

SPARTA AREA SCHOOLS OVERVIEW OF DENTAL BENEFITS ADMINISTRATION

Annual Deductible:	None
Plan Year Maximum: <ul style="list-style-type: none"> • Diagnostic/Preventive Services • Basic Services • Major Services 	\$3,000 per covered individual for all covered services combined
Lifetime Maximum: <ul style="list-style-type: none"> • Orthodontia Services 	\$1,500 in a lifetime per covered individual
DENTAL EXPENSES	
Diagnostic/Preventive Services	*80%
Basic Services	*80%
Major Services	*80%
Orthodontia Services	*80%

NOTE: This is only a brief overview of benefits. Please refer to the plan for all other terms and limitations.

*Reasonable and Customary (R&C) may apply to charges.

SPARTA AREA SCHOOLS OVERVIEW OF VISION BENEFITS ADMINISTRATION

Your vision benefit includes one vision examination, one pair of spectacle lenses, and one frame available during each plan year. One pair of contact lenses, including the vision examination, is available in lieu of all other plan benefits during each plan year.

Vision Exams <ul style="list-style-type: none"> • Optometrist • Ophthalmologist 	 *100% *100%
Spectacle Lenses (Pair) <ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal • Lenticular 	 *100% *100% *100% *100%
Lenses with photochromics; sun or gradient tints; tinted/color-coated; and Polaroid <ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal • Lenticular 	 *100% *100% *100% *100%
Lenses <ul style="list-style-type: none"> • Oversize • Rimless 	 *100% *100%
Frames	100% up to \$65
Contact Lenses (Pair, including exam) <ul style="list-style-type: none"> • Necessary • Cosmetic 	 *100% *100% up to \$115, then 20% off the balance

NOTE: This is only a brief overview of benefits. Please refer to the plan for all other terms and limitations.

***Reasonable and Customary (R&C)** may apply to charges.