

DENTAL & VISION PLAN SUMMARIES

Dental Benefits	Dental PPO	Dental PPO+
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Services		
Preventive	100% no deductible	100% no deductible
Basic	80% after deductible	80% after deductible
Major	50% after deductible	60% after deductible
Benefit Maximum		
Annual	\$2,000	\$3,500
Orthodontia		
Services (Adult/Child)	50% no deductible up to Annual Maximum	50% up to \$2,000 (separate from annual max)

Vision Benefits	Vision Plan In-Network	Vision Buy-Up In-Network
WellVision Exam		
Exam †	\$15 copay	\$10 copay
Glasses and Lenses		
Prescription Glasses	N/A	\$25 copay
Frames †	N/A	\$200 allowance
Lenses †	N/A	Included with Prescription Glasses
Suncare Benefit*	N/A	\$200 towards non-prescription sunglasses
Contacts		
Instead of Glasses †	N/A	\$200 allowance
Primary Eyecare		
Office Visit	N/A	\$10 copay
Kids Care		
Frames and Lenses	N/A	Fully covered every year

† Every calendar year

* Can be applied to one of the following: contacts, lenses or frames.



A Summary of Benefits and Coverage (SBC) has been designed to assist you with better understanding the coverage being offered to you, and to allow you to compare coverage options across both medical plans. The SBC is available on www.mysgbenefits.com, password 'mysg'. A paper copy is also available, by sending an email request to benefits@scientificgames.com.



Required Benefits Notices for participants in Scientific Games health plans can be found by following this QR Code or by visiting www.mysgbenefits.com, password 'mysg'.