

Dental Plan

Freedom Schedule

Benefit Maximum
\$1,000 Per Person, Per Policy Year
Deductible, \$50 Per Person, Per Policy Year
*This deductible applies to Type II and III Services only.
(Waived 01: Type I Services)*

ITG Monthly Payroll Deduction

Member\$15.70
Member + 1 Dependent\$29.60
Family.....\$46.75

Maximum Type I Dental Services

Covered Expense

■ Oral Exam, 1 in 6 months.....	\$ 20
■ Fluoride Treatment - 1 in any 12 months, Only for children under age 14	\$ 16
■ Routine Dental Cleanings, adult/child 1 in any 6 months.....	\$41/30
■ Harmful Habit Appliance, limited Co once per person Only for children under age 16	\$ 195
■ Space Maintainer, removable-bilateral Only for children under age 16	\$ 264
■ Sealant, per permanent molar Only for children under age 16	\$ 24

Type II Basic Dental Services, Including:

■ Simple Extraction, per tooth	\$ 39
■ X-Rays, bitewing – 4 films.....	\$ 19
■ Panoramic X-Ray.....	\$ 36
■ Filling, one surface.....	\$ 36
■ Incision and Drainage, Extraoral.....	\$ 71
■ Therapeutic Drug Injections.....	\$ 17

Type III Dental Services, Including:

■ Root Canal, molar	\$ 343
■ Removal of Impacted Tooth(completely bony)	\$ 83
■ Scaling & Root Planing, per quadrant	\$ 45
■ Complete upper or lower dentures	\$ 240
■ Partial upper or lower dentures	\$ 240
■ Crown.....	\$ 200
■ Reline or Rebase upper or lower denture	\$ 71

Waiting Periods for Type III Services 6 months

Waiting Periods do not apply to:

Treatment of an Accidental Non-Chewing injury; or Re-cementing of or Repairs to Inlays, Onlays, Crowns or Fixed Partial Dentures (Bridges)

Other Policy Provisions

Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted for an estimate of benefits payable.

Eligibility

Full-time contractors, spouse and unmarried dependent children less than age 19, or less than age 25 if a full-time student. Dependent eligibility variation exists in some states. Please refer to your Group Policy.

Late Entrants

If you elect coverage more than 31 days after your Eligibility Date, your Effective Date will be delayed to the next plan Anniversary Date.

This is a brief description only. It is not a Certificate of Coverage. Please see the Group Policy for a complete list of covered dental services and the Maximum Covered Expense. The Group Policy alone determines all rights, benefits, and applicable Limitations and Exclusions. Fortis Benefits and the policyholder have the option to cancel the group policy.



America's First Choice For Eyecare ACCESS PLAN

Vision Discount Services

Your dental plan includes a vision discount plan through VSP. The vision plan includes discounts on exams and the purchase of eyeglasses, contact lenses, sunglasses and other prescription eyewear when provided by VSP doctors. VSP is available for you and everyone covered on your dental plan!

Services Available from a VSP Doctor

- Eye Exams - 20% discount applied to VSP doctor's usual and customary fees for eye exams¹
- Glasses - 20% discount applied to VSP doctor's usual and customary fees for complete pairs of prescription glasses and spectacle lens options²
- Contact Lenses - 15% discount on VSP network doctor's contact lens exam fee
- Laser VisionCareSM VSP has contracted with many of the nation's laser surgery facilities and doctors, offering you a discount off PRK and LASIK surgeries, available through contracted laser centers

Value Added Benefits for You

- Immediate savings when using a VSP doctor
- You may use the discounts as often as you wish
- No waiting periods
- No deductibles
- No claim forms to fill out

¹Note: Does not apply to contact lens services. See contact lens section for applicable discount. Discounts only offered through the VSP doctor who provided an eye exam within the first 12 months.

²Note: THIS VISION DISCOUNT PLAN IS NOT INSURANCE.

VSP Member Services Support: 1-800-877-7195
Visit our Website at vsp.com

How to Use VSP

- Locate a VSP doctor near you. You may either use our Web-based doctor locator at vsp.com, or call VSP at 1-800-877-7195 to request a doctor listing.
- Identify yourself as a VSP member and be prepared to provide the covered member's social security number when you make your appointment. (The VSP doctor will verify your eligibility and vision plan coverage, and will obtain authorization for services and materials. If you are not currently eligible for services, the VSP doctor is responsible for communicating this to you.)
- Your fees are automatically reduced at the time of service -- with no claim forms to fill out!

