



# Your Dental Benefits

## Specially Prepared for the Employees of *Plyco Corporation*

The summary below does not cover all plan details. Further information can be found in the summary plan description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

| Benefit Plan Design  | Delta Dental<br>PPO<br>When you see a<br>Delta Dental<br>PPO dentist | Delta Dental<br>Premier<br>When you see a<br>Delta Dental Premier<br>or any other dentist |
|--|--|---|
| Individual Annual Maximum  | \$1000   | \$1000  |
| Deductible   | Individual<br>Family   |   |
|  | \$25<br>\$0  | \$25<br>\$0   |
| <b>Dependent Eligibility</b>   |  |   |
| Dependents are eligible to the date on which they attain age 26; except as noted for orthodontics. |  |   |
| <b>Diagnostic &amp; Preventive Services</b>  |  |   |
| Exams  | 100%   | 100%  |
| Cleanings  | 100%   | 100%  |
| Fluoride treatments  | 100%   | 100%  |
| X-rays   | 100%   | 100%  |
| Sealants   | 100%   | 100%  |
| Space maintainers  | 100%   | 100%  |
| Deductible applies   | Yes  | Yes   |
| <b>Basic &amp; Major Services</b>  |  |   |
| Emergency treatment to relieve pain  | 80%  | 80%   |
| Fillings   | 80%  | 80%   |
| Endodontics – nonsurgical  | 50%  | 50%   |
| Endodontics – surgical   | 50%  | 50%   |
| Periodontics – nonsurgical   | 50%  | 50%   |
| Periodontics – surgical  | 50%  | 50%   |
| Extractions - nonsurgical  | 80%  | 80%   |
| Extractions - surgical and other oral surgery  | 80%  | 80%   |
| Crowns, inlays, onlays   | 50%  | 50%   |
| Bridges and dentures   | 50%  | 50%   |
| Repairs and adjustments to bridges and dentures  | 80%  | 80%   |
| Deductible applies   | Yes  | Yes   |
| <b>Orthodontic Services</b>  |  |   |
| Coverage copayment   | 50%  | 50%   |
| Individual lifetime maximum  | \$1500   | \$1500  |
| Dependents eligible to age   | 19   | 19  |
| Full-time students eligible to age   | 19   | 19  |
| Adult ortho  | Yes  | Yes   |
| Deductible applies   | Yes  | Yes   |
| <b>Special Plan Provisions (see following pages for more information)</b>                          |  |   |
| Evidence-Based Integrated Care Plan  | Yes  | Yes   |

# DeltaVision

## Vision Benefit Summary for the Employees of Plyco Corporation

Your DeltaVision benefit plan is administered through EyeMed Vision Care, one of the nation's leading vision providers. This plan includes coverage for important preventive eye care, and discounts on laser vision correction.

The benefit summary below does not cover all plan details. Further information can be found in the Summary of Benefits within the DeltaVision Benefit Handbook. That document provides a thorough explanation of your vision plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

### A Brief Summary of Benefits

| Frequency – Exams / Lenses or Contact Lenses / Frames<br><i>Frequency based on date of service, not benefit plan year</i>           |  | 12/12/24 months                       |                              |
|---|--|---------------------------------------|------------------------------|
|   |  | Network<br>Benefit<br>Select Network  | Non-Network<br>Reimbursement |
| <b>Exam</b>   | <b>Comprehensive Eye Exam – one every 12 months</b>  | Member pays \$20, plan pays balance   | \$35                         |
|   | <b>Contact Lens Fit and Follow-Up</b><br><i>Standard – Lenses that are spherical power only, soft lens materials, including planned replacement and conventional lenses. Lenses are to be used in a daily wear (removed prior to sleep) mode only.</i> | Member pays up to \$40                | \$0                          |
|   | <i>Premium – Includes all lens powers and designs other than spherical powers (i.e., toric, multifocal, etc.), modes of wear that are extended or overnight schedules and rigid or gas permeable materials.</i>  | 10% discount off retail               | \$0                          |
| <b>Glasses</b>  | <b>Frames – Any available frame at provider location – one every 24 months</b>   | \$150 allowance, then 20% off balance | \$75                         |
|   | <b>Standard Plastic Lenses – one every 12 months</b>   |                                       |                              |
|   | Single Vision  | Member pays \$20, plan pays balance   | \$25                         |
|   | Bifocal  | Member pays \$20, plan pays balance   | \$40                         |
|   | Trifocal   | Member pays \$20, plan pays balance   | \$55                         |
|   | <b>Lens Options</b>  |                                       |                              |
|   | UV Coating   | Member pays \$15                      | None                         |
|   | Tint (Solid or Gradient)   | Member pays \$15                      | None                         |
|   | Standard Scratch Resistance  | Member pays \$15                      | None                         |
|   | Standard Polycarbonate   | Member pays \$40                      | None                         |
|   | Standard Progressive (add-on to bifocal)   | Member pays \$65, plan pays balance   | None                         |
| Standard Anti-Reflective Coating  | Member pays \$45   | None                                  |                              |
| Other Add-Ons and Services  | 20% off retail price   | None                                  |                              |
| <b>Contact Lenses</b><br><i>in lieu of eyeglass lenses - one every 12 months<br/>(Contact lens allowance covers materials only)</i> | Conventional   | \$150 allowance, then 15% off balance | \$120                        |
|   | Disposable   | \$150 allowance                       | \$120                        |
|   | Medically Necessary  | Paid in full                          | \$200                        |
| <b>Laser Vision Correction – Lasik or PRK</b>   | 15% off retail price or<br>5% off promotional price  | None                                  |                              |
| <b>Dependent Age Limitation – Dependents covered to age 26</b>  |  |                                       |                              |

### Accessing Your DeltaVision Benefit

Receiving your vision benefit is as easy as visiting your nearest EyeMed Vision Care network provider.

Inform your provider you are a DeltaVision member with EyeMed and give them your full name and date of birth. You may present your ID card but is not required to receive services.