



Benefits Overview

DENTAL BENEFITS

The Board of Pensions administers the Benefits Plan of the Presbyterian Church (U.S.A.), providing pension, healthcare, death, and disability benefits to qualifying members who serve, or have served, the PC(USA). The Board also provides financial and vocational grants through the Assistance Program.

This Overview summarizes a key element of the Board's plans, programs, or services.

SUMMARY

Research suggests that oral health mirrors the condition of the body as a whole and that good oral health may actually prevent certain diseases. The Dental Plan is intended to help with the cost of regular dental care for members and their families.

ELIGIBILITY

Dental coverage may be offered at the employer's discretion to employees and their eligible family members. If coverage is offered, members will be eligible for at least one of the following, depending on where they live:

- DMO (dental maintenance organization)
- PPO (preferred provider organization)
- Passive PPO (offered in areas without reasonable access to PPO providers; benefits are not reduced for services from out-of-network providers)

Note: Retirees are not eligible for dental benefits.

COVERAGE

The plan provides coverage for a wide range of services, including preventive and diagnostic care, basic and major restorative care, and orthodontia.

NETWORK PROVIDERS

Members are encouraged to use dentists in Aetna's dental network (network providers) to maximize their dental benefit. Network providers have agreed to provide services for lower, negotiated fees, so members can save money when using network dentists. Visit aetna.com to locate network dentists, or call Aetna Member Services at 877-238-6200.

Note: Under the DMO, members select a primary care dentist from the Aetna network of participating DMO dentists. To be covered by the plan, care must be received from, or referred by, the primary care dentist selected.

Plan Feature	DMO	PPO		Passive PPO
		Network	Out of Network	
Preventive and diagnostic services, such as routine checkups, cleanings, and bitewing X-rays	100%	100%	100%	100%
Basic services, such as fillings and simple extractions	100%	80%	70%	80%
Major services, such as bridges, crowns, and dentures	60%	60%	40%	60%
Annual plan maximum (per individual)	None	\$2,000	\$1,000	\$2,000
Deductibles	None	\$50	\$100	\$50
Family deductible	None	\$100	\$200	\$100
Orthodontia (children only)	Yes	Yes	Yes	Yes
Orthodontia benefit	50%	50%	50%	50%
Deductible	None	\$50	\$100	\$50
Lifetime maximum	None	\$2,000	\$1,000	\$2,000

Frequency limits may apply for some services; see the Dental Benefits summaries on the Booklets and Publications page of pensions.org.

ORTHODONTIA

Comprehensive orthodontic treatment is covered for a member's children who

- have been covered continuously under the Dental Plan for one year; and
- are under age 20 when treatment begins.

Note: There is a two-year waiting period for orthodontia benefits for children of members who do not elect dental coverage when first eligible.

ENROLLMENT

Members may elect benefits within 60 days of starting employment or within 60 days of an initial benefits eligibility date set by the employer, if it is later. Retroactive enrollments are not permitted. Coverage is effective upon enrollment.

If dental benefits are offered by the employer, members elect coverage through Benefits Connect, the Board's benefits website, accessible from pensions.org or directly at pensions.org/benefitsconnect.

Members may also elect or change benefits elections during annual enrollment, in the fall. The only other time a member may elect or change benefits or coverage level is if he or she experiences a qualifying life event, such as a marriage or birth of a child. Changes must be made within 60 days of the qualifying life event.

To elect coverage for a spouse, the member must provide the Board of Pensions with a copy of his or her marriage certificate; for children, the member must provide a copy of the birth certificate, legal documentation for wards, or a letter of intent or decree for adoption.

If a member does not elect the Dental Plan within the first 60 days of initial eligibility or within 60 days of a qualifying life event, he or she must wait until the next annual enrollment or qualifying life event to elect coverage. If the member does not elect dental coverage when first eligible, and elects coverage later, there will be a 12-month waiting period for basic and major services, and a two-year waiting period for orthodontic treatment for children.

DUES

2017 MONTHLY COSTS		
	DMO	PPO/Passive PPO
Member-only	\$25.87	\$36.95
Member & Spouse	\$52.79	\$75.44
Member + Children	\$69.24	\$97.37
Member + Family	\$96.79	\$136.03

This overview is not a full description of benefits and limitations of the Dental Plan. If there is any difference between the information presented in this overview and the provisions of the Benefits Plan of the Presbyterian Church (U.S.A.), the plan terms will govern. Visit pensions.org or call the Board of Pensions at 800-773-7752 (800-PRESPLAN) for a copy of this official document. The Dental Plan is administered by Aetna. Members can call Aetna's customer service at 877-238-6200 for provider information and other customer service-related issues.

