

2025

Dental Handbook – Retired Employees



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Introduction

The California Department of Human Resources (CalHR) prepared this dental benefits handbook to provide general information regarding state-sponsored dental coverage for State of California retirees and their eligible dependents.

Information in this handbook is supplied solely to provide general information regarding eligibility and enrollment and to assist you in comparing dental plan options. This handbook has no legal force or effect; any discrepancy between the information contained herein and actual dental plan benefits is controlled by the contracts between the state and the dental plan carriers.

CalHR

The CalHR Benefits Division administers the state's dental program. CalHR secures and administers contracts with dental carriers to provide benefits to active state employees, retirees and their dependents. CalHR is also responsible for communicating policies and procedures regarding dental eligibility and enrollment, coordinating dental Open Enrollment periods and providing information, guidance and training to the departmental personnel offices on issues relating to the state's dental program.

California Public Employees' Retirement System (CalPERS)

CalPERS maintains the dental benefit enrollment records for all state retirees, processes retiree dental enrollments and submits eligibility information to the appropriate dental plan. To ensure that you receive timely information about your state-sponsored dental benefits, report address changes to CalPERS at the address below (be sure to include your Social Security number and telephone number):

California Public Employees' Retirement System
Health Account Management Division
P.O. Box 942715
Sacramento, CA 94229-2715

If you have questions about eligibility, contact CalPERS directly at (888) 225-7377 or TTY (877) 249-7442.

State-Sponsored Dental Plans

CalHR currently contracts with four prepaid dental plans. These prepaid plans are: DeltaCare USA, MetLife, Premier Access and Western Dental. CalHR also contracts with Delta Dental for an indemnity type plan and a preferred provider organization plan (PPO).

A prepaid plan, also known as a dental health maintenance organization (DHMO), requires you and your eligible dependents to select a dental provider when you enroll, choosing from a list of dentists who contract with the plan. These dentists, located only in California, are paid a monthly contracted fee by the dental plan for every state retiree and dependent that chooses to receive services from their office. No monthly premium is deducted from your retirement warrant; the state pays the premium in full. (See page 9 for more details about the prepaid plans.)

An indemnity plan allows you to receive services from any licensed dentist throughout the United States and abroad. However, benefits are maximized when you receive services from a contracted Delta Dental dentist. The plan pays a percentage of the costs for each specific type of dental treatment. You are responsible for paying any remaining balance based on the type of dental treatment you receive. A monthly premium cost share will be deducted from your retirement warrant. (See page 10 for more information about the state-sponsored indemnity plan.)

A PPO plan allows you to select any licensed dentist of your choice. However, you receive the maximum benefits available under the program when you choose one of the dentists in the plan's PPO network. The plan pays a percentage of the costs for each specific type of dental treatment. You are responsible for paying any remaining balance based on the type of dental treatment you receive. A monthly premium cost share will be deducted from your retirement warrant. (See page 10 for more information about the state-sponsored PPO plan.)

Eligibility

Retiree Eligibility

You are eligible to enroll or continue enrollment as a retiree if you:

- Are enrolled in (or eligible for) a state-sponsored dental plan on the date of your separation from employment.
- Retire within 120 days of your separation.
- Receive a monthly retirement allowance from CalPERS.

Dependent Eligibility

You may also enroll your eligible dependents in your dental plan. Eligible dependents include your spouse or registered domestic partner (as recognized by the State of California) and your eligible children as defined below.

Spouse or Registered Domestic Partner

To enroll a spouse, you must provide a copy of your marriage certificate and provide your spouse's Social Security number. To enroll a domestic partner, you must provide a copy of the Secretary of State's required filing documents and provide your partner's Social Security number.

Eligible Children

Children under the age of 26 are eligible for enrollment. Children may include your birth children, adopted children or children placed for adoption, stepchildren, children of a registered domestic partner and other children living in the household who are in a parent-child relationship with you.

A "parent-child relationship" is established when you intentionally assume parental status or duties over a child who is not your adopted, step or recognized natural child and meets specific enrollment criteria. To enroll a child in a parent-child relationship, you will need to complete an [Affidavit of Parent-Child Relationship \(CalHR 025\)](#).

A child may continue to be enrolled after age 26 if they were determined to be:

- Incapable of self-support because of physical disability or mental incapacity.
- Dependent on the eligible retiree for support and care.
- Considered disabled at the time of the initial enrollment.

For more details regarding the enrollment criteria for disabled children, contact CalPERS toll-free at (888) 225-7377 or TTY (877) 249-7442.

Loss of Eligibility

The following events will cause a family member or dependent to lose eligibility; their coverage ends on the last day of the month in which this event occurred:

- A child turns 26.
- A final divorce decree is granted, or a domestic partnership is terminated.

When a family member or other dependent ceases to be eligible, they must be dropped from your coverage. You must notify CalPERS of any changes to your dependent eligibility as soon as possible. Do not wait until Open Enrollment. You will be liable for any expenses incurred after this person loses eligibility. Refer to page 13 for information about the continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

If you have questions about eligibility, contact CalPERS toll-free at (888) 225-7377 or TTY (877) 249-7442.

Enrollment

Continuing Benefits into Retirement

Your departmental personnel office is responsible for enrolling you in dental benefits when you retire from state service. If you do not enroll in dental benefits at the time of your retirement, you may do so during any subsequent Open Enrollment period by contacting CalPERS.

If you are enrolled in a cash option in lieu of dental benefits when you retire, your enrollment will automatically stop. You have 30 days before or 60 days following your retirement date to enroll in a dental plan.

California Association of Highway Patrolmen (CAHP) employees who retired on or after September 30, 1992, may elect to continue enrollment in their union-sponsored indemnity plan or change to a state-sponsored dental plan. Under the terms of the Memorandum of Understanding (MOU) between the CAHP and CalHR, this is an irrevocable one-time election.

California Correctional Peace Office Association (CCPOA) employees enrolled in a union-sponsored dental plan must change to a state-sponsored dental plan and retire within 120 days after their date of separation to continue their dental coverage.

New dependents cannot be added during this time. Retirement is not a permitting event to add dependents.

Open Enrollment

Each year, an Open Enrollment period is held to allow eligible state retirees to enroll in a dental plan, change plans and add or delete eligible family members. Open Enrollment is typically held from September through mid-October. It is coordinated by CalHR in cooperation with CalPERS.

This year's Open Enrollment starts **September 16 and ends October 11, 2024**. Changes made during the Open Enrollment period are effective January 1, 2025. Please contact CalPERS to enroll or make changes to your dental coverage during Open Enrollment.

How to Enroll or Make Changes During Open Enrollment

Contact CalPERS by phone or complete and submit the [Retiree Dental Plan Enrollment - Change Request \(CalHR 686\)](#) to CalPERS directly. Your enrollment/change request must be received by CalPERS by October 11, 2024. Forms postmarked on or before October 11, 2024, but received after October 11, 2024, will not be accepted.

By Phone:

Phone requests must be made to CalPERS between September 16 and October 11, 2024. Representatives are available Monday through Friday, 8:00 a.m. – 5:00 p.m. Pacific Time. When you call, be prepared to provide the information listed below under "Required Information for Open Enrollment Requests."

CalPERS contact numbers for open enrollment:

Voice: (888) CalPERS or (888) 225-7377

TTY: (916) 795-3240

FAX: (800) 959-6545

Required Information for Open Enrollment Requests

New enrollments or dental plan changes:

- Your name and Social Security number.
- Your date of birth.
- Name of the plan you wish to enroll in or change to.
- If changing plans, the name of your current plan.
- Your home phone number (optional).

Adding dependents to your dental plan:

- Your name, date of birth and Social Security number.
- Name, Social Security number and birth date of the dependent(s) being added.
- To add a spouse, you must provide a copy of your marriage certificate.
- To add a registered domestic partner, you must provide a copy of the Secretary of State's required filing documents.
- To add children (natural-born, adopted, placement for adoption, step or registered domestic partner's children), you must provide a birth certificate, adoption certificate or court order.
- To add children in a parent-child relationship, you must also complete an [Affidavit of Parent-Child Relationship \(CalHR 025\)](#), along with the required documents.

Deleting dependents from your dental plan:

- Your name, date of birth and Social Security number.
- Name, Social Security number and birth date of the dependent(s) being deleted.
- Dependent's relationship to you.

For dental coverage cancellations:

- Your name, date of birth and Social Security number.

By Mail:

The [Retiree Dental Plan Enrollment - Change Request \(CalHR 686\)](#) must be postmarked by October 11, 2024. Submit the [Retiree Dental Plan Enrollment - Change Request \(CalHR 686\)](#) to:

California Public Employees' Retirement System

Health Account Management
Division Post Office Box 942715
Sacramento, CA 94229-2715

Dual Coverage

A person cannot be covered under more than one state-sponsored dental plan. If a situation involving dual coverage is discovered, it must be corrected retroactively to the date dual coverage began. In addition, a dental plan may request reimbursement for any claims paid.

Split Coverage

Married retirees or registered domestic partners may not split coverage for their dependent children. All eligible children in a household enrolled in a state-sponsored dental plan must be covered by the same retiree.

Levels of Coverage

The cost of coverage depends on the plan you select and how many eligible dependents you cover. Levels of coverage are:

- Yourself (Party Code 1).
- Yourself and one eligible dependent (Party Code 2).
- Yourself and two or more eligible dependents (Party Code 3).

The 2025 retiree dental premiums are listed on page 11.

Making Changes Outside of Open Enrollment

Once you are enrolled, you cannot make changes until the next annual Open Enrollment unless you experience a change in family or employment status—normally referred to as a qualified “permitting event.” Permitting events include, but are not limited to:

- Marriage or registered domestic partnership.
- Birth, adoption or gaining legal custody of a child.
- Loss or gain of eligibility due to family employment changes.
- Divorce or termination of registered domestic partnership.
- Death of an eligible family member.

When a permitting event occurs, you will need to contact CalPERS within 60 days of when the permitting event occurred. Enrollment changes must be consistent with your permitting event. You will be required to provide the date of the family status change.

Note: If you need to delete a dependent from coverage because they become ineligible, you must take this action as soon as possible. Do not wait for Open Enrollment, as you will be liable for any costs incurred by this person after they cease to be eligible.

Any allowable voluntary changes made during the year become effective on the first day of the month following the date CalPERS receives your request. Mandatory changes, such as deletions due to loss of eligibility, become effective on the first day of the month following the qualifying event.

Contact CalPERS at (888) 225-7377 or TTY (877) 249-7442 to enroll or make changes to your dental coverage.

Cancellation/Termination of Dental Enrollment Coverage

Your coverage ceases at midnight on the last day of the month following the month in which the last premium was paid.

You may voluntarily cancel your dental plan enrollment at any time by contacting CalPERS. You may not re-enroll in a dental plan until the next Open Enrollment period.

Plan Descriptions

Note: The information provided in this section offers only brief descriptions of the currently available prepaid dental plans. The evidence of coverage booklets can be reviewed for all plans listed below on their website or you can contact the plan directly for more detailed explanations.

Prepaid Dental Plans (Dental DHMOs)

DeltaCare USA, MetLife, Premier Access and Western Dental are the four state-sponsored prepaid dental plan providers.

The state pays 100% of the monthly premium for the prepaid plans, so no monthly premium cost-share is deducted from your retirement warrant. There are no claim forms, deductibles, or maximum allowable benefits.

Prepaid plans provide dental services through pre-selected participating dentists throughout California. When you enroll in one of these plans, you select a dentist from the list of dentists who participate in your chosen plan. You may change to another dentist who participates in your plan upon your request or if your dentist leaves the plan. You may change dental plans if you move, and your plan has no participating dentists within 50 miles of your new residence.

A prepaid dental plan pays participating dentists a contracted monthly fee for each person enrolled in the plan served by that dentist. In return, the dentist provides all basic, preventive and diagnostic services (e.g., cleanings, checkups, x-rays, fillings, oral surgery and treatment of tooth pulp and gums). The level of coverage for you and your dependents is the same.

While most dental services are performed at little or no charge to you, there may be a specific fixed charge for certain types of complex procedures, such as root canals. There is a limit on the amount a prepaid provider can charge you for orthodontic services.

Contact the dental carriers directly to obtain brochures describing each prepaid plan and a list of the dentists participating in those plans. Their toll-free numbers are:

| | |
|----------------|----------------|
| DeltaCare USA | (800) 422-4234 |
| MetLife | (800) 880-1800 |
| Premier Access | (888) 534-3466 |
| Western Dental | (866) 859-7525 |

Indemnity Dental Plan

Delta Dental PPO plus Premier Basic Plan—Group #9949

Delta Dental is the carrier for the state-sponsored indemnity dental plan (Delta Dental PPO plus Premier Basic) available to all retirees.

The indemnity plan allows you to receive services from any licensed dentist, although you may have higher out-of-pocket costs if you receive services from a non-Delta Dental dentist. You have full access to specialty care and guaranteed benefits through Delta Dental's large network of dentists throughout the United States and abroad.

When you receive services from a participating Delta Dental dentist, Delta Dental pays the dentist directly, based on the fee agreement between Delta Dental and the dentist. If the dentist's charges exceed the fee paid by Delta Dental, you are responsible for paying the remainder of the bill and any applicable annual deductible.

If you receive treatment from a non-Delta Dental dentist, you are responsible for paying the dentist's entire bill. To claim reimbursement, you must submit an itemized receipt with a standard dental claim form to Delta Dental. Your reimbursement will be based on Delta Dental's usual, customary and reasonable fee schedule for California.

For more information on the Delta Dental PPO plus Premier Basic plan, contact Delta Dental at (800) 225-3368.

PPO Dental Plan

Delta Dental PPO Plan (PPO)—Group #9946

Delta Dental is also the carrier for the state-sponsored PPO. The Delta Dental PPO offers higher benefit levels when you receive services from a participating PPO dentist. However, you may choose a non-PPO dentist and still be covered. When you receive services from a participating PPO dentist, your costs are based on a contracted fee agreement between Delta Dental and the PPO dentist.

If you receive services from a dentist who is not a PPO contracted provider or a non-PPO dentist, your benefits will be reduced. You will be responsible for your share of the costs up to Delta Dental's allowed amounts under the provider's filed fee agreement with Delta Dental for the service or services you received. Fees are based on the usual, customary and reasonable fee schedule for California.

If you receive services from a dentist who is not a Delta Dental contracted provider or a non-Delta dentist, you are responsible for paying the entire bill directly to the dentist at the time of service. Your reimbursement from Delta Dental may be substantially lower. To claim reimbursement, submit your itemized receipt with a standard claim form to Delta Dental. The reimbursement will be sent directly to you. You may obtain a claim form by contacting Delta Dental at (800) 225-3368.

To see if your current dentist is a participating PPO dentist or for more information on the PPO dental plan, contact Delta Dental at (800) 225-3368.

Retiree Dental Premiums

The following tables show retiree dental premiums effective January 1, 2025.

Delta PPO

| Level of Coverage | State Share | Retiree Share | Total Premium |
|-------------------|-------------|---------------|---------------|
| Party Code 1 | \$33.80 | \$11.26 | \$45.06 |
| Party Code 2 | \$65.71 | \$21.90 | \$87.61 |
| Party Code 3 | \$98.87 | \$32.95 | \$131.82 |

Delta Dental PPO plus Premier Basic Plan

| Level of Coverage | State Share | Retiree Share | Total Premium |
|-------------------|-------------|---------------|---------------|
| Party Code 1 | \$36.98 | \$12.33 | \$49.31 |
| Party Code 2 | \$64.58 | \$21.52 | \$86.10 |
| Party Code 3 | \$93.33 | \$31.11 | \$124.44 |

Prepaid Dental Plans

The state will pay 100% of the premium.

| Level of Coverage | DeltaCare USA | MetLife Enhanced | Premier Access | Western Dental |
|-------------------|---------------|------------------|----------------|----------------|
| Party Code 1 | \$19.44 | \$16.06 | \$14.21 | \$15.77 |
| Party Code 2 | \$31.90 | \$27.18 | \$23.02 | \$26.02 |
| Party Code 3 | \$44.13 | \$33.48 | \$32.24 | \$36.91 |

Survivor Benefits

Your surviving dependent(s) will be eligible to continue their current coverage if they meet all the following criteria:

- They were enrolled as your dependents at the time of your death.
- They qualify for a monthly survivor allowance from CalPERS.
- They continue to qualify as surviving dependents.

Questions regarding the continuation of dental plan coverage should be directed to CalPERS. To report the death of a dental plan retiree, call or write to CalPERS at:

CalPERS
Health Account Management Division
P.O. Box 942715
Sacramento, CA 94229-2715
(888) 225-7377 or TTY (877) 249-7442

Note: Surviving dependents who do not qualify to continue their current coverage are eligible for continuation of coverage under COBRA (refer to page 13 for details).

COBRA Group Continuation Coverage

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires employers to offer continuation of health, dental and vision benefits to covered retirees, spouses, domestic partners and eligible children who lose coverage due to certain qualifying events. Depending on the qualifying event, benefits may be continued for 18 or 36 months. The coverage period is measured from the time of the qualifying event and applies to each qualified beneficiary, including the covered retiree, spouse, domestic partner and eligible children.

The qualifying events for continuation of coverage and the duration of the extended coverage are listed below.

Benefits Continued for 36 Months

- **Death** — Covered retiree dies and the surviving family member is not eligible for a monthly survivor allowance from CalPERS.
- **Medicare coverage begins** — Covered retiree becomes entitled to Medicare benefits.
- **Divorce or legal separation** — Covered retiree is divorced or legally separated.
- **Domestic partnership termination** — Covered retiree terminates a domestic partnership registered in the State of California.
- **Change in dependent status** — An eligible child of a covered retiree turns age 26.

Premiums

Under COBRA, the administrator is permitted to charge a 2% administrative fee in addition to the premium. Therefore, the cost of COBRA continuation coverage to a state retiree and/or eligible dependent of a retiree is 102% of the premium previously charged to the retiree.

Premium Payment

Once enrolled, the enrollee's monthly premiums are due by the first of each following month. While due on the first, the enrollee will have a maximum 30-day grace period in which to make these premium payments. The plan or its COBRA administrator is not required to send a monthly bill. All claims occurring during the month will be held pending payment of premium. If the applicable payment is not made within the grace period, then coverage will be canceled back to the end of the prior month in which a premium payment had been made. If COBRA coverage is canceled due to non-payment of premiums, the enrollee will not be reinstated.

Partial Premium Payment

If the dental plan receives a partial monthly premium, the plan will notify the enrollee of the amount of the deficiency and allow 30 days for payment of the deficiency. All claims incurred during the month when the deficiency exists will be held pending receipt of the deficient amount.

Open Enrollment Period

COBRA enrollees have the same rights as active employees and retirees to make allowable changes to their coverage during the annual Open Enrollment period. Specific instructions will be sent to all COBRA enrollees by CalHR before the Open Enrollment period begins.

COBRA in Retirement

If a qualified beneficiary of a retired state employee has a COBRA qualifying event, they will be offered continuation coverage through CalPERS.

Loss of COBRA Eligibility

COBRA eligibility ceases for a retiree, spouse, domestic partner or eligible child if any of the events listed below occurs prior to the expiration of the 18- or 36-month COBRA continuation period. The state does not offer any type of conversion plan after the 18- or 36-month period has expired. The enrollee must contact the dental plan directly for information about a potential individual conversion plan if any of the following occur:

- State employer ceases to offer dental insurance plans.
- A covered retiree fails to pay required premiums on time.
- A covered state retiree becomes covered under another employer's plan that does not contain any exclusion or limitation concerning preexisting health conditions.
- A state retiree who received extended COBRA coverage of 29 months due to a Social Security approved disability is no longer disabled.
- A covered state retiree's former spouse remarries, or domestic partner establishes a new domestic partnership and obtains coverage under another group dental plan.
- A covered retiree becomes entitled to Medicare benefits while enrolled in COBRA.
- Coverage terminates for cause on the same basis that the plan terminates the coverage of similarly situated non-COBRA participants.

Note: All termination of COBRA coverage notices will be provided by the plan.

For more information about COBRA group continuation coverage, including eligibility, monthly premiums, enrollment procedures, or qualifying events that cause termination of COBRA eligibility, contact CalPERS at (888) 225-7377 or TTY (877) 249-7442.

Dental Benefits Assistance—Who to Call

If you need assistance with your dental coverage, please refer to the contact information below:

CalPERS

- To find out who your current dental carrier is. **Note:** This information also appears on your retirement warrant.
- To determine whether a particular enrollment change is permitted outside the dental Open Enrollment period.
- For questions regarding the dental Open Enrollment process.
- To verify dental enrollment effective dates.
- For information regarding adding or deleting dependents from your dental coverage, including deleting a dependent who turns age 26 and is no longer eligible for coverage.
- To report the death of a spouse or dependent.
- To continue dental coverage of enrolled dependents following the death of a state retiree.
- To report an incorrect premium deduction or dental plan coverage on your retirement warrant or statement.
- For questions or concerns regarding your monthly dental plan cost share premium.

Mailing addresses and telephone numbers for CalPERS and the individual dental plans are listed on pages 16-17.

Directory of State-Sponsored Dental Plans

Dental Plan Administrator

California Public Employees' Retirement System

Health Account Management Division

P.O. Box 942715

Sacramento, CA 94229-2715

(888) 225-7377 / TTY (877) 249-7442

<https://www.calpers.ca.gov/page/retirees>

California Department of Human Resources

Benefits Division

1515 S Street, North Bldg., Suite 500

Sacramento, CA 95811-7258

**Prepaid Dental Plans
(DHMOs)**

[DeltaCare USA](#)
P.O. Box 1803
Alpharetta, GA 30023
(800) 422-4234

[MetLife](#)
P.O. Box 14410
Lexington, KY 40512-4401
(800) 880-1800

[Premier Access](#)
8890 Cal Center Drive
Sacramento, CA 95826
(888) 534-3466

[Western Dental](#)
530 South Main Street, 1st Floor
Orange, CA 92868
(866) 859-7525

**Delta Dental Plans (Indemnity &
PPO)**

[Delta Dental](#)
P.O. Box 997330
Sacramento, CA 95899 (800) 225-
3368

Comparison Charts

Overview: Prepaid, Indemnity and PPO Plans

The following table provides a general overview of the benefits available under the state-sponsored dental plans. Consult each plan's brochure and evidence of coverage booklet for detailed information and plan limitations.

| Plan Details | Prepaid | Indemnity | PPO |
|------------------------------|---|---|---|
| Type of Plan | The plan pays your chosen dentist a monthly fixed rate to provide services as needed. | Fee-for-service plan. The plan provides reimbursement for services rendered. | The plan provides maximum benefit when you visit an in-network PPO dentist. |
| Dental Providers | Must select a dental provider affiliated with the prepaid plan. | Any licensed dentist. However, out-of-pocket expenses may be lower when visiting a Delta Dental PPO or Premier dentist. | Any licensed dentist, but maximum benefit when visiting a PPO network dentist. If an out-of-network dentist is used, benefits are lower. |
| Orthodontic Providers | Must use an orthodontist affiliated with the prepaid plan. | May visit any orthodontist. However, out-of-pocket expenses may be lower when visiting a Delta Dental PPO or Premier dentist. | Must visit an in-network PPO orthodontist to receive maximum benefit. |
| Changing Providers | May change to another dentist affiliated with the plan with prior approval. | May change dentists at any time. | May change dentists at any time. |
| Deductibles | No deductible. | Basic: \$50 per person, up to \$150 annual maximum per family. | \$25 per person, up to \$100 annual maximum per family for PPO network dentists. \$75 per person up to \$200 annual maximum per family for non-PPO network dentists. |

(continued on the next page)

| Plan Details | Prepaid | Indemnity | PPO |
|------------------------------------|---|---|---|
| Co-payments | Co-payments for certain covered procedures. May require payment at the time of treatment. | <p>You pay only the co-payment and any deductibles and charges above the annual maximum for covered services when visiting a Delta Dental dentist.</p> <p>When visiting a non-Delta Dental dentist, you also pay the difference between the dentist's submitted charges and Delta Dental's approved fees.</p> | <p>You pay only the co-payment and any deductibles and charges above the annual maximum for covered services when visiting a Delta Dental dentist.</p> <p>When visiting a non-Delta Dental dentist, you also pay the difference between the dentist's submitted charges and Delta Dental's approved fees.</p> |
| Plan Payments | The plan pays the dentist a monthly contract fee. | Payments are based on Delta Dental contracted fees or the maximum plan allowance when non-Delta Dental dentists are used. | Payments are based on Delta Dental contracted fees or the maximum plan allowance when non-Delta Dental dentists are used. |
| Calendar Year Maximum (CYM) | No maximum. | Basic: \$2,000 for employee, \$1,500 per dependent. | \$2,000 for employee, \$2,000 per eligible dependent when PPO network dentists are used. |
| Implant Benefit | Premier Access and Western Dental Plan only. | Implants at 50% (subject to CYM). | Implants at 50% (subject to CYM). |

Coverage and Costs for Certain Procedures: Prepaid Plans

The following chart compares retiree costs for certain types of procedures under each prepaid dental plan. Consult each plan's brochure and evidence of coverage booklet for detailed information and plan limitations.

| Type of Plan | DeltaCare USA, Premier Access, and Western Dental | MetLife (Enhanced) |
|--|---|--|
| Who is Covered? | Retirees and Dependents | Retirees and Dependents |
| Diagnostic and Preventive (two cleanings annually) | No charge | No charge* |
| Basic Benefits | No charge | No charge |
| Crowns | \$50 | No charge |
| Bridges, Full and Partial Dentures | \$65 and up | No charge |
| Implants | Premier Access and Western Dental only | Not covered |
| Orthodontia | \$1,000, plus up to \$250 for start-up costs | \$1,000, plus up to \$250 for start-up costs |

*MetLife provides the availability for a third cleaning to the retiree and all enrolled dependents.

Coverage and Costs for Certain Procedures: Indemnity and PPO Plans

The following chart compares retiree costs for certain types of procedures under the **Indemnity and PPO plans**. Consult each plan's evidence of coverage booklet for detailed information and plan limitations.

| Type of Plan | Delta Dental PPO plus Premier Basic No. 9949 | Delta Dental PPO plus Premier Basic No. 9949 | Delta Dental PPO In-Network ¹ (PPO Dentist) No. 9946 | Delta Dental PPO Out-of-Network (non-PPO Dentist) No. 9946 |
|---|---|---|--|--|
| Who is Covered? | Retirees | Dependents of Retirees | Retirees and Dependents | Retirees and Dependents |
| Diagnostic and Preventive (two cleanings annually) | No charge ^{2,3} | No charge ^{2,3} | No charge ^{2,3} | 20% ³ |
| Basic Benefits | 10% | 10% | 10% | 20% |
| Crowns | 20% | 50% | 20% | 50% |
| Bridges, Full and Partial Dentures | 50% | 50% | 40% | 50% |
| Implants | 50% Subject to Calendar Year Maximum | 50% Subject to Calendar Year Maximum | 50% Subject to Calendar Year Maximum | 50% Subject to Calendar Year Maximum |
| Orthodontia | Will pay up to 50% of the approved fee for orthodontia, with a lifetime maximum for this benefit of \$1,000 for retiree | Will pay up to 50% of the approved fee for orthodontia, with a lifetime maximum for this benefit of \$1,000 for dependent | Will pay up to 50% of the approved fee, with a lifetime maximum of \$1,000 for each eligible adult and \$1,500 for eligible children | Will pay up to 50% of the approved fee, with a lifetime maximum of \$1,000 for each eligible adult and eligible children |
| Annual Deductibles | \$50 | \$50 per person | \$25 per person | \$75 per person |
| Maximum Deductible | \$50 | \$150 per family | \$100 per family | \$200 per family |
| Annual Maximum | \$2,000 | \$1,500 per person | \$2,000 per person | \$1,000 per person |

¹The level of benefits and covered services shown here are based on services provided by a PPO Plan dentist; for services provided by a non-PPO plan dentist, the level of benefits is lower.

²Diagnostic and Preventive Benefits are exempt from the deductible.

³Includes a third cleaning for high-risk patients.

