

S.E.I.U. Health Benefits

Delta Dental Plan - Group #7046-0054

*** 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 starting the first year paying 70% of cost 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. \$2,500 per person per calendar year of coverage.

Prosthodontic benefits (fixed bridges, partial dentures and complete dentures) are paid at 50%.

Orthodontic benefits for adults and dependents to age 19 with a 50% copayment up to a lifetime maximum of \$2,500.

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 \$10.00. 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 - High Option – Group #790-0000

You have a \$5 copay for office visits and a \$5 copay for generic/\$15 name brand prescriptions. You also have chiropractic and durable medical equipment included in this plan.

Kaiser Health Plan – Low Option – Group #790-1000

You have a \$20 copay for office visits and a \$10 copay for generic/\$30 name brand prescriptions. You also have chiropractic and durable medical equipment included in this plan.

PacifiCare - HMO – High Option - Group #102381

You have a \$5 copay for office visits and a \$5 copay for generic and \$10 copay for name brand prescriptions. You have durable medical equipment, but there is no chiropractic benefit with this plan.

PacifiCare – HMO – Low Option – Group #519375

You have \$20 co-pay for office visits and a \$15 co-pay for generic and \$35 copay for name brand prescriptions. You have durable medical equipment, but there is 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 prescription.

Level Two - PPO network with calendar year deductible. You pay 10% they pay 90% of costs. Office visits are a \$15 co-pay.

Level Three - Using non-PPO providers, has same deductible. They pay 60% of the reasonable rate and you pay the balance.

There is no chiropractic benefit with this plan.