

C.S.E.A. Health Benefits

Delta Dental Plan - Group #7046-0055

*** NOTE: You will not receive a membership card. You give your dentist your name, DOB, SSN, Employer's Name and Delta Group Number ***

This is an incentive plan which starts the first year paying 70% of cost per visit and increasing each calendar year to 80%, 90% and finally 100% if the plan is utilized. Each year you do not use the plan it stays at the same percentage as the previous year. The incentive plan includes all basic and diagnostic treatments, crowns, jackets, inlays and cast restorations. Oral exams and cleanings are benefits twice a year. \$2,000 per person per calendar year of coverage. There is no Orthodontic benefit.

Prosthetic Benefits (fixed bridges, partial dentures and complete dentures) are paid at 50%.

Vision Service Plan

*** NOTE: You will not receive a membership card. You give your VSP provider your name, DOB, SSN ***

When going to a VSP doctor your copayment is \$5.00. You are allowed an exam, lenses and frames once in a 12 month period. Your cost for a pair of glasses will depend on what type of frames you choose, tinting, scratch coating, etc. You are allotted approximately \$105 toward contacts in lieu of glasses.

If you go to a doctor who is not part of the VSP network you will need to pay for everything and file a claim with VSP for reimbursement. Your benefit amount is much less when you go to doctors outside of the plan.

Kaiser Health Plan – Group 790-0000 **HIGH OPTION**

You have a \$5 co pay for office visits and a \$5 co pay for generic and \$15 co pay for name brand prescriptions. Durable medical equipment is part of the plan. There is a chiropractic benefits with this plan.

Kaiser Health Plan - Group #790-1000 **LOW OPTION**

You have a \$20 co pay for office visits and a \$10 co pay for generic and \$30 co pay for name brand prescriptions. Durable medical equipment is part of the plan. There is a chiropractic benefit with this plan.

PacifiCare - HMO - Group #102381 **HIGH OPTION**

You have a \$5 co pay for office visits and a \$5 co pay for generic and \$10 co pay for name brand prescriptions. There is Durable Medical Equipment but no chiropractic benefit with this plan

PacifiCare – HMO – Group #519375 **LOW OPTION**

You have a \$20 co pay for office visits and a \$15 co pay for generic and \$35 co pay for name brand prescriptions. There is Durable Medical Equipment but no chiropractic benefit with this plan.

PacifiCare - POS (triple option plan) - Group #102390-01

Level One - HMO level with \$10 copayments for office visits and each \$20 co pay for name brand prescriptions and a \$10 co pay for generic prescriptions.

Level Two - PPO network with calendar year deductible. You pay 10%, they pay 90% of costs. Office visits are \$15 and prescriptions are the same as level one.

Level Three - Using non-PPO providers, has the same deductible. They pay 70% of the reasonable rate and you pay the balance. Prescriptions are same as above.

There is no chiropractic benefit with this plan.