



VALLEY CENTER WATER DISTRICT EMPLOYEE BENEFITS: DENTAL BENEFIT SUMMARY AND CLAIMS GUIDE

PLAN YEAR: 2027





Welcome to the VALLEY CENTER WATER DISTRICT dental plan administered by SISCO. The following information will give you and your family the important facts you need to get started. To obtain the most value from your health plan, review all information carefully and share it with your family. You should also keep this information with your important papers for future reference.

USING YOUR BENEFITS WISELY

Under the dental plan offered, you may see the dentist of your choice. If you receive services from an In-Network Provider, you will receive a better benefit in addition to discounts from participating providers. If Out-of-Network providers are used, a lesser benefit will apply and you may be responsible for any amount that exceeds the usual and customary allowance for that service. Refer to your Summary Plan Document (SPD) for further information.

SISCO CUSTOMER SERVICE CENTER

By phone: 800-457-4726 – Monday through Thursday from 5:00am – 5:00pm PT, Friday from 5:00am – 3:00pm PT.

By email: Sisco.service@siscobenefits.com

FIND A PROVIDER

Your dental plan utilizes the CIGNA Dental Network To find and/or verify network providers, visit www.cignadentalSA.com Select Find a dentist. The network is: PPO SA Plus When on website, after you enter the zip code; the dental plan to select under DPPO/EPO is Cigna Dental PPO Shared Administration Plus.

DENTAL CLAIMS

- 1) When receiving dental services, present your ID Card to the provider.
- 2) Dental office can call SISCO to verify coverage
- 3) The service provider files a claim with Cigna Dental
- 4) CIGNA Dental prices the claim and then sends it directly to SISCO.
- 5) SISCO pays your provider.



VALLEY CENTER WATER DISTRICT DENTAL BENEFIT SUMMARY

The following is a summary of the dental benefits. Please refer to the Summary Plan Description for a detailed description of benefits. The dental network (In Network) is the PPO network through CIGNA Dental Health. All claims should be sent to CIGNA Dental Health for processing. To determine if your dental provider is in network, go to www.cignadentalSA.com. Utilizing in network providers will provide a larger benefit. SISCO is the Plan Administrator that generates the dental cards and will issue the claim payment (subsequent to CIGNA review). Telephone 800-457-4726. A Predetermination of Benefits from the Dentist is required for services greater than \$300.

PLAN MAXIMUMS		
Calendar Year Maximum Benefit (Non Ortho)	\$1,750 In Network/\$1,500 Out Network	
Orthodontia Maximum Benefit (Lifetime)	\$1,500	
Plan benefits for each Covered Person will not exceed the maximums shown above.		
Orthodontia benefits are available for covered Dependent children to age 19 ONLY. The Orthodontia Maximum Benefit applies to all periods a Dependent child is covered under the Plan. Orthodontia benefits do not apply to the Calendar Year Maximum Benefit.		
CALENDAR YEAR DEDUCTIBLE (Basic & Major Services)		
Individual Deductible	\$50 In and Out Network	
Family Maximum Deductible	\$150 In and Out Network	
<u>Individual Deductible</u> - The Individual Deductible (\$50) is an amount which a Covered Person must contribute toward payment of eligible dental expenses. The deductible applies before the Plan begins to provide benefits for Basic Services and Major Services.		
<u>Family Maximum Deductible</u> - If \$150 in eligible dental expenses is incurred collectively by family members during a Calendar Year and is applied toward Individual Deductibles, the Family Maximum Deductible is satisfied. A "family" includes a covered Employee and his covered Dependents.		
ELIGIBLE DENTAL EXPENSES	In Network – Covered Person Pays	Out Network - Covered Person Pays
Preventive Services (Annual Deductible does not apply)	\$0	\$0 of Predetermined amount
Basic Services (Annual Deductible does apply)	5%	20% of Predetermined amount
Major Services (Annual Deductible does apply)	35%	50% of Predetermined amount
Orthodontia (Annual Deductible does not apply)	40% Initial payment cannot exceed \$450	50% of Predetermined amount

THIS IS A SUMMARY ONLY. PLEASE REFER TO THE DENTAL SUMMARY PLAN DOCUMENT, ELIGIBLE DENTAL EXPENSES AND DENTAL LIMITATIONS AND EXCLUSIONS SECTIONS FOR MORE INFORMATION.

DETAIL DENTAL BENEFITS SUMMARY (IN-NETWORK) COST TO PARTICIPANT YOU RECEIVE THE MAXIMUM BENEFIT WHEN VISITING CONTRACTED DENTISTS

DESCRIPTION	DEDUCTIBLE	PERCENTAGE	COMMENTS
PREVENTATIVE			
Bitewing X-Rays	N/A	0%	<i>Limit of 2 times in 12-month period</i>
Exam	N/A	0%	<i>Limit of 2 times in 12-month period</i>
Emergency (Palliative Treatment)	N/A	0%	
Fluoride	N/A	0%	<i>Limit of 2 times in 12-month period to age 16</i>
Panorex/Full Mouth X-Rays	N/A	0%	<i>Limit of 1 time in 36-month period</i>
Periapical X-Rays	N/A	0%	<i>Limit of 1 time in 36 month period</i>
Prophy	N/A	0%	<i>Limit of 2 times in 12-month period</i>
Sealants	N/A	0%	<i>Limited to covered persons to age 16</i>
Space Maintainers	N/A	0%	<i>Up to age 14</i>
BASIC			
Endodontics (Root Canals)	\$50/\$150	5%	
Fillings	\$50/\$150	5%	
General Anesthesia	\$50/\$150	5%	<i>Will be paid for as a separate procedure only when required for extraction of impacted teeth</i>
Oral Surgery	\$50/\$150	5%	
Periodontics	\$50/\$150	5%	<i>Limited to routine prophy scaling & root planning 1 per quad in a 12 month period</i>
Rebase/Reline Dentures	\$50/\$150	5%	
Recement Bridges/Crowns	\$50/\$150	5%	
Repairs (dentures, bridges, crowns)	\$50/\$150	5%	
Injections (antibiotics)	\$50/\$150	5%	
MAJOR			
Replace (dentures, bridges crowns)	\$50/\$150	35%	
Bridges	\$50/\$150	35%	
Crowns	\$50/\$150	35%	
Dentures	\$50/\$150	35%	
Inlays/Onlays	\$50/\$150	35%	
Partials	\$50/\$150	35%	
Pins/Posts	\$50/\$150	35%	
MISCELLANEOUS			
Analgesia	\$50/\$150	5%	
Implants	\$50/\$150	35%	<i>Eligible only in - network</i>
Occlusal Adjustments	\$50/\$150	5%	
Occlusal Guards (bruxism only)	Not covered	Not covered	<i>Not Covered</i>
Splinting	\$50/\$150	5%	
Stainless Steel, Acrylic, Plastic Crowns	\$50/\$150	5%	

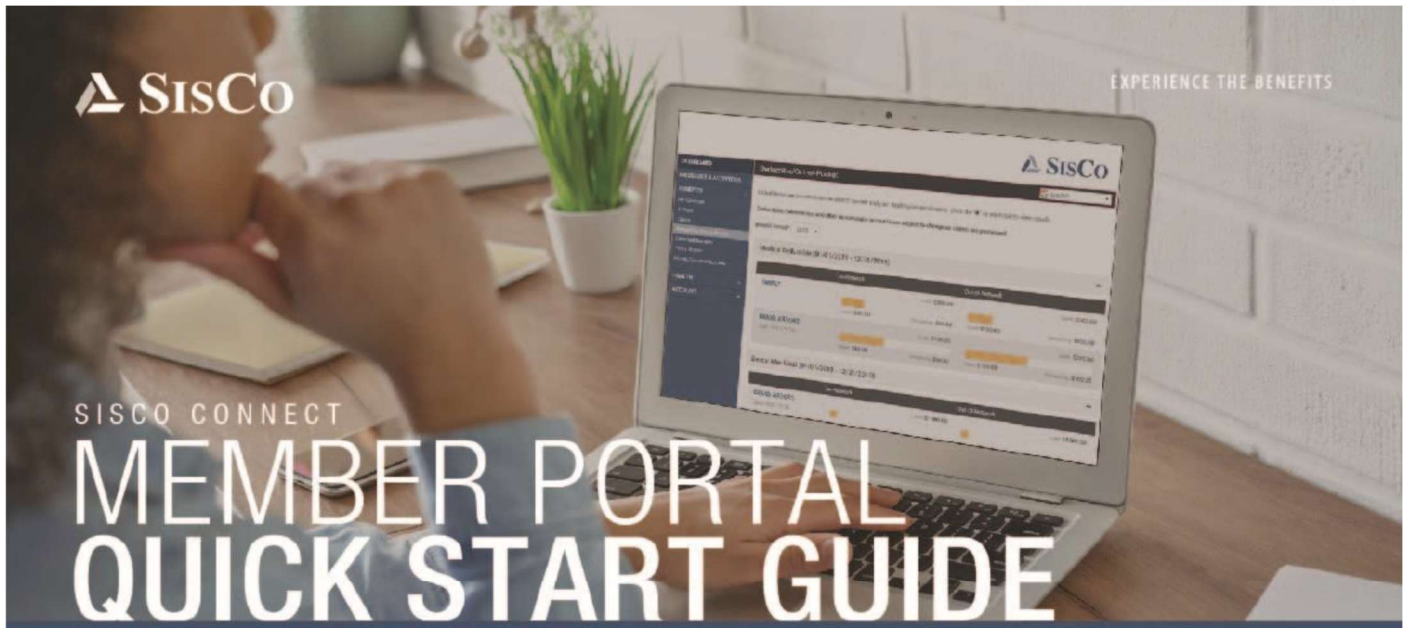
THIS IS A SUMMARY ONLY. REFER TO THE ELIGIBLE DENTAL EXPENSES AND LIMITATIONS/EXCLUSIONS SECTIONS OF YOUR SUMMARY PLAN DOCUMENT FOR MORE INFORMATION.

DETAIL DENTAL BENEFITS SUMMARY (OUT OF NETWORK) KEEP IN MIND YOUR RESPONSIBILITY MAY BE HIGHER WHEN RECEIVING CARE OUT OF NETWORK.

DESCRIPTION	DEDUCTIBLE	PERCENTAGE	COMMENTS
PREVENTATIVE			
Bitewing X-Rays	N/A*	0%*	<i>Limit of 2 times in 12-month period</i>
Exam	N/A*	0%*	<i>Limit of 2 times in 12-month period</i>
Emergency (Palliative treatment)	N/A*	0%*	
Fluoride	N/A*	0%*	<i>Limit of 2 times in 12-month period to age 16</i>
Panorex/Full Mouth X-Rays	N/A*	0%*	<i>Limit of 1 time in 36-month period</i>
Periapical X-Rays	N/A*	0%*	<i>Limit of 1 time in 36-month period</i>
Prophy	N/A*	0%*	<i>Limit of 2 times in 12-month period</i>
Sealants	N/A*	0%*	<i>Limited to covered persons to age 16</i>
Space Maintainers	N/A*	0%*	<i>Up to age 14</i>
BASIC			
Endodontics (Root Canals)	\$50/\$150	20%*	
Fillings	\$50/\$150	20%*	<i>Restorations involving multiple surfaces will be combined for benefit purposes and paid according to the number of discrete surfaces treated</i>
General Anesthesia	\$50/\$150	20%*	<i>Will be paid for as a separate procedure only when required for extraction of impacted teeth</i>
Oral Surgery	\$50/\$150	20%*	
Periodontics	\$50/\$150	20%*	<i>Limited to routine prophy scaling & root planning 1 per quad in a 12 month period</i>
Rebase/Reline Dentures	\$50/\$150	20%*	
Recement Bridges/Crowns	\$50/\$150	20%*	
Repairs (dentures, bridges, crowns)	\$50/\$150	20%*	
Injections (antibiotics)	\$50/\$150	20%*	
MAJOR			
Replace (dentures, bridges, crowns)	\$50/\$150	50%*	
Bridges	\$50/\$150	50%*	
Crowns	\$50/\$150	50%*	
Dentures	\$50/\$150	50%*	
Inlays/Onlays	\$50/\$150	50%*	
Partials	\$50/\$150	50%*	
Pins/Posts	\$50/\$150	50%*	
MISCELLANEOUS			
Analgesia	\$50/\$150	20%*	
Implants	\$50/\$150	<i>Not covered</i>	<i>Not covered</i>
Occlusal Adjustments	\$50/\$150	20%*	
Occlusal Guards (bruxism only)	<i>Not covered</i>	<i>Not covered</i>	<i>Not covered</i>
Splinting	\$50/\$150	20%*	
Stainless Steel, Acrylic, Plastic Crowns	\$50/\$150	20%*	

***YOUR COST & PERCENTAGE FOR SPECIFIED SERVICE MAY INCREASE DEPENDING ON THE CHARGES. PLAN PAY BASED ON USUAL & CUSTOMARY CHARGES IN THE ZIP CODE OF THE PROVIDER, THEREFORE ANY COSTS ABOVE USUAL & CUSOMARY WILL BE YOUR RESPONSIBILITY. RECOMMEND GETTING THE PREDETERMINATION OF COSTS BEFORE RECEIVING SERVICE TO HAVE AN UNDERSTANDING OF WHAT YOU WILL BE RESPONSIBLE FOR.**

THIS IS A SUMMARY ONLY. REFER TO THE ELIGIBLE DENTAL EXPENSES AND LIMITATIONS/EXCLUSIONS SECTIONS OF YOUR SUMMARY PLAN DOCUMENT FOR MORE INFORMATION.



MEMBER PORTAL ACCESS INSTRUCTIONS

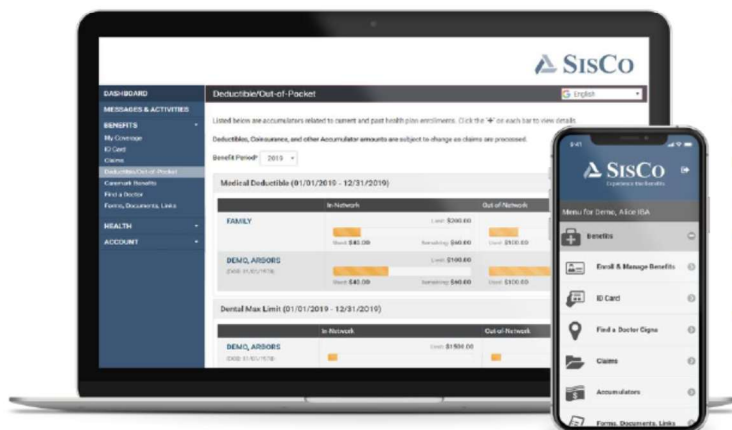
REGISTRATION

1. Visit your Member Portal at <https://siscoconnect.com>.
2. In the upper right corner of the Member Portal home screen, click **Register Now**.
3. Fill out the Registration Form and click Submit. Your **ID Number** is printed on your ID Card.

LOGGING IN

Once you've registered for the Member Portal, use your username and password to log in. The **Login** button is in the upper right corner of the Member Portal home screen.

For plan questions and technical support, contact a Wellness Navigator at **800.457.4726** or sisco.service@siscobenefits.com.



ACCESS ANYTIME, ANYWHERE

Download the SisCo Connect mobile app to access the same great health plan and wellness features as your Member Portal. Look for it in the Apple App Store and Google Play Store.



SISCO Connect

NAVIGATION GUIDE

SISCO CONNECT NAVIGATION GUIDE

SISCO CONNECT

SISCO CONNECT IS A
**ONE-STOP-SHOP THAT
DELIVERS ACCESS TO
THE TOOLS YOU NEED
TO SUCCESSFULLY
ACCESS YOUR ENTIRE
HEALTH PLAN.**

Welcome to SISCO Connect! This new member experience delivers a one-stop shop for you to access your entire health plan. Complete with a better user experience, more capabilities, and a mobile app, you have the tools you need to manage your benefits anytime, anywhere.

This guide will walk you through where to find key information on SISCO Connect as you get started with this new program. You can also contact SISCO's Service Team with any questions at **800.457.4726** or **Sisco.service@siscobenefits.com**.

WELCOME CENTER DASHBOARD

- The dashboard gets you quick access to important messages and activities that need your attention, recent claims, and ID cards.

NAVIGATION

- Access any feature in the member portal from the menu wizard located on the left.

BENEFITS

- **Enroll & Manage Benefits:** The Benefits tab is where you'll access open enrollment and change benefits should you experience a qualifying event. You'll also be able to see a summary of your dependents and plans on this page.
- **Forms, Documents, Links:** You can also access forms, documents, links and more from the Benefits tab.

HEALTH

- **Claims:** See details about recent and processed claims under the Health tab. You'll get a summary of the costs incurred and your out of pocket costs for the past year. In addition, you can search for a specific claim based on the date, type, provider, and charge and see a detailed Explanation of Benefits (EOB) for each claim.
- **ID Card:** Instantly download a copy of your ID card or an ID card for any of your covered members under the ID Card menu.
- **Accumulators:** This helpful page provides a visual of In Network and Out of Network costs incurred during a plan year.
- **FSA/HSA/HRA:** See how much you have in your Flex, HSA, or HRA account and a summary of transitions from this page.

YOUR NETWORKS:

- Use this menu to access covered providers, facilities, and pharmacies for your company's plan.

ACCOUNT:

- **Family Access:** If access has been granted, you can see claims information for your covered family members.
- **Account Settings:** Update your password and security questions on this page.
- **Notification:** Set your email and text message notification preferences here.

