



**Santa Barbara
Unified**
SCHOOL DISTRICT

EMPLOYEE BENEFIT PROGRAM 2011-2012 BENEFIT PLAN SUMMARY OCTOBER 1, 2011 - SEPTEMBER 30, 2012

NOTE: The information in this brochure is a general outline of the benefits offered under Santa Barbara Unified School District benefits program. Specific details and plan limitations are provided in the Evidence of Coverage (EOC), which is based on the official Plan Documents that may include policies, contracts and plan procedure.

720 Santa Barbara Street / Santa Barbara, CA 93101 / (805) 963-4338 / www.sbsdk12.org

SECTION 1: INTRODUCTION

Santa Barbara Unified School District (SBUSD) takes pride in offering its employees a complete benefits program that provides flexibility for the diverse and changing needs of you and your families. We have selected insurance providers that offer best of class networks, customer service, and benefits to help maintain wellness and protect you and your family from major financial hardship in the event of illness or injury. You choose the options that best meet your needs.

Medical:

- Anthem Blue Cross
 - HMO 1 Plan
 - HMO 2 Plan
 - HMO 3 Plan
 - PPO Plan

- Kaiser Permanente
 - HMO 1 Traditional Plan

Dental:

- Delta Dental PPO Premier Incentive - SISC

Vision:

- VSP-SISC - Vision Service Plan

Life/Accidental Death and Dismemberment/Dependent Life:

- Cigna

SBUSD provides this benefit booklet so that you may familiarize yourself with the different benefit plans that are available to you. Think about your current benefit plan selections. Are they working for you? Have you experienced any changes or do you anticipate any that might make a difference plan more suitable? **We urge you to read this guide carefully and keep it as a reference.**

SECTION 2: ELIGIBILITY

You are eligible for SBUSD's group benefits if your classification is offered benefits.

- Dependent Eligibility

The definition of dependent includes your spouse, domestic partner (must be registered with the California State Registry), and child(ren) up to 26 years of age (coverage stops when they turn 26). Child(ren) includes stepchild(ren), child(ren) placed under a "qualified medical child support order," adopted child(ren) or child(ren) placed for adoption.

Adding and Excluding Dependents

Newly acquired dependents may only be added to the medical and dental plan within 30 days of birth, adoption, or marriage or see list of qualified "Life Events" (see below). If you do not add them within the 30-day period and they do not qualify for a "special enrollment" (see below), they will not be eligible to enroll until the next Open Enrollment period.

- Qualifying Event Enrollment Rights

Other than during the annual "open enrollment" period, you may not change your coverage unless you qualify for a "special enrollment." In addition, if you are declining enrollment for you or your dependents (including your spouse) because of other group medical coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you qualify for a "special enrollment." The request for enrollment must be made within 30 days of your other coverage termination. The following are events that qualify for "special enrollment." An employee is responsible for notifying the Benefits Administrator of a "Qualifying Event."

- Marriage, legal separation, divorce, or death
- Birth, adoption or placement for adoption of a child
- A dependent child's loss of eligibility due to age or marital status
- Retirement or termination of employment
- Death of spouse or child
- Change in spouse's employment status(full-time to part-time or vice versa)
- Loss of primary insurance coverage

- Announcement for Employees Who Are or Will Become Medicare Eligible

If you (and/or your dependent) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more options about your prescription drug coverage. Please see page 4 for more options.

SECTION 3: MEDICARE PART D

Important Notice from the Santa Barbara Unified School District About Your Prescription Drug Coverage and Medicare:

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Santa Barbara Unified School District and prescription drug coverage for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Santa Barbara Unified School District has determined that the prescription drug coverage offered by the Santa Barbara Unified School District Medical Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiary's leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you do decide to enroll in a Medicare prescription drug plan and drop your Santa Barbara Unified School District prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. Please contact SBUSD at (805) 963-4338 for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with the Santa Barbara Unified School District and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

For more information about this notice or your current prescription drug coverage, please contact our office at 720 Santa Barbara St., Santa Barbara CA 93101 or call Noemi Vazquez at (805) 963-4338, x6242.

NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through Santa Barbara Unified School District changes. You may also request a copy.

SECTION 4: OTHER NOTICES

- **The Newborns and Mothers Health Protection Act:**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean delivery. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

- **The Women’s Health and Cancer Rights Act:**

Your health plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymph edema). Call your health plan’s Member Services for more information.

SECTION 5: FREQUENTLY ASKED QUESTIONS (FAQ)

I am switching medical plans, what do I do?

In addition to returning your Insurance Selection Plan Form, you must also complete an Anthem Blue Cross or Kaiser Permanente change form in order for your new election to be processed. All forms are available in Human Resources or online at SBUSD website www.sbsdk12.org/personnel/benefits/.

If I am adding/deleting a dependent, what do I do?

In order for your selection to be processed, you must return an Insurance Selection Plan Form, as well as complete a carrier change form (Anthem Blue Cross or Kaiser Permanente) for medical and Delta Dental enrollment form for dental and Vision Plan change form for vision.

I will be turning 65 and become eligible for Medicare, what will I need to do?

Upon reaching age 65, you will continue to be on the Anthem Blue Cross or Kaiser Permanente medical plans unless you decide to retire.

What do I do if I want to change my Primary Care Physician?

You may call Anthem Blue Cross Customer Service at (800) 227-3771 or Kaiser Permanente Customer Service at 1-800-464-4000 and change providers. You must call before the 15th of the month in order for this change to be effective the 1st of the following month.

What if I have a problem with a doctor's bill?

The first thing that you should do is contact your Primary Care Physician or call your carrier's Customer Service telephone number.

I need to change my mailing address?

Call the Santa Barbara Unified School District Human Resources Office to change your address.

What do I do if I need a new medical card?

Call Anthem Blue Cross Customer Service at (800) 227-3771 or Kaiser Permanente Customer Service at (800) 464-4000.

What do I do if I need a new dental card?

Call Delta Dental Customer Service telephone number at (866) 499-3001. They will assist you in obtaining a card.

What do I do if I need to find a Vision Provider?

Call Vision Service Plan (VSP) at (800) 877-7195 or use their website: www.vsp.com.

SECTION 6: BENEFIT SUMMARIES

Employee Assistance Program

Save A Valuable Employee (SAVE) EAP is here to assist you. SAVE provides free, confidential help with a variety of issues, including STRESS, RELATIONSHIPS, LOSS/GRIEF, CHRONIC ILLNESS, LEGAL & FINANCIAL RESOURCES, PROFESSIONAL GROWTH. Call SAVE directly at (800) 299-2311.

Basic Life / Accidental Death & Dismemberment (AD&D) / Dependent Life

Life/ AD&D / Dependent Life Insurance are an important part of your comprehensive benefits package. For peace of mind and the financial protection for you and your family in the event of death or a serious accident, all eligible full-time benefits employees are enrolled in the Basic Life and Accidental Death and Dismemberment Insurance Program thru Cigna as long as a form has been completed and returned to the Human Resources Office.

Basic Life and AD&D/ Management- \$100,000

Basic Life and AD& D/ Certified and Classified Employees - \$30,000

Basic Dependent Life - Spouse - \$1,500 / Child(ren) - \$1,500

Age Reduction Rule

You Life Insurance amount in force on the day before the first day of the month in which you reach age 65 will be reduced by: 35% at age 65; 60% at age 70; 75% at age 75. The reduction will take effect on January 1st next following the date you reach the age specified.

Section 125 Flexible Benefit Plan

If you are interested in saving money on out-of-pocket health care and/or dependent care expenses, consider enrolling in the Section 125 Flexible Benefit Plan through American Fidelity. You must re-enroll each year to participate.

The Section 125 Plan offers two types of reimbursement accounts - a Health Care Account and a Dependent Care Account. You can use the Health Care Account to reimburse yourself for eligible expenses incurred by yourself, spouse and your eligible dependents. Eligible expenses include deductibles, copays, coinsurance and vision care among others. The Dependent Care Account can be used for dependent care expenses that enable you (or you and your spouse, if you are married) to work or attend school full-time. Eligible expenses include daycare, preschool programs and after-school care for qualifying children under age 13.

During Open Enrollment, you decide how much to contribute to either or both accounts. You may contribute up to \$3600 per plan year to the Health Care Account, and/or up to \$5000 per plan year to the Dependent Care Account (or up to \$2500 if you are married and file separate tax returns). Your plan contributions are deducted from your paycheck in equal amounts during the year- on a pre-tax basis, which means you reduce your taxes and save money. Important: The IRS has a "use it or lose it" rule that applies to the FSAs. Any funds set aside but not used for eligible expenses incurred during plan year must be forfeited. Plan carefully when estimating your annual expenses. For more information, please contact American Fidelity at (800) 365-9180.

403 (b) and 457 (b) Plans

Santa Barbara Unified School District sponsors voluntary retirement plans that include a 403(b) Tax Sheltered Annuity (TSA/403(b) Plan) and 457(b) Deferred Compensation Plan (DCP/457(b) Plan). Participation is voluntary. For more information, please call Envoy Plan Services at (800) 248-8858.

Benefits at a Glance HMO Plans

	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>
Insurance Carrier	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Kaiser Permanente
Plan Name	HMO 1	HMO 2	HMO 3	HMO 1 Traditional Plan
Maximum out-of-pocket Individual / Family	\$1500 / \$3000	\$1500 / \$3000	\$3500 / \$7000	\$1500 / \$3000
Calendar Year Deductible	None	None	None	None
Doctor Visits (Co-Payment)				
Primary Care Physician	\$30	\$30	\$30	\$30
Specialist	\$30	\$40	\$45	\$30
Preventive	\$0	\$0	\$0	\$0
Hospitalization				
Inpatient Hospitalization	\$250/day up to 3 days	\$500/day up to 3 days	\$1000/day up to 3 days	\$0
Outpatient Hospitalization	\$0	20% of charges	30% of charges	\$30/visit
Lab and X-ray				
Lab and X-ray Outpatient Hospital	\$0; \$100 copay for specialty X-ray	20% of charges	30% of charges	\$0
Lab and X-ray Non-Hospital Facility	\$0; \$100 copay for specialty X-ray	\$0; \$100 copay for specialty X-ray	\$0; \$100 copay for specialty X-ray	\$0
Chiropractic & Acupuncture				
Chiropractic Care	\$30 with PCP authorization	\$30 with PCP authorization	\$30 with PCP authorization	Not Covered
Acupuncture	\$30 with PCP authorization	\$30 with PCP authorization	\$30 with PCP authorization	
Durable Medical Equipment				
Durable Medical Equipment including hearing aids(one hearing aid per ear every three years)	20% of charges	20% of charges	30% of charges	20% copay
Prosthetics	\$0	\$0	\$0	\$0
Emergency & Urgent Care				
Emergency Room (waived if admitted to hospital)	\$100 copay	\$100 copay	\$100 copay	\$100
Urgent Care	Copay based on Facility	Copay based on Facility	Copay based on Facility	\$30
Ambulance	\$0	\$0	\$0	\$50/trip

Notes:

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	Option 1	Option 2	Option 3	Option 4
Insurance Carrier	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Kaiser Permanente
Plan Name	HMO 1	HMO 2	HMO 3	HMO 1 Traditional Plan
Mental Health Services				
Mental/Nervous Disorders or Substance Abuse				
Inpatient ²	\$250/day up to 3 days facility-based care	\$500/day up to 3 days for facility-based care	\$1000/day up to 3 days facility-based care	\$0
Outpatient ²	\$30	\$30	\$30	\$30
Prescription Drugs				
Retail - 30 day supply (Annual -\$200 Individual, \$500 Family Deductible on Brand Drugs)	\$10-Generic/\$35-Brand	\$10-Generic/\$35-Brand	\$15-Generic/\$50-Brand	\$10-Generic/\$30 Brand Up to 100 day supply
Get your generic medication at Costco with a \$0 copay	Get your generic medication at Costco with a \$0 copay	Get your generic medication at Costco with a \$0 copay	Get your generic medication at Costco with a \$0 copay	
Mail Order - 90 day supply	\$25-Generic/\$90- Brand	\$25-Generic/\$90- Brand	\$40-Generic/\$135- Brand	

Notes:

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2. Preauthorization required for facility-based care. Outpatient pre-service review is required after the 12th visit.

Benefits at a Glance PPO Plan (only one PPO plan is offered).

Medical Plan Benefit	Anthem Blue Cross PPO Network	Anthem Blue Cross PPO Non-Network
Calendar Year Deductible Individual/Family	\$500/\$1000	\$500/\$1000
Annual Out-of-Pocket Maximum Individual/Family	\$1000/\$3000 ²	\$1000/\$3000 ²
Physician Office Visit	\$30	You pay all charges exceeding scheduled amount.
Specialist Copay	\$30	You pay all charges exceeding scheduled amount.
Preventive Care	\$0	Not Covered
Lab and X-ray Outpatient Hospital	20%	You pay all charges exceeding scheduled amount.
Lab and X-ray Non-Hospital Facility	20%	You pay all charges exceeding scheduled amount.
Chiropractic Service	20% (limits apply)	You pay all charges exceeding scheduled amount. Limits apply for chiropractic.
Acupuncture	20% (limited to \$50/visit)	You pay all charges exceeding scheduled amount. (limited to \$25/visit)
Hospitalization Inpatient Outpatient	20% 20%	Benefit limited to \$600/day. You pay all charges exceeding scheduled amount. 50%
Emergency Room	20% - After \$100 copay	\$100 copay and all exceeding charges.
Ambulance	20%	20%
Urgent Care	20%	You pay all charges exceeding scheduled amount.
Mental Health Inpatient Outpatient	20% 20%	You pay all charges exceeding scheduled amount. \$600/day benefit limit for inpatient facility. You pay 50% for facility and all charges exceeding scheduled amount.
Prescription Drugs		
Retail - 30 day supply (Annual - \$200 Individual, \$500 Family Deductible on Brand Drugs)	\$10-Generic/\$35-Brand	\$10-Generic/\$35-Brand ³
Get your generic medication at Costco with a \$0 copay	Get your generic medication at Costco with a \$0 copay	Get your generic medication at Costco with a \$0 copay
Mail Order - 90 day supply	\$25-Generic/\$90- Brand	\$25-Generic/\$90- Brand ³

Notes:

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2. The following do not apply to out-of-pocket maximums: calendar year deductibles; non-covered expense, and copays. After the member reaches out-of-pocket maximum, the member remains responsible for calendar year deductibles; for non-PPO providers & other health care providers, costs in excess of the covered expense; amounts related to a transplant unrelated to donor search, and office visit copays.
3. If you purchase a brand-name drug when a generic alternative is available, you will pay the generic copay plus the difference in cost even if your doctor writes "dispense as written."

Dental PPO and Vision Plans

DENTAL BENEFITS
Calendar Year
Maximum
Calendar Year
Deductible / Individual / Family
Predetermination of Benefits
Diagnostic and Restorative
Endodontic
Periodontic
Oral Prosthetic
Orthodontic
5 Child(ren) Up to Age
Adults (Age 20 and over)
Reimbursement Level

Delta Dental PPO Premier				
In- Network	Out-of- Network			
	\$1,500			
	0			
None				
Charges in excess of \$250, not mandatory				
1st Year	2nd Year	3rd Year	4th Year	
100%	80%	90%	100%	
100%	80%	90%	100%	
100%	80%	90%	100%	
100%	80%	90%	100%	
50%	50%	50%	50%	
50% Benefit up to \$1,500 Lifetime Maximum				
Benefit				
Negotiated Covered Up to fee UCR				

VISION BENEFITS
Exam
Lenses
Single
Bifocal
Trifocal
Frame
Contacts
Contact Lenses - Elastic
Contact Lenses - Medically Necessary
Frequency of Services
Examination
Frame
Contact Lenses*

VS	
In- Network	Non- Network
\$5	\$3
5	5
No charge	\$2
No charge	\$4
No charge	\$5
charge	0
\$13	\$3
0	0
\$10	\$9
\$10	\$9
5	0
Frequency of Services	
12 months	
12 months	
12 months	
12 months	

NOTES:

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- Contact lenses are in lieu of spectacle lenses and frame.

For Extra Help...

KEY CONTACT	TELEPHONE	WEBSITE
Santa Barbara Unified School District Human Resources/Benefits - Noemi Vazquez	(805) 963-4338, Ext. 6242	nvazquez@sbsdk12.org
Anthem Blue Cross of California HMO	(800) 227-3771	www.anthem.com/ca/sisc
Anthem Blue Cross of California PPO	(800) 322-5709	
Delta Dental -SISC	(866) 499-3001	www.deltadentalins.com
Vision Service Plan - SISC	(800) 877-7195	www.vsp.com
American Fidelity (Flexible Spending)	(800) 365-9180	www.afadvantage.com
SAVE	(805) 962-5387	www.savesb.org
Envoy Plan Services	(800) 248-8858	www.envoyplanservices.com



ABOUT DELTA DENTAL PPO INCENTIVE PLAN

The Delta Dental PPO Incentive plan allows you to:

- ◆ Save on out-of-pocket expense when you visit a PPO network dental office
- ◆ Visit any licensed dentist of your choice — select a different dentist for each member of your family
- ◆ Change dentists at any time
- ◆ Go to a dental specialist of your choice
- ◆ Receive dental care anywhere in the world

Under the PPO Incentive plan, you may visit any licensed dentist you wish. However, you receive the maximum benefits available under the program when you choose one of the more than 12,200 in-network PPO dental locations throughout California.

If you choose a non-network (non-PPO) dentist, you will benefit by selecting a Delta Premier dentist. More than 23,600 dentists in California are Delta Premier dentists, including PPO dentists. Delta dentists agree to abide by our fee and quality guidelines.

IN-NETWORK	OUT-OF-NETWORK	
PPO DENTISTS	PREMIER INCENTIVE DELTA DENTISTS	NON-DELTA DENTISTS
Your out-of-pocket expense will probably be less because PPO dentists have agreed to charge PPO patients reduced fees.	You will be charged no more than the fees allowed by Delta Dental.	You will be responsible for the difference if your dentist charges more than Delta Dental's allowed fees.
Claim forms will be completed and submitted for you at no charge.	Claim forms will be completed and submitted for you at no charge.	You may have to complete and submit your own claim forms or pay a service fee.
You may be charged only the patient share* at the time of treatment, not Delta's portion.	You may be charged only the patient share* at the time of treatment, not Delta's portion.	You may have to pay the entire amount in advance and wait for reimbursement.

* "Patient share" is the copayment, applicable deductible and any amount over the annual maximum. Some services may not be covered; please refer to your Evidence of Coverage. Some examples of services not covered are cosmetic dentistry, experimental procedures and services to correct congenital malformations.

DENTAL PPO IS EASY TO USE

Delta Dental PPO is our preferred provider plan. The plan provides an additional \$200 toward the calendar year maximum when you visit a PPO dentist. PPO dentists are Delta dentists who have agreed to charge PPO patients reduced fees. Delta endodontists, oral surgeons and periodontists are not PPO dentists, but you also receive in-network benefits when visiting one of these Delta specialists.

To use your PPO Incentive plan, just call the dental office of your choice and make an appointment. During your first appointment, give your dentist the primary enrollee's social security number. When you call a PPO/Premier dentist for an appointment, please confirm that the dentist participates in the Delta PPO or Premier network.

For a list of Delta PPO or Premier dentists in your area, search the dentist directory on our web site at www.deltadentalins.com or call our toll-free automated telephone service at (800) 4-AREA-DR (800-427-3237). You can also check with your benefits administrator, who has a complete list of Delta PPO or Premier dentists.

Visit our web site to view your eligibility and benefits or print your own ID card. (Note: You do not need an ID card to verify coverage, make an appointment or receive treatment.) You also can have eligibility information faxed to you by calling toll-free to speak with a team specialist especially trained to serve school district employees: (866) 499-3001.

Delta Dental of California offers you what no other dental plan can — The Delta Difference®. Here's what makes us unique:

- ◆ *Determination of fees.* Delta dentists agree to our determination of fees.
- ◆ *Copayments are guaranteed.* Delta dentists may charge you only what we determine to be your share of the treatment cost.
- ◆ *We require professional treatment standards.* Delta dentists must meet professional standards for hygiene, radiation safety and other areas related to quality care.

These are just a few of the reasons that *one in three Californians* count on Delta Dental for dental care benefits.

PRINCIPAL BENEFITS AND COVERED SERVICES*

Under this plan, Delta Dental pays 70% of the allowed fees for covered diagnostic, preventive, basic, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each year (to a maximum of 100%) for each enrollee, provided that person visits the dentist at least once during the year. If an enrollee does not use the plan during a calendar year, the percentage remains at the level reached the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

WHEN TREATMENT IS PROVIDED BY...	A PPO IN-NETWORK DENTIST**	A NON-NETWORK PREMIER DENTIST
WHO'S COVERED	Primary enrollee and spouse as well as dependent children to age 26	Primary enrollee and spouse as well as dependent children to age 26
BENEFITS MAXIMUM	The maximum benefit paid per calendar year is \$1,700 per person.	The maximum benefit paid per calendar year is \$1,500 per person.
DIAGNOSTIC AND PREVENTIVE BENEFITS* oral examinations, cleanings, x-rays, examinations of tissue biopsy, fluoride treatment, space maintainers, specialist	70% - 100% of PPO dentist's allowed fee	70% - 100% of Delta dentist's allowed fee
BASIC BENEFITS* oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants	70% - 100% of PPO dentist's allowed fee	70% - 100% of Delta dentist's allowed fee
CROWNS, JACKETS AND OTHER CAST RESTORATIONS*	70% - 100% of PPO dentist's allowed fee	70% - 100% of Delta dentist's allowed fee
PROSTHODONTIC BENEFITS bridges, partial dentures, full dentures, implants	50% of PPO dentist's allowed fee	50% of Delta dentist's allowed fee
ORTHODONTIC BENEFITS — for dependent children to age 26 and adults	50% of PPO approved fee (subject to a \$1,500 lifetime maximum per person)	50% of Delta approved fee (subject to a \$1,500 lifetime maximum per person)
DENTAL ACCIDENT BENEFITS	100% of PPO dentist's allowed fee separate (\$1,000 maximum per person per calendar year)	100% of Delta dentist's allowed fee separate \$1,000 maximum per person per calendar year)

**Please refer to your Evidence of Coverage for limitations on these benefits. Some examples of limitations on services are the number of cleanings and oral exams covered in a calendar year, and time limitations on filling and crown replacements. Note: Delta dentists are paid on a different fee base than non-Delta dentists. This may result in higher out-of-pocket costs to you when you visit a non-Delta dentist. **Delta endodontists, oral surgeons and periodontists are not PPO dentists, but you receive in-network benefits when visiting one of these specialists.*

SERVICES THAT ARE NOT COVERED

Although your plan covers many of the most commonly needed services, some services are not covered. If you are unsure whether a particular procedure is covered, or how much of it is paid for by your plan, check with us before proceeding.

The following are *not* covered by the plan:

- ◆ Services for injuries or conditions that are covered under Workers' Compensation or Employer's Liability Laws
- ◆ Cosmetic surgery or dentistry or services to correct congenital malformation
- ◆ Experimental procedures
- ◆ Therapeutic drugs, premedication or pain relievers
- ◆ Hospital costs or extra charges for hospital treatment
- ◆ Anesthesia (except for general anesthesia for oral surgery)
- ◆ Extra-oral grafts
- ◆ Treatment related to the temporomandibular joint (TMJ)

The preceding information is not intended for use as a summary plan description, nor is it designed to serve as an Evidence of Coverage for the plan.

This Delta Dental PPO plan is administered by Delta Dental of California. If you have specific questions regarding benefit structure, limitations or exclusions, consult the Evidence of Coverage or contact our Customer Service department.



P.O. Box 997330
Sacramento, California 95899-7330

For customer service and eligibility/benefits information:
(866) 499-3001

For online or faxed eligibility/benefits information:
www.deltadentalins.com or
(800) 765-6003

For a list of PPO or Delta dentists:
(800) 4-AREA-DR (800-427-3237) or
www.deltadentalins.com

Your VSP Vision Benefits

Welcome to VSP® Vision Care. We'll help keep you and your eyes Healthy through personalized care from a doctor you can trust.

Your eyes say a lot about you and can even tell your VSP doctor about you. During your WellVision Exam®, your VSP doctor will look for vision problems and signs of health conditions too.

Getting started is a breeze.

- **Find the right VSP doctor for you.** You'll find plenty to choose from at vsp.com or by calling **800.877.7195**.
- **Already have a VSP doctor?** At your appointment, tell them you're a VSP member.
- **Check out your coverage and savings.** Visit vsp.com to see your benefits anytime and check out how much you saved with VSP after your appointment.

That's it! We'll handle the rest—no ID card necessary or claim forms to complete.

Keep your eyes healthy and your vision clear with VSP.

Contact VSP: vsp.com
800.877.7195

VSP® Vision care for life

SISC and VSP provide you an affordable eyecare plan. Plan B \$5 Your coverage from a VSP Doctor

WellVision Exam® focuses on your eye health and overall wellness every calendar year

Prescription Glasses

Lenses..... every calendar year

- Single vision, lined bifocal, and lined trifocal lenses.
- Polycarbonate lenses for dependent children.

Frame..... every other year

- \$130.00 allowance for frame of your choice
- 20% off the amount over your allowance.

---OR---

Contact Lens Care..... every calendar year

\$105.00 allowance for contacts and the contact lens exam (fitting and evaluation). If you choose contact lenses you will be eligible for a frame 24 months from the date the contact lenses were obtained.

New and current soft lens wearers may qualify for a special program that includes a contact lens evaluation and initial supply of lenses.

Extra Discounts and Savings

Glasses and Sunglasses

- Average 35-40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including same day lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.

Contacts

- 15% off cost of contact lens exam (fitting and evaluation)

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
- After surgery use your frame allowance (if eligible) for sunglasses from any VSP doctor

Co-Payments

Exam and Prescription Glasses Co-payment varies, contact VSP for additional information

If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP, call us at 800.877.7195 for more details.

Out-of-network Reimbursement Amounts:

Exam..... Up to \$35.00
Single vision lenses..... Up to \$25.00
Lined bifocal lenses..... Up to \$40.00
Lined trifocal lenses..... Up to \$50.00
Frame..... Up to \$30.00
Contacts..... Up to \$90.00

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.