



First Light Technologies Schedule of Dental Benefits

Benefit	
Class 1 – Diagnostic/Preventive Care	100% of the first \$250 per calendar year; then 75% of the next \$1,750 per calendar year.
Class 2 – Basic Care	
Class 3 – Major Care	
Class 4 – Orthodontic Care (only for dependent children age 6 through 19)	50% to a maximum of \$1,500 per lifetime

NOTE:

1. Please see the "Covered Dental Expenses" section for further details.
2. This Plan is participating with the Dental Blue® and Dental GRID preferred provider dental network. These preferred providers will bill the Contract Administrator directly and write off charges that exceed their contractual allowances.
3. All covered charges billed by non-participating providers will be subject to a maximum allowable benefit.



First Light Technologies Schedule of Vision Benefits

Benefit	
Routine Eye Examinations	100% of the first \$200 per calendar year; then 75% of the next \$200 per calendar year. Exams are limited to 1 every 12 months. Materials are limited to every 24 months.
Frames	
Contact Lenses	
Single Vision Lenses	
Bifocal Vision Lenses	
Trifocal Vision Lenses	
Lenticular Vision Lenses	

The covered person is only allowed one (1) set of frames/lenses (excluding contact lenses) in any 24 month period.

NOTE:

1. All Plan benefits are subject to reasonable and customary allowances.

COVERED DENTAL EXPENSES

Covered dental expense means the maximum allowable charge made by a dentist for the performance of a dental service covered by the dental portion of the Plan, provided such a service is performed by or under the direction of a licensed dentist for necessary care of the teeth.

The total amount payable for covered dental expenses incurred by the employee and each covered dependent(s) in any one (1) plan year for dental services will in no event exceed the maximums shown in the Schedule of Benefits.

Class 1: Diagnostic and Preventive Care

Oral Examinations (includes initial and periodic) – 2 per plan year
Cleanings (prophylaxis) – 4 per plan year (these can be any combination of routine (Class 1) or periodontal (Class 2), but cannot exceed a total of 4 per plan year for both)
Fluoride Treatments – 2 treatments per plan year; only for dependent children under age 15
Sealants – 2 treatments per tooth per plan year; only for dependent children under age 14
Space Maintainers – for dependent children only, and only for missing primary teeth
X-rays and Diagnostics:
 Full Mouth and Panoramic – once every 3 plan years
 Bitewings – twice per plan year
 Individual Teeth – as needed
Emergency Palliative Treatment
Professional visits after hours

Class 2: Basic Care

Periodontal Cleaning – (only 4 cleanings are covered in a 12 month period – these can be any combination of routine (Class 1) or periodontal (Class 2), but cannot exceed a total of 4 per plan year for both)
Fillings
Extractions
Oral surgery – includes the removal of bony impacted teeth
General and local anesthesia, Analgesia
Injectable antibiotics only
Endodontics
Periodontics
Repair of prosthetic appliances
Occlusal Adjustments performed in conjunction with periodontal surgery – maximum of 4 full mouth adjustments within 12 consecutive months
Occlusal Guards for treatment of periodontal disease only, including adjustment within 6 consecutive months
Stainless Steel Crowns – only when tooth cannot be restored with filling material, limited to primary teeth only
Temporary crowns only for dependent children under age 16

Class 3: Major Care

Crowns (except for stainless steel)

Inlays

Onlays

Bridges – including Maryland Bridge

Dentures, Full or Partial – includes adjustments and relining within 6 months of installation

Posts – cast post and core, steel post and core, cast dowel pin

Temporary Crowns (for covered persons age 16 or over) or Bridges – expense for temporary crown or bridge will be deducted from total cost of the permanent bridge

Class 4: Orthodontic Care (only for dependent children age 6 through 19)

Diagnosis (includes initial exam)

Related X-Rays

Study Models

Extraction of teeth for active orthodonture

Active Orthodontic Treatment

Retention Treatment