64
			\$ 157,500	\$ 2.05	\$ 4.10
			\$ 175,000	\$ 2.28	\$ 4.55
			\$ 192,500	\$ 2.50	\$ 5.01
			\$ 210,000	\$ 2.73	\$ 5.46
			\$ 227,500	\$ 2.96	\$ 5.92
			\$ 245,000	\$ 3.19	\$ 6.37
			\$ 262,500	\$ 3.41	\$ 6.83
			\$ 280,000	\$ 3.64	\$ 7.28
			\$ 297,500	\$ 3.87	\$ 7.74
\$ 315,000	\$ 4.10	\$ 8.19			
\$ 332,500	\$ 4.32	\$ 8.65			
\$ 350,000	\$ 4.55	\$ 9.10			

# Part-Time (B,E,F,L) FlexPlan Rates

January 1, 2015 - December 31, 2015

BENEFIT	AGE	REDUCTION	COVERAGE LEVEL	EMPLOYEE ONLY	EMPLOYEE & FAMILY
MetLife Accidental Death and Dismemberment (AD&D) This benefit is not available to Bargaining Unit 4 (AFSCME) employees.	75-79	45% of original policy	\$ 11,250	\$ 0.15	\$ 0.29
			\$ 22,500	\$ 0.29	\$ 0.59
			\$ 33,750	\$ 0.44	\$ 0.88
			\$ 45,000	\$ 0.59	\$ 1.17
			\$ 56,250	\$ 0.73	\$ 1.46
			\$ 67,500	\$ 0.88	\$ 1.76
			\$ 78,750	\$ 1.02	\$ 2.05
			\$ 90,000	\$ 1.17	\$ 2.34
			\$ 101,250	\$ 1.32	\$ 2.63
			\$ 112,500	\$ 1.46	\$ 2.93
			\$ 123,750	\$ 1.61	\$ 3.22
			\$ 135,000	\$ 1.76	\$ 3.51
			\$ 146,250	\$ 1.90	\$ 3.80
			\$ 157,500	\$ 2.05	\$ 4.10
			\$ 168,750	\$ 2.19	\$ 4.39
			\$ 180,000	\$ 2.34	\$ 4.68
			\$ 191,250	\$ 2.49	\$ 4.97
\$ 202,500	\$ 2.63	\$ 5.27			
\$ 213,750	\$ 2.78	\$ 5.56			
\$ 225,000	\$ 2.93	\$ 5.85			

# Part-Time (B,E,F,L) FlexPlan Rates

January 1, 2015 - December 31, 2015

BENEFIT	AGE	REDUCTION	COVERAGE LEVEL	EMPLOYEE ONLY	EMPLOYEE & FAMILY
MetLife Accidental Death and Dismemberment (AD&D) This benefit is not available to Bargaining Unit 4 (AFSCME) employees.	80-84	30% of original policy	\$ 7,500	\$ 0.10	\$ 0.20
			\$ 15,000	\$ 0.20	\$ 0.39
			\$ 22,500	\$ 0.29	\$ 0.59
			\$ 30,000	\$ 0.39	\$ 0.78
			\$ 37,500	\$ 0.49	\$ 0.98
			\$ 45,000	\$ 0.59	\$ 1.17
			\$ 52,500	\$ 0.68	\$ 1.37
			\$ 60,000	\$ 0.78	\$ 1.56
			\$ 67,500	\$ 0.88	\$ 1.76
			\$ 75,000	\$ 0.98	\$ 1.95
			\$ 82,500	\$ 1.07	\$ 2.15
			\$ 90,000	\$ 1.17	\$ 2.34
			\$ 97,500	\$ 1.27	\$ 2.54
			\$ 105,000	\$ 1.37	\$ 2.73
			\$ 112,500	\$ 1.46	\$ 2.93
			\$ 120,000	\$ 1.56	\$ 3.12
			\$ 127,500	\$ 1.66	\$ 3.32
\$ 135,000	\$ 1.76	\$ 3.51			
\$ 142,500	\$ 1.85	\$ 3.71			
\$ 150,000	\$ 1.95	\$ 3.90			

# Part-Time (B,E,F,L) FlexPlan Rates

January 1, 2015 - December 31, 2015

BENEFIT	AGE	REDUCTION	COVERAGE LEVEL	EMPLOYEE ONLY	EMPLOYEE & FAMILY
MetLife Accidental Death and Dismemberment (AD&D) This benefit is not available to Bargaining Unit 4 (AFSCME) employees.	85+	15% of original policy	\$ 3,750	\$ 0.05	\$ 0.10
			\$ 7,500	\$ 0.10	\$ 0.20
			\$ 11,250	\$ 0.15	\$ 0.29
			\$ 15,000	\$ 0.20	\$ 0.39
			\$ 18,750	\$ 0.24	\$ 0.49
			\$ 22,500	\$ 0.29	\$ 0.59
			\$ 26,250	\$ 0.34	\$ 0.68
			\$ 30,000	\$ 0.39	\$ 0.78
			\$ 33,750	\$ 0.44	\$ 0.88
			\$ 37,500	\$ 0.49	\$ 0.98
			\$ 41,250	\$ 0.54	\$ 1.07
			\$ 45,000	\$ 0.59	\$ 1.17
			\$ 48,750	\$ 0.63	\$ 1.27
			\$ 52,500	\$ 0.68	\$ 1.37
			\$ 56,250	\$ 0.73	\$ 1.46
			\$ 60,000	\$ 0.78	\$ 1.56
			\$ 63,750	\$ 0.83	\$ 1.66
\$ 67,500	\$ 0.88	\$ 1.76			
\$ 71,250	\$ 0.93	\$ 1.85			
\$ 75,000	\$ 0.98	\$ 1.95			

# Part-Time Food Service FlexPlan Rates

January 1, 2015 - December 31, 2015

BENEFIT	COVERAGE LEVEL	EMPLOYEE ONLY	EMPLOYEE & FAMILY
Delta Dental	DeltaCare USA Plan DHMO Standard	\$7.91	\$20.14
	DeltaCare USA Plan DHMO High	\$13.31	\$33.98
	Delta Dental PPO Standard	\$17.24	\$52.90
	Delta Dental PPO High	\$40.63	\$121.48
UnitedHealthcare Dental	UHC Solstice Access+ Standard DHMO	\$8.33	\$21.20
	UHC Solstice Access+ High DHMO	\$10.86	\$27.70
	UHC PPO Standard	\$18.51	\$55.68
	UHC PPO High	\$37.92	\$113.36
Davis Vision	—	\$5.06	\$12.21
UHC Vision	—	\$5.30	\$13.26
Hospital Indemnity Coverage	\$50 Per Day	\$2.48	\$6.20
	\$100 Per Day	\$4.96	\$12.40
	\$150 Per Day	\$7.44	\$18.60
ID Watchdog Identity Theft Protection	—	\$7.95	\$13.95
Short-Term Disability	Standard Upgrade	\$5.99	N/A
	Standard High	\$2.54	N/A
	Standard High Upgrade	\$9.34	N/A
Life Insurance	\$10,000	\$3.00	N/A
	\$20,000	\$6.00	N/A
	\$30,000	\$9.00	N/A
	\$40,000	\$12.00	N/A
	\$50,000	\$15.00	N/A
	\$60,000	\$18.00	N/A
	\$70,000	\$21.00	N/A
	\$80,000	\$24.00	N/A
	\$90,000	\$27.00	N/A
	\$100,000	\$30.00	N/A
ARAG® Legal	—	N/A	\$14.76
ARAG® Senior Advocate™	—	N/A	\$7.76
MetLaw Hyatt Legal Plan	—	N/A	\$15.95
MetLaw Senior Advocate Plan	—	N/A	\$6.35

# COBRA FlexPlan Rates

January 1, 2015 - December 31, 2015

BENEFIT	COVERAGE LEVEL	EMPLOYEE ONLY	EMPLOYEE & FAMILY
Delta Dental	DeltaCare USA Plan DHMO Standard	\$8.07	\$20.54
	DeltaCare USA Plan DHMO High	\$13.58	\$34.66
	Delta Dental PPO Standard	\$17.58	\$53.96
	Delta Dental PPO Standard	\$41.44	\$123.91
UnitedHealthcare Dental	UHC Solstice Access+ Standard DHMO	\$8.50	\$21.62
	UHC Solstice Access+ High DHMO	\$11.08	\$28.25
	UHC PPO Standard	\$18.51	\$56.79
	UHC PPO High	\$38.68	\$115.63
Davis Vision	—	\$5.16	\$12.45
UHC Vision	—	\$5.41	\$13.53

# Retiree FlexPlan Rates

January 1, 2015 - December 31, 2015

## DELTACARE USA (DHMO)

	Standard	High
Retiree Only	\$7.91	\$13.31
Retiree & Family	\$20.14	\$33.98

## DELTA DENTAL INDEMNITY - PPO PLAN

	Standard	High
Retiree Only	\$17.24	\$40.63
Retiree & Family	\$52.90	\$121.48

## UNITEDHEALTHCARE SOLSTICE ACCESS+ DENTAL (DHMO)

	Standard	High
Retiree Only	\$8.33	\$10.86
Retiree & Family	\$21.20	\$27.70

## UNITEDHEALTHCARE DENTAL INDEMNITY - PPO PLAN

	Standard	High
Retiree Only	\$18.15	\$37.92
Retiree & Family	\$55.68	\$113.36

## DAVIS VISION

Retiree Only	\$5.06
Retiree & Family	\$12.21

## UNITEDHEALTHCARE VISION

Retiree Only	\$5.30
Retiree & Family	\$13.26

## CIGNA HOSPITAL INDEMNITY COVERAGE

Daily Benefit	\$50 per day	\$100 per day	\$150 per day
Retiree	\$2.48	\$4.96	\$7.44
Retiree & Family	\$6.20	\$12.40	\$18.60

# Retiree FlexPlan Rates

January 1, 2015 - December 31, 2015

ARAG® LEGAL	
Retiree & Family	\$14.76
ARAG® SENIORADVOCATE™	
Retiree & Family	\$7.76
METLAW LEGAL PLAN	
Retiree & Family	\$15.95
METLAW SENIOR ADVOCATE PLAN	
Retiree & Family	\$6.35
ID WATCHDOG IDENTITY THEFT PROTECTION	
Retiree	\$7.95
Retiree & Family	\$13.95

# Retiree FlexPlan Rates

January 1, 2015 - December 31, 2015

## Regular Retiree

MetLife Regular Retiree Coverage

Age	Reduction	Amount	Monthly
Under 65	100% of original policy	\$ 10,000	\$ 3.00
		\$ 20,000	\$ 6.00
		\$ 30,000	\$ 9.00
		\$ 40,000	\$ 12.00
		\$ 50,000	\$ 15.00
		\$ 60,000	\$ 18.00
		\$ 70,000	\$ 21.00
		\$ 80,000	\$ 24.00
		\$ 90,000	\$ 27.00
		\$ 100,000	\$ 30.00

65-69	65% of original policy	\$ 6,500	\$ 1.95
		\$ 13,000	\$ 3.90
		\$ 19,500	\$ 5.85
		\$ 26,000	\$ 7.80
		\$ 32,500	\$ 9.75
		\$ 39,000	\$ 11.70
		\$ 45,500	\$ 13.65
		\$ 52,000	\$ 15.60
		\$ 58,500	\$ 17.55
		\$ 65,000	\$ 19.50
70-74	45% of original policy	\$ 4,500	\$ 1.35
		\$ 9,000	\$ 2.70
		\$ 13,500	\$ 4.05
		\$ 18,000	\$ 5.40
		\$ 22,500	\$ 6.75
		\$ 27,000	\$ 8.10
		\$ 31,500	\$ 9.45
		\$ 36,000	\$ 10.80
		\$ 40,500	\$ 12.15
		\$ 45,000	\$ 13.50

Age	Reduction	Amount	Monthly
75-80	30% of original policy	\$ 3,000	\$ 0.90
		\$ 6,000	\$ 1.80
		\$ 9,000	\$ 2.70
		\$ 12,000	\$ 3.60
		\$ 15,000	\$ 4.50
		\$ 18,000	\$ 5.40
		\$ 21,000	\$ 6.30
		\$ 24,000	\$ 7.20
		\$ 27,000	\$ 8.10
		\$ 30,000	\$ 9.00
80+	20% of original policy	\$ 2,000	\$ 0.60
		\$ 4,000	\$ 1.20
		\$ 6,000	\$ 1.80
		\$ 8,000	\$ 2.40
		\$ 10,000	\$ 3.00
		\$ 12,000	\$ 3.60
		\$ 14,000	\$ 4.20
		\$ 16,000	\$ 4.80
		\$ 18,000	\$ 5.40
		\$ 20,000	\$ 6.00

# Retiree FlexPlan Rates

January 1, 2015 - December 31, 2015

## Regular Retiree

Over 65 or Under 65 Regular Retiree Coverage

Accidental Death and Dismemberment (AD&D)

AGE	REDUCTION	COVERAGE LEVEL	RETIREE ONLY	RETIREE & FAMILY
Under 70	100% of original policy	\$ 25,000	\$ 0.33	\$ 0.65
		\$ 50,000	\$ 0.65	\$ 1.30
		\$ 75,000	\$ 0.98	\$ 1.95
		\$ 100,000	\$ 1.30	\$ 2.60
		\$ 125,000	\$ 1.63	\$ 3.25
		\$ 150,000	\$ 1.95	\$ 3.90
		\$ 175,000	\$ 2.28	\$ 4.55
		\$ 200,000	\$ 2.60	\$ 5.20
		\$ 225,000	\$ 2.93	\$ 5.85
		\$ 250,000	\$ 3.25	\$ 6.50
		\$ 275,000	\$ 3.58	\$ 7.15
		\$ 300,000	\$ 3.90	\$ 7.80
		\$ 325,000	\$ 4.23	\$ 8.45
		\$ 350,000	\$ 4.55	\$ 9.10
		\$ 375,000	\$ 4.88	\$ 9.75
		\$ 400,000	\$ 5.20	\$ 10.40
		\$ 425,000	\$ 5.53	\$ 11.05
\$ 450,000	\$ 5.85	\$ 11.70		
\$ 475,000	\$ 6.18	\$ 12.35		
\$ 500,000	\$ 6.50	\$ 13.00		

# Retiree FlexPlan Rates

January 1, 2015 - December 31, 2015

AGE	REDUCTION	COVERAGE LEVEL	RETIREE ONLY	RETIREE & FAMILY
70-74	70% of original policy	\$ 17,500	\$ 0.23	\$ 0.46
		\$ 35,000	\$ 0.46	\$ 0.91
		\$ 52,500	\$ 0.68	\$ 1.37
		\$ 70,000	\$ 0.91	\$ 1.82
		\$ 87,500	\$ 1.14	\$ 2.28
		\$ 105,000	\$ 1.37	\$ 2.73
		\$ 122,500	\$ 1.59	\$ 3.19
		\$ 140,000	\$ 1.82	\$ 3.64
		\$ 157,500	\$ 2.05	\$ 4.10
		\$ 175,000	\$ 2.28	\$ 4.55
		\$ 192,500	\$ 2.50	\$ 5.01
		\$ 210,000	\$ 2.73	\$ 5.46
		\$ 227,500	\$ 2.96	\$ 5.92
		\$ 245,000	\$ 3.19	\$ 6.37
		\$ 262,500	\$ 3.41	\$ 6.83
		\$ 280,000	\$ 3.64	\$ 7.28
		\$ 297,500	\$ 3.87	\$ 7.74
\$ 315,000	\$ 4.10	\$ 8.19		
\$ 332,500	\$ 4.32	\$ 8.65		
\$ 350,000	\$ 4.55	\$ 9.10		

# Retiree FlexPlan Rates

January 1, 2015 - December 31, 2015

AGE	REDUCTION	COVERAGE LEVEL	RETIREE ONLY	RETIREE & FAMILY
75-79	45% of original policy	\$ 11,250	\$ 0.15	\$ 0.29
		\$ 22,500	\$ 0.29	\$ 0.59
		\$ 33,750	\$ 0.44	\$ 0.88
		\$ 45,000	\$ 0.59	\$ 1.17
		\$ 56,250	\$ 0.73	\$ 1.46
		\$ 67,500	\$ 0.88	\$ 1.76
		\$ 78,750	\$ 1.02	\$ 2.05
		\$ 90,000	\$ 1.17	\$ 2.34
		\$ 101,250	\$ 1.32	\$ 2.63
		\$ 112,500	\$ 1.46	\$ 2.93
		\$ 123,750	\$ 1.61	\$ 3.22
		\$ 135,000	\$ 1.76	\$ 3.51
		\$ 146,250	\$ 1.90	\$ 3.80
		\$ 157,500	\$ 2.05	\$ 4.10
		\$ 168,750	\$ 2.19	\$ 4.39
		\$ 180,000	\$ 2.34	\$ 4.68
		\$ 191,250	\$ 2.49	\$ 4.97
\$ 202,500	\$ 2.63	\$ 5.27		
\$ 213,750	\$ 2.78	\$ 5.56		
\$ 225,000	\$ 2.93	\$ 5.85		

# Retiree FlexPlan Rates

January 1, 2015 - December 31, 2015

AGE	REDUCTION	COVERAGE LEVEL	RETIREE ONLY	RETIREE & FAMILY
80-84	30% of original policy	\$ 7,500	\$ 0.10	\$ 0.20
		\$ 15,000	\$ 0.20	\$ 0.39
		\$ 22,500	\$ 0.29	\$ 0.59
		\$ 30,000	\$ 0.39	\$ 0.78
		\$ 37,500	\$ 0.49	\$ 0.98
		\$ 45,000	\$ 0.59	\$ 1.17
		\$ 52,500	\$ 0.68	\$ 1.37
		\$ 60,000	\$ 0.78	\$ 1.56
		\$ 67,500	\$ 0.88	\$ 1.76
		\$ 75,000	\$ 0.98	\$ 1.95
		\$ 82,500	\$ 1.07	\$ 2.15
		\$ 90,000	\$ 1.17	\$ 2.34
		\$ 97,500	\$ 1.27	\$ 2.54
		\$ 105,000	\$ 1.37	\$ 2.73
		\$ 112,500	\$ 1.46	\$ 2.93
		\$ 120,000	\$ 1.56	\$ 3.12
		\$ 127,500	\$ 1.66	\$ 3.32
\$ 135,000	\$ 1.76	\$ 3.51		
\$ 142,500	\$ 1.85	\$ 3.71		
\$ 150,000	\$ 1.95	\$ 3.90		

# Retiree FlexPlan Rates

January 1, 2015 - December 31, 2015

AGE	REDUCTION	COVERAGE LEVEL	RETIREE ONLY	RETIREE & FAMILY
85+	15% of original policy	\$ 3,750	\$ 0.05	\$ 0.10
		\$ 7,500	\$ 0.10	\$ 0.20
		\$ 11,250	\$ 0.15	\$ 0.29
		\$ 15,000	\$ 0.20	\$ 0.39
		\$ 18,750	\$ 0.24	\$ 0.49
		\$ 22,500	\$ 0.29	\$ 0.59
		\$ 26,250	\$ 0.34	\$ 0.68
		\$ 30,000	\$ 0.39	\$ 0.78
		\$ 33,750	\$ 0.44	\$ 0.88
		\$ 37,500	\$ 0.49	\$ 0.98
		\$ 41,250	\$ 0.54	\$ 1.07
		\$ 45,000	\$ 0.59	\$ 1.17
		\$ 48,750	\$ 0.63	\$ 1.27
		\$ 52,500	\$ 0.68	\$ 1.37
		\$ 56,250	\$ 0.73	\$ 1.46
		\$ 60,000	\$ 0.78	\$ 1.56
		\$ 63,750	\$ 0.83	\$ 1.66
\$ 67,500	\$ 0.88	\$ 1.76		
\$ 71,250	\$ 0.93	\$ 1.85		
\$ 75,000	\$ 0.98	\$ 1.95		



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Information contained herein does not constitute an insurance certificate or policy. Certificates will be provided to participants following the start of the plan year, if applicable.