

Dental, Vision, and EAP Benefits

Dental Plans

LACCD offers you the choice of two dental plans:

- Delta Dental PPO dental plan
- SafeGuard HMO dental plan

Delta Dental PPO

Like a medical PPO, this plan gives you the option of going to any licensed provider you choose. If you go to a dentist who is a member of Delta Dental's PPO network, you can take advantage of the PPO provider's discounted rates and reduce your out-of-pocket costs. Whenever you need dental care, you have three options, as shown below.

- 1. Delta Dental PPO dentists** — PPO dentists are a select group of dentists within the Delta Dental network, and they have agreed to charge plan members significantly reduced rates. *Delta Dental PPO dentists are your best value!*
- 2. Delta Dental Premier dentists** — These dentists belong to Delta Dental's extensive national network. Premier dentists accept Delta Dental's approved fee as payment in full, and your share of the cost (if any) will be based on the approved fee. This means they won't "balance bill" you for charges that Delta Dental doesn't cover.
- 3. Out-of-network dentists** — These dentists do not offer discounted rates to Delta Dental plan members. If you go to an out-of-network dentist, the plan will only pay benefits up to Delta Dental's approved fee. If your out-of-network dentist charges you more than the approved fee, you will have to pay the difference between their cost and the approved fee.



Let's Do the Math

Suppose you need a root canal, which the plan covers at 80%. Let's also assume that Delta Dental's approved fee for the root canal is \$500.* Here's an example of what you might pay for this service with each kind of dentist.

Delta Dental PPO Dentists. These dentists' fees have been set by Delta Dental, so their charge for this service is probably lower than the approved fee. Let's say your PPO dentist charges \$400 for a root canal.

- You would pay 20% of \$400, or \$80.

Delta Dental Premier Dentists. These dentists have agreed to accept Delta Dental's approved fee. This means they won't charge a Delta Dental member more than \$500 for this service, no matter what they might charge their non-Delta Dental patients.

- You would pay 20% of \$500, or \$100.

Out-of-Network Dentists. These dentists are not under contract with Delta Dental, so they're free to charge whatever they want. Let's say your out-of-network dentist charges \$700 for a root canal—Delta Dental's benefits will still be based on the approved fee of \$500. You will be responsible for the entire portion of the bill that exceeds Delta Dental's approved fee.

- You would pay 20% of \$500 (\$100), plus the \$200 above the approved fee, for a total of \$300.

As you see, a Delta Dental dentist (either Delta Dental PPO or Delta Dental Premier) is always your best bet—but you can save the most by going to a Delta Dental PPO dentist. Also, there are no claim forms to fill out when you go to a Delta Dental dentist. If you go to an out-of-network dentist, you may have to pay the entire cost up front, then submit a claim to Delta Dental to be reimbursed for the covered portion of your bill.

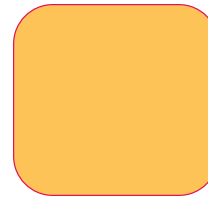
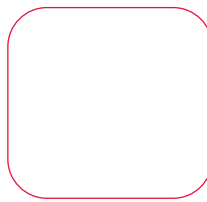
* The prices in this example do not reflect the actual costs for the procedure. Costs vary based on location and type of procedure performed. See your Evidence of Coverage for more information.

Remember, when you make an appointment with a Delta Dental dentist, be sure to ask if he or she is a Delta Dental PPO dentist — there is a difference!

Safeguard HMO Plan

This plan provides services at little or no cost to you when you go to a dentist who is a member of the Safeguard HMO network. Similar to a medical HMO, the HMO dental plan requires you (and each of your enrolled dependents) to select a primary care dentist to coordinate your care. Out-of-network treatment is not an option.

The chart below shows the key benefits under your dental plans. Please refer to your Evidence of Coverage (available at www.laccd.edu/health) for complete information on the plan's benefits, limitations, and exclusions.



	SafeGuard HMO Dental Plan	Delta Dental PPO Plan
Calendar Year Deductible	None	None
Calendar Year Maximum Benefit	Unlimited	Your maximum benefit is based on how long you have worked for LACCD: <ul style="list-style-type: none"> • Less than 5 years of service = \$1,000 • 5 years of service, but less than 10 = \$1,500 • 10 years of service, but less than 15 = \$2,000 • 15 years of service, but less than 20 = \$2,500 • 20 or more years of service = \$3,000
Covered Services	What You Pay	
Diagnostic & Preventive Services (includes oral exams, cleanings, X-rays, fluoride treatments, and space maintainers)	No charge	20%
Basic Services (includes fillings, extractions, root canals, oral surgery, and periodontic treatment)	No charge	20%
Prosthodontics (includes crowns, bridgework, and dentures)	No charge	20%
Orthodontia	Children under age 19: \$1,300 Adults: \$1,400	50% Lifetime maximum orthodontia benefit = \$2,000/person



Vision Plan

LACCD offers vision coverage through Vision Service Plan (VSP), the nation's largest provider of eye care coverage.

Under the vision plan, you can choose between network and out-of-network providers. You will receive a higher level of benefits, and enjoy greater convenience, if you go to a provider in the VSP network. VSP contracts with thousands of doctors across the country, so you should have no problem finding a network provider near you. There are no claim forms to fill out when you go to a VSP network provider.



If you decide to go to an out-of-network provider, you will have to pay your entire bill up front, then file a claim with VSP. You will be reimbursed for your out-of-network services up to the allowances shown in the chart below.

	VSP Network Provider	Out-of-Network Provider
Copayments		
▪ Exam & prescription glasses	\$10	None
▪ Contact lenses	None	None
Examination	Covered in full	Plan reimburses up to \$45
Prescription Lenses		
▪ Single vision	Covered in full, including anti-reflective coating	Plan reimburses up to \$45
▪ Lined bifocal		Plan reimburses up to \$65
▪ Lined trifocal		Plan reimburses up to \$85
▪ Lenticular		Plan reimburses up to \$125
Frame	Covered in full up to \$120*	Plan reimburses up to \$47
Contact Lenses (instead of glasses)**		
▪ Elective	Covered in full up to \$150	Plan reimburses up to \$150
▪ Medically necessary	Covered in full	Plan reimburses up to \$210
Covered Services	Examinations: once every 12 months; Lenses: once every 12 months Frame: once every 24 months; Contact Lenses: once every 12 months	

*If the frame you choose costs more than the allowance, you will receive a 20% discount on your out-of-pocket costs.

**Contact lenses are available once every 12 months in lieu of all other lens and frame benefits. When you get contact lenses, you will not be eligible for lenses or a frame for 12 months.



In addition, VSP members can receive a number of lens options (such as scratch-resistant coating and an additional pair of glasses) at a discounted price when using a VSP network provider. VSP has also arranged for members to receive PRK, LASIK, and custom LASIK using wavefront technology through contracted laser centers. Discounts vary by location (but average 15%). Contact VSP for details.

Employee Assistance Program (EAP)

Everyone needs help now and then. If a difficult situation is affecting your quality of life, the employee assistance program (EAP) is there for you and all members of your household 24 hours a day. The EAP is provided by LACCD at no cost to you and is administered by Horizon Health.

The EAP provides *strictly confidential* counseling through outside professionals to help you manage stress and resolve personal issues that may be affecting your daily life. The EAP can help you with:

- Emotional well-being
- Marriage and family issues
- Child care and elder care referrals
- Stress/anxiety
- Grief counseling
- Depression
- Alcohol or drug abuse
- Workplace conflict
- Legal assistance
- Educational referrals
- Financial consultation



Call the EAP at the number shown below whenever you need help. Your call will be handled confidentially by a professional counselor, who will either work with you over the phone or arrange an appointment for you to have an in-person session. The EAP will cover up to five free face-to-face counseling sessions for each issue per year.

For 24-Hour EAP Help, Call (800) 342-8111

