

S.L.M.A. /Confidential Health Benefits

Delta Dental Plan - Group #7046-0056

*** 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 are benefits twice a year; cleanings are benefits three times 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 cut in half when you go to doctors outside of the plan.

Kaiser Health Plan High Option - Group #790-0000

You have a \$5 co-payment for office visits and a \$5 gen/\$15 name brand co-payment for each prescription. There is chiropractic and DME benefits with this plan.

Kaiser Health Plan Low Option – Group #790-1000

You have a \$20 co-payment for office visits and \$10 gen/\$30 name brand co-payment for prescriptions. There is chiropractic and DME benefits with this plan.

PacifiCare HMO High Option - Group #102381

You have a \$5 copayment for office visits and a \$5 co pay for generic and \$10 co-pay name brand prescriptions. There is no chiropractic benefit with this plan, but you do have durable medical equipment.

PacifiCare HMO Low Option – Group #519375

You have a \$20 co-payment for office visits and a co-payment of \$15 for gen/\$35 for name brand prescription. There is durable medical equipment, but no chiropractic.

PacifiCare - POS - Group #s Cert. #102390-02 Class.102380-01
Point of Service (triple option plan)

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.