

WHAT'S NEW FOR DENTAL:

Implants are now covered under your dental plan and there is no longer a missing tooth exclusion. Your previous lifetime max from MetLife won't apply, as your new carrier for dental is BCBST, and benefits will reset Jan. 1 of each year.

The City of Memphis will offer a dental plan option for you and your family through BlueCross BlueShield of Tennessee. The chart below is an overview of the dental plan offered. Please visit the BlueCross website, www.BCBST.com, or call 1-888-796-0609, for a listing of network dental providers and complete plan details.

Note: Covered employees and spouses can receive a \$25 gift card after showing proof of one teeth cleaning during plan year. Limit one gift card per person per year.

Active Full-time Employee Dental In Network and Out-of-Network Chart

Coverage Type	Dental Plan	
	In-Network % of Negotiated Fee	Out-of-Network % of Negotiated Fee
Type A: Diagnostic & Preventative <i>(Cleanings, exams, X-Rays)</i>	100%	80%
Type B: Basic Restorative <i>(Oral Surgery, Endodontics)</i>	80%	60%
Type C: Major Restorative <i>(Crowns, Bridges, Dentures, Implants)</i>	50%	40%
Type D: Orthodontia <i>\$1,000 Lifetime Orthodontia Max Benefit</i>	50%	50%
Deductible <i>\$1,000 Lifetime Orthodontia Max Benefit</i>		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,500	\$1,500

- Children's eligibility for dental coverage is from birth up to age 26.
- There is no 'missing tooth' exclusion

WHAT'S NEW FOR VISION:

Your vision plan now includes lower costs for exams, a higher frame allowance, diabetic riders for retinal imaging and more. Exam and Lens benefits reset on January 1.

The vision plan is provided by Blue Cross Blue Shield of Tennessee. It provides coverage for you and your eligible dependents for eye examinations, frames, lenses, contact lenses, and out-of-network reimbursement. A listing of network providers and retail locations may be accessed at www.BCBST.com or by calling 1-800-565-9140. Medical Plans do not cover a routine eye exam visit.

Active Full-time Employees Vision In Network and Out-of- Network Chart

Benefit Category	In-Network	Out-of-Network
Exams (Limited to one exam and one contact lens fitting/follow-up within a calendar year period)		
Comprehensive Eye Exam	\$15 Co-pay	Up to \$45
Contact Lens Fitting and Follow-up-Standard	Up to \$40 Co-pay Premium Contact Lens Fit and Follow Up: 10% off retail	Not Covered
Vision Materials	In-Network	Out-of-Network
Standard Plastic Lenses (Limited to one set of standard plastic lenses within a 12-month period)		
Single	\$15 Co-pay	Up to \$40
Bifocal	\$15 Co-pay	Up to \$65
Trifocal	\$15 Co-pay	Up to \$75
Lenticular	\$15 Co-pay	Up to \$100
Frames (Limited to one pair of frames every other calendar year)	\$0 Co-pay up to \$150 Allowance	Up to \$82
Contacts (Limited to one set of lenses every calendar year)		
Conventional	\$0 Co-pay up to \$150 Allowance 15% discount off balance over the allowance	Up to \$120
Disposable	\$0 Co-pay up to \$150 Allowance	Up to \$120
Medically Necessary	Covered at 100%	Up to \$210