



DENTAL & VISION FY24 SEMI-MONTHLY PREMIUMS

DELTA DENTAL (Semi-Monthly Rates)

Plan	Employee Share	ORS Share	Total Cost
Employee Only	No Cost	\$17.97	\$17.97
Employee & Spouse	\$18.15	\$17.97	\$36.11
Employee & Children	\$21.72	\$17.97	\$39.69
Family	\$48.40	\$17.97	\$66.37

VSP VISION (Semi- Monthly Rates)

Plan	Employee Share	ORS Share	Total Cost
Employee Only	No Cost	\$5.41	\$5.42
Employee & Spouse	\$5.41	\$5.41	\$10.85
Employee & Children	\$6.17	\$5.41	\$11.58
Family	\$13.16	\$5.41	\$18.57

Delta Dental of Tennessee Welcomes Employees Of Oak Ridge City Schools

Your Delta Dental Benefit Highlights

Group #8537 coverage effective July 01, 2023

Network	Delta Dental PPO	Delta Dental Premier	*Out of Network**
Services		Delta Dental Pays*	
Diagnostic & Preventive			
Oral examinations, cleanings, x-rays, fluoride treatments, space maintainers	100%	100%	100%
Basic Services			
Restorative (fillings), general anesthesia, simple extractions	80%	80%	80%
Periodontic Therapy <i>treatment of gums and bones supporting teeth</i>	80%	80%	80%
Endodontic Therapy <i>root canal therapy</i>	80%	80%	80%
Complex Oral Surgery	80%	80%	80%
Major Services			
Complex Restorations & Related Services <i>crowns, bridges, dentures, implants</i>	50%	50%	50%
Orthodontic Services			
Straightening of teeth for dependents to age 18	50%	50%	50%
Maximums			
Benefit Year – Per Person <i>Excludes Orthodontics</i>	\$1,000		
Lifetime Orthodontics	\$1,000		
Annual Deductible			
Per Person	\$25		
Family	\$75		
Deductible excludes Diagnostic & Preventive & Orthodontic Services			

You're now a member of Tennessee's largest dental benefits family!

As a member of Delta Dental of Tennessee, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier. With 3 out of 4 dentists participating, these two networks provide great access to care as well as the privilege of reduced rates through our agreed upon fees with dentists. When seeing a dentist in either the Premier or PPO networks you cannot be balance billed – giving you added savings. You are also free to visit non-network dentists, but you may be balance billed.

Finding a Delta Dental provider

Finding a dentist in one of our networks is easy. Simply visit our Web site, www.DeltaDentalTN.com, or call our Customer Service hotline at 800-223-3104.

When do benefits start?

Your benefits begin on the effective date indicated on the highlight form. You may visit a dentist at any time following that date. If you do not enroll when first eligible, you must wait until the first open enrollment period to enroll in the plan. Please refer to your Certificate of Coverage for re-enrollment requirements.

View your benefit details online

You can get information on your Delta Dental benefits at your convenience using our Consumer Toolkit. Review claims, amounts used toward annual maximum, print ID cards, and more. Visit www.DeltaDentalTN.com and select the login for Subscribers.

Questions?

If you have questions about your Delta Dental benefits, visit our Web site, www.DeltaDentalTN.com, call our Customer Service hotline at 800-223-3104, or consult your Benefits Administrator.

**You are not responsible for charges exceeding the maximum plan allowance (MPA) if you go to a participating Delta Dental dentist. You are responsible for charges exceeding the MPA if you go to a non-participating dentist. The MPA charges are based on fees charged in your geographic area.*

***Non Participating Dentists are paid at the 90th percentile.*

Age and frequency limitations apply. For a detailed description of your benefit plan, please refer to your Certificate of Coverage. This form is not a contract of insurance. Terms and conditions are set forth in the Master Group Policy issued directly to your group administrator.

YOUR VSP VISION BENEFITS SUMMARY

OAK RIDGE SCHOOLS and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

07/01/2023



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$25	Every plan year*
PRESCRIPTION GLASSES			
FRAME	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart*/Sam's Club*/Costco* frame allowance 	\$0	Every other plan year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	\$0	Every plan year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every plan year
DIABETIC EYECARE PLUS PROGRAMSM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
ADDITIONAL PAIRS OF EYEWEAR			
FRAME	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart/Sam's Club/Costco frame allowance 	\$0	Every other plan year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	\$0	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for additional contacts Contact lens exam (fitting and evaluation) 	Up to \$60	Every plan year
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> 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 retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. 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.

*Plan year begins in July

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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