

## Dental Insurance

**Delta Dental Plan of California (Group #6635)**  
**Member Services – (888) 335-8227**

Los Rios currently offers dental insurance with Delta Dental Plan of California.

### Eligibility

- A. Those eligible to participate in Delta Dental include: Regular full-time and regular part-time employees deemed eligible per terms of the [LRSA Collective Bargaining Contract](#).
- B. Dependents:
1. The employee's spouse.
  2. A dependent child of the employee or employee's spouse who is both unmarried and under age 25.
  3. Either you or your spouse's/domestic partner's dependent children may continue to be covered beyond the group's limiting age if they are incapable of self-sustaining employment because of total disability (as defined by the carrier). The disability must have occurred prior to the limiting age and they must be chiefly dependent upon you or your spouse/domestic partner for support and maintenance.
- C. Domestic partner and children of domestic partner.

### Enrollment

New employees must file an application for enrollment within 31 days of their date of hire. Coverage will begin on the first day of the month following their date of hire. **It is the employee's responsibility to enroll newborn children, adopted children, new spouses and other dependent children within 31 days of birth, adoption or marriage.**

The District's annual open enrollment is typically scheduled from September 1 through September 30 of each year. Coverage for new enrollees and any changes would become effective on January 1.

### Domestic Partners

Employees may enroll domestic partners and eligible children of domestic partners in a dental plan within 31 days of submitting a notarized [Affidavit of Domestic Partnership](#). Under applicable federal and state income tax law, payments for dental coverage for a domestic partner are not eligible for pre-tax treatment. In addition, coverage of the

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domestic partner will result in additional imputed taxable income to the employee. If domestic partners and/or their dependents meet the definition of a dependent under section 152 of the IRS code, the value of their medical/dental insurance is exempt from imputed income. You may want to contact your tax advisor for guidance if you believe you might be exempt from imputed income.

Effective January 1, 2002, California law exempts you from paying State income tax on *imputed income* if you have filed a Declaration of Domestic Partnership with the California Secretary of State, and either of the two following conditions are met: (1) you and your partner are of the same sex or 2) either you or your partner is over 62 and meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) or Section 1381.

If you have already filed a declaration with the Secretary of State, please forward a copy to the Employee Benefits Department and we will adjust your State taxable income accordingly. If you have not filed a declaration, but are eligible and wish to do so, you can download the form from the Secretary of State’s website, [www.ss.ca.gov](http://www.ss.ca.gov), (under “Special Programs Information”) and follow the directions printed on the form.

Please refer to the [domestic partner](#) section of this site for detailed information regarding the District’s domestic partner policies and procedures.

**Important Eligibility and Coverage Information**

Normally you cannot change dental plan elections in which you participate. An exception would be by reason of a Qualifying Family Status Change event. Acceptable Family Status Changes are listed below. You have 31 calendar days from the date of your qualifying event to notify the Employee Benefits Department and submit the required forms.

<b>Qualifying Family Status Changes</b>
Marriage, divorce, legal separation, or death of your spouse or domestic partner
Birth, adoption or death of your dependent child or domestic partner’s child
Change in your dependent child’s status or the child of your domestic partner (student eligibility; marriage; etc.)
Termination or commencement of your spouse’s employment
A significant change in health coverage provided by your spouse’s employer that affects you or your spouse
You enter or end a domestic partnership
Your dependents have moved into, or out of, the service area
You change from part-time to full-time status, or vice versa

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If you have a Qualifying Family Status Change, you can revise your benefits only in ways that are consistent with that change. For instance, if one of your covered children is no longer a full-time student, you would delete her/him from your coverage, but you would not be eligible to change any other dependent's coverage or your own coverage. **Your written request to make plan changes must be received by Employee Benefits within 31 calendar days of the qualifying event.**

### **Premiums**

The fiscal year 2008-09 monthly premium for employees and their dependents is \$117.00. The district contribution for fiscal year 2008-09 is \$117.00, so there is currently \$0 employee contribution for regular employees.

### **District Contribution**

The full District contribution toward the premium cost of medical insurance will apply to full-time members of the LRSA bargaining unit. For members working less than 12 months per year and/or 40 hours per week, the District will contribute on a pro-rata percentage basis the percentage of part-time to full-time monthly contribution rate. The amount of contribution usually changes each year and is based upon provisions defined in the [LRSA Collective Bargaining Contract](#). The established District contribution will be paid as long as the member is in paid status.

Out-of-pocket premium costs are deducted from gross wages **before** taxes are calculated.

### **Termination of Coverage**

Coverage will end on the last day of the month in which your employment is terminated, paid status ceases or cancellation is requested by you.

### **COBRA**

COBRA continuation benefits may be available if you and/or your dependents lose coverage due to termination of employment, divorce, legal separation or dependent ineligibility. The Los Rios Employee Benefits Department must be notified in writing within sixty (60) days of the date of the later of the qualifying event or the date on which coverage would end under the plan because of the qualifying event.

In the event of an employee's termination of employment or death, the Los Rios Employee Benefits Department will inform the employee or qualified beneficiary of their right to continue coverage. Qualified beneficiaries will have sixty (60) days from the date they lose coverage because of a qualifying event to inform the Los Rios Employee Benefits Department in writing that they want COBRA continuation coverage.

**Note:** Refer to the [COBRA](#) section of this site for a detailed description of COBRA continuation benefits.

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### **Level of Coverage**

Delta Dental will pay 70% of the eligible fees for benefits during the first calendar year of eligibility. This percentage will increase 10% each calendar year, up to 100%, for each enrollee, provided that person has visited the dentist at least once during that calendar year. Prosthodontic benefits are limited to 50% of covered fees and orthodontics is not covered. Dependents may continue on the plan up to their 25th birthday if they are unmarried and meet the Internal Revenue Service definition of a dependent. The plan will cover up to four cleanings in a calendar year. Payments for covered services are limited to \$2,000 per person per calendar year. Please refer to the [schedule of prepayment fees](#) for additional copayment/coverage information.

If you are transferring from another school district with the same Delta Dental plan, your percentage share of the bill for dental services will remain the same as long as there has not been a break in coverage.

### **Selecting a Dentist**

Approximately 95% of the dentists in California participate in the Delta Dental program. You should make certain that your dentist is a participating Delta Dental dentist. If you utilize a non-Delta dentist, Delta Dental cannot assure you what percentage of the charged fee may be covered. You can search by zip code for a dentist near you at Delta Dental's web site, <http://www.deltadentalins.com/directory/index.html>. Under Network Plan Selection, click Delta Premier.

### **Preferred Provider Option**

Your dental plan also includes a Delta Preferred Provider Option (DPO). With a DPO plan, employees who use dentists within the DPO network ("in-network") will have an additional \$200 annual maximum coverage (for a total of \$2,200). If your dentist is not in the DPO network, the annual maximum will remain at \$2,000. All other benefits will not change (e.g. - # of cleanings each year, coverage for crowns, etc.). To find out if your dentist is "in-network," visit the Delta Dental website at <http://www.deltadentalins.com/directory/index.html>. Under Network Plan Selection, click Delta Preferred (DPO).

### **Terms & Conditions**

Your participation and the benefits to which you are entitled under the Delta Dental Plan are subject to the terms and provisions of the plan as defined by Delta Dental and/or the respective [collective bargaining agreement](#) or [District policies](#). This description of the Delta Dental Plan is general in nature and does not fully describe all of the terms and conditions of this plan. To obtain a more detailed description of the plan, contact Delta Dental or the Employee Benefits Department.

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**Delta Dental Schedule of Prepayment Fees  
Group #6635**

<b>BENEFIT</b>	<b>DESCRIPTION</b>	<b>CO-PAYMENT</b>
<b>Diagnostic</b>	Oral examinations (twice during any 12 month period)	0-30 % of Covered Fees
	Complete mouth X-rays (once each five years)	0-30 % of Covered Fees
	Bitewing radiographs (once every twelve months if age 18 or over)	0-30 % of Covered Fees
<b>Preventive</b>	Prophylaxis (cleaning)- Up to four in a 12 month period	0-30 % of Covered Fees
	Fluoride treatment	0-30 % of Covered Fees
	Space maintainers	0-30 % of Covered Fees
	Sealants - Limited to dependent children under age 14	0-30 % of Covered Fees
<b>Orthodontics</b>	Treatment of malalignment of teeth and/or jaws	Not Covered
<b>Oral Surgery</b>	Extractions and certain other surgical procedures, including pre- and post-operative care.	0-30 % of Covered Fees
<b>General Anesthesia</b>	When administered by a licensed dentist in connection with covered oral surgery services	0-30 % of Covered Fees
<b>Prosthodontic</b>	Procedure for construction or repair of fixed bridges; partial or complete dentures (minimum of five year intervals)	50 % of Covered Fees
<b>Restorative</b>	Provides amalgam, synthetic porcelain and plastic restorations (fillings) for treatment of carious lesions (dental decay)	0-30 % of Covered Fees
<b>Endodontic</b>	Treatment of the tooth pulp	0-30 % of Covered Fees
<b>Restorations</b>	Crowns, jackets and gold or cast restorations provided when teeth cannot be restored with amalgam, synthetic porcelain or plastic restorations (provided only after five years have elapsed following any prior provision under any Delta program)	0-30 % of Covered Fees
<b>Periodontic</b>	Treatment of gums and bones supporting teeth	0-30 % of Covered Fees