

S.L.E.A. Health Benefits

Delta Dental Plan - Group #7046-0025

*** 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. Oral exams and cleanings are benefits twice a year. \$1500 per person per calendar year of coverage. There is no Orthodontic benefit.

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

Crowns, jackets, inlays and cast restorations are paid at 50%.

PacifiCare of CA Vision Plan - Group #101464 (adm. by Medical Eye Serv)

*** NOTE: You will receive a membership card. You must have this card to use your plan. You CANNOT give your name, DOB or SSN. ***

This plan pays toward the cost of glasses or contacts **only**. Exams are done through your medical coverage. \$105 for contacts in lieu of glasses. Additional cost to you to add dependents to the plan.

UNUM Long Term Care District paid benefit for the basic plan. \$2,500 per month benefit for facility care and \$1,250 per month benefit for in-home care. Upgrades for your coverage and coverage for spouse can be obtained at your expense. This plan can also be offered to parents, in-laws and grandparents.

Kaiser Health Plan High Option- Group #790-0000

You have a \$5 co-pay for office visits and a co-pay of \$5 for gen/\$15 name brand prescription. There is chiropractic and durable medical equipment benefits with this plan.

Kaiser Health Plan Low Option- Group #790-1000

You have a \$20 co-pay for office visits and a co-payment of \$10 for gen/\$30 for name brand prescription. There is chiropractic and durable medical equipment benefits with this plan.

PacifiCare - HMO High Option- Group #102381

You have a \$5 copayment for office visits and a \$5 copay for generic and \$10 co-pay for name brand prescriptions. You have durable medical equip., 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 co-pay of \$15 for gen/\$35 for name brand prescription. You have durable medical equip., but there is no chiropractic benefit with this plan.

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

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 \$15 co-pay.

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

There is no chiropractic benefit with this plan.