

DEPUTY SHERIFFS' ASSOCIATION OF SAN DIEGO COUNTY

DENTAL BENEFITS

2021

Members residing in California have the option to select a Dental HMO or Dental PPO plan. Members living outside of California may enroll in the Dental PPO plan. To both maximize and manage your PPO and HMO Dental benefits, log on to: www.myuhcdental.com to locate a provider, view benefits, order ID cards and review your claims history. A summary of the Dental benefit plan design options is listed below. Please review the Certificate of Coverage, available at www.dsasd.org, for a more detailed description.

UnitedHealthcare Dental PPO		
Benefit Schedule	In-Network	Out-of-Network
Individual Deductible	\$0	\$25
Family Deductible	\$0	\$50
Calendar Year Maximum	\$1,000	
Preventive Services		
Routine Oral Exam	100%	100%
Cleaning		
Fluoride Treatment		
Sealant		
X-rays		
Basic Services		
Fillings	90%	80% after deductible
General Anesthesia		
Oral Surgery		
Endodontics		
Periodontics		
Major Services		
Crowns	60%	50% after deductible
Removable & Fixed Bridges		
Dentures		
Waiting Period for New Enrollees	12 months for Major Services	

**UnitedHealthcare Dental
Customer Service:**
 (877) 816-3596
 Monday – Friday: 5:00 am to 8:00 pm PST

UnitedHealthcare Dental HMO	
Preventive Care	
Routine oral exams	\$0
Cleaning	\$0
Sealant – per tooth (child under age 18)	\$0
Bite-wing and full-mouth x-rays	\$0
Fluoride treatment (child)	\$0
Fluoride treatment (adult)	\$0
Restorative	
Amalgam filling	\$0
Resin-based composite (anterior)	\$0-\$20
Resin-based composite (Posterior)	\$25-\$45
Crown – Single Restorations	\$90-\$215
Other Restorative Services	\$0-\$125
Endodontics	
Anterior (excluding final restoration)	\$45
Bicuspid (excluding final restoration)	\$75
Molar (excluding final restoration)	\$115
Periodontics	
Gingivectomy or gingivoplasty	\$50
Osseous surgery	\$155-\$225
Periodontal scaling and root planing	\$15-\$25
Prosthetic (dentures/partials)	
Complete denture – maxillary	\$150
Complete denture – mandibular	\$150
Reline complete maxillary	\$0
Oral Surgery	
Surgical removal of erupted tooth	\$15
Removal of impacted tooth	\$25-\$90
Deep sedation/general anesthesia	\$155 first 30 mins
Orthodontics	
Treatment transitional dentition	\$1,895
Treatment adult dentition	\$1,895

VISION BENEFITS

2021

The Vision program is offered through United Healthcare. United Healthcare’s Vision program provides affordable, quality vision care nationwide. United’s network includes over 25,000 private practice and retail chain providers, the most notable chains being Wal-Mart, Sam’s Club and Costco (exam visits only). You can locate a United Healthcare Vision provider by calling the 24-hour toll-free provider locator at: (800) 839-3242 or by logging on to: www.myuhcvision.com.

With United, you can visit any provider you choose, but you maximize your savings when you visit a network provider. A summary of the Vision benefits is listed here. Please refer to the Certificate of Coverage, available at www.dsasd.org, for a complete description of your benefits.

UnitedHealthcare Vision Plan

	In-Network	Out-of-Network
Exams	Covered in Full	\$45
Lenses		
Single Vision	Covered in Full	Up to \$45
Bifocal	Covered in Full	Up to \$65
Trifocal	Covered in Full	Up to \$85
Lenticular	Covered in Full	Up to \$85
Frame Allowance (Retail)	Up to \$130	Up to \$47
Frame Allowance (Private Practice)	Up to \$130	Up to \$47
Elective Contact Lenses*	Up to \$125	Up to \$125
Necessary Contact Lenses*	Covered in Full	Up to \$250
Frequency		
Exams	Once every 12 months	
Frames	Once every 12 months	
Lenses	Once every 12 months	

*Contact lenses in lieu of lens and frame benefits

United Healthcare Vision:

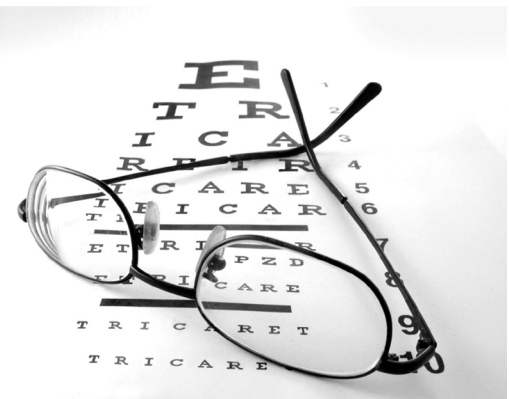
Customer Service: (800) 638-3120

Monday – Friday: 5:00 am to 8:00 pm PST

Saturday: 6:00 am to 3:30 pm PST

Provider Locator: (800) 839-3242

Website: www.myuhcvision.com





**DEPUTY SHERIFFS' ASSOCIATION
OF SAN DIEGO COUNTY**

13881 Danielson Street, Poway, CA 92064
www.dsasd.org

**DENTAL AND VISION PLAN
ENROLLMENT FORM**

CHECK THE APPROPRIATE BOXES

REQUESTED EFFECTIVE DATE OF COVERAGE / DATE OF CHANGE: / / ENROLL CANCEL CHANGE

REASON: OPEN ENROLLMENT ADDING DEPENDENT DIVORCE RETIREMENT
 NEW HIRE DELETING DEPENDENT MARRIAGE

EMPLOYEE INFORMATION

NAME (LAST, FIRST, MIDDLE) SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY) DATE OF HIRE (MM/DD/YYYY) DATE OF RETIREMENT (MM/DD/YYYY) GENDER
 MALE FEMALE

ADDRESS APT./UNIT # CITY STATE ZIP PHONE

MARITAL STATUS CLASSIFICATION DSA MEMBER NUMBER EMAIL ADDRESS
 SINGLE MARRIED ACTIVE
 DIVORCED WIDOWED RETIRED

PRODUCT SELECTION

SELECT A DENTAL AND VISION PLAN BY CHECKING THE BOX NEXT TO YOUR SELECTION.

	VISION			HMO DENTAL			PPO DENTAL		
	<input checked="" type="checkbox"/>	Per-Pay-Period	Monthly	<input checked="" type="checkbox"/>	Per-Pay-Period	Monthly	<input checked="" type="checkbox"/>	Per-Pay-Period	Monthly
MEMBER ONLY	<input type="checkbox"/>	\$4.02	\$8.03	<input type="checkbox"/>	\$6.47	\$12.93	<input type="checkbox"/>	\$19.28	\$38.55
MEMBER + 1	<input type="checkbox"/>	\$6.26	\$12.51	<input type="checkbox"/>	\$12.28	\$24.56	<input type="checkbox"/>	\$37.66	\$75.32
MEMBER + 2 OR MORE	<input type="checkbox"/>	\$10.30	\$20.59	<input type="checkbox"/>	\$18.69	\$37.38	<input type="checkbox"/>	\$61.56	\$123.11

MEMBER / DEPENDENT INFORMATION

CHECK APPROPRIATE BOX NAME (LAST, FIRST, MI) SOCIAL SECURITY NUMBER RELATIONSHIP GENDER DATE OF BIRTH (MM/DD/YYYY) WHICH COVERAGE APPLIES DENTAL PROVIDER (DHMO) NAME / CITY / GROUP # EXISTING PATIENT

ENROLL CHANGE CANCEL MEMBER MALE FEMALE VISION DHMO DPPO YES NO

ENROLL CHANGE CANCEL SPOUSE DOMESTIC PARTNER MALE FEMALE VISION DHMO DPPO YES NO

ENROLL CHANGE CANCEL CHILD MALE FEMALE VISION DHMO DPPO YES NO

ENROLL CHANGE CANCEL CHILD MALE FEMALE VISION DHMO DPPO YES NO

CHECK APPROPRIATE BOX	NAME (LAST, FIRST, MI)	SOCIAL SECURITY NUMBER	RELATIONSHIP	GENDER	DATE OF BIRTH (MM/DD/YYYY)	WHICH COVERAGE APPLIES	DENTAL PROVIDER (DHMO) NAME / CITY / GROUP #	EXISTING PATIENT
<input type="checkbox"/> ENROLL			CHILD	<input type="checkbox"/> MALE		<input type="checkbox"/> VISION		<input type="checkbox"/> YES
<input type="checkbox"/> CHANGE				<input type="checkbox"/> FEMALE		<input type="checkbox"/> DHMO		<input type="checkbox"/> NO
<input type="checkbox"/> CANCEL						<input type="checkbox"/> DPO		
<input type="checkbox"/> ENROLL			CHILD	<input type="checkbox"/> MALE		<input type="checkbox"/> VISION		<input type="checkbox"/> YES
<input type="checkbox"/> CHANGE				<input type="checkbox"/> FEMALE		<input type="checkbox"/> DHMO		<input type="checkbox"/> NO
<input type="checkbox"/> CANCEL						<input type="checkbox"/> DPO		

BENEFIT COORDINATION / OTHER INSURANCE CARRIER INFORMATION

Do you or your dependents have any other dental or vision insurance? If "Yes", complete the following information:

BENEFIT	INSURANCE COMPANY	POLICY #	WHO IS COVERED UNDER THIS POLICY
<input type="checkbox"/> DENTAL			
<input type="checkbox"/> VISION			
<input type="checkbox"/> DENTAL			
<input type="checkbox"/> VISION			
<input type="checkbox"/> DENTAL			
<input type="checkbox"/> VISION			

SIGNATURES

I DESIRE TO PARTICIPATE IN THE COVERAGES SELECTED AND HEREBY AUTHORIZE MY EMPLOYER/ASSOCIATION TO MAKE THE NECESSARY DEDUCTION(S) FROM MY WAGE/SALARY TO PAY MY PORTION OF THE PREMIUM.

ARBITRATION DISCLOSURE: I agree that any and all disputes, including claims relating to the delivery of services under the plan and claims of medical malpractice (that is as to whether any medical services rendered under the health plan were unnecessary or unauthorized or were improperly, negligently or incompetently rendered), except for claims subject to ERISA, between myself and my dependents enrolled in the plan (including any heirs or assigns) and United HealthCare and PacificCare of California or any of its parents, subsidiaries or affiliates shall be determined by submission to binding arbitration. Any such dispute will not be resolved by lawsuit or resort to court process, except as the federal arbitration act provides for judicial review of arbitration proceedings. All parties to this agreement are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of binding arbitration.

(DATE)

(SIGNATURE)