

Dental Plans

Dental coverage is an important part of your County of Riverside benefits package and is key to your overall health. The County is pleased to offer you a choice of plans, providers and coverage options. Key features and benefits of the plans are listed on the comparison chart on page 12.

DELTACARE USA HMO DENTAL PLAN

The dental HMO plan operates similarly to a medical HMO plan. Dental care is provided through a network of private-practice dental offices. DeltaCare USA HMO coverage is available in California, Arizona, Florida, Nevada, New Mexico, Oregon, Texas, Utah and Wyoming.

When you enroll in this plan, you will select a primary care dentist for yourself and each of your dependents. Your dental office will coordinate all of your dental services. To receive benefits, services must be obtained through your chosen dental provider unless the plan has authorized services elsewhere. Once enrolled, you can change your primary dental provider by contacting the plan's Member Services department.

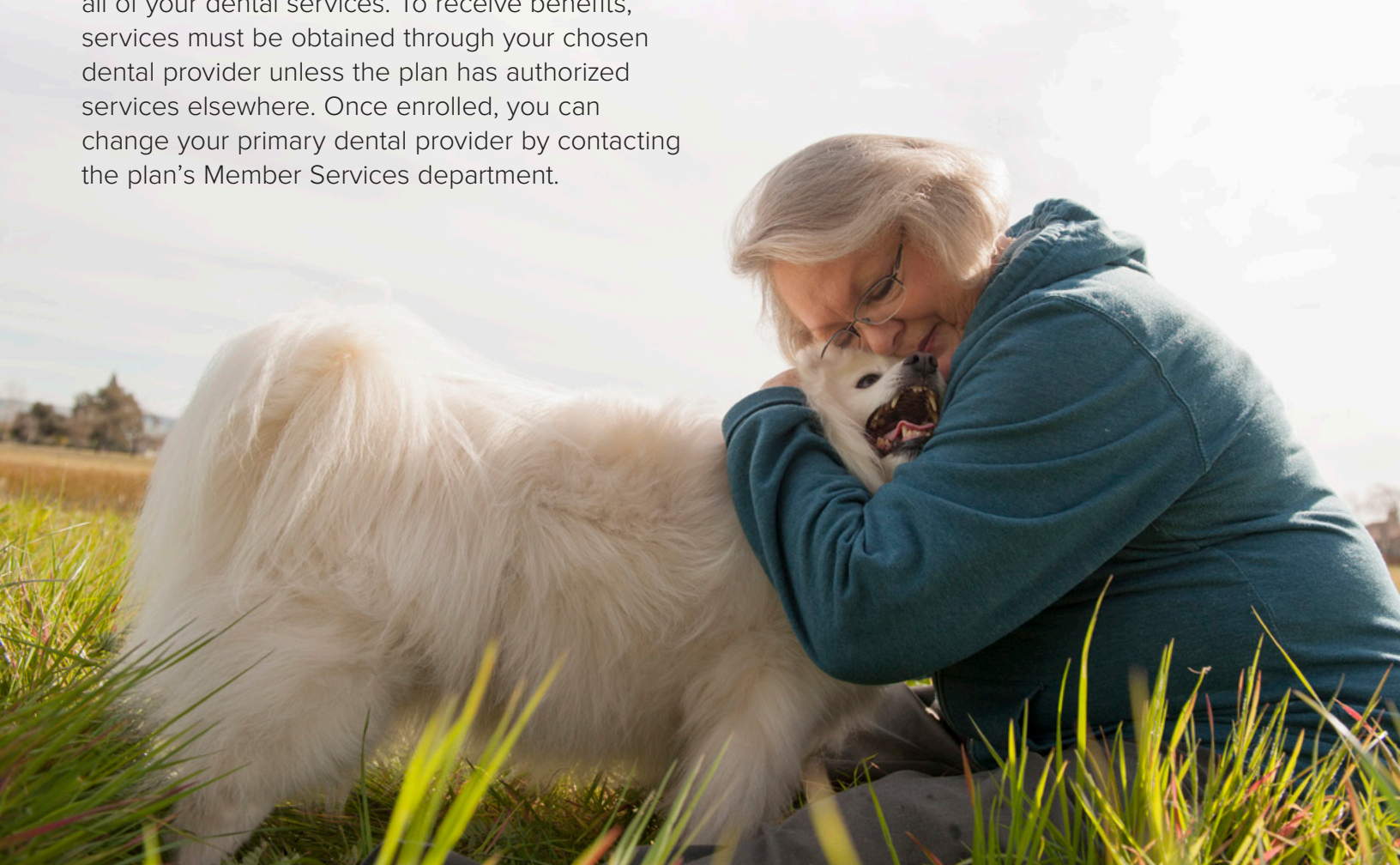
LOCAL ADVANTAGE PLUS EPO DENTAL PLAN

The Local Advantage Plus plan pays a percentage of benefits based on the type of service provided. Your dental care is provided through a network of private-practice dentists and dental groups.

When you enroll in Local Advantage Plus, you and your dependents are free to choose any of the Local Advantage network providers each time you seek dental care. To receive benefits, your dental services must be obtained through your chosen dental provider unless the plan has authorized services elsewhere.

DELTA DENTAL PPO DENTAL PLAN

Under the PPO plan, you are free to go to any licensed dentist you choose—but if you go to a dentist who is a member of Delta Dental's PPO network, you will receive a higher level of benefits and reduce your out-of-pocket costs. Also, there are no claim forms to fill out when you go to a Delta Dental dentist.



Whenever you need dental care, you have three options:

Delta Dental PPO Dentists. This provider option offers the best value for dental care. PPO dentists are a select group of dentists within the Delta Dental network, and they have agreed to charge PPO plan members significantly reduced rates.

Delta Premier Dentists. If you go out of network but see a Delta Premier dentist, your out-of-pocket costs will be higher than if you see a PPO dentist. Delta Premier dentists have reduced their fees and will not bill you above their contracted fees with Delta Dental. If you see a Premier dentist, you will have to pay the difference between the PPO fee and the Premier fee. But Premier dentists cannot charge you more than Delta Dental's contracted fees, so you will receive cost protection.

Out-of-Network Dentists. These dentists do not offer discounted rates to Delta Dental plan

members. If you go to a non-Delta Dental dentist, the plan will pay benefits only up to Delta Dental's approved fee. If your non-Delta Dental dentist charges you more than the approved fee, you will have to pay the difference between that cost and the approved fee. You may also have to pay the full cost of the services at the time you receive them, and then submit a claim to Delta Dental to be reimbursed for the covered portion of your bill.

Note: Always request a pretreatment estimate or predetermination of benefits before having major dental work done. Don't be afraid to ask questions! Do not agree to any treatment unless you fully understand what condition is being treated, why it is being treated, and the costs of that treatment. When in doubt, contact your dental plan; you'll find the phone numbers for each plan on the back cover of this guide.

To obtain a list of participating dentists and dental offices, call the plan's Member Services.

Please refer to the individual dental summary plan booklets for detailed lists of covered expenses, exclusions and limitations. If there are any discrepancies between these booklets and the official plan documents, the official plan documents will prevail. Dental summary plan booklets are available by contacting the Benefits Information Line at (951) 955-4981, option 1, or visiting <http://rc-hr.com/retiree>.

PLEASE USE THE FOLLOWING FOOTNOTE REFERENCES WITH THE DENTAL PLANS COMPARISON CHART ON THE NEXT PAGE

1. You will pay any amount charged by your provider that is in excess of Delta Dental's approved fee.
2. You pay the applicable deductible for amalgam (silver) fillings, and the plan pays the remainder up to the allowance for amalgam fillings.
3. Applies to standard cases only. Other discounts apply for nonstandard cases.
4. The Delta PPO program will pay for an amalgam filling on a molar tooth after you pay the applicable deductible. You will be responsible for the additional costs for precious metals.

Under the Delta Dental PPO plan, you'll notice that the Delta Premier dentists are shown in the same category as out-of-network dentists. That's because the plan reserves the highest level of benefits for services received from Delta Dental PPO providers.

DENTAL PLANS

COUNTY DENTAL PLANS COMPARISON CHART

This benefit summary only highlights your benefits. It is not a *Summary Plan Description (SPD)*. If any discrepancy exists between this benefit summary and the official plan documents, the official plan documents will prevail.

	DELTACARE USA	LOCAL ADVANTAGE EPO PLUS	DELTA DENTAL PPO (BASIC SERVICES COVERED AT 80-90%)	
	HIGH OPTION PLAN (10A)	IN-NETWORK	DELTA DENTAL PPO DENTISTS	PREMIER DENTISTS OUT-OF-NETWORK DENTISTS
Annual deductible	None	None	None	\$50/individual \$150/family
Calendar year maximum benefit	None	\$2,000/person	\$2,000/person	\$1,500/person
DIAGNOSTIC AND PREVENTIVE				
Exams	No charge	No charge	No charge	No charge ¹
Cleaning	No charge	No charge	No charge	No charge ¹
Full-mouth X-rays	No charge	No charge	No charge	No charge ¹
Topical fluoride – child	No charge	No charge	No charge	No charge ¹
Sealants (per tooth)	\$5	No charge (under age 14)	No charge	No charge ¹
RESTORATIVE				
Fillings – amalgam (silver)	No charge	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible ¹
Fillings – composite resin (tooth-colored) for anterior (front) teeth	No charge	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible ¹
Fillings – composite resin (tooth-colored) for posterior (back) teeth	\$45–\$75	When decay is present, you pay the cost difference between amalgam and resin. For cosmetic purposes to replace an alloy/amalgam filling, you pay 50% ²	Not covered ⁴	Not covered ⁴
ENDODONTICS				
Single root canal	\$45	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible ¹
Bicuspid root canal	\$90	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible ¹
Molar root canal	\$205	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible ¹
PERIODONTICS				
Periodontal scaling and root planing – four or more teeth/quadrant	No charge	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible ¹

^{1,2,3,4}Refer to the box on page 11 for footnote references.

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	DELTACARE USA	LOCAL ADVANTAGE EPO PLUS	DELTA DENTAL PPO (BASIC SERVICES COVERED AT 80-90%)	
	HIGH OPTION PLAN (10A)	IN-NETWORK	DELTA DENTAL PPO DENTISTS	PREMIER DENTISTS OUT-OF-NETWORK DENTISTS
CROWNS, BRIDGES AND IMPLANTS				
Crowns	\$35–\$195	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible ¹
Bridges	\$55–\$195	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible ¹
Implants	Not covered	Not covered	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible ¹
PROSTHODONTICS				
Complete upper denture	\$100	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible ¹
Complete lower denture	\$100	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible ¹
ORAL SURGERY				
Simple extraction	No charge	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible ¹
Impaction	\$25–\$90	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible ¹
COSMETIC				
Veneers	No benefit	You pay 50%	Not covered	Not covered
Teeth whitening	\$125	You pay 50%	Not covered	Not covered
Replacement of existing amalgam filling with composite	Not covered	You pay 50%	Not covered	Not covered
ORTHODONTICS				
Child	\$1,700	You pay \$120 down, \$120/month for 24 months ³	You pay 50% of the PPO fee	You pay 50% of the PPO fee after the deductible ¹
Adult (19 and up)	\$1,900		You pay 50% of the PPO fee	You pay 50% of the PPO fee after the deductible ¹
Lifetime maximum benefit	None	None	\$2,000/person	\$1,500/person

^{1,2,3,4}Refer to the box on page 11 for footnote references.