



Human Resources
Employee Benefits and Services

2026 BENEFITS GUIDE



Open Enrollment Dates: June 1-18

Your 2026 Open Enrollment Checklist

Open enrollment is June 1 through June 18, 2026

- ✓ Visit link.sbcounty.gov/OE to learn more about your benefit options or to view a recorded open enrollment meeting
- ✓ Check important dates and open enrollment meeting schedule
- ✓ Review all your benefit options
- ✓ Enroll or make changes using the EMACS self-service system at: emacsapp.sbcounty.gov
- ✓ Submit any additional required documentation to Employee Benefits by Friday, July 10, 2026

Detailed benefit plan information and more can be found in this guide or online at: hr.sbcounty.gov/employee-benefits

PLAN YEAR HIGHLIGHTS

FLEXIBLE SPENDING ACCOUNT (FSA) REMINDER!

Make the most of your 2026–27 benefits by enrolling in an FSA! Use pre-tax dollars to pay for eligible expenses like first aid kits, over-the-counter medications, and feminine care products. You can contribute up to \$3,400 and carry over up to \$680. The County is going green! All reimbursement claims, not paid through your FSA debit card, must be submitted electronically through the FSA portal.

INVEST IN YOUR WELLBEING WITH OUR WELLNESS PROGRAM

Take advantage of wellness resources designed to support your physical, mental, and financial health. Stay engaged through wellness challenges, digital tools, and programs that make healthy living more accessible and rewarding.

New REDESIGNED BENEFITS CALCULATOR

Planning your benefits just got easier. Our newly enhanced Benefits Calculator offers a more user-friendly experience, helping you compare plan options, estimate costs, and make informed decisions with confidence.

New STREAMLINED MBO ENROLLMENT VIA ONLINE FORM

Managing your enrollment is now simpler than ever. This year, MBO enrollment has moved to an online form — providing a more efficient, and accessible process from start to finish.

BLUE SHIELD CARE MANAGEMENT PROGRAM

Blue Shield members have access to personalized care management services at no additional cost. This program connects you with dedicated care teams who can help coordinate care, manage chronic conditions, navigate the healthcare system, and support you through complex or ongoing medical needs.

KAISER PERMANENTE – FREE ACCESS TO CALM & HEADSPACE

Kaiser members can enjoy complimentary access to Calm and Headspace, two leading mindfulness and meditation apps. Whether you're looking to reduce stress, improve sleep, or support your mental wellbeing, these tools provide guided meditations, sleep stories, and wellness resources right at your fingertips.

SMILEWAY PROGRAM – KEEP SMILING!

Maintain your oral health with the SmileWay program, offering valuable dental care resources and support to help you and your family stay on top of preventive care and long-term wellness.

You are encouraged to reference this guide throughout the year.

Introduction

AS YOU ENROLL

This guide is designed to help you understand your benefit enrollment options for 2026-27. Benefit elections will become effective July 25, 2026.

Benefits vary depending on your bargaining unit. Please check your applicable benefit summary for details at link.sbcounty.gov/bbou or your Memorandum of Understanding (MOU), Compensation Plan, Salary Ordinance or Employment Contract. Additional benefit information is contained within this guide to assist you in making election choices such as comparison charts and plan contact information. Please read your materials carefully and choose the plans that best meet your needs.

Disclaimer: This guide is intended as a summary reference, however contract documents prevail in all circumstances.

JUN 1 MON

Open enrollment begins!

Review, update, or submit your enrollment for your benefits through 'Benefits Enrollment' in EMACS self-service.

You may also make the following changes:

- Enroll, change, or opt-out of a medical, dental, and/or vision plan
- Add dependents to or remove them from your medical, dental, and/or vision plans
- Enroll in the Flexible Spending Account (FSA). If you choose to participate in the FSA Plan, you must enroll every year, even if you are currently participating
- Enroll self or eligible dependent(s) in Supplemental Life and/or Accidental Death and Dismemberment (AD&D) insurance

***Note:** You may not elect supplemental life insurance or AD&D coverage for your spouse or other dependents who are also County employees. Please contact Employee Benefits if you have any questions about eligibility.*

- Change your before-tax and after-tax benefit premium deduction elections
- Add/change your beneficiary information
- Enroll in or unenroll from MBO

Should you need help with completing your online open enrollment, assistance is available 7:30 a.m. to 5:00 p.m. Monday through Friday at Employee Benefits.

JUN 18 THUR

Open enrollment ends at midnight! This is the deadline to submit your 2026-27 benefit elections using EMACS self-service.

JUL 10 FRI

Deadline to submit proof of dependency for newly added dependents and opt-out verification for new opt-outs. Failure to provide documentation will result in denial of elections.

JUL 25 SAT

Effective date of coverage for changes made to medical, dental, vision, FSA, supplemental life and AD&D plans.

AUG 5 WED

Pay check deductions reflect open enrollment rate changes, except FSA deduction.

AUG 19 WED

Pay check deductions reflect FSA contribution changes.

Plan	Coverage Type	2026-27	2025-26	Dollar Change	Percentage Change
		Published Bi-Weekly Rates	Published Bi-Weekly Rates		
Kaiser	Employee Only	\$420.12	\$404.10	\$16.02	3.96%
	Employee +1	\$838.23	\$806.19	\$32.04	3.97%
	Employee+2	\$1,185.26	\$1,139.92	\$45.34	3.98%
Kaiser Choice HMO	Employee Only	\$358.19	\$344.49	\$13.70	3.98%
	Employee +1	\$714.37	\$686.97	\$27.40	3.99%
	Employee+2	\$1,010.00	\$971.23	\$38.77	3.99%
Kaiser Virtual Complete HMO	Employee Only	\$329.07	\$316.49	\$12.58	3.97%
	Employee +1	\$656.13	\$630.97	\$25.16	3.99%
	Employee+2	\$927.59	\$891.99	\$35.60	3.99%
Blue Shield Signature HMO	Employee Only	\$417.85	\$383.82	\$34.03	8.87%
	Employee +1	\$833.70	\$765.67	\$68.03	8.89%
	Employee+2	\$1,178.86	\$1,082.58	\$96.28	8.89%
Blue Shield Access + HMO	Employee Only	\$362.88	\$333.37	\$29.51	8.85%
	Employee +1	\$723.81	\$664.76	\$59.05	8.88%
	Employee+2	\$1,023.38	\$939.82	\$83.56	8.89%
Blue Shield HMO Gold Trio	Employee Only	\$340.56	\$312.87	\$27.69	8.85%
	Employee +1	\$679.13	\$623.73	\$55.40	8.88%
	Employee+2	\$960.16	\$881.77	\$78.39	8.89%
Blue Shield PPO	Employee Only	\$776.89	\$713.50	\$63.39	8.88%
	Employee +1	\$1,581.22	\$1,452.02	\$129.20	8.90%
	Employee+2	\$2,453.19	\$2,252.66	\$200.53	8.90%
Blue Shield Needles PPO*	Employee Only	\$876.94	\$805.36	\$71.58	8.89%
	Employee +1	\$1,784.17	\$1,638.37	\$145.80	8.90%
	Employee+2	\$2,763.49	\$2,537.57	\$225.92	8.90%
Blue Shield Virtual Blue Needles PPO*	Employee Only	\$794.69	\$729.84	\$64.85	8.89%
	Employee +1	\$1,616.64	\$1,484.55	\$132.09	8.90%
	Employee+2	\$2,503.91	\$2,299.22	\$204.69	8.90%
Blue Shield Bronze PPO	Employee Only	\$224.39	\$206.19	\$18.20	8.83%
	Employee +1	\$446.75	\$410.37	\$36.38	8.87%
	Employee+2	\$631.32	\$579.84	\$51.48	8.88%
Delta Dental PPO	Employee Only	\$23.78	\$22.52	\$1.26	5.60%
	Employee +1	\$44.31	\$41.88	\$2.43	5.80%
	Employee+2	\$75.77	\$71.56	\$4.21	5.88%
Delta Care USA DHMO	Employee Only	\$9.88	\$9.88	\$0.00	0.00%
	Employee +1	\$15.94	\$15.94	\$0.00	0.00%
	Employee+2	\$20.77	\$20.77	\$0.00	0.00%

*For eligible employees assigned to work in the Needles, Trona, and Baker work locations, the County has established a "Needles subsidy." The Needles subsidy is paid by the employee's department and is equal to the amount of the premium difference between the indemnity (i.e. PPO) health plan offered in these specific work locations and the HMO medical plan with the most comparable benefit design provided by the County.

Benefits Calculator Available Online

Use the online benefits calculator to estimate your bi-weekly out-of-pocket costs based on the plans you select. Visit the Employee Benefits webpage at hr.sbcounty.gov/benefits-calculator to explore your options and make informed decisions.

County Contribution Towards the Cost of Coverage

The County helps you pay for your medical and dental insurance by making payments directly to the carriers. The amounts the County pays towards the cost of your coverage varies by bargaining unit, family size, plan selection, and the number of hours you work.

For specific amounts, refer to your Benefits by Occupational Unit (BBOU) summary at <https://link.sbcounty.gov/bbou>

Needles Subsidy Disclosure

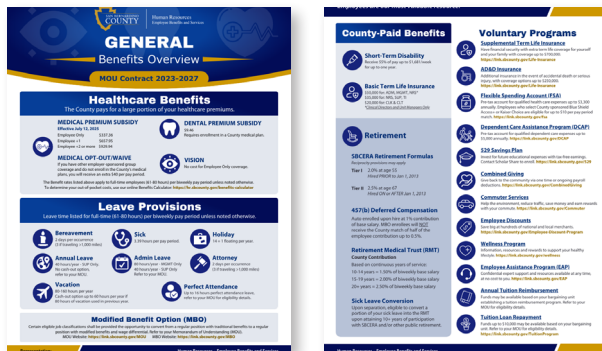
Employees who are assigned to work locations in Needles, Trona, and Baker may be eligible for the Needles subsidy.

It is the responsibility of the employee to notify Employee Benefits if assigned to a Needles subsidy eligible work location. Conversely, if an employee is receiving the Needles subsidy and their work location changes to a non-eligible location, the employee must notify Employee Benefits as soon as they are no longer assigned to a qualifying location.

To designate or change an election for the Needles Subsidy, employees must complete and submit the Premium Deduction Election Form found on EMACS Forms at emacs.sbcounty.gov/ and send to Employee Benefits or their payroll specialist.

If it is discovered that an employee has been receiving the Needles subsidy in error, the County will collect, through payroll deduction, any amount of the subsidy the employee received in error.

BENEFITS BY OCCUPATIONAL UNIT (BBOU)



A Benefits by Occupational Unit (BBOU) is a summary of the benefits that the County provides for your bargaining unit and is derived from your MOU. You can find your MOU posted on the Human Resources website. Here is a sample BBOU to review.

The BBOU is a helpful tool to review the following:

- Applicable Medical and Dental Premium Subsidy (MPS and DPS). The MPS and DPS is the County’s contribution towards the cost of coverage.
- Leave Provisions that will provide you with your allotted leave time.
- County-Paid Benefits and the Voluntary Participation programs that are available to you.

To locate your applicable BBOU, visit link.sbcounty.gov/bbou.

SUMMARY OF BENEFITS AND COVERAGE

You may view Summary of Benefits and Coverage (SBC) information for the County’s medical plans online at hr.sbcounty.gov/employee-benefits/evidence-of-coverage.

CONTACT INFORMATION

Employee Benefits

ebbsd@hr.sbcounty.gov
hr.sbcounty.gov/employee-benefits
 (909) 387-5787

175 W Fifth Street, 1st Floor
 San Bernardino, CA 92415-0440
 Interoffice Mail Code: 0440

Wellness Program

hr.sbcounty.gov/Wellness

(909) 387-5787

Wellness Works Here

mhm@hr.sbcounty.gov

Steps to Success Challenge

app.wellable.co/sbcounty

Employee Discount Program

sbcounty.perkspot.com

Blue Shield Members

wellvolution.com

Kaiser Members

kp.org/selfcare

Commuter Services

link.sbcounty.gov/rideshare

(909) 387-9640

SBtrip Portal

www.sbcounty.gov/sbtrip

Flexible Spending Account (FSA)

hrrfsadcap@hr.sbcounty.gov
<https://link.sbcounty.gov/fsa>

(909) 387-5787

Blue Shield of California

www.blueshieldca.com
www.blueshieldca.com/sbcounty
 (855) 599-2657

175 W Fifth Street, 1st Floor
 San Bernardino, CA 92415-0440
 Interoffice Mail Code: 0440

Blue Shield Mental Health
 Service Administration

(877) 263-9952

P.O. Box 719002
 San Diego, CA 92171-9002

Teladoc (appointments available 24/7) www.teladoc.com/bsc

(800) 835-2362

Kaiser Permanente

www.kp.org
my.kp.org/sbcounty
www.kp.org/getcare

(800) 464-4000

P.O. Box 7004
 Downey, CA 90242-7004

Kaiser Permanente Mental
 Health Services
 (Hotline available 24/7)

(800) 900-3277

To schedule an appointment, call
 (866) 205-3595

Kaiser Permanente Release of
 Information

(909) 609-3200

17284 Slover Ave., Palm Court II,
 Suite 202, Fontana, CA 92337

Telemedicine
 (appointments available
 Monday-Friday 7am to 7pm)

(833)-KP4CARE
 (1-833-574-2273)

Delta Dental

www.deltadentalins.com
 (855) 244-7323

100 First Street
 San Francisco, CA 94105

EyeMed Vision

www.eyemed.com
 (877) 406-4146

P.O. Box 8504
 Mason, OH 45040-7111

Securian Financial

Securian.com/sbcounty-insurance
 (866) 293-6047

400 Robert Street
 St. Paul, MN 55101
 Attn: Group Administration Dept.

CONTACT INFORMATION

Voya Financial

cosb.beready2retire.com
(909) 748-6468
(800) 584-6001

1030 Nevada Street, Suite 203
Redlands, CA 92374

Board of Retirement (SBCERA)

sbcera.org
(909) 885-7980
(877) 722-3721

348 W. Hospitality Lane, Suite 100
San Bernardino, CA 92408

Teamsters Local 1932 Health and Welfare Trust Administration Office Zenith American Solutions

teamsters1932.zenith-american.com
teamsters1932eligibility@zenith-american.com
(909) 494-2916
(866) 484-1337
Fax: (909) 789-1311

421 N. Sierra Way
San Bernardino, CA 92410

P.O. Box 571
San Bernardino, CA 92402

COBRA Continuation Coverage

link.sbcounty.gov/COBRA

(909) 387-5552

Modified Benefit Option (MBO)

link.sbcounty.gov/mbo

(909) 387-5787

Sheriff's Employees' Benefit Association (SEBA) Healthcare Benefits Administrator

seba.com/seba-healthcare-trust
(909) 825-4920

1998 Orange Tree Lane Redlands,
CA 92374

ScholarShare

ScholarShare529.com

1-800-544-5248

The Standard

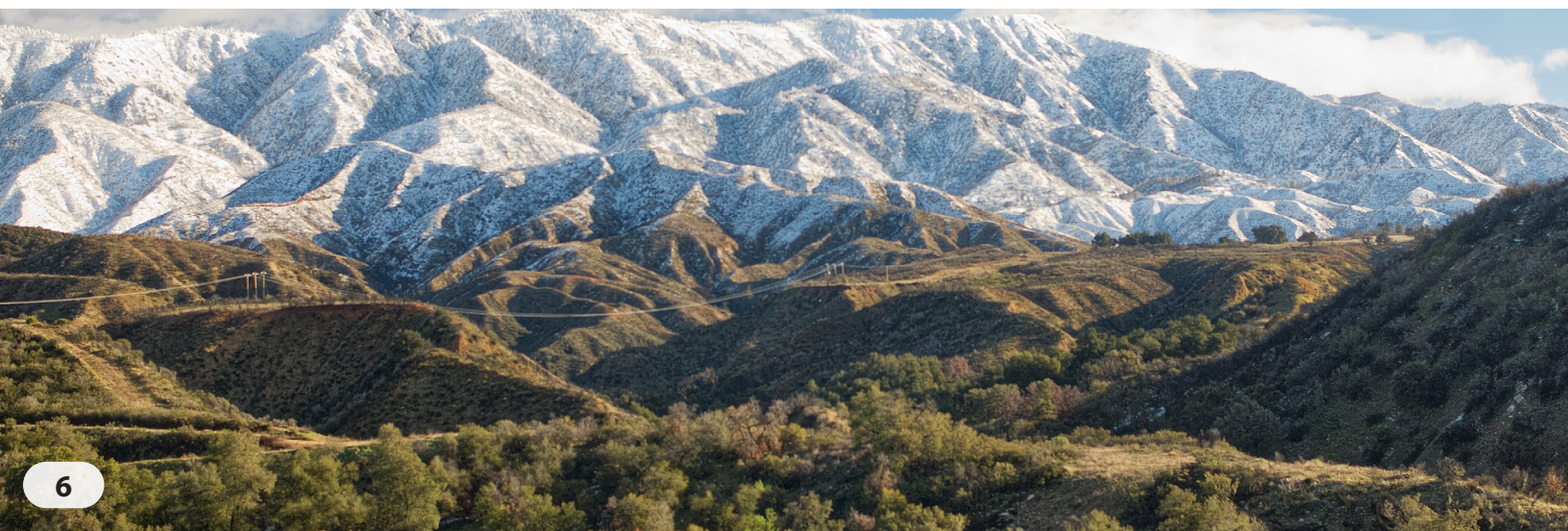
www.standard.com/absence
855-204-3122
Fax: 866-751-5174

P.O. Box 3877
Portland, OR 97208

Local 935 Healthcare Trust Benefits Administrator

www.iafflocal935.org
SBFire935@brownbis.com
(714) 460-7744
Fax: (714) 460-7755

316 S. Tustin Street, Orange,
CA 92866



KAISER MEDICAL PLAN COMPARISON CHART

Section	Type of Care	Kaiser Traditional HMO	Kaiser Choice HMO	Kaiser Virtual Complete
Deductibles/ Maximums	Calendar year (CY) Deductible	None	None	\$500 individual \$1,000 family
	Out-of-Pocket annual maximum (Some benefits excluded from the OoP maximum, refer to EOC for details)	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	\$5,000 individual \$10,000 family
Office/ Outpatient Care	Office Visits	\$10 copay	\$40 copay	\$30 copay* (ded. doesn't apply to the first 3 visits combined)
	Telemedicine	No charge	No charge	No charge
	Preventive Services	No charge	No charge	No charge
	Specialists	\$10 copay	\$50 copay	\$30 copay*
Emergency Medical Care	Emergency room	\$75 copay (waived if admitted)	\$150 copay (waived if admitted)	You pay: 20%*
	Urgent care	\$10 copay	\$40 copay	\$30 copay* (ded. doesn't apply to the first 3 visits combined)
Diagnostic Services	Laboratory and Pathology Tests	No charge	\$10 copay	\$15 copay
	Diagnostic Tests and X-Ray	No charge	Most X-rays: \$10 per encounter MRI, most CT, and PET scans: \$100 per procedure	You pay: 20%*
Hospital Services	Hospital care (Physician and Facility charges)	No charge for approved services obtained in a Kaiser Permanente or other approved facility	\$500 per day	You pay: 20%*
Surgical Services	Hospital – In Patient Surgical Services	No charge (Facility and Physician services)	\$500 per day	You pay: 20%*

KAISER MEDICAL PLAN COMPARISON CHART

CONTINUED

Section	Type of Care	Kaiser Traditional HMO	Kaiser Choice HMO	Kaiser Virtual Complete
Surgical Services	Outpatient/ Ambulatory Surgery Center	Physician Services: No charge Facility: \$10 per procedure	\$250 per procedure	You pay: 20%*
Mental Health Care and Substance Abuse Treatment	Outpatient services	\$10 copay individual session \$5 copay group session	\$40 copay individual session \$20 copay group session \$5 copay group session for substance abuse	\$30 copay* individual session \$15 copay* group session \$5 copay* group session for substance abuse (ded. doesn't apply to the first 3 visits combined)
	Inpatient services	No charge	\$500 per day	You pay: 20%*
Prescription Drugs	Prescription drugs (per fill) Includes Diabetic drugs and testing supplies	Pharmacy (up to 100 day supply): Generic: \$10 copay Brand: \$15 copay Specialty: \$15 copay (30-day supply) Mail order is voluntary	Pharmacy (30-day supply): Generic: \$15 copay Brand: \$35 copay Specialty: 30%, not to exceed \$250 Mail order is voluntary. Up to 100-day Supply	Pharmacy: Generic: \$30 for up to a 100-day supply Brand: \$30 for up to a 30-day supply* \$60 for up to 100-day supply* Specialty: 20% Coinsurance not to exceed \$250 for up to 30-day supply*
Other Services	Chiropractic care	\$15 copay/visit 20 visits max annually- Medical diagnosis necessity required	Not covered (25% discount off a contracted chiropractor's regular rates through authorized ASH Network)	Not covered (25% discount off a contracted chiropractor's regular rates through authorized ASH Network)
	Physical and Occupational Therapy Speech Therapy	\$10 copay	\$40 copay	\$30 copay*

*Member pays Calendar Year (CY) deductible before Kaiser pays for covered services under the benefit plan

Please note: This comparison chart only highlights benefits. The evidence of coverage document (EOC) and official plan documents contain comprehensive benefit details and govern your rights and benefits under each plan. If any discrepancy exists between this comparison chart and the official plan documents, the official plan documents will prevail.

BLUE SHIELD MEDICAL PLAN COMPARISON CHART

Section	Type of Care	Blue Shield Signature HMO	Blue Shield Access + HMO
Deductibles/ Maximums	Calendar year (CY) Deductible	None	None
	Out-of-Pocket annual maximum (Some benefits excluded from the OoP maximum, refer to EOC for details)	\$1,500 individual \$3,000 family	\$3,500 individual \$7,000 family
Office/ Outpatient Care	Office Visits	Level I - \$10 copay Level II - \$30 copay	\$40 copay Self-referral within PCP's Medical Group \$50
	Teledoc	No Charge	No Charge
	Preventive Services	No Charge	No Charge
	Specialists	Level I - \$10 copay Level II - \$30 copay	\$40 copay. Self-referral within assigned Medical Group \$50
Emergency Medical Care	Emergency room	\$75 copay (waived if admitted)	\$50 copay (waived if admitted)
	Urgent care	\$10 copay	\$40 copay
Diagnostic Services	Laboratory and Pathology Tests	Level I - No Charge Level II - Covered only when performed in physician's office	You pay 40%
	Diagnostic Tests and X-Ray	Level I - No Charge for CT, MRI, MUGA, PET, and SPECT Level II - Covered only when performed in physician's office	You pay 40%
Hospital Services	Hospital care (Physician and Facility charges)	No charge	\$100/admission plus 20% for facility services. Physician services: no charge

BLUE SHIELD MEDICAL PLAN COMPARISON CHART

CONTINUED

Section	Type of Care	Blue Shield Signature HMO	Blue Shield Access + HMO
Surgical Services	Hospital – In Patient Surgical Services	No charge (Facility and Physician services)	\$100/admission plus 20%
	Outpatient/ Ambulatory Surgery Center	No charge (Facility and Physician services)	Facility - 40% Physician services - No charge
Mental Health Care and Substance Abuse Treatment	Outpatient services	1-3 visits: No charge \$10 per visit thereafter	\$40/office visit
	Inpatient services	No charge	\$100/admission plus 20%
Prescription Drugs	Prescription drugs (per fill) Includes Diabetic drugs and testing supplies	Pharmacy (30-day supply): Generic: \$5 copay Brand: \$10 copay Non-Formulary: \$25 copay Specialty: \$10 copay Mail order is voluntary 90-day supply at discounted rate Pharmacy (retail and mail order) copays do not apply toward the out-of-pocket maximum.	Pharmacy (30 day supply): Tier 1 – \$5 Tier 2 – \$10 Tier 3 – \$25 Tier 4/ Specialty – 20% copay up to a max of \$200/ prescription Mail order is voluntary. 90 day supply for twice the retail copay.
Other Services	Chiropractic care	\$10 copay/visit 20 visits max annually - Medical diagnosis/ necessity required	Not covered Discount program available
	Physical and Occupational Therapy Speech Therapy	Level I - \$10 copay Level II - \$30 copay	\$40 copay

BLUE SHIELD MEDICAL PLAN COMPARISON CHART

CONTINUED

Section	Type of Care	Blue Shield Trio HMO & Narrow Network	Blue Shield PPO In-Network	Blue Shield PPO Out-of-Network
Deductibles/ Maximums	Calendar year (CY) Deductible	None	\$250 individual \$500 family	\$250 individual \$500 family
	Out-of-Pocket annual maximum (Some benefits excluded from the OoP maximum, refer to EOC for details)	\$3,500 individual \$7,000 family	\$1,750 individual \$3,500 family	\$2,250 individual \$4,500 family
Office/ Outpatient Care	Office Visits	\$25 copay Self-referral within PCP's Medical Group \$25	\$10 copay (CY deductible waived)	You pay 30%*
	Teledoc	No Charge	No Charge	No Charge
	Preventive Services	No Charge	No charge (CY deductible waived)	You pay 30%*
	Specialists	\$25 copay Self-referral within PCP's Medical Group \$25	\$10 copay (CY deductible waived)	You pay 30%*
Emergency Medical Care	Emergency room	\$50 copay (waived if admitted)	\$50 per visit + 20%* (\$50 waived if admitted) ER Physician Services: You pay 20%*	\$50 per visit + 20%* (\$50 waived if admitted & treated as in-network benefit) ER Physician Services: You pay 20%*
	Urgent care	\$25 copay	\$10 copay (CY deductible waived)	30% after CY deductible
Diagnostic Services	Laboratory and Pathology Tests	You pay 40%	You pay 20%*	You pay 30%*
	Diagnostic Tests and X-Ray	You pay 40%	You pay 20%*	You pay 30%*
Hospital Services	Hospital care (Physician and Facility charges)	\$100/admission plus 20% for facility services. Physician services - no charge	Facility: You pay 20%*	Facility: You pay 30%*

BLUE SHIELD MEDICAL PLAN COMPARISON CHART

CONTINUED

Section	Type of Care	Blue Shield Trio HMO & Narrow Network	Blue Shield PPO In-Network	Blue Shield PPO Out-of-Network
Surgical Services	Hospital – In Patient Surgical Services	\$100/admission plus 20%	Facility: You pay 20%* Physician: You pay 20%*	Facility: You pay 30%* Physician: You pay 30%*
	Outpatient/ Ambulatory Surgery Center	\$25/office visit	Facility: You pay 20%* Physician: You pay 20%*	Facility: You pay 30%* Physician: You pay 30%*
Mental Health Care & Substance Abuse Treatment	Outpatient services	\$25/office visit	1–3 visits: No charge \$10 per visit thereafter (Not subject to the Calendar-Year Deductible)	You pay 30%*
	Inpatient services	\$100/admission plus 20%	You pay 20%*	You pay 30%*
Prescription Drugs	Prescription drugs (per fill) Includes Diabetic drugs and testing supplies	Pharmacy (30 day supply): Tier 1 – \$5 Tier 2 – \$10 Tier 3 – \$25 Tier 4/Specialty – 20% copay up to a max of \$200/ prescription Mail order is voluntary. 90 day supply for twice the retail copay.	Participating Pharmacy: \$15 generic formulary \$30 brand formulary \$30 non-formulary Specialty Pharmacies: \$15 per prescription (up to a 30-day supply) Mail order is voluntary. 90 day supply at discounted rate	Non-Participating Pharmacy: 25% of billed amount plus co-pay Pharmacy: \$15 generic formulary \$30 brand formulary \$30 non-formulary Specialty Pharmacies: Not covered Mail order not covered.
Other Services	Chiropractic care	Not covered Discount program available	You pay 20%* Up to 30 visits per calendar year combined PPO/Out-of-Network maximum	You pay 30%* Up to 30 visits per calendar year combined PPO/Out-of-Network maximum
	Physical and Occupational Therapy Speech Therapy	\$25 copay	You pay 20%*(CY deductible waived)	You pay 30%*

***Member pays Calendar Year (CY) deductible before Blue Shield pays for covered services under the benefit plan**

Please note: This comparison chart only highlights benefits. The evidence of coverage document (EOC) and official plan documents contain comprehensive benefit details and govern your rights and benefits under each plan. If any discrepancy exists between this comparison chart and the official plan documents, the official plan documents will prevail.

DENTAL PLAN COMPARISON CHART

Section	Type of Care	Delta Dental DHMO In-Network Only	Delta Dental DPPO In-Network	Delta Dental DPPO Premier/Non-Delta Dental Providers
Deductibles, Maximums & Providers	Calendar Year Deductible	None	None	None
	Calendar Year Maximum	None	\$1,700 per person (excluding orthodontia)	\$1,700 per person (excluding orthodontia)
	Choice of Dentists	Choose from DeltaCare USA Provider network	Delta Dental PPO Dentists	Any Board Certified Dentist
Diagnostic and Preventative Services	Periodic Oral Examination	No Charge	No Charge	No Charge
	Prophylaxis (cleanings) 2 per calendar year	No Charge	No Charge	No Charge
	Full Mouth X-Ray	No Charge	No Charge	No Charge
Adjunctive General Services	External Bleaching - Self treatment with bleaching tray & gel	\$125 per arch	Not Covered	Not Covered
	Occlusal Guard: Full or Partial Arch	\$95 copay	25%	30%
Restorative Dentistry	Amalgam ("silver" fillings) on primary or permanent teeth: 1, 2, 3 or 4 surfaces	No Charge	No Charge	10%
	Resin composite (white fillings), anterior (front) teeth: 1, 2, 3 or 4 surfaces	No Charge	No Charge	10%
	Resin composite (white fillings), posterior (molars) teeth: 1, 2, 3 or 4 surfaces	\$45 - \$75 copay	No Charge	10%

DENTAL PLAN COMPARISON CHART

CONTINUED

Section	Type of Care	Delta Dental DHMO In-Network Only	Delta Dental DPPO In-Network	Delta Dental DPPO Premier/Non-Delta Dental Providers
Periodontics	Bone replacement graft – first site in quadrant	\$195 copay	10%	10%
	Gingivectomy/gingivoplasty (gum surgery), per quadrant	\$15 - \$75 copay	10%	10%
Endodontics	Root Canal	\$30 - \$90 copay	No Charge	10%
	Pulpotomy	No Charge	No Charge	10%
Oral Surgery	Local Anesthesia	No Charge	No Charge	No Charge
	Biopsy of soft oral tissue	No Charge	No Charge	10%
	Extraction	\$0 - \$40 copay	No Charge	10%
	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50 copay	No Charge	10%
Crowns and Bridges	Crown – resin with predominantly base metal	\$60 copay	25%	30%
	Crown – full cast high noble metal (gold)	\$160 copay	25%	30%
	Crown – porcelain/ceramic substrate	\$195 copay	25%	30%
Prosthodontics	Complete upper or lower denture	\$75 copay for either upper or lower	25%	30%
	Upper or lower partial denture – resin base	\$85 copay for either upper or lower	25%	30%

DENTAL PLAN COMPARISON CHART

CONTINUED

Section	Type of Care	Delta Dental DHMO In-Network Only	Delta Dental DPPO In-Network	Delta Dental DPPO Premier/Non-Delta Dental Providers
Prosthodontics	Repair broken complete denture base	\$15 copay	No Charge	10%
	Implants	Not Covered	25% - predetermination recommended	30% - predetermination recommended
Orthodontics	Ortho Treatment Plan and Records	\$300	50% of treatment cost + any cost over \$1,700 (max lifetime benefit \$1,700)	50% of treatment cost + any cost over \$1,700 (max lifetime benefit \$1,700)
	Comprehensive orthodontic treatment	\$490, plus \$40 per month for usual and customary 24-month treatment	50% of treatment cost + any cost over \$1,700 (max lifetime benefit \$1,700)	50% of treatment cost + any cost over \$1,700 (max lifetime benefit \$1,700)
	Limited ortho treatment of primary, transitional or adolescent teeth	\$230, plus \$40 per month for usual and customary 24-month treatment	50% of treatment cost + any cost over \$1,700 (max lifetime benefit \$1,700)	50% of treatment cost + any cost over \$1,700 (max lifetime benefit \$1,700)
	Limited orthodontic treatment of adult teeth	\$430, plus \$40 per month for usual and customary 24-month treatment	50% of treatment cost + any cost over \$1,700 (max lifetime benefit \$1,700)	50% of treatment cost + any cost over \$1,700 (max lifetime benefit \$1,700)

Please note: This comparison chart only highlights benefits, procedures may be subject to additional costs based on materials used and/or location of the tooth/teeth within the mouth. The evidence of coverage document (EOC) and official plan documents contain comprehensive benefit details and govern your rights and benefits under each plan. If any discrepancy exists between this comparison chart and the official plan documents, the official plan documents will prevail.

Note: Preferred providers are also available in the DPPO plan and offer a discount when used; however, the highest level of savings is achieved when you receive care from a DPPO network provider.

