

VA Employees Association, Central Office, Inc.  
810 Vermont Avenue, N.W.  
Washington, DC 20420

In recent years, the federal health plans have severely limited or eliminated dental benefits. To fill this serious family need, we have selected Pacific Union Dental's managed care program to offer to fellow VA employees. This program provides comprehensive dental benefits including orthodontic treatment.

The following brochure outlines plan benefits, costs, and how to enroll. A complete co-payment listing and a link to participating dentists is available online at [www.massbenefits.com](http://www.massbenefits.com).

This program is available to California residents only. The Bi-weekly cost is \$6.00 for employee only; \$9.00 for employee and 1 dependent; \$12.00 for family.

Our Association's goal is to sponsor quality insurance programs that will help fill the gaps in the Federal employee benefit package.

If you have any questions about the program, please call our broker/administrator, Mass Benefits Consultants, Inc. toll-free at 1-800-221-3083.

Sincerely yours,

Peter B. Flynn  
President

# PACIFIC UNIONDENTAL CALIFORNIA MANAGED CARE PLAN

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## Schedule of Benefits Overview

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### In-Network Provider Selection Only:

*Deductible - \$0.00*

*Combined Calendar Year Maximum - Unlimited*

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#### ***TYPE I – Preventative and Diagnostic\****

ADA#	Description	Member CoPay
00120	Periodic Oral Examination	\$0
00210	Full Mouth X-rays	\$0
00220	Single Film	\$0
00274	4 Bite Wing Films	\$0
00330	Panorex Film	\$0
01110	Prophylaxis, Adult	\$0
01205	Prophy w/Flouride Adult	\$0
01351	Sealant, Per Tooth	\$5

#### ***TYPE II – Restorative\****

ADA#	Description	Member CoPay
02140	Amalgam One Surface Permanent	\$12
02161	Amalgam Four Surface Permanent	\$22
02330	Resin 1 Surface Anterior	\$16
02335	Resin 4 Surface/Incisor Angle Ant.	\$26
07110	Simple Extraction	\$13

#### ***TYPE III – Major Restorative, Periodontics & Endodontics, Oral Surgery\****

ADA#	Description	Member CoPay
02740	Porcelain Crown	\$175
03330	Root Canal, Molar	\$161
04341	Root Planing/4+ Teeth	\$ 23
05110	Complete Upper Denture	\$247
05211	Upper Partial, Resin Base	\$168
05421	Adjust Partial	\$ 27
06211	Full Metal Pontic	\$156

#### ***TYPE IV – Orthodontia\****

\$2,250 – Fully Banded, 2 Year Case  
\$350 Start Up Fee  
\$150 Retainer (1 Set)

***\*Please refer to the Ventura copayment schedule for a complete listing of Type I, II, and III benefits. Ventura copayment schedule available on-line at [www.massbenefits.com](http://www.massbenefits.com). Complete Alpine Orthodontic Plan information is available on the website or we will be glad to e-mail a copy to you – contact us at [mbc@massbenefits.com](mailto:mbc@massbenefits.com) or call 1-800-221-3083.***

## California Managed Care Plan Premium Rates

Participants	Bi-Weekly	Monthly	Quarterly
Employee Only	6.00	11.72	35.16
Employee & 1 Dependent	9.00	19.38	58.14
Family	12.00	25.54	76.62

**Q. AM I ELIGIBLE?**

- A.** All current, active employees regularly scheduled to work 30 hours or more per week are able to elect coverage under this plan for themselves and their eligible dependents during the enrollment period. Eligible dependents include a spouse, unmarried children under age 19, unmarried children who maintain full-time student status under age 23, grandchildren who are the employee’s dependents for federal income tax purposes, or certain disabled dependent children over age 23.

Newly acquired dependents, including those resulting from marriage, birth or adoption, are immediately eligible for coverage. Application for those individuals must be made within 31 days of the dependent becoming eligible.

New employees may enroll within 30 days of hire.

**Q. WHEN WILL COVERAGE BEGIN?**

- A.** Application and payment must be received by the 15th of the month prior to the coverage effective date. Coverage effective date will be on the first of the month following receipt of the application and selected method of payment.

**Q. WHAT IF I DON’T ENROLL NOW?**

- A.** Any active, full-time employee who does not elect this plan during this Open Enrollment Period will not be admitted into the plan until the next open enrollment period.

**Q. HOW DO I SELECT A DENTIST?**

- A.** A complete current list of participating dentists is available on our website: [www.massbenefits.com](http://www.massbenefits.com). Be sure to put the dentist’s **Provider ID#** on the Enrollment Form.