



**Delta Dental PPO Incentive Plan Summary of Benefits**

Effective October 1, 2023 to September 30, 2024

| <b>Benefits and Covered Services*</b>   | <b>PPO Network **</b>   | <b>Premier Network and Out of Network **</b>                            |
|---|---|---|
| <b>Calendar Year Deductible</b>   | None  | None  |
| <b>Calendar Year Maximum Benefit</b>  | \$2,400   | \$2,000   |
| <b>Diagnostic &amp; Preventive (D&amp;P) Services</b><br>Note: D & P does not count towards calendar year maximum.<br>Oral Examinations: 2<br>Annual Cleanings: 2<br>X-rays | Paid at: 70% - 100% *   | Paid at: 70% - 100% *   |
| <b>Basic Services</b><br>Fillings<br>Posterior Composite Restorations<br>Sealants<br>Nitrous Oxide  | Paid at: 70% - 100% *   | Paid at: 70% - 100% *   |
| <b>Periodontics</b> (gum treatment)<br>Covered Under Basic Services   | Paid at: 70% - 100% *   | Paid at: 70% - 100% *   |
| <b>Endodontics</b> (root canals)  | Paid at: 70% - 100% *   | Paid at: 70% - 100% *   |
| <b>Oral Surgery</b> (extraction)<br>Covered Under Basic Services  | Paid at: 70% - 100% *   | Paid at: 70% - 100% *   |
| <b>Major Services</b><br>Crowns, Inlays, Onlays &<br>Cast Restorations  | Paid at: 70% - 100% *   | Paid at: 70% - 100% *   |
| <b>Prosthodontics</b><br>Bridges<br>Dentures<br>Implants  | Paid at: 70,80,90,100% *  | Paid at: 70,80,90,100% *  |
| <b>Orthodontic Benefits</b><br>Adults & Dependent Children<br>Lifetime Maximum: \$500<br>12 Month Wait: No  | Paid at: 50% *  | Paid at: 50% *  |
| <b>Dental Accident Benefits</b>   | Paid at: 100% *<br>(\$1,000 maximum per enrollee<br>each calendar year) | Paid at: 100% *<br>(\$1,000 maximum per enrollee<br>each calendar year) |

\* This summary is for comparison purposes only. The Evidence of Coverage should be consulted for a detailed description of the covered benefits and is available at [www.cvtrust.org/plandocuments](http://www.cvtrust.org/plandocuments).

\*\* See back for additional details

## What are my Delta Dental Network options?

The Delta Dental PPO plan allows you the option to visit any licensed dentist. You will usually save more on your out-of-pocket costs when you visit a **Delta Dental PPO** dentist. The **Delta Dental Premier** network also provides cost-saving features and is the next best option when you can't find a PPO dentist. Non-Delta Dental (Out of Network) dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. You are responsible for the difference between what Delta Dental pays and the dentist's fee.

## How do I find a Delta Dental dentist?

To locate a Delta Dental dentist near you, check the dentist directory on the Delta Dental website (**deltadentalins.com**), which also provides a map to the dental office. Or, to hear or receive a faxed listing of dentists in your area, call **866-499-3001**. Follow the automated instructions to search for a dentist.

## How does my Delta Dental incentive plan work?

Your dental benefit incentive plan is designed to encourage regular visits to the dentist to keep your teeth and gums healthy. Here is an example of how an incentive plan works. (This is the most common incentive plan. Check your benefits information for details of your particular incentive plan.)

| First Year   | Second Year | Third Year | Fourth Year |
|--|-------------|------------|-------------|
| 70%  | 80%         | 90%        | 100%        |
| Percentage paid for certain benefits as long as you visit the dentist each year. |             |            |             |

## What are my online resources?

The full Delta Dental website is a one-stop-shop for plan and oral health information. Also available in Spanish: **es.deltadentalins.com**.

Create a free Online Services account at **deltadentalins.com** to:

- Locate a Delta Dental dentist
- Check benefits, eligibility, and claim status
- Opt for paperless statements
- View or print your ID card
- Check average dental costs in your area

Check out **Your Dental Plan Support Guide** for money-saving tips and treatment information. And, don't miss **mysmileway.com** – a great resource for oral health-related tools and tips.

**Mobile?** Get the information you need on the go. Bookmark or add a shortcut to the mobile site to return in just one tap from your phone. Download the free, convenient smartphone Delta Dental app from the App Store or Google Play.

# A Look at Your VSP Vision Coverage

With VSP and CALIFORNIA'S VALUED TRUST - Plan C \$10 Copay, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

### Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

### Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

|   |   |
|---|---|
|  | Preferred private practice and retail in-network choices  |
|   |   |

### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

### Using your benefit is easy!

Create an account on [vsp.com](http://vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.



## More Ways to Save

**Extra  
\$20  
to spend on  
Featured Brands†**

bebe CALVIN KLEIN  
COLE HAAN DRAGON.  
FLEXON LACOSTE  
NIKE and more

See all brands and offers at [vsp.com/offers](http://vsp.com/offers).

+

**Up to  
40%  
Savings on  
lens enhancements‡**

Enroll through your employer today.  
Contact us: **800.877.7195** or [vsp.com](http://vsp.com)

**Your VSP Vision Benefits Summary**  
**2023-2024**  
**Anderson Union High School District**



**PROVIDER NETWORK: VSP Signature**

| BENEFIT                                  | DESCRIPTION  | COPAY                                      | FREQUENCY       |
|--|--|--|-----------------|
| <b>Your Coverage with a VSP Provider</b> |  |  |                 |
| <b>WELLVISION EXAM</b>                   | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>  | \$10 for exam and glasses                  | Every 12 months |
| <b>PRESCRIPTION GLASSES</b>              |  |  |                 |
| <b>FRAME*</b>                            | <ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart®/Sam's Club®/Costco® frame allowance</li> </ul>   | Combined with exam                         | Every 12 months |
| <b>LENSES</b>                            | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>  | Combined with exam                         | Every 12 months |
| <b>LENS ENHANCEMENTS</b>                 | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Tints/Light-reactive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>   | \$0<br>\$0<br>\$80 - \$90<br>\$120 - \$160 | Every 12 months |
| <b>CONTACTS (INSTEAD OF GLASSES)</b>     | <ul style="list-style-type: none"> <li>\$120 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>   | \$0  | Every 12 months |
| <b>EXTRA SAVINGS</b>                     | <b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> |  |                 |
|  | <b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>   |  |                 |
|  | <b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>  |  |                 |

**YOUR COVERAGE GOES FURTHER IN-NETWORK**

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](https://vsp.com) to find an in-network provider.

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.  
 †Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.  
 +Coverage with a retail chain may be different or not apply.  
 VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.  
 To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](https://vsp.com).  
 ©2023 Vision Service Plan. All rights reserved.  
 VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM  
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