

DENTAL

In-network plan features shown below, both options are through **Delta Dental CA**

Covered Expenses	Dental PPO Low Plan	Dental PPO High Plan (Buy-up)
Calendar Year Maximum (Plan pays)	\$2,000	\$5,000; does not apply to Class I services
Calendar Year Deductible (You pay)	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Class I – Preventive & Diagnostic Care	100%, no deductible	100%, no deductible
Class II – Basic Restorative Care	80% after deductible	80% after deductible
Class III – Major Restorative Care	50% after deductible	50% after deductible
Class IV – Orthodontia (Children/Adults) Orthodontia Lifetime Maximum	Not covered	50% after deductible (lifetime maximum limit of \$2,000)
Class V – Implants	Not covered	50% after deductible

You won't receive an ID card when you enroll. Provide your SSN and policy group number (21412) at the time of care. You can access an ID card if needed through your account with Delta Dental at www.deltadentalins.com.

**Note: If you visit an out-of-network provider, you are responsible for any charges above the usual, customary, and reasonable (UCR) limits.*

VISION

Coverage through **VSP**

	In-network	Out-of-network
Eye Exam (once every 12 months)	\$20 copay	Allowance up to \$45
Eyeglass Lens Allowance (one pair every 12 months) <ul style="list-style-type: none">• <i>Single Vision</i>• <i>Bifocal</i>• <i>Trifocal</i>• <i>Lenticular</i>	Covered 100%	Allowance up to \$32 Allowance up to \$55 Allowance up to \$65 Allowance up to \$80
Frame Retail Allowance (once every 24 months)	Allowance up to \$180	Allowance up to \$100
Contact Lens Allowance (one pair or single purchase every 12 months in lieu of lenses and frames) <ul style="list-style-type: none">• <i>Elective</i>• <i>Therapeutic</i>	Allowance up to \$180 Covered 100%	Allowance up to \$105 Allowance up to \$210

You won't receive an ID card when you enroll. Provide your SSN at the time of care. You can access an ID card if needed though your VSP account at www.VSP.com.