Virginia United Methodist Conference-Sponsored Dental and Vision Plans

Conference-Sponsored Health Plans are administered by Virginia United Methodist Pensions, Inc. – www.vumpi.org

	Dental Core		Dental Major	
	In-Network Anthem Pays	**Out-of-Network Anthem Pays**	**In-Network Anthem Pays**	**Out-of-Network Anthem Pays**
Annual Benefit Maximum per person	$750	$750	$1,000	$1,000
Annual Deductible per person	$50	$50	$50	$50
Deductible waived for Diagnostic/ Preventive Services	Yes	Yes	Yes	Yes
Diagnostic and Preventive Services (Oral exam, teeth cleaning, X-rays)	100% Coinsurance		100% Coinsurance	
Basic Services (Fillings and simple extractions) Endodontics (Root Canal) Periodontics (Scaling and root planing) Oral Surgery (Surgical Extractions)	80% Coinsurance	80% Coinsurance	80% Coinsurance	80% Coinsurance
Major Services (Crowns)	Not Covered	Not Covered	50% Coinsurance	50% Coinsurance
Prosthodontics (Dentures, Bridges, Implants)	Not Covered	Not Covered	50% Coinsurance	50% Coinsurance
Orthodontic Services (Adults & Dependent Children)	Not Covered	Not Covered	50% Coinsurance	50% Coinsurance
You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.	No Waiting Periods Out-of-Network Reimbursement Option: 80th percentile		No Waiting Periods Out-of-Network Reimbursement Option: 80th percentile	

Vision	**In-Network**	**Out-of-Network**
Routine Eye Exam – once per calendar year	Copay $10	Up to $40 Allowance
Eyeglass Frames - one pair per calendar year	$150 allowance 20% off balance	Up to $70 Allowance
Eyeglass Lenses (instead of contact lenses)		
	Single vision: $10 copay	Up to $30 Allowance
	Bifocal: $10 copay	Up to $50 Allowance
	Trifocal: $10 copay	Up to $65 Allowance
	Lens Enhancements Scratch: $0 copay Tint: $10 copay	No allowance when out-of-network Tint: Up to $5 Allowance
Contact Lenses (instead of eyeglass lenses)	$150 Allowance	Up to $105 Allowance
Contact lens fit and follow-up	Standard: $0 copay Specialty: 10% off retail, then $55 allowance	$35 Allowance

Out-of-Network – If you choose to, you may receive covered benefits outside of the Blue View Vision network.

(Pay in full at the time of service, obtain an itemized receipt, file a claim for reimbursement up to your maximum out-of-network allowance.)

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your employee benefits booklet. In the event of a discrepancy between the information in this summary and the employee booklet, the employee booklet will prevail.