



Annual Enrollment Plan Year 2010

Visit www.pebcinfo.com for more information.

2010 Dental Plans

There are important changes to your dental benefits in 2010. Your Annual Enrollment Packet will have more information about each plan including cost. In the meantime, if you want to see if your dentist participates, provider search information is listed below.

PEBC PPO Dental Plan

- ✓ Delta Dental PPO and Delta Dental Premier Dentists replace the Careington Dental Network. You will have access to a much larger dental network which means more cost-savings to you.
- ✓ Preventive services no longer count toward your annual plan benefit maximum of \$1,500 (per person). This stretches your dental benefits even further.
- ✓ Beginning in 2010, the waiting period to access major restorative services will change from 12 months to 6 months.
- ✓ To find a dentist near you, visit www.deltadental.com and select Dentist Search, then check either Delta Dental Premier or Delta Dental PPO. Both are in-network, with the PPO dentists saving you more.

New DHMO Plan in 2010

Assurant DHMO Series 189 Plan (underwritten by United Dental Care of Texas, Inc.) replaces Safeguard DHMO.

- ✓ To see if your general dentist participates, visit www.assurantemployeebenefits.com, then select "Provider Search" and DHMO Dental Series 189.
- ✓ Unless you change your general dentist, as long as your general dentist participates in the Assurant Plan, he or she will automatically continue as your general dentist in 2010.

PEBC Benefits Information Website
Available November 2, 2009
www.pebcinfo.com

New! Vision Plan Benefits

Your benefit choices just got better. Vision benefits that include eyewear are available in 2010. More information about the new *VSP Choice Plan* will be in your Annual Enrollment Packet. The benefits below are covered once each plan year.

VSP's WellVision Exam \$30 Copay In-network; focuses on your eye health and overall wellness and includes either prescription glasses or contact lenses from an in-network provider up to the allowances listed below.

Prescription Glasses

- ✓ Single vision, lined bifocal, and lined trifocal lenses
- ✓ Polycarbonate lenses for covered children
- ✓ Frames up to \$150 allowance

Contact Lenses

- ✓ Contact lenses and contact lens evaluation/fitting fee up to \$200 combined allowance

Additional Discounts

- ✓ Discounts apply to additional lens options

Out-of-Network Benefits

If you see a non-VSP provider or fill your eyewear prescription at a non-VSP provider location, you can be reimbursed up to the amount listed below once each plan year. You will file a claim for reimbursement.

Exam – up to \$43.00

Single vision lenses – up to \$30.00

Lined bifocal lenses – up to \$45.00

Frame – up to \$40.00

Contact lenses – up to \$185.00

Monthly Vision Plan Rates

\$ 4.57 - Employee Only

\$ 8.55 - Employee plus Spouse

\$ 9.11 - Employee plus Child(ren)

\$14.19 - Employee plus Family

Find a Provider

- ✓ Both Ophthalmologists and Therapeutic Optometrists participate in the VSP Choice Plan.
- ✓ Visit www.vsp.com; select Members; then "Find a VSP Doctor"; "Not a Member" and, through Dec 31, 2009 only, "Continue as a Non-Member."

Important: This flyer provides summary information only. Full details are found in the legal documents governing the plans. If there is any discrepancy or conflict between the written plan documents and the information presented here, the written plan documents will govern.

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