

DENTAL BENEFITS for Oxnard School District Active Members	
Type of Plan	Delta Dental: Fee for Service -- Plan will pay the percentages shown for Delta Dental Premier and Delta Dental PPO dentists' contract charges. Using a PPO Dentist may result in lower out-of-pocket costs for you than using a Premier dentist.
Type of Benefit	Amount of Benefit Payable
Diagnostic and Preventive	100% - Includes Exams, Cleanings, X-rays
Basic and Major Services	80% - Includes Fillings, Simple Extractions, Root Canals, Gum Treatment, Oral Surgery, Crowns, Inlays, Onlays and Cast Restorations
Prosthodontic	50% - Bridges, Dentures, and Dental Guards
Deductible	None
Maximum	\$1,500 per calendar year
	<i>Note: The annual dollar limit of \$1,500 for the above dental services does not apply to pediatric dental care (dependent children up to age 18).</i>
Dental Accident	Benefits are payable at 100% of covered charges up to \$1,000 per calendar year for services rendered as a result of violent and accidental means.
Orthodontic Benefits	
Orthodontic benefits are payable at 50% of covered charges up to a maximum of \$1,000 per lifetime. Coverage is available to adults and dependent children eligible under the Plan.	

VISION BENEFITS for Oxnard School District Active Members	
Type of Plan	Vision Service Plan (VSP)
Copayment	None
Benefits for Panel Providers	<p>One vision examination and one set of lenses are provided in each twelve (12) month period. Frames are provided once in each twenty-four (24) month period if replacement is deemed necessary by the doctor.</p> <p>"Necessary contact lenses" (i.e. those required following cataract surgery, to correct extreme vision acuity problems that cannot be corrected with spectacle lenses, and for Keratoconus and certain conditions of Anisometropia) are provided without charge when the panel doctor receives prior approval from VSP and are provided in lieu of other benefits.</p> <p>VSP will make an allowance toward the cost of "Elective Contact Lenses" (i.e., those chosen for reasons other than those mentioned above) which will be equal to the allowance for a standard eye examination, spectacle lenses and frame. Such allowance is in lieu of any other benefits provided by the Plan.</p>
Non-Panel Provider Benefits	<p>If you obtain services from a non-VSP doctor, you should pay the doctor his/her full fee. You will be reimbursed in accordance with a reimbursement schedule.</p> <p><i>Note: Pediatric eye examinations are not subject to the \$40 annual dollar limit when using a non-panel Provider. All other fees listed in the Non-Panel Provider reimbursement schedule will still apply.</i></p> <p>There is no assurance that the schedule will be sufficient to pay for the entire cost of the examination or the glasses. Reimbursement benefits are not assignable.</p>

This is a brief summary of the dental and vision benefits provided through the Trust. Exact benefits are paid according to the terms, exclusions and conditions of the Delta Dental and Vision Service Plan (VSP) contracts.