



## Dental & Vision Plans

## Dental Claims administered by our TPA (AmeraPlan)

This benefit applies when covered dental charges are incurred by a person while covered under this Plan.

### BENEFIT PAYMENT

Each Plan Year (July 1<sup>st</sup> through June 30<sup>th</sup>) benefits will be paid to a Covered Person for the dental charges in excess of the deductible amount. Payment will be made at the rate shown under Dental Percentage Payable in the Schedule of Benefits. No benefits will be paid in excess of the Maximum Benefit Amount.

### DENTAL CHARGES

Dental charges are the Usual and Reasonable Charges made by a Dentist or other Physician for necessary care, appliances or other dental material listed as a covered dental service.

A dental charge is incurred on the date the service or supply for which it is made is performed or furnished. However, there are times when one overall charge is made for all or part of a course of treatment. In this case, the Claims Administrator will apportion that overall charge to each of the separate visits or treatments. The pro rata charge will be considered to be incurred as each visit or treatment is completed.

### DENTAL SCHEDULE OF BENEFITS

	DenteMax Provider	Non-DenteMax Provider
<b>CLASS BENEFITS</b>		
<b>Diagnostic and Preventative Services</b> – includes exams, cleanings, fluoride and space maintainers	80%	80%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	80%
<b>Brush Biopsy</b> – to detect oral cancer	80%	80%
<b>Radiographs</b> – X-rays	80%	80%
<b>CLASS BENEFITS</b>		
<b>Major Restorative Services</b> – includes crowns	80%	80%
<b>Minor Restorative Services</b> – includes fillings	80%	80%
<b>Periodontic Services</b> – to treat gum disease	80%	80%
<b>Endodontic Services</b> – includes root canals	80%	80%
<b>Oral Surgery Services</b> – extractions and dental surgery	80%	80%
<b>Relines and Repairs</b> – to bridges and dentures	80%	80%
<b>Other Basic Services</b> – miscellaneous services	80%	80%
<b>CLASS BENEFITS</b>		
<b>Prosthodontic Services</b> – includes bridges, implants and dentures	80%	80%
<b>CLASS BENEFITS</b>		
<b>Orthodontic Services</b> – includes braces	80%	80%
<b>Orthodontic Age Limit</b>	To age 19	To age 19
<b>Plan year Maximum (Class I, II and III Benefits)</b> – per covered person per plan year	\$1,000.00	
<b>Lifetime Maximum (Class IV Benefits)</b> – per covered person per lifetime	\$1,300.00	

- Oral exams are payable twice in any period of 12 consecutive months
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months
- Flouride treatments are payable twice in any period of 12 consecutive months for people up to age 19
- Space maintainers are payable for people up to age 14
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period
- Benefits for cephalometric X-rays and photographs are not limited to Orthodontics
- Benefits for diagnostics casts are not limited to Orthodontics
- Composite resin (white) restorations are Covered Services on posterior teeth
- Porcelain crowns are optional treatment on posterior teeth
- Vestibuloplasty and excision of odontogenic tumors are Covered Services
- Implants and implant related services are payable once per tooth in any five-year period
- Cast restorations (including jackets, crowns and onlays) and associated procedures (such as core buildups and post substructures) on the same tooth are payable once in any five-year period
- Crowns or onlays are payable only for extensive loss of tooth structure due to caries and/or fractures
- Individual crowns over implants are payable at the prosthodontic benefit level
- Porcelain, porcelain substrate, and cast restorations are not payable for people under age 12
- An occlusal guard is a benefit once in a lifetime
- An interim partial denture is a benefit only for the replacement of permanent anterior teeth during the healing period or for people up to age 17 for missing permanent anterior teeth
- Prosthodontic (Class III) benefit limitations:
  - One complete upper or one complete lower denture are benefits once in any five-year period for any person
  - A removable partial denture, implant or fixed bridge for any person can be covered once in any five-year period unless the loss of additional teeth requires the construction of a new appliance
  - Fixed bridges and removable cast partial dentures are not payable for people under age 16
  - A relin or the complete replacement of denture base materials is limited to once in any 3-year period per appliance
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- Orthodontic (Class IV) benefit limitations:
  - Orthodontic benefits are payable for eligible people up to age 19
  - If the treatment plan is terminated before completion of the case for any reason, Dansville Public Schools' obligation will cease with payment to the date of termination
  - The dentist pay terminate treatment, with written notification to AmeraPlan and to the patient, for lack of patient interest and cooperation. In these cases, Dansville Public Schools' obligation for payment of benefits ends on the last day of the month in which the patient was last treated
  - An observation and adjustment is a benefit twice in a 12-month period

➤ Dansville Public Schools' obligation for payment of benefits ends on the last day of the month in which coverage is terminated. However, Dansville will make payment for Covered Services provided on or before the last day of the month in which coverage was terminated as long as it receives a claim for those services within one year of the date of service.

➤ When services in progress are interrupted and completed later by another Dentist, AmeraPlan will review the claim to determine the amount of payment, if any, to each Dentist.

➤ Care terminated due to the death of an eligible person will be paid to the limit of Dansville's liability for the services completed or in progress.

➤ Optional Treatment: If an eligible person selects a more expensive service than is customarily provided or for which AmeraPlan does not determine a valid dental need is shown, Dansville can make an allowance based on the fee for the customarily provided service.

➤ Maximum Payment: The maximum benefit payable in any one plan year and/or lifetime for Class IV (Orthodontics) will be limited to the amount specified in the Schedule of Benefits

### **Vision Claims administered by our TPA (Ameraplan)**

This benefit applies when covered vision charges are incurred by a person while covered under this Plan. The Vision Benefits are provided once every Plan Year (July 1<sup>st</sup> through June 30<sup>th</sup>) for all Covered Individuals.

#### **BENEFIT PAYMENT**

The benefits will be paid to a Covered Person for the vision charges and payment will be made at the rate shown under the Vision Payable in the Schedule of Benefits. No benefits will be paid in excess of the Maximum Benefit Amount. **VISION COVERED EXPENSES**

Vision covered expenses are the Usual and Reasonable Charges made by a Physician for vision benefits. A vision charge is incurred on the date the service or supply for which it is made is performed or furnished. However, there are times when one overall charge is made for all or part of a course of treatment. In this case, the Claims Administrator will apportion that overall charge to each of the separate visits or treatments.

Member pays:

\$6.50 copay for each examination  
\$18.00 copay for lenses and frames (combined)

➤ Charges for a vision examination but not for more than one performed on an insured person during a plan year. Plan year is October 1 through September 30.

➤ Charges for corrective spectacle lenses and frames but not more than one pair of such lenses and one frame per insured person during a plan year.

➤Charges for corrective contact lenses but not more than one pair of such lenses per insured person during a plan year. These are contact lenses furnished because visual acuity is not correctable to 20/70 in the better eye with spectacle lenses, but can be corrected to 20/70 or better by the use of contact lenses. All other types of contact lenses are considered cosmetic (elective) contact lenses.

NOTE: For each plan year, charges for contact lenses and the examination are in lieu of all other Covered Charges during the plan year for each insured person.

The total maximum plan allowance for each insured person in each plan year for all cosmetic contact lenses and examinations is \$200.00 (see below). The above mentioned copays do not apply to cosmetic contact lenses and examinations for them.

BENEFIT	PLAN ALLOWABLE AMOUNT
SEE ABOVE FOR MEMBER COPAYS	
Exam with refraction	\$85.00 Maximum
Single Vision Lenses	\$100.00 Maximum
Bi-Focal Vision Lenses	\$130.00 Maximum
Tri-Focal Vision Lenses	\$160.00 Maximum
Lenticular Lenses	\$175.00 Maximum
Contacts	Necessary: \$200.00 Maximum including exam Cosmetic: \$115.00 Maximum including exam
Frames	\$130.00 Maximum
Rimless drilling and mounting	\$30.00 Maximum
All tints including photchromics(transitional)/solid tints	\$125.00 Maximum
Progressive Lenses	\$160.00 Maximum for all (basic, standard, premium, digital)
Polarized Lenses	\$105.00 Maximum
Polycarb Lenses for children 18 and under	\$75.00 Maximum
Polycarb Lenses for adults	\$45.00 Maximum
Anti-Glare	Not Covered

#### VISION EXCLUSIONS AND LIMITATIONS

- Non-corrective lenses
- Vision therapy or subnormal vision aids
- Medical or surgical treatment of the eyes
- Replacement of lost or broken lenses or frames if benefits applicable to the replacement were previously provided during the plan year
- Charges with respect to which benefits are provided under any Workers' Compensation or similar law
- Vision examination, lenses or frames which would have been furnished without cost in the absence of this insurance or for which an insured person has no legal obligation to pay
- The cost of frames that exceed the plan allowance
- Charges for cosmetic (elective) contact lenses, including the examination, that exceed the plan allowance