

3/24/2016 REVISED

GROUP: POUGHKEEPSIE CITY SCHOOL DISTRICT

FITZ GROUP#: 731

(ADMINISTRATORS)

(TP)

GENERAL INFORMATION

COVERAGE TYPE	DENTAL
PLAN TYPE – CAL/POLICY YEAR	CALENDAR YEAR
COVERAGE INTO RETIREMENT	
CLAIM FILING LIMIT	180 DAYS FROM SERVICE DATE
ASSIGNMENT	YES
PPO	YES-FITZ PPO
PPO REPRICE	NO
DEPENDENT AGE LIMIT	19/26 FTS
ALTERNATE CARE	YES
SURVIVORS BENEFIT	NO
PRE-D REQUIRED	RECOMMENDED OVER \$250
ORTHO COVERAGE ADULT/CHILD	CHILDREN UNDER AGE 19
INTERNAL COB	NO
LATE ENTRANT LIMITATIONS	YES-1 ST 6 MOS-ONLY EXAM/XRAYS COVERED 1 ST 24 MOS.-NO PERIO, MAJOR OR ORTHO

DEDUCTIBLES/MAXIMUMS

DEDUCTIBLE – IND/FAMILY	\$25/\$75
DEDUCTIBLE CARRY OVER	YES-OCT, NOV & DEC
DEDUCTIBLE WAIVED-D&P	NO
DEDUCTIBLE APPLY TO ORTHO	YES
DENTAL MAXIMUM	\$1500 CAL YEAR
ORTHO MAXIMUM	\$750 LIFETIME
IND/FAM COMBINED MAX	N/A

COINSURANCE

	<u>PPO</u>	<u>NON-PPO</u>
DIAGNOSTIC/PREVENTATIVE	100% PPO	100% R&C
BASIC	85% PPO	85% R&C
MAJOR	60% PPO	60% R&C
ORTHO	50% PPO	50% R&C

FREQUENCY LIMITATIONS

EXAM	2 PER CAL YR
PROPHY	2 PER CAL YR
FLUORIDE	2 PER CAL YR UP TO AGE 15
SEALANTS	1 X 36 MONTHS-ON MOLARS ONLY-NO AGE LIMIT
BITEWINGS	2 PER CAL YR
FMS/PANOREX	1 X 36 MONTHS
SPACE MAINTAINERS	COVERED—NO AGE LIMIT GIVEN
PROSTHETICS	5 YEAR REPLACEMENT
IMPLANTS	IMPLANT BODY & CROWN OVER IMPLANT NOT COV
PERIO PROPHY	2 PER CAL YR (EITHER PROPHY OR PERIO PROPHY)
SCALING/ROOT PLANNING	EACH QUAD COV ONCE PER CAL YEAR
TMJ	NOT COVERED