

CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark
Oak Park Unified SD - CERTIFICATED, CLASSIFIED, MANAGEMENT, TRUSTEES
October 1, 2018 - September 30, 2019

BENEFIT	PPO 1B	PPO 3B	PPO 5B	PPO 7B
Calendar Year Deductible	\$0	Individual: \$100 Family: \$300	Individual: \$100 Family: \$300	Individual: \$250 Family: \$750
Coinsurance	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$1,250 ⁽²⁾ Family: \$3,750 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$3,750 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$3,750 ⁽²⁾	Individual: \$2,000 ⁽²⁾ Family: \$6,000 ⁽²⁾
Doctor Visits (Primary Care Physician)	\$10 Copay	\$20 Copay	\$30 Copay	\$30 Copay
Doctor Visits (Specialty Physician)	\$10 Copay	\$20 Copay	\$30 Copay	\$30 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Test / Imaging	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Radiation Therapy, Chemotherapy	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Durable Medical Equipment	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 100%* ⁽¹⁾ (Copay, if applicable.)	Paid at 100%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 100%* ⁽¹⁾ (Copay, if applicable.)	Paid at 100%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Acupuncture	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 100%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90% after deductible is met	Paid at 80%* after deductible is met
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room	Paid at 100%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Copay (Copay waived if admitted as inpatient) Paid at 100%*	\$100 Copay (Copay waived if admitted as inpatient) Paid at 100%* after deductible is met	\$100 Copay (Copay waived if admitted as inpatient) Paid at 90%* after deductible is met	\$100 Copay (Copay waived if admitted as inpatient) Paid at 80%* after deductible is met
Urgent Care	\$10 Copay	\$20 Copay	\$30 Copay	\$30 Copay
Home Health Care	Paid at 100%* Limited to 100 visits per calendar year	Paid at 100%* after deductible is met Limited to 100 visits per calendar year	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 80%* after deductible is met; Limited to 100 visits per calendar year
Telehealth	MDLIVE - \$5 copay for non-emergency medical conditions, \$10 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - \$5 copay for non-emergency medical conditions, \$20 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - \$5 copay for non-emergency medical conditions, \$30 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - \$5 copay for non-emergency medical conditions, \$30 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.

BENEFIT	PPO 1B		PPO 3B		PPO 5B		PPO 7B	
Medical Decision Support	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance ⁽²⁾		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance ⁽²⁾		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance ⁽²⁾		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance ⁽²⁾	
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail ⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail ⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail ⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail ⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)

PPO Plans:

* For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers.

(1) Non-Par Providers limited to a combined maximum of 13 visits per year.

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health and Consumer Medical visits are excluded (2) Pharmacy copayments will not apply to out of pocket maximums (3) CVT plans pay according to non-duplication of Medicare benefits therefore this plan design is inclusive of Medicare's payment.

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx.

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.

CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark
Oak Park Unified SD - CERTIFICATED, CLASSIFIED, MANAGEMENT, TRUSTEES
October 1, 2018 - September 30, 2019

BENEFIT	PPO Wellness	HDHP 1	PPO Bronze
Calendar Year Deductible	Individual: \$500 Family: \$1,000	Individual: \$1,350 Family: \$2,700 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$1,750 Family: \$5,250	Individual: \$4,250 Family: \$8,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$7,150.	Individual: \$6,350 Family: \$12,700
Doctor Visits (Primary Care Physician)	\$20 Copay	Paid at 90%* after deductible is met	First 3 visits covered in full after \$60 Copay per visit; Remaining visits - Paid at 70%* after deductible is met
Doctor Visits (Specialty Physician)	\$40 Copay	Paid at 90%* after deductible is met	Subject to deductible then \$70 copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Test / Imaging	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Radiation Therapy, Chemotherapy	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 90%*(1) after deductible is met (Copay, if applicable.)	Paid at 90%*(1) after deductible is met	Paid at 70%*(1) after deductible is met
Chiropractic	Paid at 90%*(1) after deductible is met (Copay, if applicable.)	Paid at 90%*(1) after deductible is met	Paid at 70%*(1) after deductible is met
Acupuncture	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* after deductible is met. Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year
Outpatient Surgery	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Copay (Copay waived if admitted as inpatient) Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
Urgent Care	\$20 Copay	Paid at 90%* after deductible is met	Subject to deductible, then \$120 Copay
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 70%* after deductible is met; Limited to 100 visits per calendar year
Telehealth	MDLIVE - \$5 copay for non-emergency medical conditions, \$40 copay for Behavioral Health Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - Paid at 90%* after deductible is met Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions and Behavioral Health.	MDLIVE - \$5 copay for non-emergency medical conditions, \$70 copay after deductible is met for Behavioral Health Call 1-888-632-2738 or visit mdlive.com/CVT.

BENEFIT	PPO Wellness		HDHP 1	PPO Bronze	
Medical Decision Support	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance	
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail ⁽⁴⁾ \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Paid at 90%* after deductible is met	Retail Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	Mail Order Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90-Day Supply)

PPO Plans:

* For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers.

(1) Non-Par Providers limited to a combined maximum of 13 visits per year.

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health and Consumer Medical visits are excluded (2) Pharmacy copayments will not apply to out of pocket maximums (3) CVT plans pay according to non-duplication of Medicare benefits therefore this plan design is inclusive of Medicare's payment.

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx.

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.

CVT HMO Health Plans with Kaiser Permanente

Oak Park Unified SD - CERTIFICATED, CLASSIFIED, MANAGEMENT, TRUSTEES

October 1, 2018 - September 30, 2019

BENEFIT	Kaiser 1 W/CHIRO	Kaiser 2 W/CHIRO	Kaiser 6 W/CHIRO
Calendar Year Deductible	\$0	\$0	\$0
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$1,500 ⁽²⁾ Family: \$3,000 ⁽²⁾	Individual: \$1,500 ⁽²⁾ Family: \$3,000 ⁽²⁾	Individual: \$1,500 ⁽²⁾ Family: \$3,000 ⁽²⁾
Doctor Visits (Primary Care Physician)	\$10 Copay	\$15 Copay	\$25 Copay
Doctor Visits (Specialty Physician)	\$10 Copay	\$15 Copay	\$25 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Test / Imaging	Paid at 100%*	Paid at 100%*	Paid at 100%*
Radiation Therapy, Chemotherapy	Radiation Therapy: Paid at 100%* Chemotherapy: \$10 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$15 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$25 Copay
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$50 Per Trip If Medically Necessary
Physical Therapy	\$10 Copay	\$15 Copay	\$25 Copay
Chiropractic	Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year - After 12 ^(th) visit must be pre-certified	Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year - After 12 ^(th) visit must be pre-certified	Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year - After 12 ^(th) visit must be pre-certified
Acupuncture	\$10 Copay Referral by Plan Physician	\$15 Copay Referral by Plan Physician	\$25 Copay Referral by Plan Physician
Outpatient Surgery	\$10 Copay	\$15 Copay	\$25 Copay
Hospital Inpatient	Paid at 100%*	Paid at 100%*	\$250 Copay
Hospital Emergency Room	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay Copay waived if admitted as in-patient
Urgent Care	\$10 Copay	\$15 Copay	\$25 Copay
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)
Telehealth	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225
Medical Decision Support	N/A	N/A	N/A
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾

BENEFIT	Kaiser 1 W/CHIRO		Kaiser 2 W/CHIRO		Kaiser 6 W/CHIRO	
Prescription Drugs	Retail \$5 Generic \$10 Brand (Up to 30 Day Supply) \$10 Generic \$20 Brand (31-60 Day Supply) \$15 Generic \$30 Brand (61-100 Day Supply)	Mail Order \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply)	Retail \$5 Generic \$10 Brand (Up to 30 Day Supply) \$10 Generic \$20 Brand (31-60 Day Supply) \$15 Generic \$30 Brand (61-100 Day Supply)	Mail Order \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply)	Retail \$10 Generic \$20 Brand (Up to 30 Day Supply) \$20 Generic \$40 Brand (31-60 Day Supply) \$30 Generic \$60 Brand (61-100 Day Supply)	Mail Order \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)

Kaiser Permanente Plans:

*** For Covered Expenses Only**

(2) The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in Medicare

NOTES: Copays for Infertility: Plans 1 - \$10 Copay; Plan 2 - \$15 Copay; Plan 3 - 50% Copay; Plan 4 - \$30 Copay; Plan 5 - \$35 Copay; Plans 6-8 & Wellness - 50% Copay.

Copays for Allergy Injections: Plans 1-5 - No Charge; Plans 6-7 & Wellness - \$5 Per Visit; Plan 8 - No Charge.

Plan 6 - \$175 allowance for lenses, frames & contacts every 24 months

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.



Protect
your vision
with VSP.

**Get the best in eye care and eyewear
with CALIFORNIA'S VALUED TRUST -
Plan B, \$15 copay and VSP® Vision
Care.**



At VSP, we invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** To find a VSP provider, visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a Premier Program location who carries these brands.

See why we're consumers' #1
choice in vision care².

Contact us. 800.877.7195
vsp.com

Your VSP Vision Benefits Summary

2018-2019

Oak Park Unified School District



VSP Provider Network: VSP Signature

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none">Focuses on your eyes and overall wellness	\$15 for exam and glasses	Every 12 months
Prescription Glasses			
Frame	<ul style="list-style-type: none">\$150 allowance for a wide selection of frames\$170 allowance for featured frame brands20% savings on the amount over your allowance\$80 Costco® frame allowance	Combined with exam	Every 24 months
Lenses	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesPolycarbonate lenses for dependent children	Combined with exam	Every 12 months
Lens Enhancements	<ul style="list-style-type: none">Standard progressive lensesPremium progressive lensesCustom progressive lensesAverage savings of 35-40% on other lens enhancements	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none">\$120 allowance for contacts and contact lens exam (fitting and evaluation)15% savings on a contact lens exam (fitting and evaluation)	\$0	Every 12 months
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none">Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening <ul style="list-style-type: none">No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction <ul style="list-style-type: none">Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilitiesAfter surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		
Your Coverage with Out-of-Network Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.			
Exam	up to \$50	Lined Bifocal Lenses	up to \$75
Frame	up to \$70	Lined Trifocal Lenses	up to \$100
Single Vision Lenses	up to \$50	Progressive Lenses	up to \$75
		Contacts	up to \$105
Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. 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. Based on applicable laws, benefits may vary by location.			

Contact us. **800.877.7195** | vsp.com

¹Brands/Promotion subject to change.

²Blueocean Market Intelligence National Vision Plan Member Research, 2014

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Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2018 to September 30, 2019

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	None
Calendar Year Maximum Benefit	\$2,200	\$2,000
Diagnostic & Preventive Services Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Basic Services Fillings Posterior Composite Restorations Sealants	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Periodontics (gum treatment) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Endodontics (root canals)	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Oral Surgery (extraction) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Major Services Crowns, Inlays, Onlays & Cast Restorations	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Prosthodontics Bridges Dentures Implants	Paid at: 50% *	Paid at: 50% *
Orthodontic Benefits Adults & Dependent Children Lifetime Maximum: \$1,000 12 Month Wait: No	Paid at: 50% *	Paid at: 50% *
Dental Accident Benefits	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)

* This summary is for comparison purposes only. The Evidence of Coverage should be consulted for a detailed description of the covered benefits and is available at www.cvtrust.org/plandocuments.

** See back for additional details

What are my Delta Dental Network options?

The Delta Dental PPO plan allows you the option to visit any licensed dentist. You will usually save more on your out-of-pocket costs when you visit a **Delta Dental PPO** dentist. The **Delta Dental Premier** network also provides cost-saving features and is the next best option when you can't find a PPO dentist. Non-Delta Dental (Out of Network) dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. You are responsible for the difference between what Delta Dental pays and the dentist's fee.

How do I find a Delta Dental dentist?

To locate a Delta Dental dentist near you, check the dentist directory on the Delta Dental website (**deltadentalins.com**), which also provides a map to the dental office. Or, to hear or receive a faxed listing of dentists in your area, call **866-499-3001**. Follow the automated instructions to search for a dentist.

How does my Delta Dental incentive plan work?

Your dental benefit incentive plan is designed to encourage regular visits to the dentist to keep your teeth and gums healthy. Here is an example of how an incentive plan works. (This is the most common incentive plan. Check your benefits information for details of your particular incentive plan.)

First Year	Second Year	Third Year	Fourth Year
70%	80%	90%	100%
Percentage paid for certain benefits as long as you visit the dentist each year.			

What are my online resources?

The full Delta Dental website is a one-stop-shop for plan and oral health information. Also available in Spanish: **es.deltadentalins.com**.

Create a free Online Services account at **deltadentalins.com** to:

- Locate a Delta Dental dentist
- Check benefits, eligibility, and claim status
- Opt for paperless statements
- View or print your ID card
- Check average dental costs in your area

Check out **Your Dental Plan Support Guide** for money-saving tips and treatment information. And, don't miss **mysmileway.com** – a great resource for oral health-related tools and tips.

Mobile? Get the information you need on the go. Bookmark or add a shortcut to the mobile site to return in just one tap from your phone. Download the free, convenient smartphone Delta Dental app from the App Store or Google Play.