GET ADDITIONAL COVERAGE WITH THE OPTIONAL, ADD-ON

Adult Vision/Dental Benefit

Adult Vision

(Ages 19 years of age and older*)	In-Network	Out-of-network	Subject to Deductible
Routine Eye Exam	100% covered	Not Covered	No
Eyeglasses (frames)	Covered up to $130	Not Covered	No
Lenses (per pair) - single, bifocal, trifocal, lenticular	100% covered	Not Covered	No
Contact lenses (in lieu of glasses)	Covered up to $130	Not Covered	No
Contact lens fitting	100% covered	Not Covered	No
Specialty lens fitting	Covered up to $50	Not Covered	No

*Adult routine vision does not apply to plan maximum.

Adult Dental*

(Ages 19 years of age and older, does not include Pediatric Dental Coverage)

Annual Maximum Dental Benefit**	$1,000 per covered person per calendar year (All benefits subject to Annual Maximum.)

Preventive and Diagnostic-Basic (Class 1)	In-Network	Out-of-network	Subject to Deductible
Routine Cleaning	No charge	Not Covered	No
Oral Exam	No charge	Not Covered	No
X-ray - bitewing, full-mouth and panoramic film	No charge	Not Covered	No
Topical Fluoride Application	No charge	Not Covered	No
Palliative Treatment for relief of pain	No charge	Not Covered	No

Minor Restorative-Comprehensive (Class 2)	In-Network	Out-of-network	Subject to Deductible
Minor Restorative - metal and resin based fillings	50% coinsurance	Not Covered	No
Endodontics - therapeutic pulpotomy and pulp cap	50% coinsurance	Not Covered	No
Periodontics - scaling, root planing and periodontal maintenance	50% coinsurance	Not Covered	No
Oral Surgery and Extractions	50% coinsurance	Not Covered	No
Prosthodontics - relines, rebase, adjustment and repairs	50% coinsurance	Not Covered	No

*If you require coverage for Pediatric Dental please shop on the Health Insurance Marketplace for a stand alone dental plan.
**Dental Annual Maximum Benefit does not apply toward any other maximums.