

SUMMARY OF BENEFITS

**DIOCESE OF YAKIMA
DENTAL AND VISION CARE BENEFITS PLAN**

EFFECTIVE NOVEMBER 1, 2021

TPSC GROUP # 46270

DENTAL SUMMARY OF BENEFITS

BENEFIT PERIOD	Calendar Year	
BENEFIT LIMITATIONS	Services are limited to a Usual & Customary and/or Reasonable (UCR) allowance.	
ANNUAL MAXIMUM BENEFIT <i>Excludes Class I Diagnostic & Preventive Services.</i>	\$1,500 Individual per Calendar Year	
DEDUCTIBLE	\$50 Individual; \$150 Family per Calendar Year	
DENTAL BENEFITS		
CLASS I Diagnostic & Preventive Services	CLASS II Basic Services	CLASS III Major Services
Deductible waived, Paid at 100%	Paid at 80%	Paid at 50%
Cleanings	Anesthesia	Bridges
Exams	Endodontics	Crowns
Fluoride**	Fillings	Dentures
Sealants**	Oral Surgery	Inlays
Space Maintainers**	Periodontics	Onlays
X-Rays	Simple Extractions	TMJ
**Limited to dependents under age 16.		

VISION SUMMARY OF BENEFITS

This summary is provided as a highlight of your health care plan benefits available to eligible Employees. If you have questions about your coverage, see your Summary Plan Description (SPD) or contact TPSC Member Services at (800) 426-9786.

BENEFIT PERIOD	Calendar Year
BENEFIT LIMITATION	All services are limited to a Usual & Customary and/or Reasonable (UCR) allowance.
VISION BENEFITS	ANY PROVIDER
VISION EXAM <i>Limited to one (1) exam per Calendar Year.</i>	Paid at 100%
VISION HARDWARE <i>Includes cost of frames, lenses, fitting fees and special lens features (tinting & coating) up to the maximum \$200 allowance.</i>	Paid at 100% up to \$200
CONTACT LENSES & FITTING – <i>Covered in lieu of vision hardware (lenses and frames). Includes contact lens examination and fitting fees. Disposable contact lenses are covered up to the maximum allowance.</i>	Paid at 100% up to \$200