

SECTION 8

DENTAL PLAN OPTIONS

DELTA DENTAL PPO PLAN OF CALIFORNIA (GROUP # 2584)

Delta Dental PPO of California is an indemnity dental plan. A covered member may go to any dentist and may change dentists at any time. Employees receive a better benefit by going to a dentist within Delta's PPO network of dentists.

Summary Benefit Information

- The annual maximum benefit for dental services per person per calendar year is \$1,500 with no annual deductible (*Note: bargaining groups (unions) negotiate changes in coverage periodically on an individual basis. Consult the latest Memorandum of Agreement (MOA) or Benefit and Compensation Summary to confirm the current annual maximum*).
- Delta generally pays 85% of the covered benefit for basic and routine services.
- Delta generally pays 85% for crowns, 60% for dentures and bridges.
- Delta currently pays 60% of orthodontic costs up to a lifetime maximum of \$2,000 per person. All orthodontia work must be pre-approved by Delta and must be medically necessary in order to receive coverage. (*Note: As with annual maximum benefit, please consult the latest MOA or Benefit and Compensation Summary to confirm the current lifetime maximum*).
- Delta will pay 100% of the covered benefit for diagnostic and preventative services if the dentist is in Delta's PPO network. Contact your dentist to find out if he/she is a PPO network member, or call Delta at: 1-800-765-6003, or use Delta's web site at: <http://www.deltadentalins.com> to find a PPO network dentist in your area.

Delta Dental does not send new enrollees a member card upon their initial enrollment; however, access to coverage is always available by providing the employee's name, social security number and the City's Delta Dental group number (2584) to the dentist upon request.

For more detailed coverage information, please refer to Delta Dental's Evidence of Coverage available from Employee Benefits in Human Resources (City Hall Wing, 2nd Floor, 408-535-1285), or on the department's intranet site: <http://www.sjcity.net/hr>.

Delta Dental Contact Information

Delta Dental's Customer Service Center can assist employees with questions regarding claims, eligibility, usage, and network. An employee may also find personalized information by accessing Delta Dental's website. If an employee has already enrolled in Delta Dental, name and social security number recognition on their website will become available within two weeks of the initial effective date of coverage. Login instructions are provided within the website.

Delta Dental Customer Service Center: 1-800-765-6003

Delta Dental website: <http://www.deltadentalins.com>

DeltaCare® USA DENTAL HMO PLAN (GROUP #5643)

DeltaCare is a pre-paid dental health maintenance organization (DHMO) that provides direct services through its exclusive dentist network. An employee must select a primary care dentist from the list of DeltaCare providers when he/she enrolls in DeltaCare. A list of DeltaCare providers is available on Delta Dental's website at: <http://www.deltadentalins.com>.

Summary Benefit Information

- Unlimited annual benefit for dental services. No annual deductible.
- DeltaCare generally pays 100% of the covered benefit for most diagnostic and preventative services.
- General cleanings/exams are allowed twice in a calendar year at no cost. Two additional cleanings are available in the same calendar year for \$45 co-pay per cleaning.
- When there is a co-pay for crowns and bridges, enrollees pay a fixed amount for each covered dental procedure.
- The patient will be responsible for a co-payment of \$1,000 for medically and non-medically necessary orthodontia. Coverage is limited to once per eligible member per lifetime.
- Teeth whitening (external bleaching – per arch) is covered at \$125 per arch when accessed from the patient's primary care dentist.

DeltaCare will send new enrollees a member card within 7-10 business days after enrollment; however, access to coverage is available by providing the employee's social security number and the City's DeltaCare group number #5643 at the first visit with the patient's primary care dentist.

For more detailed access or coverage information, please refer to Delta Dental's dental plan summary booklet or *Evidence of Coverage* available from Employee Benefits in Human Resources (City Hall Wing, 2nd Floor, 408-535-1285), or on the department's intranet site: <http://www.sjcity.net/hr>.

DeltaCare® Contact Information

DeltaCare's Customer Service Center can assist employees with questions regarding claims, eligibility, usage, and network. An employee may also find personalized information by logging on to Delta Dental's website. If an employee has already enrolled in DeltaCare, name, date of birth, and social security number recognition on their website will become available within two weeks of the initial effective date of coverage. Log-in instructions are provided within the website.

DeltaCare: 1-800-422-4234

DeltaCare website: <http://www.deltadentalins.com>

DENTAL IN-LIEU PLAN

The City of San José's Dental In-Lieu Plan provides eligible employees a cash incentive to forego coverage under one of the City's available dental plans when employees can furnish proof of alternate coverage.

Eligibility

Full-time and Reduced Work Week (35+ hours per week) employees who have alternate dental insurance coverage through another group dental plan may participate in the Dental In-Lieu plan, or may choose coverage under one of the two dental plans described above.

In-Lieu Payments

Participants in the Dental In-Lieu plan receive a cash payment in-lieu of coverage. Payments appear on each paycheck; federal and state taxes are withheld on each payment. Dental In-Lieu payment amounts are available on the *Dental and In-Lieu Plan Semi-Monthly Rates* sheet available in Human Resources (City Hall Wing, 2nd Floor, 408-535-1285) and on the department's intranet site: <http://www.sjcity.net/hr>.

How to Enroll

Employees have two options for enrollment:

- Within thirty (30) days of hire/benefits eligibility and during the annual open enrollment period, enroll on-line through the City's Intranet site: <http://www.sicity.net/eway>. No paper forms are required except for proof of alternate group coverage, which can be submitted within two weeks of enrollment.
- Within thirty (30) days of a Change in Family Status (see **Enrollment Period** below for details), complete and return to Employee Benefits the City's Health, Dental, & Vision Enrollment/Change Form and check off 'Dental In-Lieu' as your dental plan choice. Employees **MUST** provide evidence of acceptable alternate group dental coverage at the time of enrollment.

Re-enrollment is not necessary; payments will continue from one year to the next.

Enrollment Period

To participate in the Dental In-Lieu Plan, an employee must enroll within thirty (30) days of the first day of employment, or during the open enrollment period in November. An employee may apply for Dental In-Lieu during the year only if he/she becomes eligible due to a Change in Family Status, and he/she must apply within 30 days of the date of that change. A change in Family Status is defined as follows:

- Change in marital status – marriage, divorce, or legal separation
- Change in dependent status – birth, adoption, legal guardianship, or death
- Change in work status (either employee or employee's spouse) – termination of employment, commencement of employment, or change between part-time and full-time employment

If an employee decides to enroll in the Dental In-Lieu Plan after the first thirty (30) days of employment, or if he/she misses the 30-day time limit after a Change in Family Status, he/she must wait for the next open enrollment period.

Voluntary Cancellation

Employees who participate in the Dental In-Lieu Plan **may cancel** their participation and enroll in one of the available dental insurance plans **during open enrollment only**. Cancellation will become effective with the first pay period of the following calendar year.

An employee may be allowed to make a mid plan-year enrollment change (outside of Open Enrollment) only if he/she has a Change in Family Status (see details above under "Enrollment Period"). Employee Benefits must be contacted within thirty (30) days of such family status changes to inquire about changing plan enrollments.

Mandatory Cancellation

If an employee enrolls in the Dental In-Lieu Plan and alternative coverage is lost prior to the next open enrollment period, he/she **must** notify Employee Benefits immediately and not later than 30 days from the date coverage was lost. Upon receipt of documentation that coverage has been lost (from the providing employer or group insurer) the employee may enroll in either of the two City dental insurance plans.

Excess In-Lieu Payments Received

If an employee cancels the Dental In-Lieu Plan and enrolls in an available dental insurance plan due to loss of alternate dental coverage, the City's policy is to make coverage in the dental plan effective the date the employee's alternative coverage is lost. Employees are responsible for repayment of any excess Dental In-Lieu payments they may have received. Employees are also responsible for paying the employee portion of premiums necessary to begin the City's dental plan coverage following cessation of their alternate dental coverage.