ADMINISTRATORS' SCHEDULE OF SALARY AND BENEFITS

August 2011 – July 2013

SALARY SCHEDULE

POSITION	DAYS	STEP	No Step 2011-2012	2012 - 2013
Business Manager	260	0	77,900	77,900
		1	79,500	79,500
		2	81,100	81,100
		3	82,700	82,700
		4	84,400	84,400
		5	86,100	86,100
Curriculum Director	260	0	84,200	84,200
		1	85,900	85,900
		2	87,600	87,600
		3	89,300	89,300
		4	91,100	91,100
		5	92,900	92,900
Student Services Director	260	0	78,600	78,600
		1	80,200	80,200
		2	81,800	81,800
		3	83,400	83,400
		4	85,100	85,100
		5	86,800	86,800
Technology Coordinator	260	0	69,900	69,900
		1	71,300	71,300
		2	72,700	72,700
		3	74,200	74,200
		4	75,700	75,700
		5	77,200	77,200
Special Ed Coordinator	260	0	63,600	63,600
		1	64,900	64,900
		2	66,200	66,200
		3	67,500	67,500
		4	68,900	68,900
		5	70,300	70,300
Network Manager	260	0	40,400	40,400
		1	41,200	41,200
		2	42,000	42,000
		3	42,800	42,800
		4	43,700	43,700
		5	44,600	44,600
High School Principal	260	0	87,900	87,900
		1	89,700	89,700
		2	91,500	91,500
		3	93,300	93,300
		4	95,200	95,200
		5	97,100	97,100

POSITION	DAYS	STEP	No Step 2011-2012	2012 - 2013
High School Asst Principal	260	0	71,300	71,300
		1	72,700	72,700
		2	74,200	74,200
		3	75,700	75,700
		4	77,200	77,200
		5	78,700	78,700
Middle School Principal	210	0	82,300	82,300
		1	83,800	83,800
		2	85,500	85,500
		3	87,200	87,200
		4	88,900	88,900
		5	90,700	90,700
Middle School Asst Principal	210	0	65,700	65,700
		1	67,000	67,000
		2	68,300	68,300
		3	69,700	69,700
		4	71,100	71,100
		5	72,500	72,500
Elementary Principal	210	0	71,800	71,800
		1	73,200	73,200
		2	74,700	74,700
		3	76,200	76,200
		4	77,700	77,700
		5	79,300	79,300
Facilities Supervisor	260	0	47,700	47,700
		1	48,700	48,700
		2	49,700	49,700
		3	50,700	50,700
		4	51,700	51,700
		5	52,700	52,700
Food Service Supervisor	200	0	33,400	33,400
		1	34,100	34,100
		2	34,800	34,800
		3	35,500	35,500
		4	36,200	36,200
		5	36,900	36,900
Transportation Supervisor	260	0	46,700	46,700
		1	47,600	47,600
		2	48,600	48,600
		3	49,600	49,600
		4	50,600	50,600
		5	51,600	51,600

POSITION	DAYS	STEP	No Step 2011-2012	2012 - 2013
Assistant Treasurer	260	0	41,600	41,600
		1	42,400	42,400
		2	43,200	43,200
		3	44,100	44,100
		4	45,000	45,000
		5	45,900	45,900
EMIS Coordinator	260	0	48,600	48,600
		1	49,600	49,600
		2	50,600	50,600
		3	51,600	51,600
		4	52,600	52,600
		5	53,700	53,700

GROUP INSURANCE

Medical, Hospitalization, Dental, Major Medical, Prescription Drug, Vision Insurance/Benefits and Life Insurance are provided for each Administrator to the extent set forth below. Single or Family coverage may be selected by the Administrator. Full-time Administrators will be provided Medical, Hospitalization, Dental and Major Medical Insurance/Benefits, Prescription Drug, and Vision Insurance/ Benefits for qualified family members.

Administrators who participate in the Board-selected Group Insurance Plan shall pay through payroll deduction 10% of the cost of the plan for Medical and Dental, and 50% of the cost for Vision.

Benefits will be per attached benefit summaries.

LIFE INSURANCE

The Board shall provide and pay the premium for a Term Life Insurance policy for each full-time Administrator, equal to two times the annual salary rounded to the nearest $1,000 unless otherwise specified in the Administrators employment contract.

Each administrator shall have the option to purchase $100,000 additional life insurance at their own cost. This amount may be eligible to increase each year.

VACATION

Vacation days shall be governed by the individual contracts. If vacation days are given in a contract, then such total vacation days shall be granted and useable from and after the first day of the contract year. All vacation days shall be used in the year granted with no carryover. However, the Superintendent has the discretion of allowing limited carryover into the next year with the decision being made on a case-by-case basis.

Prior approval of the immediate reporting authority is a condition precedent to using vacation days.

SICK LEAVE

Sick leave shall accumulate at the rate of one and one-half (1 1/2) days for each complete month of service up to eighteen (18) days for each year. Accumulation of sick leave shall be 120 days above the contract days as set in the individual Administrators employment contract unless otherwise specified.

An Administrator is entitled to use accumulated sick leave only for the following reasons: personal illness, pregnancy, injury, exposure to contagious disease which could be communicated to others, a doctor's appointment which cannot be scheduled except during the work day, and for absence due to illness, injury, or death in the Administrator's immediate family. For purposes of illness

or injury, "immediate family" shall be interpreted to mean parents, parents-in-law, spouse, children, or other relative in the same household.

For purposes of death, the "immediate family" shall be interpreted to mean parents, parents-in-law, sister, brother, spouse, children, stepparent, stepchild, grandparents, grandchildren, or relative living in the same household. The "immediate family" for purposes of death shall also include persons whose relationship arises from marriage to the person listed herein.

a. A maximum of five (5) days sick leave shall be granted for a death in the same household and for parents and parents-in-law.
b. A maximum of three (3) days shall be granted for others listed above.
c. Additional days may be granted by the Superintendent.

The Board will advance Sick Leave to new Administrators who have not yet earned Sick Leave, and returning Administrators who have exhausted all the leave they have earned. The amount of Sick Leave advanced shall be equal to, but shall not exceed in total, the amount the Administrator actually earns during the school year in which it is granted. Sick Leave days which are advanced but which the Administrator subsequently fails to earn will be deducted from the Administrator's earned Sick Leave during the following school year. If the Administrator fails to return the following year, the Administrator must repay the Board for all advanced Sick Leave days which were not earned.

Deduction for absence shall be on a per diem basis using the actual number of days due.

SICK LEAVE-DONATION

If an Administrator is currently absent for thirty (30) consecutive full days or more due to a catastrophic or long-term illness or accident of the Administrator, his/her spouse or minor child, and has exhausted all of his/her accumulated sick leave, another employee may donate up to five (5) days of his/her accumulated Sick Leave to the absent Administrator. The requirement of thirty (30) consecutive days absence may be waived in extraordinary circumstances at the discretion of the Superintendent. No Administrator may receive more than an aggregate of fifty (50) donated Sick Leave days in any one (1) school year.

The donated days shall be added to the accumulated Sick Leave of the absent Administrator and deducted from the donating employee. The donating employee will still be eligible for the perfect attendance incentive if appropriate.

If disability is an option, it must be pursued first, in order to qualify for the use of donated sick leave.

PERSONAL LEAVE

All Administrators shall be eligible for a maximum of four (4) days non-cumulative Personal Leave for each school year under contract without stating the reason in detail. Consecutive Personal Leave days will not be granted

except with the prior approval of the Superintendent. Personal Leave may be taken in 1/2 day increments. Personal leave requests made during the last two (2) weeks of the school year will not be granted except in emergency situations as determined in the sole discretion of the Superintendent.

If at all possible, the request for Personal Leave should be made in advance on forms provided for this purpose. Emergency requests may be made orally, but should be followed by completion of a Personal Leave Request Form.

The Personal Leave Application Form may be obtained from any school office. When the Administrator applies to the Superintendent, he/she should mark the general reason for the day of Personal Leave.

ASSAULT LEAVE

If, in the course of Board employment, an Administrator is assaulted and the assault results in physical and/or serious psychological injury or disability to the Administrators severe enough to preclude the satisfactory performance of his/her regular duties, upon request the Administrator shall be granted a paid leave of absence for the period of incapacitation, not to exceed ninety (90) school days. Assault shall be defined as injury or disability inflicted upon an Administrator with or without a weapon.

An Administrator shall not qualify for Assault Leave except upon submission of a report justifying Assault Leave, which report shall include a medical report from a physician stating the nature of the physical disability and its expected duration. The physician's diagnosis is subject to review by the Board, which reserves the right to a second medical opinion from a physician at Board expense.

Payment of Assault Leave shall be at the regular rate of pay (Administrator's regular pay plus any extra duty, supplemental, and/or supplementary pay) in effect for such Administrator at the time of such assault. If the Administrator's absence resulting from assault is covered by Workers' Compensation, the Board shall provide the additional compensation that will provide the Administrator with the same income he/she was receiving at the time of his/her assault. In the event a delayed award of Workers' Compensation results in a total combined payment to the Administrator in an amount equal to or more than the Administrator's normal per diem rate, the excess payment will be returned to the Board. To be entitled to Assault Leave pay, the Administrator must file charges against the person(s) perpetrating the assault and assist with the prosecution and/or discipline of the individual. This requirement can be waived at the discretion of the Superintendent in special circumstances only, such as where an assault is perpetuated by a special needs student and mitigating factors exist.

An Administrator who has been physically assaulted in connection with the performance of the professional assignment of the Board shall notify the Superintendent.

The Superintendent or designated representative shall attempt to obtain a list of witnesses to said assault. The Superintendent or designee shall then attempt to obtain a written statement of the observations of each witness.

If court action results, said Administrator shall be granted leave of his/her professional duties with no loss of pay for necessary time in court.

Additional days may be granted at the discretion of the Superintendent.

JURY DUTY LEAVE

When a jury summons is received, the Superintendent of Schools shall be notified promptly.

If an Administrator serves as a juror the compensation he/she receives for his/her services, after expenses for mileage and parking, will be deducted from his/her regular salary payment. It is the Administrator's responsibility to inform the Superintendent of Schools in writing of the amount he/she has received. This report will be approved and transmitted to the Office of the Treasurer. The mileage rate paid shall be equal to the highest rate being paid by the Board to other Administrators on the date(s) of jury service.

EXTENDED ILLNESS LEAVE

An Administrator unable to perform satisfactorily because of personal illness or an illness in the immediate family may be granted a leave of absence without pay. Such leave may be renewed for an additional school year if such extension is requested in writing not later than April 1.

Application for such leave or renewal must be accompanied by a statement from the attending physician setting forth the nature of the illness or disability. In the instance of personal illness, the physician's statement must include a definite recommendation that the Administrator be relieved of duties. In the event of a leave as a result of illness of a member of the immediate family, the physician's statement must definitely indicate the need for the Administrator's absence.

Application for reinstatement from such leave must be made in writing and, in the event of a requested return from a Personal Illness Leave, must be accompanied by the Administrator's physician's certification of the Administrator's ability to resume full duties.

PARENTAL LEAVE

Any Administrator who becomes pregnant will be permitted to be absent from work during the period of disability and may use any accumulated Sick Leave which she may have during the period of this absence. As with any other type of medical disability, the length of time permitted for such leave is to be determined by the Administrator's physician, who shall certify same in writing to the Superintendent, designating both the date on which the Administrator will no longer be able to perform his/her duties due to his/her disability as well as

the date on which the Administrator is released to return to work following his/her disability. Said certification may be amended by the physician. Any and all insurance provisions which pertain to medical disabilities will apply in identical fashion to pregnancy-related disabilities.

Following the conclusion of any pregnancy-related disability; or in the event any Administrator adopts a child and such child is less than one (1) year of age at the time of adoption; or, with respect to a father, following the birth of a child; the Administrator may apply for permission to take Parental Leave. Requests for permission to take Parental Leave must be made at least twenty (20) days prior to the date on which the parental leave is to begin. Notification for leave in the case of adoption shall be given as soon as possible prior to receiving custody of the child. Parental Leave shall be granted upon request, provided that the following conditions are met:

a. Any and all Parental Leaves are without pay.

b. The Administrator must state specifically in writing at the time Parental Leave is requested, the length of such requested leave and the date on which the Administrator will be available to return to work.

c. Parental Leave will not exempt an Administrator from decisions regarding contract renewals relating to Administrator's appraisal and/or staff reduction under this Agreement. If Parental Leave is granted, and upon return of the Administrator from Parental Leave, he/she will be assigned to his/her prior position, if available, or a position as nearly equal to that which had been previously occupied.

d. Insurance benefits and other fringe benefits under this Agreement shall not apply during the period of a parental leave.

d. In the event an Administrator does not return to work at the time indicated in his/her request for Parental Leave, said Administrator will forego any rights to reinstatement.

FAMILY MEDICAL LEAVE ACT

The Board will follow current law with respect to family medical leave.

MILITARY LEAVE

The Board will follow current law with respect to military duty.

PROFESSIONAL LEAVE

Professional Leave of Absence may be granted annually to Administrator for the purpose of attending workshops or other professional meetings each year.

The term "professional days" is not to include days when an Administrator accompanies students to meetings, competitions, and the like.

The Board shall pay that portion of the pre-approved receipted expenses (including fees, meals, lodging, and transportation) incurred by Administrators who attend workshops, seminars, conferences, or other professional improvement sessions which have the advance approval of the Superintendent for the particular purpose of professional improvement to the school system and/or to the individual participating. Such authorization for attendance shall be upon approval by the Superintendent. The Administrator shall receive his/her salary for those days he/she is absent from his/her assignment for such Professional Leave.

TUITION REIMBURSEMENT

Each administrator has a maximum of $1,000 tuition reimbursement available for each fiscal year. Unused amounts do not carry over. Tuition reimbursement may only be used for graduate level courses or for undergraduate or technical courses which directly relate to the duties performed for the Norton City Schools. A grade of "C" or better or a grade of "S" is necessary to qualify for any tuition reimbursement.

Approval of a course or seminar for tuition reimbursement should be sought prior to taking the course or seminar. The appropriate reporting authority must approve a reimbursement request.

In the alternative, any employee covered by SERS, in their sole discretion, may opt to relinquish the tuition reimbursement benefit in favor of the OAPSE contract attendance incentive and personal leave reimbursement.

MILEAGE AND MEETING EXPENSE REIMBURSEMENT

Administrators who travel on approved Board business including approved attendance at professional meetings shall be reimbursed at the rate established by the Internal Revenue Service for mileage involved in such travel. Expenses for food of $30.00 per day will be paid for overnight stays or meeting more than 100 miles from Norton. Exceptions to this rule may be approved by the superintendent. All expenses (e.g. food, registration, parking, and lodging) require a receipt or bill attached to the expense sheet.

BENEFITS WHILE ON LEAVE

With the exception of FMLA leave, no benefits that result in an expense to the Board will be provided to any Administrator while on a leave of absence

without pay. When a group insurance policy permits, an Administrator on an unpaid leave of absence may continue to participate in such insurance benefits by advance payment, on a monthly basis, of the cost of such benefits as determined by the insurance carriers or Plan Administrator.

SEVERANCE PAY

At the time of service retirement an Administrator shall be paid for twenty-nine percent (29%) or sixty-five (65) days, whichever is less, of his/her unused, accrued Sick Leave at per diem rate.

Such payment shall be computed on the Administrator's base rate of pay at the time of retirement. Payment for Sick Leave on this basis shall be considered to eliminate all Sick Leave credit accrued by the Administrator at the time.

Severance pay benefits for an Administrator eligible for benefits under this Section who dies while on active service or on approved leave of absence shall be paid to the member's Life Insurance beneficiary.

To the extent permitted by law, an Administrator may elect to have his/her severance payment deposited directly into a tax-deferred compensation plan to buy retirement credits.

Benefit Summary – Medical/Prescription

Norton City Schools
Blue Access® (PPO)
Effective 07/01/2011

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	$200/$400	$600/$1,200
Out-of-Pocket Limit (Single/Family)	$1,000/$2,000	$2,000/$4,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/ Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: o allergy injections (PCP and SCP) o allergy testing o MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, o Non-maternity related Ultrasounds and pharmaceutical products	$25 $10 10% 10%	30% 30% 30% 30%
Preventive Care Services Services include but are not limited to: Routine Exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations[1], Annual diabetic eye exam, Vision and Hearing screenings o Physician Home and Office Visits (PCP/SCP) o Other Outpatient Services @ Hospital/Alternative Care Facility	 No copayment/coinsurance No copayment/coinsurance	 30% 30%
Emergency and Urgent Care **Emergency Room Services** o **facility/other covered services** (copayment waived if admitted) **Urgent Care Center Services** o MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Non-maternity related Ultrasounds and pharmaceutical products o Allergy injections o **Allergy testing**	 $75 $35 10% $10 10%	 $75 30% 30% 30% 30%
Inpatient and Outpatient Professional Services Include but are not limited to: o Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams	10%	30%
Inpatient Facility Services (Network/Non-Network combined) Unlimited days except for: o 60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) o 120 days for skilled nursing facility	10%	30%

Covered Benefits	Network	Non-Network
Outpatient Surgery Hospital/Alternative Care Facility • Surgery and administration of general anesthesia	10%	30%
Other Outpatient Services (Combined Network & Non-Network limits) including but not limited to: • Non Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. • Home Care Services 90 visits (excludes IV Therapy) • Durable Medical Equipment and Orthotics • Prosthetic Devices • Prosthetic Limbs • Physical Medicine Therapy Day Rehabilitation programs • Hospice Care • Ambulance Services	10% 10% 10%	30% 10% 10%
Outpatient Therapy Services (Combined Network & Non-Network limits) • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: • Cardiac Rehabilitation Unlimited • Pulmonary Rehabilitation Unlimited • Physical Therapy: 30 visits • Occupational Therapy: 30 visits • Manipulation Therapy: 30 visits • Speech therapy: 30 visits	 $25 10%	 30% 30%
Accidental Dental: unlimited	Copayments/Coinsurance based on setting where covered services are received	30%
Behavioral Health: **Mental Illness and Substance Abuse**[2] • Inpatient Facility Services • Inpatient Professional Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services. Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional	 10% 10% $25 10%	 30% 30% 30% 30%
Human Organ and Tissue Transplants[3] • Acquisition and transplant procedures, harvest and storage.	10%	30%

Covered Benefits	Network	Non-Network
Prescription Drugs **Network Tier structure equals 1/2/3** o **Network Retail Pharmacies:** (30-day supply) o **Anthem Rx Direct Mail Service:** (90-day supply) Medicare Rx - Wrap **Specialty Medications** must be obtained via our Specialty Pharmacy network in order to receive network level benefits.	$10/$20/$30 $20/$40/$60 **Out of Pocket Limit:** None	50%, min $30[5] Not covered
Lifetime Maximum	Unlimited	Unlimited

Notes:

- Flat dollar copayments are excluded from the out-of-pocket limits. Also Prescription Drug deductibles/copayments/coinsurance and Non-network Human Organ and Tissue Transplants are excluded from the out-of-pocket limits.
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services where a percentage (%) coinsurance applies to other covered services and may not apply to some Behavioral Health services where coinsurance applies
- Network and Non-network deductibles and coinsurance and out-of-pocket maximums accumulate towards each other.
- Dependent Age: to end of the month which the child attains age 26
- When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies. When the Office Visit cost share is a % coinsurance, deductible and coinsurance apply to allergy injections
- No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up
  to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies including diabetic test strips.
- Benefit period = calendar year
- Mammograms (Diagnostic) are no copayment/coinsurance in Network office and outpatient facility settings.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.

1 These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.
2 We encourage you to review the Schedule of Benefits for limitations.
3 Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.
5 Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

Precertification:
Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

Pre-existing Exclusion Period:
We will not provide benefits for services, supplies or charges for any pre-existing condition for the time period specified below (subject to HIPAA portability requirements and excludes members under age 19):
12 months after the member's enrollment date

A pre-existing condition is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within the 6-month period ending on the member's enrollment date. Pregnancy and domestic violence are not considered a pre-existing condition. Genetic information may not be used as a condition in the absence of a diagnosis.

Benefit Summary – Dental

Blue Access 100/200/300

Annual Deductible

Individual/Family — **$50 Individual / $100 Family**

Combined In and Out of Network — **$ 1,500**

Annual Maximum

Services	PPO Dentists (In-network)	Non-PPO (Out-of-network)
Diagnostic and preventive o Oral evaluations, x-rays, Cleanings o Sealants and fluoride, Space maintainers	**NCS/No deductible**	**NCS/No deductible**
Minor restorative o Emergency palliative pain treatment o Amalgam restorations (fillings), Composite restoration (fillings) o Sedative fillings	**30% after deductible**	**30% after deductible**
Oral surgery o Simple extractions, Removal of impacted teeth, General anesthesia	**30% after deductible**	**30% after deductible**
Endodontic services o Root Canal Therapy, Therapeutic pulpotomy, Direct pulp capping	**30% after deductible**	**30% after deductible**
Periodontal services o Scaling and root planing, Gingivectomy, Osseous surgery, Soft tissue grafts	**30% after deductible**	**30% after deductible**
Prosthodontic Services o Crowns, Removable complete and partial dentures o Bridge repair o Implants o Missing Teeth	**40% after deductible** Not Covered Covered	**40% after deductible** Not Covered Covered
Orthodontic Services o Examinations, Records o Tooth guidance, Repositioning (straightening) of the teeth	**40%/No deductible**	**40%/No deductible**
Orthodontic Maximum	**$1,500**	
Orthodontic Age Limit	**Adult & Child to Age 19**	

Limitations — Below is a partial listing of some of the limitations. Please see Certificate for full list:

- **Oral Evaluations**. Limited to two per year.
- **Prophylaxis or Periodontal Maintenance Procedure**. Limited to two treatments per year, singly or in combination.
- **Fluoride treatments**. Limited to two per year for children up to age 19.
- **X-rays**. Limited to one set of full-mouth x-rays or its equivalent once every five years. Periapical x-rays are limited to 4 films per year.
- **Bitewing X-rays**. Limited to one set of up to 4 films twice per year to age 19 and once per year thereafter.
- **Sealants.** Limited to children under 16 years of age for permanent unrestored first and second molars. Treatment is limited to two applications per tooth per lifetime.
- **Space Maintainers**. Limited to once per quadrant per lifetime for children up to age 16. Includes all adjustments within six months of placement.
- **Palliative Emergency Treatment**. Limited to twice per year.
- **Sedative Filling**. Limited to once per tooth in any 24-month period.
- **Amalgam or Composite Resin Restorations (fillings).** Limited to once per surface per tooth every 24 months.
- **Periodontal Scaling and Root Planing**. Limited to once per quadrant every 24 months.
- **Periodontal Surgery**. Limited to once per quadrant in any three years.
- **Crown Lengthening**. Limited to once per tooth per lifetime.
- **Root Canal Therapy**. Root canal therapy limited to one initial treatment per tooth and one retreatment per tooth – for permanent teeth only.
- **General Anesthesia**. Covered only when used in conjunction with covered oral surgical procedures.

Exclusions — Below is a partial listing of non-covered services. Please see Certificate for full list:

- Experimental or investigative procedures
- Cosmetic dentistry
- Procedures requiring appliances or restorations to alter, restore or maintain occlusion
- Harmful habit appliances
- Charges for lost or stolen dentures or appliances or for a duplicate prosthetic device or appliance
- Prescribed drugs, pre-medication or analgesia (includes nitrous oxide)
- Charges for the extraction of immature erupting third molars and nonpathologic, asymptomatic third molars
- Malignancies and neoplasms and the removal of tumors, cysts, and foreign bodies

- Charges for tobacco counseling, oral hygiene instruction, dietary planning or behavior management
- Treatment for temporomandibular joint disorder (TMJ)
- Occlusal guards, adjustments
- Hospital costs
- Replacement of teeth missing prior to coverage under this Plan
- Services or treatments that are not medically necessary
- Charges for missed or cancelled appointments
- Prosthodontic services unless specifically included under Covered Services
- Orthodontic services unless specifically included under Covered Services

Benefit Summary – Vision

Covered Benefits	Network	Non-Network
Vision Examination Including dilation and refraction as needed Covered once every **12 months**	$20 copayment	Up to $42
Prescription Lenses (Pair) • Standard plastic lenses up to 55mm; and all ranges of prescriptions Covered once every 24 months • Single Vision Lenses (pair) • Bifocal Lenses (Pair) • Trifocal Lenses (Pair)	$20 copayment	 Up to $40 Up to $60 Up to $80
Frames • Covered one every 24 months	No copayment, up to $130 retai	Up to $45
Contact Lenses (in lieu of frame and lens benefits) Covered one every 24 months • Contact Lenses (Elective) • Contact Lenses (Non-Elective)	 No copayment, up to $130 retai No copayment	 Up to $105 Up to $210
Lens Options • UV Coating • Tint (Solid & Gradient) • Standard Scratch-Resistance • Standard Polycarbonate • Standard Progressive (Add-on to bifocal copayment) • Standard Anti-Reflective Coating • Other Add-ons and Services	 $15 $15 $15 $40 $65 $45 20% off retail	**Discounts on lens option upgrades are not available out-of-network.**