



## DENTAL

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

Faith Family Academy offers dental coverage through Lincoln Financial Group. For information on finding a dental provider, visit [www ldc lfg com](http://www ldc lfg com) and click on Find a Dentist.

### Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.

### DHMO Option

If you decide to enroll in the DHMO Option for the first time or add new dependents under this option, you need to select a primary care dentist. You can only change your dentist once per year and you can choose a different DHMO dentist for yourself and each covered dependent.

You should consult the participating provider directory prior to enrolling. The directory lists the dentists who are members of the network. You can view an online provider directory by visiting [www ldc lfg com](http://www ldc lfg com).



The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	<b>Dental HMO Plan**</b>	<b>Dental PPO Plan</b>	
	DHMO Network	PPO Network	
	In-Network	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>			
Individual	N/A	\$50	
Family	N/A	\$150	
<b>Calendar Year Benefit Maximum</b>			
Per Individual	N/A	\$1,500	
	You pay	You pay	
<b>Preventive Care</b>			
Exams, Cleanings, X-rays, Fluoride Treatments, Space Maintainers, Sealants	See Fee Schedule	0%	
<b>Basic Services</b>			
Fillings, Extractions	See Fee Schedule	20%*	
<b>Major Services</b>			
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs, Oral Surgery, Endodontics, Periodontics	See Fee Schedule	50%*	
<b>Orthodontia</b>			
Children (up to 19th birthday)	See Fee Schedule	50% up to a lifetime maximum benefit of \$1,500 per individual; deductible waived	
<b>Dental Monthly Payroll Deductions</b>			
Employee Only	\$11.75	\$41.79	
Employee + Spouse	\$22.90	\$85.89	
Employee + Child(ren)	\$24.78	\$94.36	
Employee + Family	\$35.82	\$147.22	
*After deductible			
**Please refer to the summary plan description for a full list of the assigned copays. Any in-network claims are reimbursed at contracted rates.			



# VISION

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan. The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Faith Family Academy offers vision coverage through VSP using the VSP Choice network. For information on finding a vision provider, visit [www.vsp.com](http://www.vsp.com) and click on Find a doctor. Call Member Services for out-of-network plan details.

	<b>Base Plan</b>	<b>Buy-Up Plan</b>
	In-Network	In-Network
	You pay	You pay
<b>Cost</b>		
Exam	\$10	\$10
Materials	\$25	\$25
<b>Covered Services – Lenses</b>		
Single Lenses	\$25	\$25
Bifocals	\$25	\$25
Trifocals	\$25	\$25
Frames	\$25 copay, \$200 allowance, 20% savings on amount over allowance \$220 featured frame brands allowance	\$25 copay, \$200 allowance, 20% savings over allowance amount \$220 featured frame brands allowance
<b>Covered Services – Contacts in lieu of Frames/Lenses</b>		
Contacts – Medically Necessary	\$25	\$25
Contacts – Elective	\$150 allowance	\$150 allowance
<b>Benefit Frequency</b>		
Exams	Once every 12 Months	Once every 12 Months
Lenses	Once every 12 Months	Once every 12 Months
Frames	Once every 24 Months	Once every 12 Months
Contacts (in lieu of lenses)	Once every 12 Months	Once every 12 Months
<b>Vision Monthly Payroll Deductions</b>		
Employee Only	\$10.33	\$12.57
Employee + Spouse	\$18.16	\$22.88
Employee + Child(ren)	\$18.53	\$23.35
Employee + Family	\$29.88	\$37.65