

Carrier Contact Information

Prepaid Dental Plans

DeltaCare USA
P.O. Box 1803
Alpharetta, GA 30023
(800) 422-4234
www.deltadentalins.com/state

Premier Access
8890 Cal Center Drive
Sacramento, CA 95826
(888) 534-3466
www.socdhmo.com

SafeGuard/MetLife
P.O. Box 14401
Lexington, KY 40512-4401
(800) 880-1800
www.metlife.com/safeguard/soc

Western Dental
530 South Main Street, 1st Floor
Orange, CA 92868
(866) 859-7525
www.westerndental.com/state-of-ca

Delta Dental Plans

Delta Dental
P.O. Box 997330
Sacramento, CA 95899
(800) 225-3368
www.deltadentalins.com/state



Benefits Division
1515 S Street, North Building, Suite 500
Sacramento, California 95811-7258
(916) 322-0300
www.calhr.ca.gov

2020 Dental Plans for Retired Employees

You and your dependents may be eligible for state-sponsored dental insurance, available from one of several dental plans. You may enroll in a retiree dental plan at the time of retirement, or during the annual Open Enrollment period. Changes in coverage are also permitted during Open Enrollment.

There are three types of dental plans available, prepaid, indemnity, and a preferred provider option:

Prepaid Plans:

DeltaCare USA, Premier Access, SafeGuard (Enhanced), and Western Dental

- The prepaid plans require you and your eligible dependents to use a dentist from a specific list of dentists who are located in California and who contract with your selected prepaid carrier.
- Dentists receive a flat fee for each member assigned to their offices.
- Most basic services are covered at no cost.
- The monthly premium is fully paid by the state—no premiums are deducted from your monthly retirement warrant.

Indemnity Plan:

Delta Dental PPO plus Premier Basic Plan—Group No. 9949

- The indemnity plan allows you to select the dentist of your choice throughout the United States and worldwide without using a provider network.
- The plan limits the amount of paid coverage for each specific type of dental treatment. You pay any remaining balance due based on the type of dental treatment you receive.
- The amount of your monthly premium copayment is deducted from your monthly retirement warrant according to the number of enrolled dependents.

Preferred Provider Option:

Delta Dental Preferred Provider Option (PPO)—Group No. 9946

- The preferred provider option plan provides services through its network of participating dentists and allows you to see the dentist of your choice worldwide and still be covered.
- Your present dentist may be a PPO member of Delta Dental; however, not all Delta Dentists are members of the PPO network. If you receive services outside of the PPO network, your share of the dentist's fees will be substantially higher. You may contact Delta Dental to ensure there is a PPO provider available in your service area.
- Your cost for services is based on a fee-for-service agreement between Delta and the PPO provider. The plan limits paid coverage for each specific type of dental treatment. You pay any remaining balance due based on the type of dental treatment you receive.
- The amount of your monthly premium copayment is deducted from your monthly retirement warrant according to the number of enrolled dependents.

The tables on the following pages will help you compare coverage and costs.



CALIFORNIA DEPARTMENT OF HUMAN RESOURCES
Benefits Division

additional information located at

www.calhr.ca.gov

Coverage and Costs for Certain Procedures

Prepaid Plans	DeltaCare USA, Premier Access, and Western Dental (Standard)	SafeGuard (Enhanced)
Who is Eligible?	Retirees and Dependents	Retirees and Dependents
Diagnostic and Preventive Benefits (two cleanings annually)	No charge	No charge*
Basic Benefits	No charge	No charge
Crowns	\$50	No charge
Bridges, Full and Partial Dentures	\$65 and up	No charge
Implants	Premier Access and Western Dental only	Not covered
Orthodontia	\$1,000, plus up to \$250 for start-up costs	\$1,000, plus up to \$250 for start-up costs

*SafeGuard provides the availability for a third cleaning to the employee and all enrolled dependents.

Indemnity and PPO Plans	Delta Dental PPO plus Premier Basic No. 9949	Delta Dental PPO plus Premier Basic No. 9949	Delta Dental PPO In-Network ¹ (PPO Dentists) No. 9946	Delta Dental PPO Out-of-Network (non-PPO Dentists) No. 9946
Who is Eligible?	Retirees	Dependents of Retirees	Retirees and Dependents	Retirees and Dependents
Diagnostic and Preventive Benefits (two cleanings annually)	No charge ²	No charge ²	No charge ^{2,3}	20% ³
Basic Benefits	10%	20%	10%	20%
Crowns	20%	50%	20%	50%
Bridges, Full and Partial Dentures	50%	50%	40%	50%
Implants	Not covered	Not covered	50% (\$2,500 Lifetime maximum)	50% (\$2,500 Lifetime maximum)
Orthodontia	50%	50%	50%	50%
Lifetime Orthodontia Maximum	\$1,000	\$1,000	\$1,000 adult/ \$1,500 children	\$1,000 adult/ \$1,000 children
Annual Deductible	\$50	\$50 person/ \$150 family	\$25 person/ \$100 family	\$75 person/ \$200 family
Annual Maximum	\$2,000	\$1,000 per person	\$2,000 per person	\$1,000 per person

1. The level of benefits and covered services shown here are based on services provided by a PPO plan dentist; for services provided by a non-PPO plan dentist, the level of benefits is lower.
2. Diagnostic and preventive benefits are exempt from the deductible.
3. The PPO includes a third cleaning for high-risk patients.

2020 Retiree Dental Premiums

The state pays all or part of your premium, depending on the plan you select and the number of dependents you wish to cover. The following tables show dental premiums effective January 1, 2020.

Prepaid Dental Plans

The state will pay 100 percent of the premium for retirees in prepaid plans.

Level of Coverage	DeltaCare USA	Premier Access	SafeGuard (Enhanced)	Western Dental
Party Code 1	\$19.44	\$15.48	\$16.06	\$15.77
Party Code 2	\$31.90	\$25.08	\$27.18	\$26.02
Party Code 3	\$44.13	\$35.12	\$33.48	\$36.91

Delta Dental PPO plus Premier Basic Plan—Group No. 9949

Level of Coverage	State Share	Retiree Share	Total Premium
Party Code 1	\$38.12	\$12.71	\$50.83
Party Code 2	\$66.56	\$22.19	\$88.75
Party Code 3	\$96.21	\$32.07	\$128.28

Delta Dental Preferred Provider Option (PPO)—Group No. 9946

Level of Coverage	State Share	Retiree Share	Total Premium
Party Code 1	\$34.84	\$11.61	\$46.45
Party Code 2	\$67.73	\$22.58	\$90.31
Party Code 3	\$101.91	\$33.97	\$135.88

Eligibility

You are eligible to enroll or continue enrollment in a state-sponsored dental plan as a retiree if you are enrolled in (or eligible for) a state-sponsored dental plan on the date of your separation from employment, retire within 120 days of your separation, and receive a monthly retirement allowance from CalPERS.

If you are a retired state employee and have questions regarding your eligibility, contact the California Public Employees' Retirement System (CalPERS), Member Account Management Division toll free at (888) 225-7377.

For More Information

For more information on dental plans, please contact CalHR or visit www.calhr.ca.gov. Please consult each dental plan's evidence of coverage for detailed information and plan limitations. To obtain a list of each plan's member dentists please call or visit the websites of the plans listed on the back of this brochure.