

Your Dental and Vision Plan Options

Prepaid Plans

DeltaCare USA, SafeGuard, Premier Access and Western Dental

Prepaid plan services are provided by member dentists throughout California. These plans are not available outside of California.

You pay no monthly premiums, as they are paid in full by the State. You also have no deductibles or maximum annual benefit limits with these plans. Many services are provided at low or no cost to you. Enrollment in any of these plans requires you be assigned to one provider/facility. You may change dentists upon request and/or change plans if you move and your plan is no longer available. If you need emergency dental care and are outside of your service area (50 miles from your residence), you may go to any dentist for the relief of pain and be reimbursed up to \$400 per calendar year. For more information, or a list of member dentists, contact the plans at:

DeltaCare USA	1-800-422-4234	www.deltadentalca.org
SafeGuard	1-800-880-1800	www.safeguard.net
Premier Access	1-888-534-DHMO (3466)	www.socdhmo.com
Western Dental	1-866-859-7525	www.westerndentalsbenefits.com/stateofca

Indemnity Plan

Delta Dental Premier - Group #9949

Delta Premier features full access to specialty care and guaranteed benefits through member dentists. Also, you may see any dentist worldwide and still be covered; however, your out-of-pocket costs may be higher. For more information, contact Delta Dental at 1-800-225-3368 or visit www.deltadentalca.org/state.

Preferred Provider Option Plan

Delta Dental Preferred Provider Option (PPO) - Group #9946

PPO provides services through its network of participating dentists. You may also use non-PPO dentists worldwide; however, if you receive services outside of the PPO network, your out-of-pocket costs could be substantially higher. Please note that not all Delta Premier dentists are members of the PPO network; however, you can see the Delta dentist of your choice and still be covered.

Some of the differences between the Delta Premier plan and the Delta PPO plan are: The PPO dental plan treatment costs are based on a discounted fee agreement between Delta and the PPO provider. This fee agreement will result in lower out-of-pocket costs to you when you visit a PPO network dentist. Also, the maximum annual benefit available to dependents is \$2,000 when using a dentist who's a member of the PPO network, compared to a \$1,000 yearly maximum for dependents under Delta Premier basic plan. Additionally, the PPO plan offers a \$2,500 lifetime benefit for dental implants, and a third cleaning for high-risk patients. Generally, high-risk patients include pregnant women, cancer chemotherapy patients, and persons with compromising systemic diseases such as diabetes, AIDS, or endocarditis, and persons who have had organ transplants. Your

current dentist may be a PPO provider, so you may want to consider changing your coverage to the PPO plan to take advantage of this richer benefit.

For more information, contact Delta Dental at 1-800-225-3368 or visit www.deltadentalca.org/state.

These are brief descriptions of the available dental plans. Please consult each plan's "Evidence of Coverage" brochure or call the plan for a more detailed explanation. You may also obtain brochures and listings of participating dentists by accessing each plan's website at the addresses listed above.

VISION

Basic Vision Plan

Benefits for eligible employees and their dependents include an eye exam, frames, and/or lenses once each calendar year. Medically necessary contact lenses are also fully covered. Benefits include an allowance of \$75 for frames or \$110 for elective contact lenses. A \$10 deductible for an eye exam and a \$25 deductible for materials (frames and/or lenses) are required at the time of the appointment.

Eligible employees are automatically enrolled in the State's Basic Vision Plan upon hire. The effective date is based on when the employee's personnel office processes the Personnel Action Request (PAR) document.

Premier Vision Plan

Employees may upgrade to the Premier Vision Plan for a monthly premium. The State contributes \$8.64, (the equivalent of the Basic Plan cost). The employee share of the premium is based on the party code (see attached chart). This benefit for eligible employees and their dependents includes an eye exam, frames, and/or lenses once each calendar year. An allowance of \$200 (\$110 allowance at Costco) is available for frames and/or lenses including bifocal, progressive and transition lenses which are fully covered. A \$10 deductible for an eye exam and a \$25 deductible for materials (frames and/or lenses) are required at the time of the appointment.

Eligible employees may enroll during open enrollment or within 60 days from the date of eligibility. The effective date of coverage is based upon when VSP receives the first monthly premium from the State Controller's Office. Employees wanting to enroll into the Premier Vision Plan must positively elect to enroll. Once enrolled into the Premier Vision Plan, the employee will be required to maintain their enrollment for a 12-month minimum enrollment period.

For more information about vision benefits, please contact Vision Service Plan (VSP) at 1-800-877-7195 or visit their website at www.vsp.com/go/stateofca.

**State-Sponsored Dental Plans
Benefit Cost Comparison**

The following chart provides a comparison of your costs for certain types of procedures. Please consult each dental plan's Evidence of Coverage brochure for detailed information and plan limitations.

Procedures	Delta Dental				SafeGuard DeltaCare USA Premier Access Western Dental	SafeGuard
	Premier Basic		Premier Enhanced	Preferred** Provider Option (PPO)	Standard	Enhanced* **
	Rank and File Employees	Dependents of Rank and File Employees	Excluded Employees and Dependents	Excluded & Rank and File Employees and Dependents	Excluded & Rank and File Employees and Dependents	Excluded Employees and Dependents
Diagnostic and Preventive Benefits (Two cleanings per 12 month period) *	0	0	0	0	0	0
Basic Benefits (Usual, Customary, and Reasonable)	10%	20%	10%	10%	0	0
Crowns	20%	50%	20%	20%	\$50	0
Bridges, Full & Partial Dentures	50%	50%	50%	40%	\$65 and up	0
Annual Deductible	\$50*	\$50*	\$25*	\$25*	No deductible	No deductible
Maximum Deductible	\$150 per family	\$150 per family	\$100 per family	\$100 per family	N/A	N/A
Orthodontia	Delta will pay 50% up to a lifetime maximum of \$1,000 per person.	Delta will pay 50% up to a lifetime maximum of \$1,000 per person.	Delta will pay 50% up to a lifetime maximum of \$1,000 per person.	Delta will pay 50% up to a lifetime maximum of \$1,000 per adult and pay 50% up to a lifetime maximum of \$1,500 per child.	\$1,000 plus up to \$250 for start-up costs	\$1,000 plus up to \$250 for start-up costs
Annual Maximum	\$2,000	\$1,000	\$2,000	\$2,000	No Maximum	No Maximum
Implant Benefit	Not Available		Not Available	Delta will pay 50% up to a lifetime maximum of \$2,500	Premier Access and Western Dental <i>only</i> –This benefit is not available through DeltaCare or SafeGuard.	Not Available

* Diagnostic and Preventive Benefits are exempt from the deductible.

** The level of benefits and covered services reflected in the chart are based on services provided by a PPO Network dentist. The level of benefits and covered services provided by a non-PPO dentist are lower. Additionally, the PPO includes up to a \$2,500 lifetime benefit for dental implants and a 3rd cleaning for high-risk patients. High-risk patients include: pregnant women, cancer chemotherapy patients, and persons with compromising systemic diseases such as AIDS, diabetes, endocarditis, or persons who have had organ transplants.

*** The SafeGuard enhanced coverage provides for three cleanings per 12-month calendar year service period instead of the normal two cleanings. Excluded employees and their dependents have the enhanced coverage under SafeGuard. Rank and File employees and their dependents have the standard coverage under SafeGuard.

Your Basic Vision Plan Benefits Summary –			
Basic Vision Plan – The State of California contributes 100% of the State-sponsored Basic Vision Plan Premium*			
VSP Doctor Network: Vision Select			
VSP Members			
Your Coverage with VSP Doctors			
Benefit	Description	Copay	Frequency
WellVision Exam®	Focuses on your eye and overall wellness	\$10	Once every calendar year
Prescription Glasses			
Frame	\$75 allowance	\$25	Once every calendar year
Lenses	Single vision, lined bifocal, and lined trifocal		
Covered Lenses Options	Tints/photochromic lenses - Transitions	\$0	
Contacts (instead of glasses)	\$110 allowance for contacts and contact lenses exam (fitting and evaluation) 15% off contact lenses exam (fitting and evaluation)		
Extra Discounts and Savings	Laser Vision Correction Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities.		
Employee Monthly Contribution	\$0.00.....Employee only \$0.00.....Employee + one dependent \$0.00.....Employee + two or more dependents		
Prescription Glasses			
Under this State-sponsored plan, VSP guarantees service from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and the State's contract with VSP, the terms of the contract will prevail.			

*State contribution is \$8.64/month.

Your Premier Vision Plan Benefits Summary –			
Premier Vision Plan – The State of California contributes a portion of the State-sponsored Premier Vision Plan Cost*			
VSP Doctor Network: Vision Choice			
VSP Members			
Your Coverage with VSP Doctors or Costco*			
Benefit	Description	Copay	Frequency
WellVision Exam®	Focuses on your eye and overall wellness	\$10	Once every calendar year
Prescription Glasses			
Frame	<ul style="list-style-type: none"> • \$200 allowance for wide selection of frames • 20% off over your allowance • \$110 allowance for Costco 	\$25	Once every calendar year
Lenses	Single vision, lined bifocal, and lined trifocal		
Covered Lenses Options	Tints/photochromic lenses - Transitions	\$0	
	Polycarbonate lenses	\$0	
	Progressive lenses	\$0	
	Average 20%-25% off other lenses options		
Contacts (instead of glasses)	\$200 allowance for contacts and contact lenses exam (fitting and evaluation) 15% off contact lenses exam (fitting and evaluation)		
Extra Savings and Discounts			
Glasses and Sunglasses			
20% off additional glasses and sunglasses, including lenses options, from any VSP doctor. See your provider for more detail.			
Laser Vision Correction			
Average 15% off the regular price or 5% off the promotional price, discounts only available from contracted facilities.			
Employee Monthly Contribution			
\$ 6.56.....Employee only			
\$13.12..... Employee + one dependent			
\$21.12.....Employee + two or more dependents			
Coverage with Costco may be different. Coverage with Costco is available only with the Premier Vision Plan. Once your benefit is effective, visit vsp.com for details.			
The employee monthly contribution reflects your share of the Premier Vision Plan premium. The State contributes the equivalent of the Basic Vision Plan premium to cover the remainder of the Premier Vision Plan premium.			
VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail.			

*State contribution is \$8.64/month.