RETIREE GROUP MEDICARE PLANS (RGMP)

In addition to district retiree plans SISC offers three Retiree Group Medicare Plan (RGMP) options. These are available to retirees turning age 65 enrolled in Medicare Parts A and B when offered by the district.

Members are required to maintain continuous coverage of Medicare Parts A and B while enrolled in an over-65 retiree plan. Members are automatically enrolled into Medicare Part D on SISC Retiree Group Medicare Plans.

- **Blue Shield 65 Plus HMO Medicare Advantage Plan (BSMA):** Must reside in California service area
- **CompanionCare Medicare Supplement Plan (COC):** Must reside within the United States
- **Kaiser Medicare Senior Advantage Plan (KPSA):** Must reside in California service area
- **PPO 100-A $0 Plan (EGWP):** Must reside within the United States

All forms will be available on the SISC secure web portal (SISCconnect) at siscconnect.org.

When Can a Retiree Enroll?

A retiree with Medicare Parts A and B may enroll at any time. They do not need to wait for Open Enrollment. A signed and completed application must be received 45 days prior to the effective date.

Why is a 45-Calendar-Day Advance Notice Required for Enrollments and Disenrollments?

Centers for Medicare and Medicaid Services (CMS) require advance notice for enrollments and disenrollments in order to set up the account.

If the enrollment and/or disenrollment form is not submitted in advance the retiree may not get the effective and/or termination date that was requested. Members may not have their Medicare restored with the requested effective date due to an untimely submission of the disenrollment form.

How do I Submit Activity for the Retiree Group Medicare Plans?

Drop off activity to SISC using the SISCconnect secure web portal at **siscconnect.org**. It needs to be sent separately from the district activity and should include "RGMP documents" as part of the file name.

This process will help SISC sort through the volume of activity and identify these time-sensitive items more quickly. These plans are regulated by Centers for Medicare and Medicaid Services (CMS) which requires a different process and are not easily identified when batched with other activity and/or forms.

The following documents that will be affected are the CompanionCare Application, Kaiser Senior Advantage Election form and the Blue Shield Medicare Advantage enrollment form along with a copy of the retiree's Medicare card.

Can Retirees Enroll in Dental and/or Vision?

Yes. Retirees on a Retiree Group Medicare Plan have the option to retain their district vision and/or dental coverage but they must pay the appropriate **retiree rate** for the dental and/or vision coverage. The spouse/domestic partner of a retiree is only eligible for the products in which the retiree is currently enrolled.

If Kaiser Senior Advantage retirees enroll in dental, vision or hearing aid benefit directly through Kaiser this will trigger a termination of their SISC medical coverage.

Are Retro Enrollments and Disenrollments Allowed?

No. Retro enrollments and disenrollments are not allowed on the Medicare Advantage Plan or CompanionCare.

Are Retirees Allowed to go Back to a District Plan Once They Have Enrolled in an RGMP?

Yes. Upon district approval a retiree may return to a district medical plan at open enrollment as long as there is no break in SISC coverage

How Should I Keep Track of Our Retirees?

Send out an annual letter requesting confirmation of contact information that you have on file.

BLUE SHIELD 65 PLUS HMO MEDICARE ADVANTAGE PLAN

What is Blue Shield 65 Plus HMO Medicare Advantage?

Blue Shield 65 **Plus** HMO is a Medicare Advantage Plan that is offered through a Health Maintenance Organization (HMO) in lieu of Medicare benefits. The HMO contracts with Centers for Medicare and Medicaid Services (CMS) to provide a wide variety of benefits. Retirees cannot use their Medicare benefits while enrolled in this plan.

Who Can Enroll?
This plan may be offered to retirees over the age of 65 with Medicare Parts A and B (see **www.medicare.gov** for information on Medicare).

Is There Dependent Coverage?
No. Blue Shield 65 Plus HMO Medicare Advantage Plan is an individual enrollment. If a spouse/domestic partner qualifies for enrollment in Blue Shield 65 Plus HMO Medicare Advantage they would enroll on their own contract.

How Does a Member Enroll?
A Blue Shield 65 Plus HMO Medicare Advantage enrollment form *must* be completed and submitted to SISC along with a copy of the member's Medicare card. A 45-calendar day advance notice and proof of enrollment in both Medicare Parts A and B is required.

What if the Member is Missing a Part of Medicare or Does Not Assign Their Medicare to Blue Shield?
The member would not be eligible. Members enrolled in this plan must have continuous Medicare Parts A and B coverage.

How Does a Member Disenroll?
A SISC disenrollment form is required to cancel Blue Shield 65 Plus HMO Medicare Advantage. By disenrolling, the member will have their Medicare benefits restored. Until the cancellation process is complete, the retiree cannot use their Medicare benefits.

Does the Member Need to Enroll in Medicare Part D?
No. Retirees enrolling in Medicare Advantage Plans will be automatically enrolled in Medicare Part D for prescription drug coverage. This automatic enrollment in Medicare Part D through the Medicare Advantage Plan will cause the retiree to be automatically disenrolled from Medicare Part D coverage through other plans.

Where Does a Member Find a Provider?
Members can contact customer service.

How Do I Find out if I Live in a Blue Shield 65 Plus HMO Medicare Advantage (GMA-PD) Service Area?
Although the HMO coverage for Active employees may be offered in the city/county and ZIP Code of the retiree's permanent residence, the Medicare Advantage Plan may not be available in that ZIP Code area. Members must live in an approved ZIP Code of the Blue Shield of California GMA-PD service area. Please contact the SISC office to make certain that this benefit is offered in the ZIP Code where the retiree resides. Medicare Advantage Plans are not available through SISC outside the State of California.

COMPANIONCARE MEDICARE SUPPLEMENT PLAN

What is CompanionCare?
CompanionCare Plan is a supplement to Medicare. The plan is "claim free" only when a provider accepts assignment of Medicare Benefits. When the member uses a provider who does not accept assignment of Medicare Benefits, the provider of service or member must file the claim twice; once for the Medicare payment and then again for the plan payment.

How Does CompanionCare Coordinate with Medicare?
The provider will need to submit claims to Medicare for payment and to Anthem Blue Cross for CompanionCare to pay. Medicare pays 80% of allowable charges and CompanionCare will pay for the other 20% of allowable charges. "In-network" Medicare providers may choose to charge up to 15% more than the Medicare Allowed Amount. The CompanionCare plan will not pay the excess charges over the allowed amount.

Who Can Enroll?
This plan may be offered to retirees over 65 with Medicare Parts A and B (see **www.medicare.gov** for information on Medicare) and retirees **under age 65 with Medicare for the disabled**. In order to be eligible, the member must be retired and enrolled in both Medicare Parts A and B. No Exceptions.

Is There Dependent Coverage?
No. CompanionCare is an individual enrollment. If a spouse/domestic partner qualifies for enrollment in CompanionCare they would enroll on their own contract.

How Does a Member Enroll?
A CompanionCare enrollment form must be completed and submitted to SISC with a copy of the member's Medicare card. If the card is not available, enrollment in CompanionCare will be delayed until the card is received.

How Does a Member Disenroll?
A member must complete a SISC disenrollment form to terminate coverage in CompanionCare. This termination will cancel both the medical and prescription drug benefits.

Does The Member Need to Enroll in Medicare Part D?
No. SISC will automatically enroll CompanionCare members in Medicare Part D for prescription medications. CompanionCare members already enrolled in non-SISC Medicare Part D plan will be automatically disenrolled from those plans.

What Happens if Member Enrolls in a Medicare Part D Plan Outside of SISC?
The Centers for Medicare and Medicaid Services (CMS) does not allow a member to be enrolled in two Medicare Part D plans. The SISC medical and prescription drug benefits will be terminated.

Where Does a Member Find a Provider for CompanionCare?
Any provider that accepts Medicare will accept CompanionCare.

Are There Benefits Outside of California with CompanionCare?
Yes. Medicare is the primary insurance and as long as the provider accepts Medicare, CompanionCare will pay on allowed charges.

PPO EGWP PLAN

What is the PPO EGWP Plan?
The PPO EGWP Plan (Employer Group Waiver Plan) is a PPO plan that coordinates with Original Medicare for both medical and Part D prescription drugs.

How Does PPO EGWP Coordinate with Medicare?
The plan requires the member use a provider that accepts Medicare assignment in order to receive the greatest benefit. When the member uses a provider who does not accept assignment of Medicare Benefits the member may incur additional costs. The provider will need to submit claims to Medicare for payment and to the medical carrier for secondary payment. The EGWP plan will not pay the excess charges over the PPO contracted amount.

Who Can Enroll?
This plan may be offered to retirees over 65 with Medicare Parts A and B (see **www.medicare.gov** for information on Medicare) and retirees **under age 65 with Medicare for the disabled**. In order to be eligible, the member must be retired and maintain continuous enrollment in both Medicare Parts A and B. No Exceptions.

Is There Dependent Coverage?
Yes. Dependents who are enrolled in Part A and Part B of Medicare may be enrolled on the same plan with the subscriber.

How Does a Member Enroll?
An EGWP enrollment form must be completed and submitted to SISC with a copy of the member's Medicare card. If the card is not available, enrollment will be delayed until the card is received.

How Does a Member Disenroll?
A member must complete a SISC disenrollment form to terminate coverage . This termination will cancel both the medical and prescription drug benefits.

Does The Member Need to Enroll in Medicare Part D?
No. SISC will automatically enroll EGWP members in Medicare Part D for prescription medications. Members already enrolled in a non-SISC Medicare Part D plan will be automatically disenrolled from those plans.

What Happens if Member Enrolls in a Medicare Part D Plan Outside of SISC?
The Centers for Medicare and Medicaid Services (CMS) does not allow a member to be enrolled in two Medicare Part D plans. The SISC EGWP medical and prescription drug benefits will be terminated and the member moved temporarily to a non-Medicare plan at a higher monthly premium.

Where Does a Member Find a Provider for EGWP?
Any provider that accepts Medicare and is contracted in the carrier's PPO network.

Are There Benefits Outside of California with EGWP?
Yes. Medicare is the primary insurance and as long as the provider accepts Medicare. Outside of California, the carrier network is the Blue Cross/Blue Shield association.

KAISER SENIOR ADVANTAGE (KPSA) MEDICARE ADVANTAGE PLAN

What is Kaiser Senior Advantage?
Kaiser Senior Advantage is a Medicare Advantage Plan that is offered through a Health Maintenance Organization (HMO) in lieu of Medicare benefits. The HMO contracts with Centers for Medicare and Medicaid Services (CMS) to provide a wide variety of benefits. Retirees are required to assign their Medicare Parts A and B over to Kaiser while enrolled in this plan and cannot use their Medicare benefits while enrolled.

Who Can Enroll?
This plan may be offered to retirees over the age of 65 with Medicare Parts A and B (see **www.medicare.gov** for information on Medicare).

Is Dependent Coverage Different?
Yes. If the retiree has a dependent under the age of 65, their dependent may continue to participate in the same HMO plan that they are currently enrolled. However, the retiree's coverage will be the Senior Advantage benefits which could be different from the district's benefit (see the "Retiree" section of this manual).

How Does a Member Enroll?
A Kaiser Senior Advantage Election Form **must** be completed and submitted to SISC along with a copy of the member's Medicare card showing proof of enrollment in Medicare Parts A and B.

It is now **required** that the Kaiser Election form be date stamped (top of page one on the form) by the district when the completed and signed form is received from the member. A District could incur a surcharge if the form is not date stamped when received. This provides proof of receipt by the district in a timely manner (45- calendar days' advance notice).

What if the Member is Missing a Part of Medicare or Does Not Assign Their Medicare to Kaiser?
The member would not be eligible. If a member is missing a part of Medicare or does not assign their Medicare a surcharge will be assessed and added to the district's next monthly SISC invoice. Members enrolled in this plan must have continuous Medicare Parts A and B coverage.

How Does a Member Disenroll?
A SISC disenrollment form is required to cancel Kaiser Medicare Senior Advantage. By disenrolling, the member will have their Medicare benefits restored. Until the cancellation process is complete, the retiree cannot use their Medicare benefits.

Does the Member Need to Enroll in Medicare Part D?
No. Retirees enrolling in Medicare Advantage Plans will be automatically enrolled in Medicare Part D for prescription drug coverage. This automatic enrollment in Medicare Part D through the Medicare Advantage Plan will cause the retiree to be automatically disenrolled from Medicare Part D coverage through other plans. There is no donut hole on the SISC KPSA pharmacy plans.

Where Does a Member Find a Provider?
Members can contact customer service.

How Do I Find out if I Live in a Kaiser Service Area?
Although the HMO coverage for Active employees may be offered in the city/county and ZIP Code of the retiree's permanent residence, the Medicare Advantage Plan may not be available in that ZIP Code area. Please contact the SISC office to make certain that this benefit is offered in the ZIP Code where the retiree resides.

Medicare Advantage Plans are not available through SISC outside the State of California.

DIRECT BILLING SELF-PAY RETIREES

SISC offers this added value service to our member districts at no cost to the retiree or the district. This service allows member districts the option of SISC managing the monthly billing and collection of medical, dental, and/or vision premiums for eligible retirees.

In order to be eligible for this service the retiree must meet the following guidelines:

- The retiree must pay 100% of their medical, dental and vision coverage (if offered by SISC)
- The retiree and eligible spouse/domestic partner must maintain continuous enrollment in Medicare Parts A and B

SISC Direct Billing is available only for the following retiree plans:

  - Blue Shield 65 Plus HMO Medicare Advantage
  - CompanionCare Medicare Supplement
  - Kaiser Permanente Senior Advantage
  - PPO 100-A $0 Retiree Plan with SISC Medicare Part D Drug Coverage (EGWP)
- The retiree will have the option of the following dental and/or vision plan:
  - Delta Dental Premier Plan $1,500*
  - VSP C $20*

Dental and vision are optional products. However, the retiree must be currently participating in the dental and/or vision product in order to purchase them from SISC.

**If your district offers dental and vision through SISC, dental and vision plans listed above are the only choices offered under this program. If the retiree currently has a different dental or vision plan with the school district and they wish to continue with one or both of these products, they will have to change to the plans listed above in order to participate in this program.*

Orthodontic coverage is not included on the Direct Bill dental plan. This dental plan does not include an incentive level.

Acceptable Payment Methods:

Retirees may set up either a one-time or recurring online (ACH) payment, or they can mail a check or money order to the SISC office. Payments are past due by the 20th of the month for which they are billed.

District Responsibility:

- Determine member eligibility as a Direct Bill Retiree.
- Provide the eligible member with Direct Bill Retiree plan options, benefit summaries, and enrollment forms as applicable.
- Submit the completed and signed enrollment form, a MAR Transfer form, and a copy of the member's Medicare Card confirming enrollment in Part A & B of Medicare.
- *Documents should be submitted via SISCconnect at least 45 days prior to the requested effective date.*

SISC Responsibility:

- Process the MAR Transfer Form.
- Send welcome packet with payment options.
- Manage premium payments.
- Communicate any future plan/rate changes.

Member Responsibility:

- Maintain continuous enrollment in Part A & B of Medicare
- Maintains monthly payments to SISC
- Responsible for payment of non-refundable monthly surcharges if the member fails to maintain Medicare parts A & B

IMPORTANT! The following will result in termination of benefits and/or non-refundable premium surcharges:

- **Disenrollment from Medicare Part A or B**
- **Enrollment in a Medicare Part D Drug Plan outside of SISC**
- **Assigning Medicare to a non-SISC Medical Plan**
- Retirees who lose Medicare while enrolled on the self pay program may need to be re-enrolled on district benefits until the Medicare enrollment is resolved.

If you are interested in this program and would like additional information, please contact the SISC office at 661-636-4410. SISC will need a 90-calendar-day advance notice to implement this program.

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

Benefits Summary 2024-2025

Services	Benefits
Ambulance	• $0 co-pay per trip
Annual Physical Examination	• $0 co-pay, although office visit co-pay may apply
Durable Medical Equipment (DME)—Medicare Covered Services	• $0 co-pay
Hospitalization • Inpatient • Outpatient hospital services • Emergency room	 • $0 co-pay per admission • $0 co-pay • $50 co-pay/waived if admitted within 24 hrs for the same condition
Immunizations • Includes flu injections and all Medicare-approved immunizations	• $0 co-pay, although office visit co-pay may apply
Laboratory Services	• No charge
Manual Manipulation of the Spine	• $20 co-pay per visit (subject to medical necessity)
Mental Health—Inpatient	• No charge for day 1–150 • Member pays 100% from day 151 and over
Mental Health—Outpatient Unlimited Visits	• $20 co-pay
Physician Services/Basic Health Services • Office visits • Consultation, diagnosis and treatment by a specialist	 • $20 co-pay • $20 co-pay
Prescription Drugs (10/30/50 three-tiered plan) • Generic • Preferred brand • Non-preferred brand • Injectables **Specialty** • 30-day supply at retail, 90-day supply through mail	 • $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	• Covered in full for 100 days per benefit period
X-ray Services	• $0 co-pay, although office visit co-pay may apply

Rate Effective October 1, 2023	Total Cost Per Person
	Southern Region: $335.00

A school district's geographic location will determine the applicable rate. Southern Region includes San Luis Obispo, Kern, San Bernardino and counties to the south with the exception of Ventura County.

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

Benefit Summary

(As of 1/1/2024—Medicare benefits based on Calendar Year)

Services	Medicare 2024 Benefits	CompanionCare Based on 2024 Medicare Benefits
Inpatient Hospital (Part A)	• Pays all but first $1,632 for 1st 60 days • Pays all but $408 a day for the 61st–90th day • Pays all but $816 a day Lifetime Reserve for 91st to 150th day • Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage)	• Pays $1,632 • Pays $408 a day • Pays $816 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)	• Pays 100% for 1st 20 days • Pays all but $204 a day for 21st to 100th day • Pays nothing after 100th day	• Pays nothing • Pays $204 a day for 21st to 100th day • Pays nothing after 100th day
Deductible (Part B)	• $240 Part B deductible per year	• Pays $240
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) • Doctor, X-Ray, Appliances, and Ambulance • Lab	• 80% MA charges • 100% MA charges	• 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, anesthetist 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**	• 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: • $0 generic co-pay at Costco • Diabetic supplies for generic co-pay	• 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. The plan does not cover excess Medicare Part B charges. Excess charges may occur when receiving services from a provider who does not accept the Medicare Assignment amount.

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.

Statewide Rate Effective October 1, 2024	Total Cost Per Person
Retirees with Medicare Parts A and B (SISC will enroll members in Part D)	$419.00

KAISER, SOUTHERN REGION—SENIOR ADVANTAGE HMO MEDICARE PLAN

Benefit Summary 2024-2025

Services	Benefits
Ambulance	• $50 per trip
Annual Physical Examination	• No charge
Acupuncture/Chiropractic	• $10 co-pay, 30 combined visits
Dental Care (Delta Care)	• Not covered
Durable Medical Equipment (DME) (Kaiser DME formulary guidelines apply)	• 100%
Hearing Examination	• $10 co-pay per visit
Hospitalization • Inpatient • Emergency Room	 • $0/Admit • $50 co-pay/waived if admitted
Immunizations (includes flu injections and all Medicare-approved immunizations)	• No charge • Office visit co-pay may apply if administered as part of a physician office visit
Laboratory Services	• No charge
Manual Manipulation of the Spine	• $10 co-pay per visit (subject to medical necessity)
Mental Health—Inpatient	• No charge
Mental Health—Outpatient unlimited visits	• $10 co-pay per individual visit • $5 co-pay per group visit
Physician Services/Basic Health Services • Office visits • Consultation, diagnosis and treatment by a specialist	 • $10 co-pay per visit • $10 co-pay per visit
Prescription Drugs • Using Kaiser pharmacies • Not subject to doughnut hole	 • 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	• Covered in full for 100 days per benefit period
Hospice	• Covered in full from a Medicare certified hospice
Vision Care • Examination for eyeglasses • Glaucoma testing • Standard frame/lenses every 24 months	 • $10 per visit • $10 co-pay per visit • $150 frame and lens allowance every 24 months
X-Ray Services	• No Charge

Rate Effective October 1, 2024	Total Cost Per Person
Retirees with Medicare Parts A and B	Southern Region: $215.00

A school district's geographic location will determine the applicable rate. Southern Region includes San Luis Obispo, Kern, San Bernardino and all other counties to the south.

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 2024-2025

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-networkdentists.*

Rates	
Single	$58.00
Two-party	$116.00
Family	$153.00

DIRECT BILL RETIREE VISION

Vision Benefit Summary 2024-2025

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 **Two-party** **Family**	$12.10 $24.20 $36.30

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