



# HUMAN RESOURCES DEPARTMENT SAN LUIS OBISPO COUNTY

TAMI DOUGLAS-SCHATZ, DIRECTOR

County Government Center, 1055 Monterey Street Suite D-250, San Luis Obispo, CA 93408

TO: ALL COUNTY EMPLOYEES  
FROM: HUMAN RESOURCES BENEFITS  
SUBJECT: DENTAL PLANS

The County offers two dental plans to all eligible employees. You may select either the **Delta Preferred Option Plan** ([www.deltadentalca.org](http://www.deltadentalca.org)) or **Aetna Dental DMO Plan** ([www.aetna.com](http://www.aetna.com)). To be eligible, you must be in a permanent position working at least 20 hours per week. The effective date of coverage under both plans is the first day of the month following submission of your enrollment form to your department, provided you are an active employee on the day coverage is to take effect.

**ENROLLMENT IN ONE OF THE DENTAL PLANS IS MANDATORY FOR ALL ELIGIBLE EMPLOYEES.**

## Dependent Eligibility

Eligible dependents include husband or wife, domestic partner, and dependent children until their 26th birthday.

**To enroll yourself and your dependents you must provide:**

- 1. Copy of Marriage Certificate/Declaration of Domestic Partnership or Affidavit of Marriage**
- 2. Copy of birth certificate**
- 3. Social Security Number**

## Deletion of Dependents

Dependents can only be deleted during open enrollment or when they no longer meet the eligibility requirements.

Following is a comparative outline of the benefits and costs of each dental plan. A more complete description of each plan can be obtained from Risk Management. You are encouraged to carefully review the plan descriptions and the outline in making a choice which best fits your needs.

If you choose to enroll in the Delta Preferred Option Plan, the attached Delta Dental Enrollment Form must be completed and returned to your Payroll Coordinator.

If you choose to enroll in the Aetna Dental DMO Plan, the attached Aetna Enrollment Form must be completed and returned to your Payroll Coordinator. Please choose one dental facility from the attached list of available Aetna providers.

For further information, please contact Human Resources Benefits 781-5959.

(over)

(This is only a partial listing of plan benefits. Refer to the Dental Plan Contracts for exact terms and conditions of coverage.)

| CATEGORY DESCRIPTION              | DELTA DENTAL<br>(Delta Preferred Option)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AETNA DENTAL DMO PLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |        |                              |       |                             |       |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------|------------------------------|-------|-----------------------------|-------|
| CHOICE OF DENTIST                 | Members are free to choose any dentist, but there is a higher level of benefits when using Delta Preferred Dentists.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Member must select one panel dentist. Refer to the next page for the list of panel dentists.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |        |                              |       |                             |       |
| DEDUCTIBLES                       | No deductible when services are provided by a Delta Preferred Dentist. If services are provided by other dentists there is a \$25 deductible per patient per year. The deductible will not be applied to Diagnostic and Preventive Benefits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | No deductible.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |        |                              |       |                             |       |
| MAXIMUM BENEFIT                   | \$1,500 per patient per calendar year when services are provided by a Delta Preferred Dentist.<br>\$1,000 per patient per calendar year when using Non-Preferred Dentist.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Unlimited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |        |                              |       |                             |       |
| OUT OF AREA EMERGENCY             | Member may receive treatment from any dentist. 100% coverage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Member may receive treatment from any dentist that is more than 50 miles from assigned panel dentist. Member will receive up to \$100 reimbursement per emergency, less any applicable copayment during any twelve-month period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |        |                              |       |                             |       |
| SINGLE<br>2 PARTY<br>FAMILY       | <u>MONTHLY RATES</u><br>\$ 50.24<br>85.40<br>130.60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>MONTHLY RATES</u><br>\$31.35<br>52.72<br>77.88                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |        |                              |       |                             |       |
| COVERED SERVICES                  | <p>1. Diagnostic and preventive services, including office visits, cleanings and x-rays are paid at 100%.</p> <p>2. Basic services, including fillings, extractions and root canals: Delta Dental pays 90% if services are provided by a Preferred Option Dentist. Delta pays 80% if services are provided by a Non-Preferred Option Dentist.</p> <p>3. Crowns are covered at 50% of charges.</p> <p>4. Prosthodontics, including bridges and dentures, and implants are covered at 50%.</p> <p>5. Orthodontic Benefits: Delta Dental pays 50% of the covered fees up to a lifetime maximum of \$1,000 per patient.</p> <p>A list of preferred option dentists can be obtained from Risk Management or <a href="http://www.deltadentalca.org">www.deltadentalca.org</a>.</p> | <p>1. You pay nothing for many dental services, including office visits, x-rays and cleanings.</p> <p>2. You pay a co-payment at time of service for the following procedures:</p> <ul style="list-style-type: none"> <li>a. Amalgam Fillings - no cost</li> <li>b. Crowns-Resin \$185 each, porcelain \$185 each*</li> <li>c. Soft Tissue Extraction - no charge</li> <li>d. Partial Bony Extraction - \$45 (each tooth)</li> <li>e. Fully Bony Extraction - \$60 (each tooth)</li> <li>f. Subgingival Curettage - \$40 (each quadrant)</li> <li>g. Gingivectomy - \$75 (each quadrant)</li> <li>h. Mucco-Osseou Surgery - \$250 (each quadrant)</li> <li>i. Full Denture - \$300 (each)</li> <li>j. Partial Denture - \$300 (each)</li> <li>k. Repair Complete Denture - \$35</li> <li>l. Space Maintainer - no charge</li> </ul> <p>* Base or noble metal is the benefit.</p> <p>3. Orthodontic Benefits<br/>(Must use a panel orthodontist)<br/><b>Enrollee pays :</b></p> <table style="width: 100%; border: none;"> <tr> <td>Start up fees (excluding records)</td> <td style="text-align: right;">\$ 180</td> </tr> <tr> <td>Dependent children to age 19</td> <td style="text-align: right;">2,000</td> </tr> <tr> <td>Adults &amp; Full-time students</td> <td style="text-align: right;">2,000</td> </tr> </table> <p><b>NOTE: The above procedures are subject to the limitations, exclusions, and governing administrative policies of the plan.</b></p> | Start up fees (excluding records) | \$ 180 | Dependent children to age 19 | 2,000 | Adults & Full-time students | 2,000 |
| Start up fees (excluding records) | \$ 180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |        |                              |       |                             |       |
| Dependent children to age 19      | 2,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |        |                              |       |                             |       |
| Adults & Full-time students       | 2,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |        |                              |       |                             |       |