Supplemental Dental

Supplemental Dental Plan Highlights

You have a choice between two "buy up" dental plans: Delta Dental PPO Plan A+ and DeltaCare CAM42 (DHMO). The plan you select must be indicated on the Supplemental Benefits Enrollment—Form B.

	Delta Dental PPO Plan A+		or	DeltaCare
	PPO Provider	Non-PPO Provider		CAM42 (DHMO)
Supplemental Dental Highlights	*(You may use your own dentist, but you must use a PPO dentist to receive the highest level of benefits.)*			
Deductible	$25 per person $75 per family (waived for preventive and diagnostic services)	$50 per person $150 per family (deductible applies to all services)		No Deductible
Preventive/Diagnostic Services	Payable at 100%	Payable at 70%		No Copayment
Basic Services	Payable at 90%	Payable at 70%		Copayment
Major Services	**Payable at 60% after you have been on this plan for six (6) months.**	**Payable at 50% after you have been on this plan for six (6) months.**		Copayment
Maximum Payable	$1,750 per calendar year per person	$1,000 per calendar year per person		No Maximum
Orthodontic Care				
Deductible	None	None		Copayment
Percentage Payable	**50% of covered charges after you have been on this plan for six (6) months.**	**50% of covered charges after you have been on this plan for six (6) months.**		Copayment
Maximum Payable	$2,000 Lifetime per person	$2,000 Lifetime per person		Copayment

How to Enroll

Complete the Supplemental Benefits Enrollment—Form B and return it to OCEA. An OCEA member may enroll in Delta Dental PPO Plan A+ or DeltaCare CAM42 within the first 31 days of OCEA membership, during open enrollment, or upon a family status change.

Cost of Coverage

Your premiums for supplemental dental coverage are paid through biweekly payroll deductions. Please refer to the *Supplemental Benefit Costs* section of this guide for current rates.

When Coverage Begins

The effective date of coverage will be determined by OCEA, and you will be contacted concerning the exact day coverage begins.

Eligibility

Almost all OCEA members are eligible for enrollment in this coverage. If you have any questions regarding eligibility, contact OCEA at (714) 835-3355.

Among other things, you must be an "active" employee (actually at work) on the date you enroll in the plan and on the date coverage would otherwise become effective. (If you are on a leave of absence, you are not an "active" employee.)

Dependents are generally your legal spouse or registered domestic partner, and children.

Your children can be covered under your dental and vision plans until they reach age 26:

- Child must **not** be eligible for any other Employer dental and/or vision plan.
- Child does not need to be a full-time student.
- Child can be married or unmarried.
- Spouses and children of dependent children are **not** eligible for coverage.
- Any child of the employee regardless of dependency status under IRS rules.

Family Status Change

Allows changes to dependent coverage due to: marriage, divorce, birth, adoption, death or loss of coverage.

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About Delta Dental PPO Plan A+

Delta Dental PPO Plan A+ is an upgrade to Health & Welfare PPO Plan A options. Plan A+ is the only PPO plan that may be purchased for the member and the member's family.

This plan allows members the flexibility to choose their own dentists, and to self refer for specialty care services. To receive the highest level of benefits with the lowest out of pocket expense, you should consider visiting a Delta PPO dentist. PPO dentists agree to provide treatment to PPO patients at discounted fees prenegotiated by Delta. In addition, the percentages paid by Delta will be significantly higher when you visit a Delta PPO dentist.

Dentists who are not part of Delta Dental have not agreed to discounted fees. These dentists will be paid the usual, customary, and reasonable fees for services. Since these fees can be higher than Delta's discounted fees, you will spend more money with a dentist who is not participating with Delta Dental. You may also be required to file your own claims with Delta.

How The Plan Works

Simply make an appointment to see the dental provider of your choice. Then have your dental office submit a claim form for the services rendered. See *How to File a Claim* for details.

If you are thinking about having extensive or expensive dental work, you may consider obtaining a predetermination review before the service begins. Predeterminations are free and usually take about 3 weeks to process. You may obtain a predetermination/claim form from your dentist, or your dentist can submit on your behalf to:

Delta Dental
P.O. Box 997330, Sacramento, CA 95899-7330
(800) 765-6003 • www.deltadentalins.com

How to File a Claim

If you receive dental services from a Delta dentist, the dentist handles all claim forms and other paperwork for you. If you go to a non-Delta dentist, your dentist may or may not submit the claim form for you. If you need to handle the claim submission yourself, complete the claim form, attach a copy of the dentist's statement and mail to the following address:

Delta Dental
P.O. Box 997330, Sacramento, CA 95899-7330
(800) 765-6003 • www.deltadentalins.com

Your claim will be considered and an explanation of benefits will be sent to your home.

About DeltaCare CAM42 Dental Plan

DeltaCare CAM42 is the upgrade to the Health & Welfare DeltaCare CAM43 DHMO option. If you are an OCEA member or an eligible retiree, you may purchase DeltaCare CAM42 for you and your family.

How The Plan Works

If you select this plan, you must choose a dentist from a list of participating dentists who agree to charge you based on a schedule of copayments for services performed. You may change dentists at any time by contacting DeltaCare directly at (800) 422-4234.

How to File a Claim

There are no claim forms. The dentist handles any paperwork.

Finding a DeltaCare Dentist

The DeltaCare Dental Network is a large, carefully selected list of dentists who meet the DeltaCare credentialing requirements and have agreed to a contractual relationship with DeltaCare.

To choose or change dentists, visit the DeltaCare website at www.deltadentalins.com, or call the DeltaCare customer service line at (800) 422-4234. Changes are usually effective the first of the month following your request. DeltaCare will advise you of your new effective date.

Customer Service

DeltaCare provides its members with toll-free customer service at (800) 422-4234. Customer service can provide assistance on benefit questions, eligibility, changing dentists, or explaining claim procedures.

You may also visit the DeltaCare website at www.deltadentalins.com to view provider lists, obtain benefit information and view your current assigned provider.

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Supplemental Vision

About Supplemental Vision

Supplemental vision is a plan that allows full-time employees to obtain the same vision benefits they enjoy for their dependents. The VSP Choice Network provides for an extensive nationwide network of doctors who provide care and materials. This plan is designed to assist vision maintenance by providing regular eye examinations and benefits for other vision care expenses including glasses or contact lenses. An OCEA member may enroll his or her dependents in supplemental vision within the first 31 days of OCEA membership, during open enrollment, or upon a family status change.

Eligibility

Almost all OCEA members are eligible for enrollment in this coverage. If you have any questions regarding eligibility, contact VSP at (800) 877-7195.

Among other things, you must be an "active" employee (actually at work) on the date you enroll in the plan and on the date coverage would otherwise become effective. (If you are on a leave of absence, you are not an "active" employee.)

Dependents are generally your legal spouse, registered domestic partner and children.

Your children can be covered under your dental and vision plans until they reach age 26:

- Child must **not** be eligible for any other Employer dental and/or vision plan.
- Child does not need to be a full-time student.
- Child can be married or unmarried.
- Spouses and children of dependent children are **not** eligible for coverage.
- Any child of the employee regardless of dependency status under IRS rules.

How the Plan Works

Step One:
When you are ready to obtain vision care services, call your VSP participating doctor. If you need to locate a VSP participating doctor, call Vision Service Plan at (800) 877-7195 or visit the VSP website at www.vsp.com.

Step Two:
When making an appointment, identify yourself as a VSP member. The participating doctor will also need your identification number and group name. The participating doctor will contact VSP to verify your eligibility and obtain authorization for services and materials. If you are not eligible, the VSP doctor will notify you.

Step Three:
At your appointment, the participating doctor will provide an eye examination and determine if eyewear is necessary. If so, the participating doctor will coordinate the prescription with a VSP-approved contract laboratory. The participating doctor will itemize any non-covered charges and have you sign a form to document that you received services. VSP will pay the participating doctor directly for covered services and materials. You are responsible for paying the doctor a $5 copayment for the eye examination and a $20 copayment for lenses and/or frames. You are responsible for any additional costs resulting from cosmetic options, or non-covered services and materials you have selected. Selecting a participating doctor from VSP's network assures direct payment to the doctor and guarantees quality services and materials.

Finding a VSP Provider

It's easy to find a VSP provider. You may log on to the VSP website at www.vsp.com and use the doctor directory to look for a provider in the Choice Network. Or you can call the VSP Member Services phone number at (800) 877-7195.

How to Enroll

Complete the Supplemental Benefits Enrollment—Form B and return it to OCEA. An OCEA member may enroll in Vision Service Plan within the first 31 days of OCEA membership, during open enrollment, or upon a family status change.

When Coverage Begins

The effective date of coverage will be determined by OCEA, and you will be contacted concerning the exact day coverage begins.

Cost of Coverage

Your premiums for supplemental vision coverage are paid through regular twice-monthly payroll deductions. Please refer to the *Supplemental Benefit Costs* section of this guide for current rates.

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Supplemental Vision Plan Highlights (For members and dependents ages 19 and over)

BENEFITS:			COPAYMENT:		
	Exam	Once each calendar year		Exam	$5
	Lenses	Once each calendar year		Materials	$20
	Frames	Once every other calendar year			

	Services from a VSP Doctor	Services from an Out-of-Network Provider
Exam	Covered in full	up to $45
Single Vision Lenses	Covered in full	up to $30
Bifocal Lenses	Covered in full	up to $50
Progressive Lenses	Covered in full after $55 copay	up to $50
Trifocal Lenses	Covered in full	up to $65
Anti-Reflective Coating	Covered in full after $40 copay	Not a covered benefit
Frame	A wide selection of frames are covered up to $175	up to $70
Contact Lenses (in lieu of glasses)	Exam: Covered in full after a maximum copay of $60. Contact Lenses: Up to $175	up to $105

Supplemental VSP KidsCare Plan Summary (For dependents up to age 19)

Plan Frequency

- Exam: Twice in calendar year
- Frame (child): Once every calendar year
- Lens: Once each calendar year
- Contact lenses: Once each calendar year

Exam Services

- Two covered-in-full, less any applicable copay, comprehensive eye exams that test for eye health and vision issues that can begin during childhood, like nearsightedness, amblyopia (lazy eye), and strabismus.

Lenses or Contact Lenses (in lieu of glasses)

- Lenses covered-in-full, less any applicable copay, including child-friendly, impact-resistant polycarbonate lenses
- Additional lenses covered-in-full when needed (minimum of .50 diopter change required)

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