

# DentalandVisionIns.com

The following Delta Dental and VSP Vision plans are available to groups of two or more employees.

We offer three types of Delta Dental Plans

## **Delta Dental Premier Plans**

While most indemnity plans are not supported by a dental network, Delta Dental Premier is a network-based indemnity product. This means that enrollees who choose to visit a Premier network dentist will on average have lower out-of-pocket costs than with other carriers' non-network-based indemnity plans. Not only does Delta Dental Premier offer enrollees the freedom to visit any dentist, it also provides meaningful quality and cost protections. Since Delta Dental Premier Dentists agree to accept fees that are generally lower than average submitted fees for an area, a Delta Dental Premier plan can potentially provide savings for both employers and employees alike. Over 92% of California and 75% of U.S. dentists are participating.

## **PPO Plus Premier Plans**

With PPO plus Premier - Delta's unique PPO plan design feature - employers can take advantage of the savings from the PPO plan while providing employees with expanded access to Delta Dental dentists who can limit their out-of-pocket costs. Delta Dental PPO plus Premier combines the PPO and Premier networks to maximize opportunities to save money. PPO dentists accept fees that are more deeply discounted than the fees accepted by dentists who participate in the larger Premier network. Employees who visit a non-PPO dentist can save more by visiting a Premier dentist than they can by visiting a non-Delta Dental dentist. PPO plus Premier provides maximum network access while offering deeper savings within the PPO network and a level of cost protection with the Premier network.

Delta Dental PPO dentists are in-network and are reimbursed at the lesser of the submitted charge or the PPO provider's contracted fee. Delta Dental Premier dentists are out-of-network and are reimbursed at the lesser of the submitted charge or the Premier provider's contracted fee. Non-contracted dentists are out-of-network and are reimbursed at the lesser of the submitted charge or the fee that satisfies a majority of the dentists with the same training and geographical area.

## **PPO Classic Plans**

Delta Dental PPO is Delta Dental's preferred provider organization program. The program provides maximum benefit when you visit a PPO Dentist. PPO dentists are Delta dentists who have agreed to charge PPO patients reduced fees. Under the PPO program, you may visit any licensed dentist you wish. However reimbursement will be based on the PPO provider's contracted fee both in and out of network. 50% of California dentists are Delta Dental Preferred Providers.

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Wolfpack Insurance Services, Inc. PO Box 156 Belmont CA 94002  
800-296-0192 Fax 650-591-4022 License #0814789

## **A major benefit that sets us apart from the competition: Composite (resin) fillings on all teeth**

We are your source for Delta Dental plans that cover composite fillings on all teeth.

On other administrators' Delta Dental plans direct composite (resin) restorations are only benefits on anterior teeth and the facial surface of bicuspid. (These are the teeth that you see in a mirror when you smile). Any other posterior direct composite (resin) restorations are optional services, and Delta Dental's payment is limited to the cost of the equivalent amalgam restoration, with the difference being paid by the member.

Effective January 1<sup>st</sup> 2014 we changed our contract with Delta Dental to cover direct composite (resin) restorations as benefits available on all teeth.

Ask your dentist which filling material they use and recommend.

# Delta Dental Premier Plans

You have the option of visiting any dentist, but if you visit a Delta Premier Dentist you'll enjoy the advantage of prenegotiated fees and convenient claims handling.

| Plan Name .....   | 2000                                    | Plan I   | 1500     | Plan II  | Plan III | Plan IV       |
|---|---|----------|----------|----------|----------|---------------|
| Calendar Year Deductible                                | \$25.00                                 | \$25.00  | \$50.00  | \$35.00  | \$50.00  | \$50.00       |
| <b>Diagnostic and Preventive *</b>                      | No deductible for items covered at 100% |          |          |          |          |               |
| Emergency treatment for relief of pain                  | 100%                                    | 100%     | 100%     | 80%      | 80%      | 80%           |
| Routine Exams, Cleanings (Prophylaxis)                  | 100%                                    | 100%     | 100%     | 80%      | 80%      | 80%           |
| Bitewing X-rays, Full Mouth X-rays                      | 100%                                    | 100%     | 100%     | 80%      | 80%      | 80%           |
| Fluoride Treatment                                      | 100%                                    | 100%     | 100%     | 80%      | 80%      | 80%           |
| Space Maintainers                                       | 100%                                    | 100%     | 100%     | 80%      | 80%      | 80%           |
| <b>Basic Dental Services</b>                            |   |          |          |          |          |               |
| Restorative - Composite Fillings available on all teeth | 80%                                     | 80%      | 80%      | 80%      | 80%      | 80%           |
| Sealants  | 80%                                     | 80%      | 80%      | 80%      | 80%      | 80%           |
| Oral Surgery  |   |          |          |          |          |               |
| Extractions, Impacted Teeth, Cysts and                  | 80%                                     | 80%      | 80%      | 80%      | 80%      | 80%           |
| Neoplasms, Alveolar/Gingival Reconstructions            | 80%                                     | 80%      | 80%      | 80%      | 80%      | 80%           |
| Periodontics  |   |          |          |          |          | Major Service |
| Includes treatment for diseases of the gums             | 80%                                     | 80%      | 80%      | 80%      | 80%      | 50%           |
| Endodontics   |   |          |          |          |          |               |
| Root canals and Pulpal Therapy                          | 80%                                     | 80%      | 80%      | 80%      | 80%      | 50%           |
| <b>Major Dental Services</b>                            |   |          |          |          |          |               |
| Subject to a 12 month waiting period (See Below)        |   |          |          |          |          |               |
| Restorative - Inlays, Implants and Crowns               | 50%                                     | 50%      | 50%      | 50%      | 50%      | 50%           |
| Prosthodontics - Dentures and Partial                   | 50%                                     | 50%      | 50%      | 50%      | 50%      | 50%           |
| <b>Calendar Year Maximum</b> (per Individual)           | \$2,000                                 | \$1,500  | \$1,500  | \$1,500  | \$1,500  | \$1,000       |
| <b>RATES:</b>   |   |          |          |          |          |               |
| Employee Only   | \$77.30                                 | \$71.90  | \$69.40  | \$61.20  | \$57.90  | \$46.10       |
| Employee + one  | \$147.50                                | \$138.00 | \$132.80 | \$116.40 | \$109.80 | \$88.50       |
| Employee + two or more                                  | \$217.00                                | \$205.50 | \$197.30 | \$165.20 | \$153.70 | \$128.50      |

|  |          |          |          |                                       |  |  |
|--|----------|----------|----------|---------------------------------------|--|--|
| <b>*Rates with D&amp;P Maximum waiver</b>  | \$80.00  | \$75.70  | \$73.10  |                                       |  |  |
| Allows employees to obtain covered diagnostic and preventive dental services without those costs counting toward their annual maximum. | \$152.80 | \$145.20 | \$139.90 | Not available on plans II, III and IV |  |  |
|  | \$224.70 | \$216.40 | \$207.90 |                                       |  |  |

**Optional Orthodontic Benefit :** Rates: EE = \$2.50 EE + 1 = \$4.00 EE + 2 or more = \$13.80

Plan pays a co-payment of 50% to a lifetime maximum benefit of \$1500 per patient after a 12 month waiting period. Not available on Plan IV

## Can the waiting period be waived?

Waiting periods do not apply for groups of 10 or more. For groups under 10 enrolling the 12 month waiting period for Major Dental and Orthodontia Services will be waived on all employees who had continuous Dental and Orthodontia coverage during the preceding 12 months.

## What is Delta Dental Premier?

While most indemnity plans are not supported by a dental network, Delta Dental Premier is a network-based indemnity product. This means that enrollees who choose to visit a Premier network dentist will on average have lower out-of-pocket costs than with other carriers' non-network-based indemnity plans. Not only does Delta Dental Premier offer enrollees the freedom to visit any dentist, it also provides meaningful quality and cost protections. Since Delta Dental Premier dentists agree to accept fees that are generally lower than average submitted fees for an area, a Delta Dental Premier plan can potentially provide savings for both employers and employees alike. Over 92% of California and 75% of U.S. dentists are participating. Visit [www.deltadentalins.com](http://www.deltadentalins.com) to search for Delta Premier Providers. **If you are able to use a Delta Dental PPO provider for dental services**, you will have the deductible waived and you can take advantage of the savings from the deeper PPO discounted fees. This means a lower out of pocket cost for your dental services. Search for Delta PPO providers to take advantage of the savings provided by going to a Delta Dental PPO provider.

Groups that enroll From January through June renew in January. Groups that enroll From July through December renew in July.

**Rates shown are valid from January 1, 2018 through June 30, 2019.**

# DentalandVisionIns.com

## Plan Rules

### Eligibility

Employer groups must enroll two or more full-time employees.

### Benefit Selections

We have a large variety of plans available. A group of any size can offer a base plan and a buy-up plan if they wish. Contribution will be based upon the lower cost plan. The group may mix and match plans to suit their needs. If the group selects to have Orthodontia and/or the D&P maximum waiver, they must have the Orthodontia and/or the D&P maximum waiver on all plans being offered and all members must have the benefit(s).

### Contribution/Participation

The employer must contribute a minimum of 50% of the employee premium. 75% of the eligible employees must participate in the plan and 100% must participate if the employer contribution is 100% of the employee premium.

### Employees

All employees of the employer who are performing active work on a full time basis (20 hours a week or over) are eligible for benefits, including corporate officers, owners, and/or partners.

### Dependents

All eligible dependents must enroll on the original effective date.

Dependents can also be added for a later effective date if they are newly eligible or as part of an open enrollment process.

Eligible dependents include legal spouse or domestic partner and dependent children up to age 26. The employer is responsible to report any changes to a dependent's eligibility to Wolfpack Insurance Services, Inc.

Newborn children do not need to enroll until just before their first dental appointment, usually before age 4.

Domestic Partners are defined as same-sex and opposite-sex couples registered with any government agency authorizing such registrations.

Domestic Partners are subject to the same terms and conditions as any other dependent.

### Effective date

When a firm joins the Plan the coverage of its current employees will be effective on the first day of the month following approval of the firm's application to participate. Additions to the plan will be effective the first of the month after the elected probationary period from the employee's date of hire.

### Billing Questions

Invoices are mailed on or about the 10th of the month prior to the coverage month and are due on the 25th of the month prior to the coverage month. Cancellation of the plan will result if premium is not received by the end of the month shown on the invoice as the 'Invoice for' month. Eligibility will not be reported unless premium for the month is fully paid. Return checks are subject to a \$20.00 fee. A monthly administration fee of \$10.00 is charged to all groups of less than 20 enrolled employees. The administration fee is reduced to \$0 if the group enrolls in automatic payment and emailed receipt of monthly invoices.

### Wolfpack Insurance Services, [www.DentalandVisionIns.com](http://www.DentalandVisionIns.com) and the Small Business Benefit Plan Trust.

We are Wolfpack Insurance Services, Inc. Our web site address is [www.DentalandVisionIns.com](http://www.DentalandVisionIns.com) or [www.DVIns.com](http://www.DVIns.com). We have established a small business group pool called the Small Business Benefit Plan Trust. The Trust is fully insured by Delta Dental.

Enrollment materials are available for download at our website, [www.DVIns.com](http://www.DVIns.com).

800-296-0192, Fax: 650-591-4022

### Delta Dental, Services Not Covered

Although your program covers many of the most commonly needed services, some services are not covered. If you are unsure whether a particular procedure is covered, or how much of it is paid for by your program, check with Delta Dental before proceeding. The following are not covered by the program:

- Services for injuries or conditions covered under Workers' Compensation or Employer's Liability Laws
- Cosmetic surgery or dentistry or services to correct congenital malformation
- Experimental procedures
- Therapeutic drugs, premedication or pain relievers
- Hospital costs or extra charges for hospital treatment
- Anesthesia (except for general anesthesia for oral surgery)
- Extra-oral grafts
- Treatment related to the temporomandibular joint (TMJ)

This document is not a guarantee of covered benefits, services or payments.

# Delta Dental PPO plus Premier Plans

Choose a dentist from the Delta Preferred Option Network or utilize any dental provider, it's your choice

## Plan Name.....

No deductible if services were provided by Delta Dental PPO Dentist. If services are provided by other dentists, a calendar year deductible of \$50.00 applies.

## Diagnostic and Preventive\*

Emergency treatment for relief of pain  
 Routine Exams, Cleanings (Prophylaxis)  
 Bitewing X-rays, Full Mouth X-rays  
 Fluoride Treatment  
 Space Maintainers

## Basic Dental Services

Restorative - Composite Fillings available on all teeth  
 Sealants  
 Oral Surgery  
 Extractions, Impacted Teeth, Cysts and Neoplasms, Alveolar/Gingival Reconstructions  
 Periodontics  
 Includes treatment for diseases of the gums  
 Endodontics  
 Root canals and Pulpal Therapy

## Major Dental Services

Subject to a 12 month waiting period (See Below)  
 Restorative - Inlays, Implants and Crowns  
 Prosthodontics - Dentures and Partials

**Calendar Year Maximum** (per Individual) \*\*\*If two numbers are shown, the first is the maximum in the PPO Network and the second is the maximum if services are provided outside of the PPO network. When visiting a PPO Dentist you receive the higher calendar year maximum.

**RATES:**  
 Employee Only  
 Employee + one  
 Employee + two or more

|   | PPO Choice 2000                    | PPO 2000                           | Option I                           | PPO Choice 1500                    | Option II                         | Option III                        |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
|   | In & Out of PPO Network            | In / Out of PPO Network            | In / Out of PPO Network            | In & Out of PPO Network            | In / Out of PPO Network           | In / Out of PPO Network           |
| Emergency treatment for relief of pain  | 100%                               | 100%/80%                           | 100%/80%                           | 100%                               | 100%/50%                          | 100%/50%                          |
| Routine Exams, Cleanings (Prophylaxis)  | 100%                               | 100%/80%                           | 100%/80%                           | 100%                               | 100%/50%                          | 100%/50%                          |
| Bitewing X-rays, Full Mouth X-rays  | 100%                               | 100%/80%                           | 100%/80%                           | 100%                               | 100%/50%                          | 100%/50%                          |
| Fluoride Treatment  | 100%                               | 100%/80%                           | 100%/80%                           | 100%                               | 100%/50%                          | 100%/50%                          |
| Space Maintainers   | 100%                               | 100%/80%                           | 100%/80%                           | 100%                               | 100%/50%                          | 100%/50%                          |
| Restorative - Composite Fillings available on all teeth   | 80%                                | 80%/50%                            | 80%/50%                            | 80%                                | 80%/50%                           | 80%/50%                           |
| Sealants  | 80%                                | 80%/50%                            | 80%/50%                            | 80%                                | 80%/50%                           | 80%/50%                           |
| Oral Surgery  |                                    |                                    |                                    |                                    |                                   |                                   |
| Extractions, Impacted Teeth, Cysts and Neoplasms, Alveolar/Gingival Reconstructions   | 80%                                | 80%/50%                            | 80%/50%                            | 80%                                | 80%/50%                           | 80%/50%                           |
| Periodontics  |                                    |                                    |                                    |                                    |                                   |                                   |
| Includes treatment for diseases of the gums   | 80%                                | 80%/50%                            | 80%/50%                            | 80%                                | 80%/50%                           | 80%/50%                           |
| Endodontics   |                                    |                                    |                                    |                                    |                                   |                                   |
| Root canals and Pulpal Therapy  | 80%                                | 80%/50%                            | 80%/50%                            | 80%                                | 80%/50%                           | 80%/50%                           |
| Restorative - Inlays, Implants and Crowns   | 50%                                | 50%                                | 50%                                | 50%                                | 50%                               | 50%                               |
| Prosthodontics - Dentures and Partials  | 50%                                | 50%                                | 50%                                | 50%                                | 50%                               | 50%                               |
| <b>Calendar Year Maximum</b> (per Individual) ***If two numbers are shown, the first is the maximum in the PPO Network and the second is the maximum if services are provided outside of the PPO network. When visiting a PPO Dentist you receive the higher calendar year maximum. | <b>\$2000***</b><br><b>\$1500</b>  | <b>\$2,000</b>                     | <b>\$1,500</b>                     | <b>\$1500***</b><br><b>\$1000</b>  | <b>\$1,500</b>                    | <b>\$1,000</b>                    |
| <b>RATES:</b><br>Employee Only  | <b>\$69.30</b>                     | <b>\$64.30</b>                     | <b>\$58.80</b>                     | <b>\$57.70</b>                     | <b>\$48.10</b>                    | <b>\$39.00</b>                    |
| Employee + one  | <b>\$133.00</b>                    | <b>\$122.80</b>                    | <b>\$112.70</b>                    | <b>\$112.10</b>                    | <b>\$92.00</b>                    | <b>\$75.60</b>                    |
| Employee + two or more  | <b>\$196.90</b>                    | <b>\$175.10</b>                    | <b>\$163.30</b>                    | <b>\$170.60</b>                    | <b>\$130.80</b>                   | <b>\$111.20</b>                   |
| <b>*Rates with D&amp;P Maximum Waiver:</b>  | <b>\$72.30</b>                     | <b>\$66.90</b>                     | <b>\$60.00</b>                     | <b>\$62.50</b>                     | <b>\$50.00</b>                    | <b>\$42.00</b>                    |
| Allows employees to obtain covered diagnostic and preventive dental services without those costs counting toward their annual maximum. Applies only where D&P is covered at 100%.   | <b>\$138.70</b><br><b>\$205.50</b> | <b>\$127.70</b><br><b>\$182.10</b> | <b>\$114.80</b><br><b>\$166.40</b> | <b>\$121.30</b><br><b>\$184.70</b> | <b>\$95.30</b><br><b>\$135.40</b> | <b>\$81.30</b><br><b>\$119.50</b> |

**Optional Orthodontic Benefit:** Rates: EE = \$2.50 EE + 1 = \$4.00 EE + 2 or more = \$13.80

Plan pays a co-payment of 50% for a lifetime maximum benefit of \$1500 per patient after a 12 month waiting period

## Can the waiting period be waived?

Waiting periods do not apply for groups of 10 or more. For groups of under 10 enrolling the 12 month waiting period for Major Dental and Orthodontia Services will be waived on all employees who had continuous Dental and Orthodontia coverage during the preceding 12 months.

## What is Delta PPO plus Premier?

With PPO plus Premier - Delta's unique PPO plan design feature - employers can take advantage of the savings from the PPO plan while providing employees with expanded access to Delta Dental dentists who can limit their out-of-pocket costs. Delta Dental PPO plus Premier combines the PPO and Premier networks to maximize opportunities to save money. PPO dentists accept fees that are more deeply discounted than the fees accepted by dentists who participate in the larger Premier network. Employees who visit a non-PPO dentist can save more by visiting a Premier dentist than they can by visiting a non-Delta Dental dentist. PPO plus Premier provides maximum network access while offering deeper savings within the PPO network and a level of cost protection with the Premier network.

Delta Dental PPO dentists are in-network and are reimbursed at the lesser of the submitted charge or the PPO provider's contracted fee. Delta Dental Premier dentists are out-of-network and are reimbursed at the lesser of the submitted charge or the Premier provider's contracted fee. Non-contracted dentists are out-of-network and are reimbursed at the lesser of the submitted charge or the fee that satisfies a majority of the dentists with the same training and geographical area.

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## Plan Rules

### Eligibility

Employer groups must enroll two or more full-time employees.

### Benefit Selections

We have a large variety of plans available. A group of any size can offer a base and a buy-up plan if they wish. Contribution will be based upon the lower cost plan. The group may mix and match plans to suit their needs. If the group selects to have Orthodontia and/or the D&P maximum waiver, they must have the Orthodontia and/or D&P maximum waiver on all plans being offered and all members must have the benefit(s).

### Contribution/Participation

The employer must contribute a minimum of 50% of the employee premium. 75% of the eligible employees must participate in the plan and 100% must participate if the employer contribution is 100% of the employee premium.

### Employees

All employees of the employer who are performing active work on a full time basis (20 hours a week or over) are eligible for benefits, including corporate officers, owners, and/or partners.

### Dependents

All eligible dependents must enroll on the original effective date.

Dependents can also be added for a later effective date if they are newly eligible or as part of an open enrollment process.

Eligible dependents include legal spouse or domestic partner and dependent children up to age 26. The employer is responsible to report any changes to a dependent's eligibility to Wolfpack Insurance Services, Inc.

Newborn children do not need to enroll until just before their first dental appointment, usually before age 4.

Domestic Partners are defined as same-sex and opposite-sex couples registered with any government agency authorizing such registrations. Domestic Partners are subject to the same terms and conditions as any other dependent.

### Effective date

When a firm joins the Plan the coverage of its current employees will be effective on the first day of the month following approval of the firm's application to participate. Additions to the plan will be effective the first of the month after the elected probationary period from the employee's date of hire.

### Billing Questions

Invoices are mailed on or about the 10th of the month prior to the coverage month and are due on the 25th of the month prior to the coverage month. Cancellation of the plan will result if premium is not received by the end of the month shown on the invoice as the 'Invoice for' month. Eligibility will not be reported unless premium for the month is fully paid. Return checks are subject to a \$20.00 fee. A monthly administration fee of \$10.00 is charged to all groups of less than 20 enrolled employees. The administration fee is reduced to \$0 if the group enrolls in automatic payment and emailed receipt of the monthly invoices.

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- Services for injuries or conditions covered under Workers' Compensation or Employer's Liability Laws
- Cosmetic surgery or dentistry or services to correct congenital malformation
- Experimental procedures
- Therapeutic drugs, premedication or pain relievers
- Hospital costs or extra charges for hospital treatment
- Anesthesia (except for general anesthesia for oral surgery)
- Extra-oral grafts
- Treatment related to the temporomandibular joint (TMJ)

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# Delta Dental PPO Plans

Choose a dentist from the Delta Preferred Option Network to maximize your benefits.

| Plan Name.....  | PPO Classic<br>1500 |                                       | PPO Classic<br>1500                             |                   | PPO Classic<br>1000 |                   |
|---|---------------------|---------------------------------------|---|-------------------|---------------------|-------------------|
| No deductible if services were provided by Delta Dental PPO Dentist. If services are provided by other dentists, a calendar year deductible of \$50.00 applies to non Preventive and Diagnostic benefits. |                     |                                       |   |                   |                     |                   |
|   |                     |                                       | With Orthodontia                                |                   |                     |                   |
|   | In PPO<br>Network   | Out of<br>Network                     | In PPO<br>Network                               | Out of<br>Network | In PPO<br>Network   | Out of<br>Network |
| <b>Diagnostic and Preventive*</b>   |                     |                                       |   |                   |                     |                   |
| Emergency treatment for relief of pain  | 100%                | 80%                                   | 100%  | 80%               | 100%                | 80%               |
| Routine Exams, Cleanings (Prophylaxis)  | 100%                | 80%                                   | 100%  | 80%               | 100%                | 80%               |
| Bitewing X-rays, Full Mouth X-rays  | 100%                | 80%                                   | 100%  | 80%               | 100%                | 80%               |
| Fluoride Treatment  | 100%                | 80%                                   | 100%  | 80%               | 100%                | 80%               |
| Space Maintainers   | 100%                | 80%                                   | 100%  | 80%               | 100%                | 80%               |
| <b>Basic Dental Services</b>  |                     |                                       |   |                   |                     |                   |
| Restorative - Composite Fillings available on all teeth   | 80%                 | 50%                                   | 80%   | 50%               | 80%                 | 50%               |
| Sealants  | 80%                 | 50%                                   | 80%   | 50%               | 80%                 | 50%               |
| Oral Surgery  |                     |                                       |   |                   |                     |                   |
| Extractions, Impacted Teeth, Cysts and Neoplasms, Alveolar/Gingival Reconstructions   | 80%                 | 50%                                   | 80%   | 50%               | 80%                 | 50%               |
| Neoplasms, Alveolar/Gingival Reconstructions  | 80%                 | 50%                                   | 80%   | 50%               | 80%                 | 50%               |
| Periodontics  |                     |                                       |   |                   |                     |                   |
| Includes treatment for diseases of the gums   | 80%                 | 50%                                   | 80%   | 50%               | 80%                 | 50%               |
| Endodontics   |                     |                                       |   |                   |                     |                   |
| Root canals and Pulpal Therapy  | 80%                 | 50%                                   | 80%   | 50%               | 80%                 | 50%               |
| <b>Major Dental Services</b>  |                     |                                       |   |                   |                     |                   |
| Subject to a 12 month waiting period (See Below)  |                     |                                       |   |                   |                     |                   |
| Restorative - Inlays, Implants and Crowns   | 50%                 | 50%                                   | 50%   | 50%               | 50%                 | 50%               |
| Prosthodontics - Dentures and Partials  | 50%                 | 50%                                   | 50%   | 50%               | 50%                 | 50%               |
| <b>Calendar Year Maximum</b> (per Individual)   | \$1,500             |                                       | \$1,500   |                   | \$1,000             |                   |
| <b>Orthodontic Benefit</b>  |                     |                                       |   |                   |                     |                   |
| Subject to a 12 month waiting period (See Below)  |                     |                                       |   |                   |                     |                   |
|   |                     | see PPO Classic 1500 with Orthodontia | 50% to a lifetime maximum of \$1500 per patient |                   |                     | not available     |
| <b>RATES:</b>   |                     |                                       |   |                   |                     |                   |
| Employee Only   |                     | \$49.80                               |   | \$52.30           |                     | \$38.00           |
| Employee + one  |                     | \$95.60                               |   | \$99.60           |                     | \$73.80           |
| Employee + two or more  |                     | \$140.40                              |   | \$154.20          |                     | \$110.00          |

|  |          |          |          |
|--|----------|----------|----------|
| <b>*Rates with D&amp;P Maximum waiver</b>  | \$51.80  | \$54.30  | \$40.50  |
| Allows employees to obtain covered diagnostic and preventive dental services without those costs counting toward their annual maximum. | \$99.40  | \$103.40 | \$77.80  |
| Applies only where D&P is covered at 100%.   | \$145.90 | \$159.70 | \$123.80 |

**Can the waiting period be waived?**  
 Waiting periods do not apply for groups of 10 or more. For groups under 10 enrolling the 12 month waiting period for Major Dental and Orthodontia Services will be waived on all employees who had continuous Dental and Orthodontia coverage during the preceding 12 months.

**What is Delta PPO?**  
 Delta Dental PPO is Delta Dental's preferred provider organization program. The program provides the maximum benefit when you visit a PPO Dentist. PPO dentists are Delta dentists who have agreed to charge PPO patients reduced fees. Under the PPO program, you may visit any licensed dentist you wish. However, reimbursement will be based on the PPO provider's contracted fee both in and out of network. 50% of California dentists are Delta Dental Preferred Providers.  
 To use the PPO program, just call the dental office of your choice and make an appointment. The quickest and easiest way to search for a PPO dentist in your area is to visit the Delta Dental online directory via their web site at [www.deltadentalins.com](http://www.deltadentalins.com).

Groups that enroll From January through June renew in January. Groups that enroll From July through December renew in July.

**Rates shown are valid from January 1, 2018 through June 30, 2019**

# DentalandVisionIns.com

## Plan Rules

### Eligibility

Employer groups must enroll two or more full-time employees.

### Benefit Selections

We have a large variety of plans available. A group of any size can offer a base plan and a buy-up plan if they wish. Contribution will be based upon the lower cost plan. The group may mix and match plans to suit their needs. If the group selects to have Orthodontia and/or the D&P maximum waiver, they must have the Orthodontia and/or the D&P maximum waiver on all plans being offered and all members must have the benefit(s).

### Contribution/Participation

The employer must contribute a minimum of 50% of the employee premium. 75% of the eligible employees must participate in the plan and 100% must participate if the employer contribution is 100% of the employee premium.

### Employees

All employees of the employer who are performing active work on a full time basis (20 hours a week or over) are eligible for benefits, including corporate officers, owners, and/or partners.

### Dependents

All eligible dependents must enroll on the original effective date.

Dependents can also be added for a later effective date if they are newly eligible or as part of an open enrollment process.

Eligible dependents include legal spouse or domestic partner and dependent children up to age 26. The employer is responsible to report any changes to a dependent's eligibility to Wolfpack Insurance Services, Inc.

Newborn children do not need to enroll until just before their first dental appointment, usually before age 4.

Domestic Partners are defined as same-sex and opposite-sex couples registered with any government agency authorizing such registrations. Domestic Partners are subject to the same terms and conditions as any other dependent.

### Effective date

When a firm joins the Plan the coverage of its current employees will be effective on the first day of the month following approval of the firm's application to participate. Additions to the plan will be effective the first of the month after the elected probationary period from the employee's date of hire.

### Billing Questions

Invoices are mailed on or about the 10th of the month prior to the coverage month and are due on the 25th of the month prior to the coverage month. Cancellation of the plan will result if premium is not received by the end of the month shown on the invoice as the 'Invoice for' month. Eligibility will not be reported unless premium for the month is fully paid. Return checks are subject to a \$20.00 fee. A monthly administration fee of \$10.00 is charged to all groups of less than 20 enrolled employees. The administration fee is reduced to \$0 if the group enrolls in automatic payment and emailed receipt of monthly invoices.

### Wolfpack Insurance Services, [www.DentalandVisionIns.com](http://www.DentalandVisionIns.com) and the Small Business Benefit Plan Trust.

We are Wolfpack Insurance Services, Inc. Our web site address is [www.DentalandVisionIns.com](http://www.DentalandVisionIns.com) or [www.DVIns.com](http://www.DVIns.com). We have established a small business group pool called the Small Business Benefit Plan Trust. The Trust is fully insured by Delta Dental.

Enrollment materials are available for download at our website, [www.DVIns.com](http://www.DVIns.com).

800-296-0192, Fax: 650-591-4022

### Delta Dental, Services Not Covered

Although your program covers many of the most commonly needed services, some services are not covered. If you are unsure whether a particular procedure is covered, or how much of it is paid for by your program, check with Delta Dental before proceeding.

The following are not covered by the program:

- Services for injuries or conditions covered under Workers' Compensation or Employer's Liability Laws
- Cosmetic surgery or dentistry or services to correct congenital malformation
- Experimental procedures
- Therapeutic drugs, premedication or pain relievers
- Hospital costs or extra charges for hospital treatment
- Anesthesia (except for general anesthesia for oral surgery)
- Extra-oral grafts
- Treatment related to the temporomandibular joint (TMJ)

This document is not a guarantee of covered benefits, services or payments.

# VSP<sup>®</sup> Vision Care High Option Plan

## VSP Open Access Signature Plan C \$5 Copay

\$300 Retail Frame Allowance or \$300 Elective Contact Lens Allowance.

Progressive lens enhancement is covered in full after \$40 copay.

### With VSP Open Access you can select any provider nationwide

When you see one of the more than 34,000 doctors on the VSP Signature network, you'll pay only the \$5 copay for covered benefits.

You can also choose to see any out-of-network provider (see Open Access Reimbursement Allowances).

#### Your coverage with a VSP network doctor:

You'll enjoy a WellVision Exam<sup>®</sup> every 12 months, lenses, and frames every 12 months.

**VSP C plans have a 12-month exam, 12-month lenses, and 12-month frame frequency.**

|       | Signature Plan Copay | EE      | EE + Spouse | EE + Child(ren) | EE + Family |
|-------|----------------------|---------|-------------|-----------------|-------------|
| VSP C | \$5.00 Copay         | \$20.30 | 40.50       | 43.40           | 69.30       |

Rates Shown are valid from January 1, 2018 through December 31, 2019.

**VSP WellVision Exam<sup>®</sup>:** A WellVision Exam is more than just a quick eye check. It focuses on your eye health and overall wellness. VSP network doctors get to know you and your eyes. They take the time to look for vision problems and signs of other health conditions too.

**Prescription Glasses. Lenses:** Glass or plastic, single vision, lined bifocal or lined trifocal prescription lenses are fully covered. Your dependent children are eligible for fully covered polycarbonate prescription lenses. **Frame:** When visiting a VSP network doctor you'll have a \$300 allowance toward your frame. If you choose a frame over the plan's allowance you will receive a 20 % savings on the amount over your frame allowance. Costco<sup>®</sup> Optical allowance of \$165 is equivalent to the frame allowance at VSP doctor locations and participating retail chains.

**Contact Lenses:** Instead of eyeglasses (lenses and frame) elective contact lens materials are covered in full up to \$300 toward any type of prescription contact lenses. Necessary contact lenses are fully covered for those who have specific conditions for which contact lenses provide better visual correction. \$60 is the maximum a provider can charge to fitting and evaluation. *Contact lens frequency is the same as lenses.*

**Laser VisionCare Program:** We have negotiated special pricing with participating centers, which can add up to hundreds of dollars in savings for VSP members. Contact the centers near you to learn more about their pricing.

#### Value-Added Discounts:

**Glasses and Sunglasses** - All popular lens enhancements are covered after a copay, saving members an average of 35% - 40%. You also get 30% savings on additional pairs of prescription glasses and sunglasses (lenses and frame), including lens enhancements, from the same VSP doctor on the same day as your WellVision Exam, or get 20% savings from any VSP doctor within 12 months of your last WellVision Exam.

**Contact Lenses** - You get 15% savings on your contact lens exam.

**Low Vision Benefits and VSP Diabetic EyeCare Program** are also included. Please view a Certificate of Benefits for more details.

**Suncare Enhancement:** You can use your frame allowance toward non-prescription sunglasses from your VSP network doctor's frame board, exhausting both your lens and frame eligibility.

**How does the plan work? Find the right VSP doctor for you.** The VSP Signature Plan is a full-service plan with choice, flexibility and maximum value from VSP network doctor or participating retail chains. You'll find plenty to choose from at **vsp.com** or by calling **800-877-7195**.

**Already have a VSP network doctor?** At your appointment tell them you're a VSP member. That's it! VSP and your doctor handle the rest. Visit **vsp.com** to see your benefits anytime and check out how much you saved with VSP after your appointment.

**What if I select an out-of-network provider?** With VSP Open Access you can see any provider. However, you'll get the most out of your benefit when you see a VSP doctor. Plus, your satisfaction is guaranteed. If you see an out-of-network provider you'll typically pay more out-of-pocket. You'll pay the provider in full and have six months to submit a claim to VSP for partial reimbursement less copays. Before seeing an out-of-network provider call VSP Member Services at **800-877-7195**.

**VSP Out-of-network Reimbursement Amounts:** Exam: \$50.00. Materials: Single-vision lenses \$50.00; Bifocal lenses \$75.00; Trifocal lenses \$100.00; Lenticular lenses \$125.00; Progressive lenses \$75.00. Frame \$70.00. Contact Lenses (instead of lenses and frame; includes contact lenses, fittings, and evaluation only) Necessary: \$210.00; Elective: \$105.00

**VSP Plan Limitations:** The following items are excluded under this plan: two pairs of glasses instead of bifocals; replacement of lenses, frames or contacts; medical or surgical treatment; and orthoptics, vision training or supplemental testing. The following items aren't covered under the contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; additional office visits for contact lens pathology; and contact lens modification, polishing or cleaning.

## DentalandVisionIns.com

Wolfpack Insurance Services 800-296-0192 FAX 650-591-4022 Lic 0814789

# DentalandVisionIns.com

Wolfpack Insurance Services, Inc

## Plan Rules

### **Wolfpack Insurance Services, [www.DentalandVisionIns.com](http://www.DentalandVisionIns.com), and the Small Business Benefit Plan Trust.**

We are Wolfpack Insurance Services, Inc. Our Web site address is [DentalandVisionIns.com](http://DentalandVisionIns.com) or [DVIns.com](http://DVIns.com).

We have established a small business group pool called the Small Business Benefit Plan Trust.

The Trust is fully insured by VSP Vision Care.

We have two pool renewal periods:

- Groups that enroll from January through June renew in January.
- Groups that enroll from July through December renew in July.

### **Eligibility**

Employers must enroll two or more full-time employees.

### **Contribution/Participation**

The employer must contribute a minimum of 50% of the employee premium. 75% of the eligible employees must participate in the plan and 100% must participate if the employer contribution is 100% of the employee premium.

### **Benefit Selections**

We have a large variety of VSP plans available. As long as we have 75% of eligible employees enrolling, any size group can offer a base plan and a buy-up plan if they wish. Contribution will be based on the lower cost plan. The group may mix and match plans to suit their needs. The VSP C \$5 copay plan must have a minimum of 2 enrolling to be offered.

### **Voluntary VSP Plans are available**

Please contact us for rates on the VSP Voluntary B & C Plans. Rates can be found at [DVIns.com](http://DVIns.com). The voluntary rates are 16% higher than the contributory rates.

### **Employees**

All employees of the employer who are performing active work on a full-time basis (20 hours a week or over) are eligible for benefits, including corporate officers, owners, and/or partners.

### **Dependents**

All eligible dependents must enroll on the original effective date. Dependents can also be added for a later effective date if they are newly eligible or as part of an open enrollment process. Eligible dependents include legal spouse or domestic partner and unmarried children to age 26. The employer is responsible to report any changes to a dependent's eligibility to Wolfpack Insurance Services, Inc. Newborn children do not need to enroll until just before their first appointment, usually before age 4. Domestic Partners are defined as same-sex and opposite-sex couples registered with any government agency authorizing such registrations. Domestic Partners are subject to the same terms and conditions as any other dependent.

### **Effective date**

When a firm joins the Plan the coverage of its current employees will be effective on the first day of the month following approval of the firm's application to participate. Additions to the plan will be effective the first of the month after the elected probationary period from the employee's date of hire.

### **Billing Questions**

Invoices are mailed on or about the 10<sup>th</sup> of the month prior to the coverage month and are due on the 25<sup>th</sup> of the month prior to the coverage month. Cancellation of the plan will result if premium is not received by the end of the month shown on the invoice as the 'Invoice for' month. Eligibility will not be reported unless premium for the month is fully paid. Return checks are subject to a \$20.00 fee. A monthly administration fee of \$10.00 is charged to all groups of less than 20 enrolled employees. The administration fee is reduced to \$0 if the group enrolls in automatic payment and emailed receipt of monthly invoices.

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# VSP<sup>®</sup> Vision Care Plans

**With VSP Open Access you can select any provider nationwide**

When you see one of the more than 34,000 doctors on the VSP Signature network, you'll pay only the selected copay for covered benefits. You can also choose to see any out-of-network provider. (see Open Access Reimbursement Allowances).

## Your coverage with a VSP network doctor:

You'll enjoy an annual WellVision Exam®, lenses, and frames according to the schedule of benefits you purchase.

Choose your copay and frequency options:

**VSP A plan - 12-month exam, 24-month lenses, and 24-month frame frequency.**

**VSP B plan - 12-month exam, 12-month lenses, and 24-month frame frequency.**

**VSP C plan - 12-month exam, 12-month lenses, and 12-month frame frequency.**

|       | Signature Plan Copay Options | EE      | EE + Spouse | EE + Child(ren) | EE + Family |
|-------|------------------------------|---------|-------------|-----------------|-------------|
| VSP A | \$20 Exam/\$25 Materials     | \$6.40  | \$10.20     | \$10.40         | \$16.70     |
|       | \$25.00 Copay                | \$9.30  | \$14.80     | \$15.10         | \$24.30     |
|       | \$10.00 Copay                | \$9.80  | \$15.70     | \$16.00         | \$25.80     |
|       | No Copay                     | \$12.70 | \$20.20     | \$20.60         | \$33.30     |
| VSP B | \$10 Exam/\$25 Materials     | \$9.90  | \$15.80     | \$16.10         | \$25.90     |
|       | \$25.00 Copay                | \$10.60 | \$16.90     | \$17.20         | \$27.70     |
|       | \$10.00 Copay                | \$13.20 | \$21.20     | \$21.60         | \$34.80     |
|       | No Copay                     | \$14.90 | \$23.80     | \$24.30         | \$39.10     |
| VSP C | \$10 Exam/\$25 Materials     | \$11.90 | \$23.80     | \$25.50         | \$40.70     |
|       | \$25.00 Copay                | \$12.30 | \$24.50     | \$26.20         | \$41.80     |
|       | \$10.00 Copay                | \$14.00 | \$28.00     | \$30.00         | \$47.90     |
|       | No Copay                     | \$15.60 | \$31.20     | \$33.30         | \$53.20     |

Rates Shown are valid from January 1, 2018 through December 31, 2019.

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**Prescription Glasses. Lenses:** Glass or plastic, single vision, lined bifocal or lined trifocal prescription lenses are fully covered. Your dependent children are eligible for fully covered polycarbonate prescription lenses. **Frame:** When visiting a VSP network doctor you'll have a \$175 allowance toward your frame. If you choose a frame over the plan's allowance you will receive a 20 % savings on the amount over your frame allowance. Costco® Optical allowance of \$95 is equivalent to the frame allowance at VSP doctor locations and participating retail chains.

**Contact Lenses:** Instead of eyeglasses (lenses and frame) elective contact lens materials are covered in full up to \$175 toward any type of prescription contact lenses. Necessary contact lenses are fully covered for those who have specific conditions for which contact lenses provide better visual correction. \$60 is the maximum a provider can charge to fitting and evaluation. *Contact lens frequency is the same as lenses.*

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**VSP Out-of-network Reimbursement Amounts:** Exam: \$50.00. Materials: Single-vision lenses \$50.00; Bifocal lenses \$75.00; Trifocal lenses \$100.00; Lenticular lenses \$125.00; Progressive lenses \$75.00. Frame \$70.00. Contact Lenses (instead of lenses and frame; includes contact lenses, fittings, and evaluation only) Necessary: \$210.00; Elective: \$105.00

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## DentalandVisionIns.com

Wolfpack Insurance Services 800-296-0192 FAX 650-591-4022 Lic 0814789

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Wolfpack Insurance Services, Inc

## Plan Rules

### **Wolfpack Insurance Services, [www.DentalandVisionIns.com](http://www.DentalandVisionIns.com), and the Small Business Benefit Plan Trust.**

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The Trust is fully insured by VSP Vision Care.

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### **Eligibility**

Employers must enroll two or more full-time employees.

### **Contribution/Participation**

The employer must contribute a minimum of 50% of the employee premium. 75% of the eligible employees must participate in the plan and 100% must participate if the employer contribution is 100% of the employee premium.

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Phone: 800-296-0192 Fax: 650-591-4022

# Voluntary VSP<sup>®</sup> Vision Care Plans

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## Your coverage with a VSP network doctor:

You'll enjoy an annual WellVision Exam®, lenses, and frames according to the schedule of benefits you purchase.

Choose your copay and frequency options:

**VSP B plan - 12-month exam, 12-month lenses, and 24-month frame frequency.**

**VSP C plan - 12-month exam, 12-month lenses, and 12-month frame frequency.**

|              | Signature Plan Copay Options | EE      | EE + Spouse | EE + Child(ren) | EE + Family |
|--------------|------------------------------|---------|-------------|-----------------|-------------|
| <b>VSP B</b> | \$10 Exam/\$25 Materials     | \$11.50 | \$18.40     | \$18.70         | \$30.10     |
|              | \$25.00 Copay                | \$12.30 | \$19.60     | \$20.00         | \$32.20     |
|              | \$10.00 Copay                | \$15.40 | \$24.60     | \$25.10         | \$40.40     |
|              | No Copay                     | \$17.30 | \$27.70     | \$28.20         | \$45.40     |
| <b>VSP C</b> | \$10 Exam/\$25 Materials     | \$13.80 | \$27.70     | \$29.60         | \$47.30     |
|              | \$25.00 Copay                | \$14.30 | \$28.50     | \$30.40         | \$48.50     |
|              | \$10.00 Copay                | \$16.30 | \$32.50     | \$34.80         | \$55.60     |
|              | No Copay                     | \$18.10 | \$36.20     | \$38.70         | \$61.80     |

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The Trust is fully insured by VSP Vision Care.

We have two pool renewal periods:

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- Groups that enroll from July through December renew in July.

## Eligibility

Employers must enroll two or more full-time employees.

## Contribution/Participation – This presentation is for the Voluntary VSP Plans.

Voluntary VSP plan groups must enroll and keep at least two employees enrolled in the plan.

We also offer contributory VSP plans. The contributory plan rates are lower than the voluntary plan rates.

For the contributory plans, the employer must contribute a minimum of 50% of the employee premium. 75% of the eligible employees must participate in the plan and 100% must participate if the employer contribution is 100% of the employee premium. Contributory rates can be found at [DVIns.com](http://DVIns.com).

## Employees

All employees of the employer who are performing active work on a full-time basis (20 hours a week or over) are eligible for benefits, including corporate officers, owners, and/or partners.

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## Effective date

When a firm joins the Plan the coverage of its current employees will be effective on the first day of the month following approval of the firm's application to participate. Additions to the plan will be effective the first of the month after the elected probationary period from the employee's date of hire.

## Billing Questions

Invoices are mailed on or about the 10<sup>th</sup> of the month prior to the coverage month and are due on the 25<sup>th</sup> of the month prior to the coverage month. Cancellation of the plan will result if premium is not received by the end of the month shown on the invoice as the 'Invoice for' month. Eligibility will not be reported unless premium for the month is fully paid. Return checks are subject to a \$20.00 fee. A monthly administration fee of \$10.00 is charged to all groups of less than 20 enrolled employees. The administration fee is reduced to \$0 if the group enrolls in automatic payment and emailed receipt of monthly invoices.

Enrollment materials are available for download at our Web site, [DVIns.com](http://DVIns.com).

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