



Post-65 Retiree Benefits Guide

Post 65 RETIREE

Dental and Vision Only

2025



Enrollment Information

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact Insurance Services.

Plan	Phone	Website
Delta Dental DHMO	(800) 422-4234	www.deltadentalins.com
Delta Dental PPO	(866) 499-3001	www.deltadentalins.com
VSP Vision	(800) 877-7195	www.vsp.com



Benefit Advocate Help-Line: (800) 391-6812

The Benefits Advocate toll-free customer service help-line can provide assistance with insurance related issues when you are unable to resolve them directly with the insurance carriers listed here. With the Benefits Advocate help-line, you will receive fast, skilled assistance with medical, dental and vision provider issues, referral assistance, and claims management. For more complicated questions or claims issues, a claims Specialist works as your insurance advocate, researching and resolving problems quickly and effectively. If further action is required, the Benefits Advocate will provide regular updates until the issues are resolved.

Dental Plan Options

Delta Dental Plans

Westminster School District offers two dental plans to retirees to choose from:

DHMO Dental Plan

As a DeltaCare USA DHMO member, you are required to select a general dentist to provide your dental care for items such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. DHMO plan highlights include:

- Teeth cleanings are covered once per 6 month period.
- No copays are required for most services, although there are some procedures and optional services that may include additional charges.
- The orthodontic benefit covers up to 24 months of active orthodontic treatment (additional start-up fees apply). Beyond 24 months of active treatment, an additional monthly fee will apply.
- To find a DHMO dentist, go to, www.deltadentalins.com or call (800) 422-4234.

Delta Dental PPO

The Delta Dental PPO plan is a preferred provider dental plan. The benefits cover a wide range of dental services. You may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a PPO dentist, your out-of-pocket expenses will be less. When you obtain services from a non-network dentist, you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims. PPO plan highlights include:

- Teeth cleanings are covered twice per year.
- As a PPO member, you may use a PPO dentist outside of the PPO plan network, but you will pay more out-of-pocket and may be responsible for filing claims. Reimbursement for the PPO plan is based on Delta Dental's schedule of maximum allowable charges. Non-contracted dentists may bill the member for any amount above Delta Dental's maximum allowable charges. If you are balance billed by a dentist, you may be able to negotiate a lower payment directly with the dental office.
- Delta Dental pays 70% of the approved fees for covered diagnostic, preventive and basic services and 70% of the approved amount for cast and crown benefits during the first year of eligibility. The copay percentage will increase by 10% each year (to a maximum of 100%) for each enrollee provided that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.
- To find a PPO dentist, go to, www.deltadentalins.com or call (866) 499-3001.

	DeltaCare DHMO	Delta Dental PPO	
	DHMO Network	PPO Network	Non Network
Calendar Year Maximum	Unlimited	\$2,000	\$1,500
Deductible (Annual)			
– Individual	None	None	
– Family	None	None	
Preventive (Plan Pays)	100%	70% - 100%	70% - 100%
Basic Services (Plan Pays)	100%	70% - 100%	70% - 100%
Major Services (Plan Pays)	100%	70%	70%
Implants (Plan Pays)	Not covered	50%	50%
Orthodontia			
- Child(ren) to Age 19	\$1,600 copay	50% to \$1,000 Lifetime Maximum	
- Adults Over Age 19	\$1,800 copay	50% to \$1,000 Lifetime Maximum	

Note

We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300.

Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

Vision Plan

VSP Vision

The VSP Vision plans provide professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with the carrier. Please refer to the updated **Maximum Out-of-Pocket copay sheet** on the District website.

To find an VSP vision provider, visit www.vsp.com or call **(800) 877-7195**.

	Low		High	
	Network	Non Network	Network	Non Network
Examination	100%	\$40 Benefit	\$10 Copay	\$40 Benefit
Lenses				
– Single Vision	100%	\$30 Benefit	100%	\$30 Benefit
– Bifocal	100%	\$50 Benefit	100%	\$50 Benefit
– Trifocal	100%	\$70 Benefit	100%	\$70 Benefit
Frames	\$120 Benefit	\$84 Benefit	\$130 Benefit	\$91 Benefit
Elective Contact Lenses	\$120 Benefit	\$84 Benefit	\$130 Benefit	\$91 Benefit
Frequency				
– Examination	12 Months		12 Months	
– Frames	24 Months		12 Months	
– Lenses or Contacts	24 Months		12 Months	

Note

The VSP Vision network includes access to independent ophthalmologists and optometrists, as well as Costco, Pearle Vision, Sam's Club, Walmart retail stores, Visionworks and online Eyeconic

Retiree Contributions—Monthly Cost

Dental: Post 65 Retirees

	DeltaCare DHMO	Delta Dental PPO (over 65)
Retiree Only	\$23.63	\$74.27
Retiree + One	\$38.96	\$126.28
Retiree + 2 or more	\$57.63	\$193.13

Vision: Post 65 Retirees

	VSP Vision/ High	VSP Vision/ Low
Retiree Only	\$14.63	\$9.37
Retiree + One	\$29.25	\$18.75
Retiree + 2 or more	\$32.55	\$20.91

Plan Arranged By:



2211 Michelson Drive, Suite 1200 | Irvine, California 92612
Telephone: (949) 833-2983 | Fax: (949) 833-9549

Learn more at www.baldwin.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefits program, please contact the Human Resources Department.