

City of Winston-Salem Dental Reimbursement Plan Effective January 1, 2018



Schedule of Benefits

The tables below outline your plan benefits.

Type of Service	Paid by Plan	Limitations
First \$300 of eligible expenses.	100%	
Next \$50 of eligible expenses.	0% - this is employee responsibility.	
Next \$250 of eligible expenses.	80%	
Final \$1600 of eligible expenses.	50%	
Annual Maximum	\$1300 per covered person.	Separate maximum for Orthodontia.
Orthodontia	50% of initial down payment. 50% of monthly payments.	Covered dependents under age 19
Orthodontia Lifetime Maximum	\$1500 per covered person.	.

Covered Services

Preventive	Oral Examinations; Prophylaxis (cleaning and scaling of teeth); Space Maintainers for Dependents under age 19; Topical Fluoride Applications; Full Mouth and Bitewing X-Rays; Sealants.
Basic	Fillings; Extractions; Endodontics (Root Canals); Periodontics; Anesthesia; Injections of Antibiotic Drugs; Oral Surgery; Emergency Palliative Treatment; Repair of Crowns, Dentures, Inlays, Onlays, or Bridgework.
Major	Bridgework, Crowns, Onlays, Inlays, Dentures.

Exclusions

Cosmetic services, including but not limited to teeth bleaching and whitening, and surgeries covered by a health plan are not covered by the Dental Reimbursement Plan. See the Summary Plan Description for complete details.
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If you have any questions about your Dental Reimbursement Plan, please contact Savers Admin by email at claims@saversadmin.com or by phone at 336-837-6712 or 800-949-0311, during regular business hours: 8:00 AM to 5:00 PM, Monday through Thursday, and 8:00 AM to 1:00 PM, Friday.



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