

## LINCOLN COUNTY SCHOOL DISTRICT - October 1, 2017

		Trusteed Plans Service Corp (TPSC)
<b>DENTAL</b>	<b>Willamette Dental Group</b>	<b>Fee-For-Service Plan**</b>
Visit Charge	\$10 per visit/\$30 Specialist	Not Applicable
Choice of Providers	All Services Provided by WDG	Any Licensed Provider
Annual Maximum Benefit	No Maximum Benefit	\$1,750 Per Individual
<b>SERVICE PROVIDED</b>	<b>Member Responsibility (you pay)</b>	
Periodic (routine) Exams	\$0 (after office visit copay)	30%/20%/10%/0%***
Prophylaxis (cleaning)	\$0 (after office visit copay)	30%/20%/10%/0%***
Fillings	\$0 (after office visit copay)	30%/20%/10%/0%***
X-Rays	\$0 (after office visit copay)	30%/20%/10%/0%***
Crown or Inlay	\$0 (after office visit copay)	30%/20%/10%/0%***
Bridges	\$0 (after office visit copay)	30%/20%/10%/0%***
Periodontal Treatment	\$0 (after office visit copay)	30%/20%/10%/0%***
Nitrous Oxide	\$0 (after office visit copay)	30%/20%/10%/0%***
Dentures	\$0 (after office visit copay)	30%/20%/10%/0%***
Surgical Tooth Extractions	\$0 (after office visit copay)	30%/20%/10%/0%***
Root Planing	\$0 (after office visit copay)	30%/20%/10%/0%***
Root Canal Work	\$0 (after office visit copay)	30%/20%/10%/0%***
Orthodontia Treatment	Covered in full after visit charge(s) and these copays: Pre-Orthodontic Service \$150* Comprehensive Orthodontia \$2,500 No Age Limit	Not Covered
Phone # for Appointments	(800)461-8994	Not Applicable
Phone # for Customer Service	(800)460-7644	(800)426-9786 #210

<b>VISION</b>	<b>Trusteed Plans Service Corp (TPSC) (regardless of your dental plan)</b>
Exam	A total of \$600 is available (per covered individual) and may be used for Exam, Lenses, Frames and/or Contacts in any combination Frequency: Once every 12 months under age 19 Once every 24 months age 19+
Lenses	
Frames	
Contacts	
Phone # for Customer Service	(800)426-9786 #210

\*Fee credited towards comprehensive orthodontic co-pay if patient accepts treatment plan

\*\*All services limited to Usual, Customary & Reasonable (UCR) allowance

\*\*\*1st Calendar year the plan will pay 70%; 2nd 80%; 3rd 90%; 4th 100% (as long as you receive covered services each year, benefit will remain at 100% of allowable charges)