

WEST VIRGINIA ANNUAL CONFERENCE UNITED METHODIST FAMILY
EMPLOYEE MEDICAL AND DENTAL BENEFIT PLAN

SUMMARY OF BENEFITS

EFFECTIVE APRIL 1, 2017

DENTAL BENEFITS

SUMMARY OF DENTAL BENEFITS

NOTE: THE DENTAL BENEFIT PLAN MAY BE ELECTED INDEPENDENTLY OR WITH THE MEDICAL BENEFIT PLAN. PLEASE CONTACT THE WV ANNUAL CONFERENCE OFFICE FOR FURTHER DETAILS.

DEDUCTIBLE

Per Participant Per Calendar Year..... \$25
(Maximum 3 per Family)

Per Family Per Calendar Year \$50

Class I - Preventive Care Plan pays 100%
There is no Deductible.

Class II - Basic Restorative Plan pays 80%
Subject to \$25 Deductible.

Class III- Major Restorative..... Plan pays 50%
Subject to \$25 Deductible.

Installation of a prosthodontic appliance (fixed bridgework, partial dentures and full upper or lower dentures) or crown, within the first twelve (12) months of continuous coverage are not covered.

Any Covered Dental Expenses incurred in the last three (3) months of a Calendar Year which are used to satisfy the Deductible for that year will also be applied towards the satisfaction of the Deductible for the following Calendar Year.

MAXIMUM BENEFITS (PER PARTICIPANT)

Classes I, II, III Combined
Calendar Year Maximum Benefit \$1,000

This Summary of Benefits provides a quick reference but is not a complete description of the Plan. Please read the entire Plan carefully for a full explanation of Plan benefits, limitations and exclusions. In addition, Participating Employees and Participating Dependents may contact the Plan Administrator for additional information concerning coverage for specific benefits, tests, and procedures. There shall be no cost to the Participating Employee or Participating Dependent for requesting and being provided such information.