

DV DENTAL & VISION PLAN

OVERVIEW & SUMMARY OF BENEFITS (Formerly Plan C)

An Employee Only Option

OVERVIEW

Participation in the Consortium's Employee Benefit Plans Program requires participation of all active full-time employees. No duplicate plan offerings are permitted. ¹

The DV option was designed as an alternative plan for employees with other adequate health insurance and is an employer paid benefit. The program includes Dental and Vision insurance coverage for employees only.

¹ FCSRMC Risk Management Manual, Chapter 3

Keep Smiling Delta Dental PPO™



Save with PPO

Visit a dentist in the PPO1 network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at deltadentalins.com. This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your

plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multistage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.4 You can find this date by logging in to your online account.

Newly covered?

Visit deltadentalins.com/welcome.

Save with a PPO dentist





¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

LEGAL NOTICES: Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

Plan Benefit Highlights for: Florida College System Risk Management Consortium

PPO Plan 2

Group No: 16020

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the birth year dependent turns age 26			
Deductibles	\$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	\$1,500 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**		
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100%	100%		
Basic Services Fillings and sealants	80%	80%		
Endodontics (root canals) Covered Under Basic Services	80%	80%		
Periodontics (gum treatment) Covered Under Basic Services	80%	80%		
Oral Surgery Covered Under Basic Services	80%	80%		
Major Services Crowns, inlays, onlays and cast restorations	50%	50%		
Prosthodontics Bridges, dentures and implants	50%	50%		
Orthodontic Benefits Dependent children to age 19	50%	50%		
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime		

^{*} Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

^{**} Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

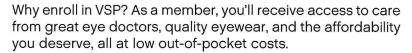
Delta Dental Insurance Company	Customer Service	Claims Address	
1130 Sanctuary Parkway, Suite 600	800-521-2651	P.O. Box 1809	
Alpharetta, GA 30009		Alpharetta, GA 30023-1809	

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.



Get access to the best in eye care and eyewear with FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM (High) and VSP® Vision Care.



You'll like what you see with VSP.

- Value and Savings. You'll enjoy more value and low out-of-pocket costs.
- High Quality Vision Care. You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.
- Choice of Providers. The decision is yours to make—with the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.
- Great Eyewear. It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. Visit vsp.com or call 800.877.7195.
- At your appointment, tell them you have VSP. There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at **eyeconic.com®**, VSP's preferred online eyewear store.



Your VSP Vision Benefits Summary



FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM (High) and VSP provide you with an affordable eyecare plan.

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency		
	Your Coverage with a VSP Provider				
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year		
Prescription Glasses		\$10	See frame and lenses		
Frame	 \$180 allowance for a wide selection of frames \$200 allowance for featured frame brands 20% savings on the amount over your allowance \$100 Costco® frame allowance 	Included in Prescription Glasses	Every other calendar year		
Lenses	 Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year		
Lens Enhancements	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every calendar year		
Contacts (instead of glasses)	 \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year		
Diabetic Eyecare Plus Program	 Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed		
	Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/specialo 20% savings on additional glasses and sunglasses, including lens enh months of your last WellVision Exam.	ffers for details. ancements, from	any VSP provider within 12		
Extra Savings	Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam				
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities				

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Contact us. 800.877.7195 | vsp.com

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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^{1.} Brands/Promotion subject to change.