LACERA

Effective July 1, 2018

DENTAL PLAN

	Cigna Indemnity Dental	Cigna Dental HMO
Individual annual deductible	$25	None
Family annual deductible	$50	None
Individual annual maximum benefit	$1,500	Unlimited
Exams & cleanings	20%*	$0**
Amalgam – 1 surface, permanent	20%*	$0**
Amalgam – 2 surface, permanent	20%*	$0**
Amalgam – 3 surface, permanent	20%*	$0**
Amalgam – 4 surface, permanent	20%*	$0**
Resin or composite – anterior	20%*	$0**
Anterior root canal – permanent	20%*	$10**
Scaling/root planing – per quad	20%*	$35**
Simple extraction	20%*	$10**
Surgical extraction	20%*	$15 – $50**
Crown – porcelain to high noble metal	20%*	$220**
Crown – stainless steel	20%*	$10**
Post – prefab or crown buildup	20%*	$40/$55/$65**
Orthodontic therapy – child	Not covered	$2,240**
Orthodontic therapy – adult	Not covered	$2,840**

* Member pays 20% of usual and customary charges (the maximum amount the plan will pay for a service, based on what providers in that geographic area charge for similar services or supplies). The plan pays 80% after deductible. Procedures with **high** noble gold are covered at 50%, after deductible.

** Member pays this amount, plus additional charges specified in the plan brochure. For post/crown buildup work, the copay amounts apply to different steps in the procedure.

VISION PLAN

Benefit	In-Network Benefits	Out-of-Network Benefits
Spectacle exam*** (Once every 12 months)	$20 copay; then covered in full. For contact lens fitting and professional services, member pays additional charges	$25 reimbursement maximum
Lenses (Once every 12 months)		
■ Single vision	$40 copay; then covered in full	$35 reimbursement maximum
■ Bifocal	$40 copay; then covered in full	$45 reimbursement maximum
■ Trifocal	$40 copay; then covered in full	$70 reimbursement maximum
■ Lenticular	$40 copay; then covered in full	$130 reimbursement maximum
■ Progressive	$40 copay; then up to $70 allowance	$70 reimbursement maximum
Frames (Once every 24 months)	$50 allowance	$35 reimbursement maximum
Contact lenses (one pair or single purchase up to allowed amount with one lifetime maximum)		
■ Hard lenses	$180 allowance	$150 reimbursement maximum
■ Soft lenses	$230 allowance	$225 reimbursement maximum

*** Spectacle exam includes routine exam, including dilation and refraction.

NON-DISCRIMINATION NOTICE

The LACERA-Administered Retiree Healthcare Benefits Program complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LACERA does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The LACERA-Administered Retiree Healthcare Benefits Program:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Cassandra Smith, Director, or Leilani Ignacio, Retiree Healthcare Division.

If you believe that LACERA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Cassandra Smith, Director, Retiree Healthcare, or Leilani Ignacio:
LACERA
P.O. Box 7060, Pasadena, CA 91109-7060
Telephone: (800) 786-6464, then press 1, or (626) 564-6132
Fax: (626) 564-6799
Email: healthcare@lacera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Cassandra Smith or Leilani Ignacio are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATTENTION: FREE LANGUAGE ASSISTANCE This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.	
Language	**Message About Language Assistance**
1. Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-786-6464, Ext. 1.
2. Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-786-6464, Ext. 1。
3. French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-786-6464, Ext. 1.
4. German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-786-6464, Ext. 1.
5. Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-786-6464, Ext. 1.
6. Persian	**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-786-6464, Ext. 1 تماس بگیرید.
7. Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-786-6464, Ext. 1.
8. Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-786-6464, Ext. 1.
9. Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-786-6464، Ext. 1.
10. Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-786-6464, Ext. 1 번으로 전화해 주십시오.
11. Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-786-6464, Ext. 1.
12. Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-786-6464, Ext. 1.
13. Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-786-6464, Ext. 1 まで、お電話にてご連絡ください。
14. French Creole (Haitian)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-786-6464, Ext. 1.
15. Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-786-6464, Ext. 1.

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