

Acalanes Union High School District



Retiree Benefits Guide

2020-2021

Retiree Benefits Guide

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We Have You Covered!

Welcome to the Acalanes Union High School District Retiree Benefits program!

We know your benefits are important to you and your family, and we are pleased to offer a benefits package to eligible retirees and their eligible dependents. The programs we discuss in this booklet are meant to keep you healthy and productive by giving you the tools you need to plan.

Our health care system is increasingly complex and changes often. Our goal with this guide is to help you understand plans and programs that pertain to you and give you the tools to make informed decisions for you and your family. Please read this booklet in its entirety and come to one of our retiree meetings so you can walk into your retirement confidently!

Included in this booklet:

- Eligibility criteria for AUHSD employees
- How to enroll and make changes
- SISC health care benefit summary for retirees
- Contact information for insurance companies
- Medicare enrollment information

Offering competitive and cost effective benefits to Acalanes Union High School District retirees is very important to us. We appreciate the service you have given to our schools, students and district. Thank you!

If you have any questions, do not hesitate to ask us. We are here to support you in this transition and will be having meetings throughout the year to keep you informed.

Sincerely,

Human Resources

Acalanes Union High School District

Retiree Checklist

- Visit the CalSTRS or CalPERS websites for information on planning for your retirement: use the calculators on those sites to estimate your monthly benefit.
- Attend a benefits planning session with CalSTRS/CalPERS or make an appointment with a benefits counselor.
- CalSTRS members: Six months before retiring, submit your Service Retirement Application and other required forms online through your mycalSTRS account.
- CalPERS members: Six months before retiring, fill out and mail the Retirement Allowance Estimate Request. Three months before retiring, submit your completed retirement application and required documents to CalPERS online through your myCalPERS account.
- If you are 65 or older: three months prior to retirement, enroll in Medicare Parts A and B with the Social Security Administration.
Note: If you retire prior to turning 65, defer Part B until three months before turning 65.
- One month prior to retirement, contact our payroll and benefits department to discuss medical options in retirement, including dental and vision.
- 403(b) and 457 savings Accounts: If you have a 403(b) or 457(b) account, contact your financial adviser to discuss your options. Envoy, who manages contributions, will confirm your retirement with the district directly.
- Submit your separation of service form to Human Resources. If you are certificated staff, this must be done by February 1 to be eligible for additional vision and dental benefits. If you are a classified employee, this must be done 90 days prior to your retirement date to be eligible for additional vision and dental benefits.

Helpful resources:

AUHSD Benefits https://www.acalanes.k12.ca.us/Page/2508 925-280-3900 x6615	CalPERS www.calpers.ca.gov Phone: 1-888-CalPERS
AUHSD Human Resources https://www.acalanes.k12.ca.us/Page/2486 925-280-3900 x 6622 or 6623	CalSTRS www.calstrs.com Phone: 800-228-5453

Eligibility

Your Contracts at Work!

AUHSD has negotiated agreements with the Acalanes Education Association (AEA) and SEIU Local 1021 for retiree benefits. Please see contracts for detailed information!

Eligibility and benefits for AEA members are as follows:

- To receive the District Bridge Plan, a member must have rendered 10 years of full time service, including Board approved leave in the District immediately prior to retirement.
- The District Bridge Plan will reimburse the medical contribution commencing upon retirement and continuing for 5 years after or until the retiree becomes eligible for medical coverage through any other employer, pension program or government program.
- If a retiree dies and is still entitled to benefits, a surviving spouse or partner is entitled for the remainder of the retiree's coverage period unless they become eligible for benefits as described above.
- If an eligible retiree notifies the district of their retirement by February 1st, they will receive 2-party dental and vision coverage for up to 5 years unless they become eligible for benefits as described above.
- If a member retires but is not eligible for the 5 years of medical, dental or vision coverage, they may still purchase insurance through SISC as an AUHSD retiree.

Eligibility and benefits for SEIU Local 1021 members are as follows:

- To receive the District Bridge Plan, a member must have rendered 10 years of service at 20 hours a week or more including Board approved leave in the District immediately prior to retirement.
- The District Bridge Plan will reimburse the medical contribution commencing upon retirement and continuing for 5 years after or until the retiree becomes eligible for medical coverage through any other employer, pension program or government program.
- If a retiree dies and is still entitled to benefits, a surviving spouse or partner is entitled for the remainder of the retiree's coverage period unless they become eligible for benefits as described above.
- If an eligible retiree notifies the district of their retirement 90 days in advance, they will receive 2-party dental and vision coverage for up to 5 years unless they become eligible for benefits as described above.
- If a member retires but is not eligible for the 5 years of medical, dental or vision coverage, they may still purchase insurance through SISC as an AUHSD retiree.

Eligibility and benefits for Management and Confidential are as follows:

- To receive the District Bridge Plan, a member must have rendered 5 years of full time service, including Board approved leave in the District immediately prior to retirement.
- The District Bridge Plan will reimburse the medical contribution commencing upon retirement and continuing for 5 years after or until the retiree becomes eligible for medical coverage through any other employer, pension program or government program.
- If a retiree dies and is still entitled to benefits, a surviving spouse or partner is entitled for the remainder of the retiree's coverage period unless they become eligible for benefits as described above.
- If an eligible retiree notifies the district of their retirement by February 1st, they will receive 2-party dental and vision coverage for up to 5 years unless they become eligible for benefits as described above.
- If a member retires but is not eligible for the 5 years of medical, dental or vision coverage, they may still purchase insurance through SISC as an AUHSD retiree.

When coverage begins:

- Retiree benefits become effective the first day of the month after your benefits cease as an active employee.
- Eligible family member's benefits will commence on the date the retiree's benefits commence or the date the family member becomes an eligible family member, whichever is later.

Dependent Verification

The District requires retirees who enroll dependents in their medical or dental insurance plan to verify their eligibility for coverage.

Your enrollment forms must be accompanied with supporting documentation for your dependents.

Enrollment

Initial Enrollment Period:

New retirees must enroll in benefits within 30 days of becoming an eligible retiree. You have 30 days from your retirement to make changes or decline coverage and shop on the open market for available plans.

If you are under 65 and eligible for the district bridge plan, the district will cover your medical, dental and vision insurance.

- You and your dependents will be placed into the same plan you had as an active employee.
- You are responsible for paying the monthly premium to SISC.
- The district will reimburse you for the premium.

If you are under 65 and not eligible for the district bridge plan, you can stay with SISC, or shop on the open market for plans.

If you stay with SISC,

- You and your dependents will be placed in the same plan as you had as an active employee
- You will be responsible for paying the monthly premium to SISC.

If you plan to shop on the open market,

- You will need to fill out a form declining coverage.

For instructions on how to enroll in your retiree benefits, please contact the AUHSD benefits department and set up an appointment!
(925) 280-3900 x6615.

If you are over 65 and would like to continue coverage with SISC:

- You need to complete an enrollment form provided by AUHSD Benefits
- **You must enroll in Medicare Parts A & B and provide a copy** of your Medicare card to AUHSD Benefits department and AUHSD will enroll you in a SISC plan.
- SISC will send you a monthly bill for the insurance premium.

If you are over 65 and would like to shop on the open market for plans:

- You will need to fill out a form declining coverage.

Open enrollment

For all retirees, SISC will provide an annual open enrollment opportunity for you to review and make changes to your benefits, including

- Transferring to a different medical or dental plan
- Adding or dis-enrolling family members

Changes made during open enrollment become effective January 1 following open enrollment.

Changes during the Year

You can make changes to your benefits plan outside of the Open Enrollment period only if you have a qualifying event as defined by the IRS.

You must submit your request for change within 31 days if the following events occur:

- Marriage or commencement of Domestic Partnership
- Divorce or termination of Domestic Partnership
- Birth, Adoption, or placement for adoption of a child
- You or your spouse/Domestic Partner's loss of coverage through the District or another employer.
- Change in residence affecting eligibility or access
- Gain or loss of entitlement to Medicare / Medicaid coverage by covered person
- Death of dependent, spouse or domestic partner or child
- Qualified Medical Child Support Order (QMCISO) requiring enrollment of child

If your change during the year is a result of the loss of eligibility for Medicaid, Medicare or state health insurance, you must submit the request for change within 60 days.

If a Dependent Loses Eligibility

You are responsible for dis-enrolling any dependent who loses eligibility (e.g., divorce, termination of domestic partnership or death) within 30 days of the dependent's eligibility status change.

Dependents who turn 26 and are no longer eligible to be on your plan will be automatically dis-enrolled by SISC.

In many cases, the dependent losing coverage will be entitled to continuing coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985). They may want to explore their options through the Health exchange. You can find information for California at www.coveredca.com or by calling 1-800-300-1506.

Contributions/Premiums for Benefits

Employees who have benefits covered by the District:

- Each month you will pay SISC directly for you medical, vision and dental.
- You will receive reimbursement from AUHSD on the last working day of the month.

Employees who DO NOT have benefits covered by the District

- Employees who do not receive District paid benefits can purchase benefits through SISC directly. The first payment is due to SISC the 1st of the month following the date benefits terminate as an active employee or District paid retiree. If a retiree does not make payments when due, the benefits will cease at the end of the month for which the retiree made the last payment.

*Very Important: If you terminate your benefits, with SISC, they **cannot** be reinstated.*

Termination of Benefits

- A retiree's benefits cease the earliest of: For retirees covered by the medical plans for active employees and retirees under age 65, the first day of a month for which the retiree submits a cancellation notice or does not make premium payments to SISC by the last day of the month or the last day of the month in which the retiree dies.
- The future date a retiree submits a cancellation notice to SISC that the retiree wishes to terminate the benefits.
- Medicare Advantage group medical plans follow Medicare imposed guidelines and have specific requirements for termination. Medicare Advantage group plans may not be terminated retroactively. The retiree must give the plan 30 days advance written notice of the termination. The retiree is responsible for all premiums through the month in which the termination will occur.
- IMPORTANT: If medical benefits terminate, they may not be reinstated in the future.
- A dependent's benefits terminate on the date the employee's benefits terminate or the date the dependent ceases to qualify as an eligible dependent, whichever is earlier.

Surviving Dependents Benefits

- In the event the retiree dies, please contact the benefits department within 30 days of the death regarding information on eligibility for surviving dependent benefits.

Medicare and SISC

Self-Insured Schools of California (SISC) requires that all retirees and their domestic partners or spouses age 65 and older enroll in both Medicare Parts A and B. Failure to do so will result in non-refundable charges that you will be responsible to pay. If you are retired, Medicare must be effective the 1st of the month prior to your 65th birthday.

Medicare Part A

- Medicare Part A helps pay for inpatient hospital charges and may be earned “premium free” through qualified employment.
- If you qualify for premium free Part A, it is to your advantage to enroll in Part A when you turn 65, even if you are actively employed.
- If you have not earned premium free Part A it is not necessary to sign up until you retire or until your spouse retires if they are the school district employee.
- If you do enroll in Part A, provide a copy of the Medicare Card to the AUHSD Benefits Department, not to SISC. This will provide coordination of services and reduce expenses.

Medicare Part B

- Medicare Part B helps pay for physician charges, outpatient, x-ray, laboratory charges, and other medical services. Medicare Part B cannot be earned “premium free” through employment and must be purchased by the individual through the Social Security administration.
- It is not necessary to enroll in Medicare Part B until three months prior to your retirement date or your spouse’s retirement date if they are the school district employee. In this case, the Social Security Administration will allow a special enrollment period for Medicare.

Medicare Part D

- Medicare Part D (prescription drug coverage) helps pay for outpatient prescription drugs.
- When a subscriber and spouse/domestic partner are both aged 65 or older and retired and remain on a SISC plan, they will automatically be enrolled into Medicare Part D.

Resources

Please call Social Security for Medicare eligibility or coverage. Their phone number is 1-800-772-1213.

Call Medicare for questions related to coverage. Their phone number is 1-800-633-4227

SISC Office hours are 8:00am – 5:00pm Pacific Time, Monday - Friday. 1-800-972-1727.

Plan Guidelines and Evidence of Coverage

The benefit summaries listed on the following pages are brief summaries only. They do not fully describe the benefits coverage for your health and welfare plans. For details on the benefits coverage, please refer to each plan's Evidence of Coverage. This Evidence of Coverage or Summary Plan Description is the binding document between the elected health plan and the member.

A health plan physician must determine that the services and supplies are medically necessary to prevent, diagnose, or treat the member's condition. These services and supplies must be provided, prescribed, authorized, or directed by the health plan's network physician unless the member is enrolled in a PPO plan where the member can use a non-network physician.

The HMO member must receive the services and supplies at a health plan facility or skilled nursing facility inside the service area except where specifically noticed to the contrary in the Evidence of Coverage.

For details on the benefits and claims review and adjudication procedures for each plan, please refer to the plan summary and Evidence of Coverage. If there are any discrepancies between benefits included in this summary and the Evidence of Coverage or Summary Plan Description, the Evidence of Coverage or Summary Plan Description will prevail.

Resources

SISC Office hours are 8:00am – 5:00pm Pacific Time, Monday - Friday. 1-800-972-1727.

The District reserves the right through the collective bargaining process with the employee organizations/associations to modify, amend, or eliminate plans and carriers at any time in the future.

BLUE SHIELD OF CALIFORNIA, NORTHERN REGION—65 PLUS HMO MEDICARE ADVANTAGE PLAN

Benefit Summary 2020-2021

Services	Benefits
Ambulance	<ul style="list-style-type: none"> • \$0 co-pay per trip
Annual Physical Examination	<ul style="list-style-type: none"> • \$0 co-pay, although office visit co-pay may apply
Durable Medical Equipment (DME)—Medicare Covered Services	<ul style="list-style-type: none"> • \$0 co-pay
Hospitalization <ul style="list-style-type: none"> • Inpatient • Outpatient hospital services • Emergency room 	<ul style="list-style-type: none"> • \$0 co-pay per admission • \$0 co-pay • \$50 co-pay/waived if admitted within 24 hours for the same condition
Immunizations <ul style="list-style-type: none"> • Includes flu injections and all Medicare-approved immunizations 	<ul style="list-style-type: none"> • \$0 co-pay, although office visit co-pay may apply
Laboratory Services	<ul style="list-style-type: none"> • No charge
Manual Manipulation of the Spine	<ul style="list-style-type: none"> • \$20 co-pay per visit (subject to medical necessity)
Mental Health—Inpatient	<ul style="list-style-type: none"> • No charge for day 1–150 • Member pays 100% from day 151 and over
Mental Health—Outpatient Unlimited Visits	<ul style="list-style-type: none"> • \$20 co-pay
Physician Services/Basic Health Services <ul style="list-style-type: none"> • Office visits • Consultation, diagnosis and treatment by a specialist 	<ul style="list-style-type: none"> • \$20 co-pay • \$20 co-pay
Prescription Drugs (10/30/50 three-tiered plan) <ul style="list-style-type: none"> • Generic • Preferred brand • Non-preferred brand • Injectables Specialty <ul style="list-style-type: none"> • 30-day supply at retail, 90-day supply through mail 	<ul style="list-style-type: none"> • \$10 retail, \$20 mail order • \$30 retail, \$60 mail order • \$50 retail, \$100 mail order • 20% up to \$100 per prescription retail, \$300 mail order • 20% up to \$100 per prescription retail, \$300 mail order
Skilled Nursing Facility	<ul style="list-style-type: none"> • Covered in full for 100 days per benefit period
Hospice	<ul style="list-style-type: none"> • Covered in full from a Medicare-certified hospice
X-ray Services	<ul style="list-style-type: none"> • \$0 co-pay, although office visit co-pay may apply
Rate Effective October 1, 2020	Total Cost Per Person
	Northern Region: \$488.00

A school district's geographic location will determine the applicable rate. Northern Region includes Monterey, Kings, Tulare, Inyo and all other counties to the north.

Requires continuous enrollment in Medicare Parts A and B

Members *must* live in an approved zip code of the Blue Shield of California GMA-PD Service Area. Please refer to the Group Benefit Summary or Evidence of Coverage for details www.blueshieldca.com/SISC

COMPANIONCARE MEDICARE SUPPLEMENT PLAN, NORTHERN REGION

Benefit Summary

(As of 1/1/20—Based on Calendar Year)

Services	Medicare 2020 Benefits	CompanionCare Based on 2020 Medicare Benefits
Inpatient Hospital (Part A)	<ul style="list-style-type: none"> • Pays all but first \$1,408 for 1st 60 days • Pays all but \$352 a day for the 61st–90th day • Pays all but \$704 a day • Lifetime Reserve for 91st to 150th day • Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage) 	<ul style="list-style-type: none"> • Pays \$1,408 • Pays \$352 a day • Pays \$704 a day • Pays 100% after Medicare and Lifetime Reserve are exhausted, up to 365 days per lifetime
Skilled Nursing Facilities (must be approved by Medicare)	<ul style="list-style-type: none"> • Pays 100% for 1st 20 days • Pays all but \$170.50 a day for 21st to 100th day • Pays nothing after 100th day 	<ul style="list-style-type: none"> • Pays nothing • Pays \$170.50 a day for 21st to 100th day • Pays nothing after 100th day
Deductible (Part B)	• \$198 Part B deductible per year	• Pays \$198
Basis of Payment (Part B)	• 80% Medicare-approved (MA) charges after Part B deductible	• Pays 20% MA charges Including 100% of Medicare Part B deductible
Medical Services (Part B) <ul style="list-style-type: none"> • Doctor, x-ray • Appliances and ambulance lab 	<ul style="list-style-type: none"> • 80% MA charges • 100% MA charges 	<ul style="list-style-type: none"> • Pays 20% MA charges • Pays nothing
Physical/Speech Therapy (Part B)	• 80% MA charges up to the Medicare annual benefit amount	• Pays 20% MA charges up to the Medicare annual benefit amount (PT and ST combined)
Blood (Part B)	• 80% MA charges after 3 pints	• Pays 1st 3 pints unreplaced blood and 20% MA charges
Travel Coverage (when outside the US for less than 6 consecutive months)	• Not covered	• Pays 80% inpatient hospital, surgery, anesthesiologist and in-hospital visits for medically necessary services for 90 days of treatment per hospital stay. For details call Anthem customer service at 1-800-825-5541.

Outpatient Prescription Drugs	Medicare Part D Prescription Drug Plan Through Navitus Health Solutions
Retail Pharmacy Mail Order	<ul style="list-style-type: none"> • 30-day supply \$9 Generic co-pay, \$35 Brand co-pay • 90-day supply \$18 Generic co-pay, \$90 Brand co-pay
Due to Medicare restrictions the following programs are not available with CompanionCare: <ul style="list-style-type: none"> • \$0 generic co-pay at Costco • % diabetic supplies for generic co-pay 	<ul style="list-style-type: none"> • Pharmacy benefits are administered through Navitus Health Solutions Medicare Rx using a Medicare D formulary. Some exclusions and prior authorizations may apply. Members that have questions regarding their medication coverage can call Navitus Health Solutions Medicare Rx at 1-866-270-3877 or TYY users please call 711.

CompanionCare is a Medicare Supplement plan that pays for medically necessary services and procedures that are considered a Medicare Approved Expense. SISC will automatically enroll CompanionCare Members into Medicare Part D. No additional premium required. SISC plans are NOT subject to the "doughnut hole"

Eligibility: Member must be retired and enrolled in Medicare Part A (hospital) and Medicare Part B (medical) coverage. Retirees under age 65 with Medicare for the disabled (Parts A and B) may enroll in CompanionCare.

Enrollment: Enrollment forms and a copy of the Medicare card must be received by SISC 45 calendar days in advance of requested effective date—NO exceptions. SISC will automatically enroll members in Medicare Part D for outpatient prescription medications. Members already enrolled in non-SISC Medicare Part D plans will be automatically disenrolled from those plans.

Disenrollment: Disenrollment throughout the year requires submission of a disenrollment form to SISC with a 45-calendar day advance notice of requested effective date. During the annual Medicare D Open Enrollment members can enroll into Medicare Part D plans outside of SISC with a January 1 effective date. Enrollment in a Medicare D plan outside of SISC will terminate the SISC medical and Rx benefits.

Provider Network: Physicians who accept Medicare Assignment

For additional Medicare benefit information, please go to www.medicare.gov or call 1-800-medicare (1-800-633-4227) For additional Navitus Medicare Rx prescription drug information, please go to www.navitus.com or call 1-866-270-3877.

Rate Effective October 1, 2020	Total Cost Per Person
Retirees with Medicare Parts A and B (SISC will enroll members in Part D)	Northern Region: \$402.00

A school district's geographic location will determine the applicable rate. Northern Region includes Monterey, Kings, Tulare, Inyo and all other counties to the north.

KAISER, NORTHERN REGION—SENIOR ADVANTAGE HMO MEDICARE PLAN

Benefit Summary 2020-2021

Services	Benefits
Ambulance	<ul style="list-style-type: none"> • \$50 per trip
Annual Physical Examination	<ul style="list-style-type: none"> • No Charge
Acupuncture/Chiropractic	<ul style="list-style-type: none"> • \$10 co-pay, 30 combined visits
Dental Care (Delta Care)	<ul style="list-style-type: none"> • Not Covered
Durable Medical Equipment (DME) (Kaiser DME formulary guidelines apply)	<ul style="list-style-type: none"> • 100%
Hearing Examination	<ul style="list-style-type: none"> • \$10 co-pay per visit
Hospitalization <ul style="list-style-type: none"> • Inpatient • Emergency Room 	<ul style="list-style-type: none"> • \$0/Admit • \$50 co-pay/waived if admitted
Immunizations (includes flu injections and all Medicare-approved immunizations)	<ul style="list-style-type: none"> • No charge • Office visit co-pay may apply if administered as part of a physician office visit
Laboratory Services	<ul style="list-style-type: none"> • No charge
Manual Manipulation of the Spine	<ul style="list-style-type: none"> • \$10 co-pay per visit (subject to medical necessity)
Mental Health—Inpatient	<ul style="list-style-type: none"> • No charge
Mental Health—Outpatient unlimited visits	<ul style="list-style-type: none"> • \$10 co-pay per individual visit • \$5 co-pay per group visit
Physician Services/Basic Health Services <ul style="list-style-type: none"> • Office visits • Consultation, diagnosis and treatment by a specialist 	<ul style="list-style-type: none"> • \$10 co-pay per visit • \$10 co-pay per visit
Prescription Drugs <ul style="list-style-type: none"> • Using Kaiser pharmacies • Not subject to doughnut hole 	<ul style="list-style-type: none"> • Generic: \$10 co-pay for up to a 100-day supply • Brand: \$20 co-pay for up to a 100-day supply
Skilled Nursing Facility	<ul style="list-style-type: none"> • Covered in full for 100 days per benefit period
Hospice	<ul style="list-style-type: none"> • Covered in full from a Medicare certified hospice
Vision Care <ul style="list-style-type: none"> • Examination for eyeglasses • Glaucoma testing • Standard frame/lenses every 24 months 	<ul style="list-style-type: none"> • \$10 per visit • \$10 co-pay per visit • \$150 frame and lens allowance every 24 months
X-ray Services	<ul style="list-style-type: none"> • No charge
Rate Effective October 1, 2020	Total Cost Per Person
Retirees with Medicare Parts A and B	Northern Region: \$339.00

A school district's geographic location will determine the applicable rate. Northern Region includes Monterey, Kings, Tulare, Inyo and all other counties to the north.

Requires continuous enrollment in Medicare Parts A and B

Members *must* live in an approved zip code of the Kaiser California Service Area. www.kp.org

DIRECT BILL RETIREE DENTAL

Dental Benefit Summary 2020-2021

Annual Benefit Maximum

- The maximum benefit paid per calendar year is \$1,700* per person in-network (this amount includes the additional \$200 for using a Delta PPO dentist.
- The maximum benefit paid per calendar year is \$1,500 per person out-of-network

Services	Delta Dental Dentists**	Non-Delta Dental Dentists**
Diagnostic and Preventive — Exams, 2 cleanings per calendar year, x-rays	100% covered	100% covered
Fillings and Other Basic Services Fillings, simple tooth extractions, sealants	100% covered	100% covered
Endodontics (root canals) — Covered Under Basic Services	100% covered	100% covered
Periodontics (gum treatment) — Covered Under Basic Services	100% covered	100% covered
Oral Surgery — Covered Under Basic Services	100% covered	100% covered
Major Restorative Services — Crowns, inlays, onlays, and cast restorations	100% covered	100% covered
Dentures, Bridges and Dental Implants	50% covered	50% covered
Dental Accident Benefits	100% (separate \$1,000 maximum per person per calendar year)	

*Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for out-of-network dentists.

Rates	
Single	\$61.00
Two-party	\$122.00
Family	\$160.00

DIRECT BILL RETIREE VISION

Vision Benefit Summary 2020-2021

VSP Signature Plan C (Exam, lenses and frames every 12 months)

Services	Benefits
Eligibility	Spouse/domestic partner, and dependent children to age 26.
Benefits Renew	January 1 of each year or every other year depending on the plan frequency.
Standard Lenses	Covered in full up to 60mm.
Diabetic Eyecare Plus Program	Supplemental Eyecare for patients with Type I and II diabetes. See your vision provider for extended services beyond the initial eye exam. \$20 co-pay per visit.
Laser Vision Care (Lasik)	Benefits provided at a discount through VSP approved center. Visit www.vsp.com or contact VSP's Customer Service for additional information. NOTE: Your health plan does not provide benefits for eye surgery solely for the purpose of correcting refractive defects of the eye.
Photochromic Lenses (transition)	Covered up to schedule of allowances under Plan C only
Elective Contact Lenses (in lieu of frames and lenses)	\$150 paid towards the cost of the contact fitting and evaluation and contact lenses when a member doctor is used.
Medically Necessary Contact Lenses	Covered in full with pre-certification (applies to certain medical conditions).
Warranty	No specified warranty. If the member is unsatisfied with the services rendered, please contact VSP's Customer Service Department at 1-800-877-7195.

Co-pay and Rates	
Exam and Materials Co-pay	\$20
Single	\$12.30
Two-party	\$24.60
Family	\$36.90