

**CENTRAL COAST WATER AUTHORITY  
SELF-FUNDED DENTAL/VISION PLAN  
PLAN DOCUMENT**



Effective Date: July 1, 2011

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**ELIGIBILITY:** All full-time regular employees working at least 30 hours a week, and their dependents are eligible for dental/vision coverage.

**COVERED DEPENDENTS:** Your spouse and unmarried children who are less than 19 years of age are eligible. Unmarried children who are full-time students (as defined by the learning institution) as of his or her birthday are eligible until age 21.

**DENTAL/VISION EXPENSE REIMBURSEMENT:** This dental/vision plan will pay a maximum benefit on behalf of each **family** per fiscal year not to exceed **\$3,030**. ***All benefits and procedures provided under this plan regardless of the percentage of coverage will count towards the annual maximum.***

**COVERED DENTAL PROCEDURES:** All dental procedures are covered dental expenses if provided by or under the direction of a dentist licensed to practice in the State of California. Charges covered by Workers' Compensation or the medical plan will not be reimbursed by the CCWA Self-Funded Dental/Vision Plan.

**DENTAL LIMITS:** This plan will cover 100% of general cleaning (prophylaxis) and examination twice a year for each covered individual. This plan will also pay 85% of all covered dental procedures up to the dental/vision plan maximum allowance of \$3,030 per family per fiscal year taken in conjunction with all covered vision expenses. There are no deductibles.

**ORTHODONTIC:** This plan will pay 50% of orthodontic charges up to a \$3,636 lifetime maximum per individual. ***The annual contribution for orthodontic services will count towards the annual dental/vision plan \$3,030 maximum.***

Once a participant has received the maximum orthodontic benefit as provided under this plan, the participant is no longer eligible for further orthodontic benefits even if the lifetime maximum increases at a later date.

**PERIODONTAL (Gum Disease):** Charges for periodontal service will be covered according to the same schedule outlined under "Covered Dental Procedures" above.

**COVERED VISION PROCEDURES AND EXPENSES:** All vision procedures must be provided by or under the direction of an optometrist or ophthalmologist licensed to practice in the State of California. ***All procedures count towards the annual \$3,030 maximum.***

Eye Examination

Each covered individual may receive a comprehensive eye examination annually. This eye examination will be covered in full with no deductible or co-payment.

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### Corrective Lenses

When a correction is prescribed by the doctor, the cost of the corrective lenses will be covered by this plan up to \$242. Each covered individual is entitled to receive one pair of corrective lenses per fiscal year.

### Contact Lenses

This plan will pay up to \$127 per fiscal year for contact lenses. Note: this is not in addition to the corrective lenses mentioned above. The covered individual may choose either the corrective lenses or the contact lenses.

### Frames

This plan will pay up to \$121 every 24 months for the purchase of eyeglass frames.

**CLAIMS PROCEDURES:** An employee must notify the Plan Administrator (CCWA Controller) of his/her choice for provider for the various coverages outlined in this plan document. The Plan Administrator will notify the provider of the employee's coverage under this plan and will forward claim forms to the provider.

Payment will be made directly to the provider based on the limits described above. Co-payment amounts must be paid by the covered individual at the time the services are received.

Requests for payment must be submitted by September 1 for services performed during the previous fiscal year.

**COORDINATION OF BENEFITS:** If you or your family are covered by another group dental/vision plan, the CCWA Self-Funded Dental/Vision Plan will coordinate benefits with the other plan.

**TERMINATION OF INSURANCE:** Employee coverage under this plan will cease on the date of termination of employment.

**ADJUSTED LIMITS DUE TO DECLINING COVERAGE:** If you choose to "opt" out of the vision portion of this plan but retain the dental portion, the plan limit will be \$2,651. Alternatively, if you choose to "opt" out of the dental portion of this plan but retain the vision portion, the plan limit will be \$375.

### **TERMS OF ENROLLMENT:**

1. The plan provides an open enrollment period for the first 30 days of the plan to all current full-time regular employees as of the effective date of the Plan.
2. The plan will provide an open enrollment period annually during the month of May.
3. Full-time regular employees working at least 30 hours/week are eligible for coverage beginning two full calendar months after date of hire.
4. Newborn children are covered from date of birth if added within the first 31 days of birth.
5. Spouses are covered from the date of marriage if added within the first 31 days of marriage.
6. Children may be covered up to age 19 or students to age 21.
7. The employee may delete coverage at any time (with 30 day notice).

8. The Plan Year will begin on July 1 and end on June 30.

**PLAN CHANGES:** The Central Coast Water Authority reserves the right to terminate this plan upon thirty (30) days notice to all eligible employees. If the CCWA chooses to terminate the plan, the following procedures will be applied:

1. In the event that claim forms are submitted before the date of notice of termination, payment will continue to be paid in accordance with the Plan.
2. In the event that claim forms are submitted during the thirty (30) day notice period, payment will be limited to expenses for treatment incurred before the final termination date.

**NOTE:** Submitting false receipts will be considered a fraudulent act and will be grounds for immediate dismissal and/or further action.