

# DENTAL PLANS

Chapman University offers you a choice between two different dental plans through Delta Dental.

## DeltaCare USA HMO Plan

Under the DeltaCare USA HMO plan, you choose a primary dental provider to manage your care. If you are a new member, Delta will automatically assign a provider to you and your enrolled family members based on your zip code. You can change your dentist by contacting Delta Member Services. With this plan, there are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges (copays) apply to services.

## PPO Plan

With the PPO plan, you have the freedom to use the provider of your choice, with greater cost savings in-network. PPO providers have agreed to charge members reduced, contracted fees and will file all claims for you. You may also go out-of-network and use Delta Dental Premier dentists or non-Delta dentists but you will have higher out-of-pocket costs.



KEY DENTAL BENEFITS	DELTACARE USA HMO		PPO	
	In-Network Only	In-Network <sup>1</sup>	In-Network <sup>1</sup>	Out-of-Network <sup>1</sup>
<b>Annual Deductible</b>	None		\$50/Individual - \$150/Family	
<b>Office Visit Copay</b>	\$5 for observation only		None	
<b>Annual Maximum Benefit</b>	N/A		\$2,000 per Individual	
<b>Diagnostic &amp; Preventive Procedures</b> • Exams, cleanings, X-rays, fluoride	No charge for most preventive services	Plan pays 100%	Plan pays 100%	
<b>Basic Procedures</b> • Fillings, extractions, sealants, periodontics, root canals, oral surgery	You pay copays ranging from \$0 - \$220, depending on service received	Plan pays 90%*	Plan pays 80%*	
<b>Major Procedures</b> • Crowns, inlays, onlays, cast restorations, bridges, dentures, implants (PPO plan only)		Plan pays 60%*	Plan pays 50%*	
<b>Orthodontia</b> • Comprehensive treatment	\$1,900 (adult) \$1,700 copay (under age 19)	<b>Children only:</b> Plan pays 50%* up to a lifetime maximum of \$1,000 per child		

**\* Deductible must be met before the Plan begins to pay.**

1. Reimbursement is based on PPO contracted fees for PPO dentists; Delta Dental Premier contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

The table above provides a high-level overview of the most commonly used dental benefits. Keep in mind that certain exclusions and limitations may apply.

# VISION PLANS

**Chapman University offers you a choice between two different vision plans through VSP.**

Vision services can be provided by any VSP participating provider or from a provider of your choice; however, you receive the highest level of benefits and save on out-of-pocket costs when you use VSP Signature providers. VSP has one of the largest networks of private practicing optometrists, ophthalmologists and opticians. Additionally, VSP's network includes retail chain affiliate provider Costco Optical.



KEY VISION BENEFITS	BASIC PLAN		PREMIER PLAN	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
<b>Vision Exam</b>	<b>\$25 copay</b> <b>One exam every 12 months</b>	Up to \$50	<b>\$15 copay</b> <b>One exam every 12 months</b>	Up to \$50
<b>Lenses</b>	Covered in full  <b>One pair every 24 months</b>	Up to \$50 - \$125, depending on lenses	Covered in full  <b>One pair every 12 months</b>	Up to \$50 - \$125, depending on lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 - \$170 allowance, depending on frame</li> <li>\$80 allowance at Costco</li> <li>20% off amount over the allowance</li> </ul> <b>One set every 24 months</b>	Up to \$70	<ul style="list-style-type: none"> <li>\$175 - \$195 allowance depending on frame</li> <li>\$95 allowance at Costco</li> <li>20% off amount over the allowance</li> </ul> <b>One set every 24 months</b>	Up to \$70
<b>Contact Lenses</b>  Contacts are in lieu of lenses & frames benefit	<ul style="list-style-type: none"> <li>Up to \$60 copay for contact lens exam</li> <li>\$150 allowance for contacts</li> </ul> <b>Once every 24 months</b>	Up to \$105 for contacts and contact lens exam	<ul style="list-style-type: none"> <li>Up to \$60 copay for contact lens exam</li> <li>\$175 allowance for contacts</li> </ul> <b>Once every 12 months</b>	Up to \$105 for contacts and contact lens exam
<b>Laser Vision Correction (LASIK)</b>	15% off the regular price, or 5% off the promotional price	Not covered	15% off the regular price, or 5% off the promotional price	Not covered

**Hearing Aids through TruHearing** — TruHearing offers VSP members free membership and deep discounts on some of the most popular digital hearing aids on the market. Visit [truhearing.com/vsp/](http://truhearing.com/vsp/) to learn more.

The table above provides a high-level overview of the most commonly used vision benefits. Keep in mind that certain exclusions and limitations may apply.