

DEPUTY SHERIFFS' ASSOCIATION OF SAN DIEGO COUNTY

DENTAL BENEFITS

2026

Members residing in California have the option to enroll in the 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 claims history. Summaries of the Dental benefit plan designs are listed below. Please review the Certificate of Coverage, available at www.dsas.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 Cleaning Fluoride Treatment Sealant X-rays	100%	100%				
Basic Services						
Fillings General Anesthesia Oral Surgery Endodontics Periodontics			90%	80% after deductible		
Major Services						
Crowns Removable & Fixed Bridges Dentures					60%	50% after deductible
Waiting Period for New Enrollees	12 months for Major Services					

UnitedHealthcare Dental HMO	
Preventive Care	
Routine oral exams	\$0
Cleaning	\$0
Sealant – per tooth	\$5
Bitewing 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	\$0-\$150
Orthodontics	
Treatment transitional dentition	\$1,895
Treatment adult dentition	\$1,895

UnitedHealthcare Dental
Customer Service:

(877) 816-3596

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

DEPUTY SHERIFFS' ASSOCIATION OF SAN DIEGO COUNTY

VISION BENEFITS

2026

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.

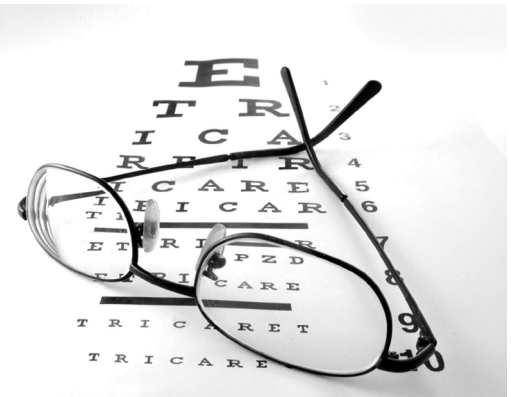
UnitedHealthcare Vision Plan

	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

DENTAL BENEFITS

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Members living outside of California may enroll in the Dental PPO plan. To both maximize and manage your PPO dental benefits, log on to: www.myuhcdental.com to locate a provider, view benefits, order ID cards and review claims history. A summary of the Dental PPO benefits 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	\$0
Family Deductible	\$0	\$0
Calendar Year Maximum	\$1,000	
Preventive Services		
Routine Oral Exam	100%	100%
Cleaning		
Fluoride Treatment		
Sealant		
X-rays		
Basic Services		
Fillings	90%	90%
General Anesthesia		
Oral Surgery		
Endodontics		
Periodontics		
Major Services		
Crowns	60%	60%
Removable & Fixed Bridges		
Dentures		
Waiting Period for New Enrollees	12 months for Major Services	

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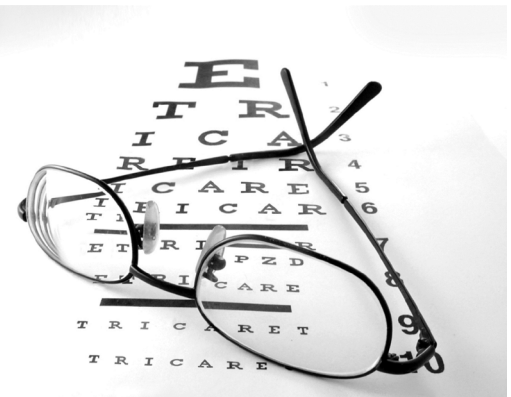
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**DEPUTY SHERIFFS' ASSOCIATION
OF SAN DIEGO COUNTY**

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 ☐ NEW HIRE	☐ ADDING DEPENDENT ☐ DELETING DEPENDENT	☐ DIVORCE ☐ MARRIAGE		☐ RETIREMENT

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

PRODUCT SELECTION

SELECT A DENTAL AND VISION PLAN BY CHECKING THE BOX NEXT TO YOUR SELECTION.	VISION			HMO DENTAL			PPO DENTAL		
	☒	Per-Pay-Period	Monthly	☒	Per-Pay-Period	Monthly	☒	Per-Pay-Period	Monthly
MEMBER ONLY	☐	\$3.86	\$8.35	☐	\$7.10	\$15.39	☐	\$20.21	\$43.79
MEMBER + 1	☐	\$6.01	\$13.01	☐	\$13.49	\$29.23	☐	\$39.48	\$85.55
MEMBER + 2 OR MORE	☐	\$9.89	\$21.41	☐	\$20.54	\$44.50	☐	\$64.54	\$139.84

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
☐ ENROLL ☐ CHANGE ☐ CANCEL			CHILD	☐ MALE ☐ FEMALE		☐ VISION ☐ DHMO ☐ DPPO		☐ YES ☐ NO
☐ ENROLL ☐ CHANGE ☐ CANCEL			CHILD	☐ MALE ☐ FEMALE		☐ VISION ☐ DHMO ☐ DPPO		☐ YES ☐ NO

BENEFIT	INSURANCE COMPANY	POLICY #	WHO IS COVERED UNDER THIS POLICY
☐ DENTAL ☐ VISION			
☐ DENTAL ☐ VISION			
☐ DENTAL ☐ VISION			