Eureka City Schools

Johnna Emery, Director
Fiscal Services
2100 J Street | Eureka, CA 95501

TO: Potential New Certificated or Management Employee
FROM: Shannon Sandlin, Health Benefits
RE: Health Benefits through Eureka City Schools

Thank you for showing interest in joining the team at Eureka City Schools. Enclosed you will find information regarding our health benefits plans. This is **NOT** an official enrollment packet. You will receive the official packet after accepting the offer of employment. Employees who work 90% or more of a full-time equivalent employee or qualify to receive 100% of the District's contribution toward health benefits **must** enroll in **all** of the health benefit plans.

Some Terminology to Know

- Composite Rate: No change in cost of the plan to include your spouse or children
- Tiered Rate (only applies to medical): Change in cost to include your spouse or children
- Incentive Plan (only applies to dental): new members start at a lower incentive level and must receive services at least once per calendar year to advance to the next level.
- Deductible: the amount you must pay for acceptable charges/claims before your plan begins to make payments.
- Maximum out-of-pocket: the most you will pay during a calendar year for acceptable charges/claims.
- Co-payment: a fixed amount you must pay for an in-network visit.
- Health Savings Account (HSA) Eligible – allows tax free dollars to be deposited through payroll into this special account. HSA accounts go with the employee if they leave their employer and unused dollars rollover from year to year.

MEDICAL (most plans have a composite rate & the HSA $5000 plan has a tiered rate)
Full-Time Employees: the District's maximum contribution is $1,300.00 per month
Eight different medical plans to choose from
Rate is adjusted each October

DENTAL (Incentive, Composite Rate Plan)
Full-Time Employees: the District pays 100%; Part-time Employees: Receive pro-rated contribution
Rate is adjusted each July

VISION (Composite Rate Plan)
Full-Time Employees: the District pays 100%; Part-time Employees: Receive pro-rated contribution
Rate is adjusted each July

MORE INFORMATION ON BACK

If you would like more detailed information than what is included, copies of each health plan's documents can be found on Eureka City Schools' website. Go to: www.eurekacityschools.org > select "Personnel Services" > then "Health Benefit Plans"

Health benefit coverage will become effective the first day of the month following your hire date (unless you are hired on the first, in which case it is immediately effective). It can take up to three (3) weeks for applications to be processed and members to reflect having coverage. Because of this, completed enrollment applications should be returned as quickly as possible. However, you can have up to 30 days from the qualifying date to enroll in health benefits.

All health benefit premiums are paid through payroll deduction. When employees work less than 12 months, they must pay the District their share of cost for coverage over the summer break. Eureka City Schools collects the annual amount owed for July (and August if applicable) ahead of time.

The payroll program calculates the annual cost for health benefits, making adjustments throughout the year when changes are made to an employee's share of cost, and divides it by the number of payroll checks an employee receives during that academic year. Most certificated positions normally have 11 paychecks for the academic year. If an employee enrolls in health benefits later in the academic year, the summer benefits deduction will be from fewer paychecks. If an employee leaves employment, any refund owed will be returned to the employee on their final (or next regular) paycheck.

If you have any questions regarding health benefits, please feel free to contact Shannon Sandlin:

- By Telephone: 441-2430
- By Email: sandlins@eurekacityschools.org

Normal work hours are Monday through Friday from 8:00 am to 5:00 pm, with lunch break from 11:30 to 12:30.

SISC
Self-Insured Schools of California
Schools Helping Schools

ECS CERTIFICATED MEMBERS
October 1, 2026 - September 30, 2027

2026-2027	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN G	PLAN F	HSA $5000
	Anthem	Anthem	Anthem	Anthem	Anthem	ProactiveCare	Anthem	Anthem
	100-D $20	100-G $20	90-G $20	80-G $20	80-J $30	Gold	HSA $5,000	2-Tier HSA $5,000
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles (Ded)	$300/$600	$500/$1,000	$500/$1,000	$500/$1,000	$750/$1,500	$0/$0	$5,000/$10,000*	$5,000/$10,000*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	$1,000/$3,000	$1,000/$3,000	$1,000/$3,000	$2,000/$4,000	$3,000/$6,000	$3,000/$6,000	$6,350/$12,700*	$6,350/$12,700*
							*Includes Rx	*Includes Rx
PROFESSIONAL SERVICES								
Primary Care* visit co-pay ($0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	$20	$20	$20	$20	$30	$0	Deductible, then 30% after Ded	Deductible, then 30% after Ded
Urgent Care co-pay	$20	$20	$20	$20	$30	$0	30% after Ded	30% after Ded
Prenatal, postnatal office visit co-pay	$20	$20	$20	$20	$30	$0	30% after Ded	30% after Ded
Specialists/Consultants co-pay	$20	$20	$20	$20	$30	$100	30% after Ded	30% after Ded
						Non-Hosp/OPH**		
Scans: CT, CAT, MRI, PET etc.	0% after Ded	0% after Ded	10% after Ded	20% after Ded	20% after Ded	$300/$750	30% after Ded	30% after Ded
Laboratory Procedures	0% after Ded	0% after Ded	10% after Ded	20% after Ded	20% after Ded	$0/$150	30% after Ded	30% after Ded
Diagnostic X-rays	0% after Ded	0% after Ded	10% after Ded	20% after Ded	20% after Ded	$75/$225	30% after Ded	30% after Ded
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived	$0	0% after Ded Ded Waived	0% after Ded Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES								
Emergency Room visit (copay waived if admitted) - **Avg Cost: $2,847 | $100+10%: $375 | $100+20%: $649**	0% after Ded $100 co-pay	0% after Ded $100 co-pay	10% after Ded $100 co-pay	20% after Ded $100 co-pay	20% after Ded $100 co-pay	$700	30% after Ded $100 co-pay	30% after Ded $100 co-pay
Inpatient Hospital (preauthorization required) - **Avg Cost for one day: $6,067 | 10%: $607 | 20%: $1,213**	0% after Ded	0% after Ded	10% after Ded	20% after Ded	20% after Ded	$600/day	30% after Ded	30% after Ded
Surgery, Outpatient (performed in Surgery Center)	0% after Ded	0% after Ded	10% after Ded	20% after Ded	20% after Ded	$600	30% after Ded	30% after Ded
Surgery, Outpatient (performed in a Hospital) - limits may apply	0% after Ded	0% after Ded	10% after Ded	20% after Ded	20% after Ded	$1,800	30% after Ded	30% after Ded
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT								
INPATIENT: Facility Based Care (preauth required)	0% after Ded	0% after Ded	10% after Ded	20% after Ded	20% after Ded	$600/day	30% after Ded	30% after Ded
OUTPATIENT: Facility Based Care (preauth required)	0% after Ded	0% after Ded	10% after Ded	20% after Ded	20% after Ded	$0	30% after Ded	30% after Ded

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	Anthem	Anthem	Anthem	Anthem	Anthem	ProactiveCare	Anthem	Anthem
	100-D $20	100-G $20	90-G $20	80-G $20	80-J $30	Gold	HSA $5,000	2-Tier HSA $5,000
OTHER SERVICES								
Ambulance (Ground or Air)	0% after Ded $100 co-pay	0% after Ded $100 co-pay	10% after Ded $100 co-pay	20% after Ded $100 co-pay	20% after Ded $100 co-pay	$700	30% after Ded $100 co-pay	30% after Ded $100 co-pay
Acupuncture - Limits apply	0% after Ded Subject to PA	0% after Ded Subject to PA	10% after Ded Subject to PA	20% after Ded Subject to PA	20% after Ded Subject to PA	$0	30% after Ded Subject to PA	30% after Ded Subject to PA
Chiropractic - Limits apply	0% after Ded Subject to PA	0% after Ded Subject to PA	10% after Ded Subject to PA	20% after Ded Subject to PA	20% after Ded Subject to PA	$0	30% after Ded Subject to PA	30% after Ded Subject to PA
Physical and Occupational Therapy - Limits apply	0% after Ded	0% after Ded	10% after Ded	20% after Ded	20% after Ded	$0	30% after Ded	30% after Ded
Durable Medical Equipment (DME)	0% after Ded	0% after Ded	10% after Ded	20% after Ded	20% after Ded	$0	30% after Ded	30% after Ded
Hearing Aids	Amount in excess of $700 allowance/24 months	Amount in excess of $700 allowance/24 months	10% after Ded and Amount in excess of $700 allowance/24 months	20% after Ded and Amount in excess of $700 allowance/24 months	20% after Ded and Amount in excess of $700 allowance/24 months	$0 plus the amount in excess of $700 allowance/24 months	10% after Ded and Amount in excess of $700 allowance/24 months	10% after Ded and Amount in excess of $700 allowance/24 months

*Primary Care Providers (PCPs) are those without specialty certifications, practicing general pediatrics, internal medicine, family or general practice, or obstetrics and gynecology.

**"non-Hosp" means Labs and Radiology Centers not associated with a hospital system. "OPH" means an outpatient hospital setting

PHARMACY BENEFITS

Plan	Rx 200/10-35	Rx 200/10-35	Rx 200/10-35	Rx 200/10-35	Rx 200/10-35	Rx 9-35 PC	Rx HSA	Rx HSA
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	$200/$500	$200/$500	$200/$500	$200/$500	$200/$500	none	Included w/ Medical ded	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	$0 at Costco‡ $10 at Other Network	$0 at Costco‡ $10 at Other Network	$0 at Costco‡ $10 at Other Network	$0 at Costco‡ $10 at Other Network	$0 at Costco‡ $10 at Other Network	$0 at Costco‡ $9 at Other Network	Deductible, then $0 at Costco or $9 at Other Network	Deductible, then $0 at Costco or $9 at Other Network
Brand co-pay/30 days supply	$35	$35	$35	$35	$35	$35	Deductible, then $35	Deductible, then $35
Specialty co-pay/up to 30 days supply	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	Deductible, then $35 (Must Use Navitus Mail)	Deductible, then $35 (Must Use Navitus Mail)
Mail Order (Generic-Brand co-pay/90 days supply)	$0-$90‡	$0-$90‡	$0-$90‡	$0-$90‡	$0-$90‡	$0-$90‡	Deductible, then $0-$90	Deductible, then $0-$90
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy

This comparison displays member cost-share for In-Network services. Out-of-Network services may not be covered. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Employee cost/payroll deduction, if applicable, can be requested from the district.

‡Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs.

PHARMACY BENEFIT INFORMATION

PLAN	DAYS SUPPLY	WALK-IN			MAIL	
		NETWORK 30 DAYS	COSTCO 30 DAYS	COSTCO 90 DAYS	COSTCO 90 DAYS	NAVITUS 30 DAYS
200/10-35	Brand/Specialty **Deductible****	$200 Individual/$500 Family				N/A
	Generic	$10	FREE	FREE	FREE	N/A
	Brand	$35	$35	$90	$90	N/A
	Specialty*	N/A	N/A	N/A	N/A	$35
	OOP Maximum	$2,500 Individual/$3,500 Family				N/A

**Drugs designated as Specialty Drugs are only available in 30-day supplies through the mail from Navitus.*

***RX plans with a deductible include fourth quarter carryover. Once the deductible has been satisfied, the member will be responsible for the brand name co-pay.*

Deductible Plans (on brand name drugs only)

Deductible plans create consumer awareness by requiring the member to share in more of the cost of brand name medications. Since generics are not subject to the brand name only deductible, these plans encourage members to consider lower cost generic alternatives. These plans help to keep the cost of the monthly premium down. The deductible works the same way as a medical deductible. It is based on a calendar year. Like most SISC pharmacy plans, members enrolled in the deductible plans still have access to zero or reduced co-pays on most generic drugs at Costco. See next page for details on the Costco program for generic drugs. Please refer to the Pharmacy Benefit Booklet or the Evidence of Coverage for additional information regarding plan benefits.

What is a Specialty Medication?

Specialty medications are high-cost injectable, infused, oral, or inhaled medications that generally require special handling and may be subject to special rules such as quantity limits, prior authorization and/or step therapy. These medications have become a vital part of the treatment for chronic illnesses and complex diseases such as multiple sclerosis, rheumatoid arthritis and cancer. Some medications may involve special delivery and instructions that not all pharmacies can easily provide. These medications require personalized coordination between the member, the prescriber and pharmacy. Navitus Specialty helps patients stay on track with treatment while offering the highest standard of compassionate care through personalized support, free delivery and refill reminders. Most medications classified as Specialty can be found on the SISC Drug List located on Navitus' secure member website Navi-Gate for Members at www.navitus.com.

Generic Substitution

If a brand name medication has a generic equivalent available, the pharmacy or mail order facility will automatically fill the prescription with a generic when the brand name is not medically necessary. If the physician or member requests to have a brand name medication dispensed when it is not medically necessary, the member will pay the difference in the cost of the brand and generic medication plus the generic co-pay. There is a Clinical Review Process through which it is possible to have a determination made as to whether or not a brand name drug is medically necessary. The member's physician may contact customer service to initiate the review process*. If approved as medically necessary, the member will pay the brand co-pay.

**Some restrictions apply.*

Free Generic Drugs at Costco as well as through Mail Order

- Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs.
- Due to Medicare Part D restrictions, this program does not apply to the CompanionCare pharmacy benefit.
- Free generics at Costco are not available for HSA plans until the deductible is met
- Generic Co-Pays for Lancets and Syringes
- Generic Co-Pays for Test Strips manufactured by Abbott (Freestyle) and Lifescan (One Touch)
- Diabetic supplies are only available as brand prescriptions and not generic. However, the SISC pharmacy plans charge the generic co-pay for Lancets and Syringes. In addition, SISC pharmacy plans charge the generic co-pay on Test Strips manufactured by Abbott (Freestyle) and Lifescan (One touch). The brand co-pay is charged for all test strips from other manufacturers.

CERTIFICATED MEDICAL PLAN ELECTION FORM
EUREKA CITY SCHOOLS
OCTOBER 1, 2026 – SEPTEMBER 30, 2027

The District and ETA have agreed to offer the following plans to all certificated employees. In addition, the District's maximum contribution each full-time employee will be **$1,300** per month towards a medical plan. Employees may choose between one of the following medical plans. Please make your choice by checking the box under the plan and initial the choice you make.

	PPO PLAN	PPO PLAN	PPO PLAN	PPO PLAN	PPO PLAN
	Plan A Standard Medical and Prescription	**Plan B** Standard Medical and Prescription	**Plan C** Standard Medical and Prescription	**Plan D** Standard Medical and Prescription	**Plan E** Standard Medical & Rx
Medical Plan:	**100-D $20, Rx 200/10-35**	**100-G $20, Rx 200/10-35**	**90-G $20, Rx 200/10-35**	**80-G $20, Rx 200/10-35**	**80-J $30, Rx 200/10-35**
Individual/Family Deductible(s):	$300/$600	$500/$1,000	$500/$1,000	$500/$1,000	$750/$1,500
Maximum Out-of-Pocket:	$1,000/$3,000	$1,000/$3,000	$1,000/$3,000	$2,000/$4,000	$3,000/$6,000
Hosp, Surg, X-Ray and Lab:	100% Participating	100% Participating	90% Participating	80% Participating	80% Participating
Doctor Visits:	$20 co-pay	$20 co-pay	$20 co-pay	$20 co-pay	$30 co-pay
Other Professional:	100% / Non-Par Fee	100% / Non-Par Fee	90% / Non-Par Fee	80% / Non-Par Fee	80% / Non-Par Fee
Out-of-Network Payment:	Non-Par Fee	Non-Par Fee	Non-Par Fee	Non-Par Fee	Non-Par Fee
Prescription Drug Co-Pay:	$10/$200 Deduct, $35	$10/$200 Deduct, $35	$10/$200 Deduct, $35	$10/$200 Deduct, $35	$10 / $200 Deductible, $35
	Composite (Family)	**Composite (Family)**	**Composite (Family)**	**Composite (Family)**	**Composite (Family)**
Cost of Plan:	$ 2,153.00	$ 2,106.00	$ 2,000.00	$ 1,831.00	$ 1,765.00
100% District Contribution:	$ 1,300.00	$ 1,300.00	$ 1,300.00	$ 1,300.00	$ 1,300.00
Cost to Employee Per Month:	$ **853.00**	$ **806.00**	$ **700.00**	$ **531.00**	$ **465.00**
Check the box and initial your selection	☐ Check Box & Initial	☐ Check Box & Initial	☐ Check Box & Initial	☐ Check Box & Initial	☐ Check Box & Initial

Employees not receiving 12 normal payroll checks will have an additional deduction taken to cover summer break coverage.

I understand that the only time that I may change from one medical plan to another plan is during the district's designated Open Enrollment Period for an effective date of October 1, or due to a "qualifying event" within 30 days of the qualifying event. I further understand that if I gain a dependent (i.e. marriage, birth, or adoption), I can add those dependents by completing a change form and providing the necessary documentation within 30 days of eligibility. I also understand that choosing a plan requiring the employee to make a monthly payment will cause an additional payroll deduction be taken each month to cover my summer break coverage.

PRINT YOUR NAME CLEARLY _____ EMPLOYEE SIGNATURE _____ DATE _____

RETURN TO "BUSINESS SERVICES, HEALTH BENEFITS"

This form will be placed in your payroll file.

Edited 04/16/2026

CERTIFICATED MEDICAL PLAN ELECTION FORM
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	PPO PLAN	HSA PLAN	HSA PLAN	HSA PLAN
	Plan G Standard Medical & Rx	**Plan F** Standard Medical & Rx	**2-Tier HSA $5,000 Tier 1** Standard Medical & Rx	**2-Tier HSA $5,000 Tier 2** Standard Medical & Rx
Medical Plan:	**Proactive Gold Rx 9-35**	**HSA $5,000, Rx Deductible then 9-35**	**HSA $5,000, Rx Deductible then 9-35**	**HSA $5,000, Rx Deductible then 9-35**
Individual/Family Deductible(s):	$0/$0	$5,000/$10,000	$5,000	$5,000/$10,000
Maximum Out-of-Pocket:	$3,000/$6,000	$6,350/$12,700	$6,350	$6,350/$12,700
Hosp, Surg, X-Ray and Lab:	Varies - See SISC comparison sheet	After Deductible is Met 70% Participating	After Deductible is Met 70% Participating	After Deductible is Met 70% Participating
Doctor Visits:	$0 co-pay			
Other Professional:	Varies - See SISC comparison sheet			
Out-of-Network Payment:	Non-Par Fee	Non-Par Fee	Non-Par Fee	Non-Par Fee
Prescription Drug Co-Pay:	$9 / $35	Must meet Deductible First then Copays apply $9 / $35	Must meet Deductible First then Copays apply $9 / $35	Must meet Deductible First then Copays apply $9 / $35
	Composite (Family)	**Composite (Family)**	**Employee Only**	**Employee + Child(ren)**
Cost of Plan:	$ 1,775.00	$ 1,312.00	$ 803.00	$ 1,282.00
100% District Contribution:	$ 1,300.00	$ 1,300.00	$ 803.00	$ 1,282.00
Cost to Employee Per Month:	**$ 475.00**	$ **12.00**	$ **0.00**	$ **0.00**
Check the box and initial your selection	☐ Check Box & Initial	☐ Check Box & Initial	☐ Check Box & Initial	☐ Check Box & Initial

Employees not receiving 12 normal payroll checks will have an additional deduction taken to cover summer break coverage.

I understand that the only time that I may change from one medical plan to another plan is during the district's designated Open Enrollment Period for an effective date of October 1, or due to a "qualifying event" within 30 days of the qualifying event. I further understand that if I gain a dependent (i.e. marriage, birth, or adoption), I can add those dependents by completing a change form and providing the necessary documentation within 30 days of eligibility. I also understand that choosing a plan requiring the employee to make a monthly payment will cause an additional payroll deduction be taken each month to cover my summer break coverage.

PRINT YOUR NAME CLEARLY _____ EMPLOYEE SIGNATURE _____ DATE _____

RETURN TO "BUSINESS SERVICES, HEALTH BENEFITS"

This form will be placed in your payroll file.

Edited 04/16/2026

DELTA DENTAL

Keep Smiling

Delta Dental PPO™



Save with PPO

Visit a dentist in the PPO[1] network to maximize your savings.[2] These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.[3] Find a PPO dentist at **deltadentalins.com**.

Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at **deltadentalins.com**. This useful service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.[4] You can find this date by logging in to your online account.

Newly covered?

Visit **deltadentalins.com/welcome**.

Save with a PPO dentist



PPO



NON-PPO

[1] In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

[2] You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

[3] You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

[4] Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

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HL_PPO #121175AE (rev. 5/19)

Plan Benefit Highlights for: Eureka City Schools
(Certificated & Classified)

Group No: 07092 – 00326 & 00327 **Effective Date:** 7/1/2020

DELTA DENTAL PPO℠

BENEFIT HIGHLIGHTS

In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if 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%.

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	None			
Maximums	$2,000 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	**Delta Dental PPO dentists****	**Non-Delta Dental PPO dentists****
Diagnostic & Preventive Services (D & P) Exams, (2) cleanings and x-rays	70 - 100 %	70 - 100 %
Basic Services Fillings. posterior composites and sealants	70 - 100 %	70 - 100 %
Endodontics (root canals) Covered Under Basic Services	70 - 100 %	70 - 100 %
Periodontics (gum treatment) Covered Under Basic Services	70 - 100 %	70 - 100 %
Oral Surgery Covered Under Basic Services	70 - 100 %	70 - 100 %
Major Services Crowns, inlays, onlays and cast restorations	70 - 100 %	70 - 100 %
Prosthodontics Bridges, dentures and implants	50 %	50 %
Orthodontic Benefits Dependent children	50 %	50 %
Orthodontic Maximums	$1,000 Lifetime	$1,000 Lifetime
Dental Accident Benefits	100 % (Separate $1,000 maximum per person each 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 the program allowance for non-Delta Dental dentists.

Delta Dental of California
560 Mission St., Suite 1300
San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

A Look at Your VSP Vision Coverage

With VSP and EUREKA CITY SCHOOLS, your health comes first.



As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.

vsp vision care

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over $3,000 in savings.

Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

vsp PREMIER edge

Preferred private practice and retail in-network choices

private practice doctors

Visionworks

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

More Ways to Save

Extra

$20

to spend on Featured Frame Brands†

bebe · Calvin Klein · COLE HAAN · DRAGON · FLEXON · LONGCHAMP PARIS · and more

See all brands and offers at **vsp.com/offers**.

+

Up to

40%

Savings on lens enhancements‡

Create an account today.

Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary

EUREKA CITY SCHOOLS and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:
VSP Signature
EFFECTIVE DATE:
07/01/2024

vsp vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening	$5 for exam and glasses Up to $39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$5 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME†	• $170 Featured Frame Brands allowance • $150 frame allowance • 20% savings on the amount over your allowance	Combined with exam	Every 12 months
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Combined with exam	Every 12 months
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 40% on other lens enhancements	$0 $80 - $90 $120 - $160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	• $120 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)	$0	Every 12 months
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities. • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		
	Exclusive Member Extras for VSP Members • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers**/special-offers/hearing-aids for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network provider.

†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.
‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**.

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Classification: Restricted