

2022 DV PLAN OPTIONS

Participation in FCSRMC's Employee Benefit Plans Program requires participation of all full-time eligible employees. The DV Plan option was designed as an alternative plan for employees with other adequate health insurance and is an employer paid benefit for employees only.

DV Plan Option 1	
▼ DELLY DENLYT,	www.DeltaDental.com
Network	PPO Network
Deductible	\$50 per person, not to exceed \$150 per family, per calendar year- applies to Basic and Major Services
Maximum Benefits	\$1,000 Calendar Year Maximum
Preventive Services	No Deductible - provided at 100% of PPO provider fee schedule for Oral Examinations, Cleanings (two per calendar year) and Bitewings X-rays
Basic Services	Full Mouth X-rays, Periodontics (Gum Treatment), Endodontic (Root Canals), Oral Surgery and Restorative Services (Fillings) are covered at 80% of the PPO provider fee schedule in-network and 50% non-PPO network
Major Services	Crowns, Bridges, Full Dentures, Partial Dentures and Implants are covered at 50% of the PPO provider fee schedule in-network and 40% out-of-network
Missing Tooth Rule	Teeth extracted prior to effective date are covered
Orthodontics	n/a
Delta Dental Premier dentists are paid on a Maximum Plan Allowance. Non-Delta Dental dentist	
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Network	Choice Network
Well Vision Exam	\$10 Co-payment every 12 months
Prescription Glasses	\$10 Co-payment for lenses single vision, lined bifocal, and lined trifocal lenses every 12 months
Frames	\$115 allowance for a wide selection of frames or 20% off the amount over your allowance
Contacts (instead of glasses)	Every 12 months - up to \$60 Co-payment for your contact lens exam (fitting and evaluation) and \$120 allowance for contact lens material
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.