AGENDA

- Aetna Medicare Advantage – Medical & Prescription
- CareFirst MediComp - Medical
- OptumRx - Prescription
- EyeMed - Vision
- Delta Dental - Dental
- Health Care Premiums
- Board Contributions
- Open Enrollment Information
Aetna informational meeting
Cecil County Public Schools
How simply and efficiently your plan works
How your current plan works

- A payment process with many steps
- Three ID cards for medical and prescription drug coverage
- Paperwork from:
  - Health care providers
  - Medicare
  - Current medical plan
  - Current drug plan
- Multiple bills and Explanation of Benefits
How the Medicare Advantage plan works

- One step for you
- One ID card for medical and pharmacy
- A monthly Explanation of Benefits each for medical and pharmacy

Medicare Advantage plans must cover all Medicare-approved services
Medicare Advantage is an all-in-one plan

- Easy to use
- One ID card for medical and pharmacy needs
- More benefits than Original Medicare Parts A and B
- Care advocacy programs
- Wellness benefits
- A monthly Explanation of Benefits for each medical and pharmacy
How we make it simple to see your doctors
We’ve got you covered in or out of network

Aetna Medicare Advantage Preferred Provider Organization with an Extended Service Area (PPO ESA)

Access to providers nationwide

Your doctor does not have to be in our network

Same benefits in or out of network

No referrals needed

Covers you nationally when traveling
Will my doctors accept this plan?

They can, if they are:

Eligible to receive Medicare payment

Willing to accept your Aetna Medicare Advantage plan

Your copays or cost-share amounts are the same both in and out of network.
Will my doctors accept this plan?

Here’s how to find out if your doctor will accept the Aetna Medicare Advantage PPO Extended Service Area (ESA) plan

Call us
1-888-267-2637 (TTY: 711)
Monday – Friday, 8 a.m. to 6 p.m. all time zones

Go online to
www.aetnaretireeplans.com
Can’t find your doctor online? Call us.
Chances are they may accept the plan.

Check directly with your doctor’s billing office
Medical benefits designed for
Cecil County Public Schools
retirees
**Let’s look at your medical benefits**

<table>
<thead>
<tr>
<th>Medicare Advantage plan</th>
<th>Deductible</th>
<th>Out-of-pocket maximum</th>
<th>Preventive care</th>
<th>Primary care office visit</th>
<th>Specialty care office visit</th>
<th>Inpatient hospital</th>
<th>Outpatient surgery</th>
<th>Emergency room</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$1,500</td>
<td>Covered 100%</td>
<td>10%</td>
<td>10%</td>
<td>$350 per stay</td>
<td>10%</td>
<td>$50</td>
</tr>
</tbody>
</table>
Prescription drug benefits designed for Cecil County Public Schools retirees
Aetna’s Prescription Drug Plan offers you:

- 65,000+ pharmacies nationwide *
- Aetna Rx Home Delivery®
- Easy-to-use online tools

*The number of pharmacies listed is approximate and is subject to change, due to CMS’ "any willing provider" requirement as well as ongoing contracting efforts. Data is current as of 7/1/16 and is subject to change.
## Defining Part D phases for your plan

<table>
<thead>
<tr>
<th>Phases</th>
<th>What you pay for covered prescription drugs in each phase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Deductible</strong></td>
<td>Your plan does not have a deductible</td>
</tr>
<tr>
<td><strong>2 Initial coverage limit</strong></td>
<td>You pay a copayment</td>
</tr>
<tr>
<td><strong>3 Coverage gap “donut hole”</strong></td>
<td>You pay the same level of copayment</td>
</tr>
<tr>
<td><strong>4 Catastrophic</strong></td>
<td>You pay a smaller cost share; your plan pays most of the cost</td>
</tr>
<tr>
<td>Let’s look at your new prescription drug benefits</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Aetna Part D plan</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>Tier 1</strong></td>
<td></td>
</tr>
<tr>
<td>$10</td>
<td></td>
</tr>
<tr>
<td><strong>Tier 2</strong></td>
<td></td>
</tr>
<tr>
<td>$35</td>
<td></td>
</tr>
<tr>
<td><strong>Tier 3</strong></td>
<td></td>
</tr>
<tr>
<td>$60</td>
<td></td>
</tr>
<tr>
<td><strong>Coverage gap</strong></td>
<td></td>
</tr>
<tr>
<td>Full gap coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Catastrophic phase</strong></td>
<td></td>
</tr>
<tr>
<td>Greater of $3.35/5% for covered generic</td>
<td></td>
</tr>
<tr>
<td>Greater of $8.35/5% for all other covered drugs</td>
<td></td>
</tr>
<tr>
<td><strong>Mail-order drugs</strong></td>
<td></td>
</tr>
<tr>
<td>2 times retail cost share for 90-day supply</td>
<td></td>
</tr>
</tbody>
</table>
So much more with Aetna Medicare Advantage
Support

You can get help anywhere on your health journey

Wellness
• Healthy home visits
• Preventive reminders
• 24-hour nurse line
• Personal health record

Support
• Chronic condition support
• Fracture prevention program
• Resources For Living®

Complex care
• A nurse who follows your care
• Readmission avoidance
• Aetna Compassionate Care℠
What is a healthy home visit?

- Voluntary visit where a nurse comes to your home
  - Talks about safety
  - Reviews your medications
  - Offers care advocacy resources and support programs

We share results with your doctor with your approval
Our diabetes program — proven results

Voluntary four- to six-month coaching program

One of our nurses calls you regularly
Makes sure your medicines are correct
Coaches you on keeping a healthy lifestyle

Dietitian helps with your nutrition needs
We can help you try to reach your health goals – whatever they are

97% overall satisfaction
with Aetna Medicare Advantage plan coverage and benefits*

*2015 Aetna Medicare Advantage group plan member satisfaction survey
Important information!

Aetna
1-800-307-4830
7 a.m. to 8 p.m. CST, Monday through Friday

www.aetnaretireeplans.com
Dear John Doe:

Thank you for enrolling in Aetna Medicare Plan (PPO).

Medicare has approved your enrollment in Aetna Medicare Plan (PPO) beginning 01-01-2018. Beginning 01-01-2018, you must get your health care as provided in your 'Evidence of Coverage'. You will need to pay your plan copayments and coinsurance at the time you get health care services, as provided in your member materials. This letter is proof of insurance that you should show during your doctor appointments until you get your member card from us.

What if I have a Medigap (Medicare Supplement Insurance) policy?

Now that we have confirmed your enrollment, you may cancel any Medigap or supplemental insurance that you have.

Please note that if this is the first time that you are a member of a Medicare Advantage or Medicare Cost plan, you may have a trial period during which you have certain rights to leave (disenroll from) Aetna Medicare Plan (PPO) and buy a Medigap policy. Please contact 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week for further information. TTY users should call 1-877-486-2048.

If you have any questions, please call Aetna Medicare Plan (PPO) at 1-800-282-5366. TTY users should call 711.

We are open Monday through Sunday 8:00 a.m. to 8:00 p.m. local time. Please be sure to keep a copy of this letter for your records.

Thank you.

Sincerely,

Aetna Member Services

Aetna Medicare Client Services

JOHN DOE    11-10-2015

Aetna
PO Box 14088
Lexington, KY 40512

GRP_11_201 09/2011 Page 1 of 2
Thank you and enjoy your new plan
Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. [For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within <x> days. You can call <phone number/TTY/hours of op> if you do not receive your mail-order drugs within this timeframe. <Members may have the option to sign-up for automated mail-order delivery.>] The <formulary, pharmacy network, and> provider network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. This material is for informational purposes only and is not medical advice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Contact a health care professional with any questions or concerns about specific health care needs. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna is not a provider of health care services and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to our website.
Cecil County Public Schools
2018 MediComp Benefit Offering
Your Medi-Comp coverage coordinates with Medicare. When you sign up for Medicare, you should notify them of who is your secondary carrier. When you see your doctor you give them both your Medicare card and your CareFirst card.

You do not have to worry about any other network but Medicare. If the provider accepts Medicare, and you have given the provider your coverage information, the claim will automatically go through Medicare and then to CareFirst. You will receive Explanations of Benefits (EOB) from both.

If you would receive services from a provider that “opted out of Medicare,” your claims will not go to Medicare and you will have to file them yourself with CareFirst. CareFirst will process as if Medicare paid 80% and pay on the balance. In other words, you will be responsible for $84 dollars out of every $100 allowed.
# HOW MEDICOMP PAYS

## YOUR 2018 BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>Medicare</th>
<th>CareFirst</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>Part A: $1,316</td>
<td>$300 Individual</td>
</tr>
<tr>
<td></td>
<td>Part B: $183</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Max</strong></td>
<td>None</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

### Type of Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Medicare Description</th>
<th>CareFirst Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80% of Medicare AB after Deductible</td>
<td>80% of Medicare AB after Deductible</td>
</tr>
<tr>
<td><strong>Inpatient Care</strong></td>
<td>1 – 60 days: 100% after Part A Deductible</td>
<td>80% of Medicare AB after Deductible</td>
</tr>
<tr>
<td></td>
<td>61 – 90 days: $329 coinsurance per day</td>
<td></td>
</tr>
<tr>
<td></td>
<td>91+ days: $658 coinsurance per day</td>
<td></td>
</tr>
<tr>
<td><strong>Preventative Services</strong></td>
<td>80% of Medicare AB after Deductible</td>
<td>Covered at 100% after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Services</strong></td>
<td>80% of Medicare AB after Deductible</td>
<td>80% of Medicare AB after Deductible</td>
</tr>
<tr>
<td><strong>Therapies</strong></td>
<td>80% of Medicare AB after Deductible</td>
<td>80% of Medicare AB after Deductible</td>
</tr>
<tr>
<td><strong>Mental Health / Substance Abuse</strong></td>
<td>80% of Medicare AB after Deductible</td>
<td>80% of Medicare AB after Deductible</td>
</tr>
</tbody>
</table>

*AB: Allowable Benefit*
# Example of Inpatient Payment

<table>
<thead>
<tr>
<th></th>
<th>Hospital</th>
<th>Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Allowed Charges</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Less Medicare Deductible</td>
<td>$1,000</td>
<td>$183</td>
</tr>
<tr>
<td>Medicare Payment</td>
<td>$0</td>
<td>$654</td>
</tr>
<tr>
<td>Liability After Medicare</td>
<td>$1,000</td>
<td>$529</td>
</tr>
<tr>
<td>CareFirst Deductible</td>
<td>- $300</td>
<td><em>deductible met</em></td>
</tr>
<tr>
<td>CareFirst Payment</td>
<td>$560</td>
<td>$423.20</td>
</tr>
<tr>
<td>Retiree's Liability for Visit</td>
<td>$440</td>
<td>$105.80</td>
</tr>
</tbody>
</table>

**YOUR 2018 BENEFITS**

- 80% of $1,000 minus the $183 Medicare Part B deductible
- Deductible plus 20% of the $853 balance
- 80% of members liability after Medicare
- 20% of members liability of after Medicare
Cecil County Public Schools
THE OPTUMRX DIFFERENCE

We excel at managing pharmacy costs and addressing 100% of health care spend

Core PBM Value
- Formulary Management
- Clinical Programs
- Specialty Pharmacy
- Network Management
- Home Delivery
- Drug Cost Management
- Utilization Management
- Drug Exclusions
- Adherence Programs
- Claims Processing
- Customer Service

Pharmacy Care Services
- Only OptumRx offers the keys to going beyond pharmacy cost management
  - Understanding how pharmacy impacts medical spend
  - Getting consumers engaged in programs to improve health
  - Managing total costs within complex conditions
## YOUR PRESCRIPTION BENEFIT

### In Network Retail: (30 day supply)

<table>
<thead>
<tr>
<th>Co-Payment Option</th>
<th>How To Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$5.00</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$25.00</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

Present your card to the Pharmacist at the time of your prescription fill/drop-off.

### Mail Order: (90 day supply)

<table>
<thead>
<tr>
<th>Co-Payment Option</th>
<th>How To Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$10.00</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$50.00</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

You can request to have your prescription filled:
1) Phone: 1-888-637-5121
2) Mail: OptumRx Home Delivery PO Box 2975, Mission KS 66201
3) Online: optumrx.com/myCatamaranRx
THE OPTUMRX WEBSITE

optumrx.com/myCatamaranRx
Your personal website is waiting

Easy access allows you to:
- Manage all your prescriptions on a single dashboard
- Update your information and complete health profile for home delivery
- Order mail order refills
- Compare prices at local pharmacies
- Find your lowest prescription cost
- Locate your pharmacy and get driving directions
- Keep track of your health history
- Learn more about your drugs
- Take it all with you through the mobile app
- Manage prescriptions for your dependents and family members, where appropriate ... and much more.

Visit optumrx.com/myCatamaranRx

Use your member ID number to register. Questions? Call member services at the phone number on your ID card.

This private, secure website is designed just for you. All of your pharmacy plan information is available and kept up-to-date in real time.
PRICE AND SAVE TOOL

Price and Save
Manage your prescription budget today

Find your best value:
- Search for the lowest-priced pharmacy for your prescription plan with advanced price comparison technology
- Find low-cost generic programs
- Check prices among multiple retail pharmacies and your home delivery pharmacy
- See savings between brand name and generic medications

Compare medication costs at local and home delivery pharmacies to find the best price. Use Price and Save™ on optumrx.com/myCatamaranRx or on-the-go with the mobile app.

Price your medications and save today
Log on to optumrx.com/myCatamaranRx to find the Price and Save tool
OPTUMRX HOME DELIVERY

Save money
- 90-day supply usually costs less than the same amount at retail pharmacies
- Free delivery

Save time
- Delivery wherever you choose
- Automatic refills available

We’re here to help
- Pharmacists available 24/7
- Member services 24/7

Are you taking a “long-term” medication?
Enroll in home delivery. Save money and time.

Long-term medication is for chronic conditions such as heart disease or high blood pressure.

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum™ company — a leading provider of integrated health services. Learn more at optum.com.

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Nice to see you
Cecil County Public Schools
We’re EyeMed!
WE GIVE YOU OPTIONS

Whether you choose a provider based on your schedule, style, or value, …no matter what, we have you covered!

- Both independent and retail, including 5 of top 6 preferred retailers
- Convenient weekend and evening times available at most locations
- Same day/1-hour service available at some locations
- Benefits and discounts applied consistently

www.eyemed.com
1-866-804-0982
USING THE BENEFIT IS EASY

Locate a provider
1. www.Eyemed.com
2. Welcome Packet
3. Calling our Customer Care Center
4. Our brand new mobile app!

Receive care and eye wear
You can pull up your ID card on your smartphone or just tell the doctor your name. Providers are open days, nights and weekends.

The claim is processed!
In-network providers file claims for you so you don’t have to worry about anything!

YOUR 2018 BENEFITS
<table>
<thead>
<tr>
<th>Service</th>
<th>Member Cost In Network</th>
<th>Out of Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>$0 copay every 24 months</td>
<td>Up to $48</td>
</tr>
<tr>
<td>Frame Allowance</td>
<td>$130 allowance, 20% off balance every 24 months</td>
<td>Up to $65</td>
</tr>
<tr>
<td>Standard Lenses*</td>
<td>$20 copay every 24 months</td>
<td>Up to $42, $67, $90, $157 respectively</td>
</tr>
<tr>
<td>Bifocal, Trifocal, Lenticular Lenses*</td>
<td>$20 copay every 24 months</td>
<td>Up to $42, $67, $90, $157 respectively</td>
</tr>
<tr>
<td>Standard progressives</td>
<td>$85 copay every 24 months</td>
<td>Up to $67</td>
</tr>
<tr>
<td>Premium progressives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$105</td>
<td>Up to $67</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$115</td>
<td>Up to $67</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$130</td>
<td>Up to $67</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$85 copay, 80% of charge, less $120 allowance</td>
<td>Up to $67</td>
</tr>
<tr>
<td>Lens Options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premium Anti-Reflective Coating</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$57</td>
<td>NA</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$68</td>
<td>NA</td>
</tr>
<tr>
<td>Tier 3</td>
<td>80% of charge</td>
<td>NA</td>
</tr>
<tr>
<td>Contact Lenses*</td>
<td>$130 allowance every 24 months</td>
<td>Up to $104</td>
</tr>
</tbody>
</table>
MAKING YOUR BENEFITS BETTER

Extra savings

- Sun Perks savings on non-prescription sunglasses
- 40% additional pair discount – the best, most flexible in the industry!
- 15% off LASIK
- 20% off any remaining frame balance
- 15% off any balance over the conventional contact lens allowance
- 20% off any item not covered by the plan

…and no restrictions*

- Choose any ophthalmic frame
- Choose any lens
- Choose any contact lens

*In-network only. May not be available on all plans. Confirm if your plan provides this option.

YOUR 2018 BENEFITS
# Even More Options for Using Your Benefit

<table>
<thead>
<tr>
<th>Glasses.com</th>
<th>ContactsDirect</th>
<th>Exam Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>• World’s first and only photo-realistic and accurate 3D virtual Try On app.</td>
<td>• You can order contacts using your benefit.</td>
<td>• AccuExam and AccuFit, available through LensCrafters and many independents provide:</td>
</tr>
<tr>
<td>• Huge selection of frames and lenses.</td>
<td>• Top brands and products offered.</td>
<td>• A more precise prescription,</td>
</tr>
<tr>
<td>• Fully integrated with your plan’s benefits.</td>
<td>• 90% of orders ship within 24 hours.</td>
<td>• More accurate lenses, and</td>
</tr>
<tr>
<td>• Order today, receive tomorrow.</td>
<td>• Full integrated with your plan’s benefits.</td>
<td>• A more effective fit.</td>
</tr>
</tbody>
</table>
ONLINE TOOLS

www.eyemed.com

- View benefits and eligibility
- Download ID cards and EOBs
- Check claim status
- View wellness information
- Review LASIK information

Enhanced provider search
(on eyemed.com)

- Location
- Provider specialty
- Hours of operation, including evenings and weekends
- Available frame brands
- Product type
- Online appointment booking

Member mobile app
(for iPhone and Android)

- Benefit details
- Provider locations/directions
- ID card
- Exam and contact refill reminders
- Ability to load and save prescription
THE FUTURE IS BRIGHT WITH SUN PERKS

A fun sunglass benefit for all enrolled members through December 31, 2017.

- Sun Perks certificate for all enrolled members to use on their purchase of non-prescription sunglasses
- Redeemable at any Sunglass Hut location or online at sunglasshut.com
- 40 luxury brands to choose from including Ray-Ban®, Coach®, and Prada®

$50 off $200 purchase or $20 off any purchase

Redeemable at any Sunglass Hut store in the U.S. and online at sunglasshut.com. Excludes Chanel, Maui Jim, Oakley, Tiffany and Tom Ford. Limit one discount per transaction. Not valid with other coupons, discounts or promotional offers. This offer is not good on gift card purchases, gift wrap, shipping, taxes, returns or exchanges. No cash-back value, cannot be redeemed for cash, may not be sold or transferred and will not be replaced if lost, stolen or damaged. Valid in the U.S. only.
NOW HEAR THIS

We’ve teamed up with Amplifon, the largest distributor of hearing aids in the world, so that you will now receive:

- 40% off their hearing exam at thousands of locations
- Discounted, set pricing on thousands of hearing aids
- Low price guarantee – if you find the same product at a lower price, Amplifon will beat it by 5%
- 60-day hearing aid trial period – with no restocking fees
- Free batteries for 2 years with initial purchase
- 3-year warranty and loss & damage coverage

95% of Americans with hearing loss could be successfully treated with hearing aids*
About Your Delta Dental Benefits Plan
THE DELTA PPO ADVANTAGE

- **Freedom of Choice**
  - Select any dentist you want, but you’ll likely save more money by choosing a Delta Dental dentist.
  - No Primary Care Physician Election Required.

- **National Networks**
  - Access to Delta Dental PPO℠ and Delta Dental Premier® networks.

- **Lower Out-Of-Pocket Costs**
  - Delta Dental’s allowances mean lower fees to Delta Dental participating dentists and lower costs to you.
  - Delta Dental dentists will not charge you any more than your coinsurance and deductibles.

- **Claims Convenience**
  - Delta Dental dentists submit claim forms for you and Delta Dental pays the dentist directly.

- **Quick Claims Processing**
  - Delta Dental typically processes claims in four calendar days.

- **Quality Control**
  - Delta Dental makes sure the care you receive is necessary and effective.
## BENEFITS AND COVERED SERVICES

<table>
<thead>
<tr>
<th></th>
<th>PPO Dentist</th>
<th>Premier Dentist</th>
<th>Non-Delta Dental Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANNUAL MAXIMUM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The maximum benefit paid per</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>calendar year is $1,500 per</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DEDUCTIBLES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Deductibles waived for D &amp;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P and Orthodontics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The maximum benefit paid per</td>
<td>$25 per person / $75 per family each plan year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>calendar year is $1,500 per</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIAGNOSTIC &amp; PREVENTIVE BENEFITS -- Oral examinations, cleanings, x-rays, sealants and periodontal prophylaxes</strong></td>
<td>100 %</td>
<td>100 %</td>
<td>100 %</td>
</tr>
<tr>
<td><strong>BASIC BENEFITS -- Fillings, posterior composites, denture repairs, oral surgery, endodontics (root canals) and periodontics (gum treatment)</strong></td>
<td>80 %</td>
<td>80 %</td>
<td>80 %</td>
</tr>
<tr>
<td><strong>MAJOR BENEFITS -- Crowns, inlays, onlays, cast restorations and prosthodontics (bridges, dentures and implants)</strong></td>
<td>50 %</td>
<td>50 %</td>
<td>50 %</td>
</tr>
<tr>
<td><strong>ORTHODONTICS (dependent children to age 20)</strong></td>
<td>50 %</td>
<td>50 %</td>
<td>50 %</td>
</tr>
<tr>
<td><strong>ORTHODONTIC MAXIMUM</strong></td>
<td>$1,200 Lifetime</td>
<td>$1,200 Lifetime</td>
<td>$1,200 Lifetime</td>
</tr>
<tr>
<td><strong>COVERED PROCEDURES REIMBURSED BASED ON</strong></td>
<td>PPO contracted fees or the dentist’s actual fee, whichever is less</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WEB CAPABILITIES

- Easy-to-use participating dentist directories with maps and driving directions
- Secure login to your account for benefits and eligibility lookup
- Access information on program benefits, eligibility, status of deductibles, maximum usage, claim status, and 18 months of claims history
- Fee Finder for common procedures
- Printable claim forms
- Printable ID cards
- Extensive dental health section
- Email inquiries to customer service
- Viewable in Spanish
PRINT ID CARD FUNCTION

- ID Cards have no expiration date.
- ID Cards are issued with a Delta Dental assigned ID number.

You can Print ID Cards by selecting the link from the Eligibility page in Online Services after accessing your personal Delta Dental account.
ORAL HEALTH WEB TOOLS

The SmileWay Challenge

Take the challenge by doing any of the following activities to improve your oral health.

Review Your Habits
- Take one of our interactive quizzes to see your potential risk of developing cavities and gum disease.
- Use our risk assessment tool to learn your oral health risk scores and take the report to your next dental appointment.

Get Educated
- Go to our Oral Health Topics page to explore a general category like "Kids & Teens."
- Search for a specific oral health topic (use the Search tool at the top of the page).
- Watch oral health videos.

Stay Informed
- Choose one or more ways to stay up-to-date with oral health news and information:
  - Follow us on Facebook
  - Follow us on Twitter
  - Follow us on Google+
  - Subscribe to grin!
  - See back issues
CUSTOMER SERVICE

Call toll-free:
800-932-0783
Monday - Friday between
8:00 a.m. and 8:00 p.m., Eastern Time.

Or write to:
Corporate Headquarters
One Delta Drive
Mechanicsburg, PA 17055-6999
### BOARD CONTRIBUTION

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>2017 Monthly Contribution</th>
<th>2018 Monthly Contribution</th>
<th>2018 Annual Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 – 17 Years</td>
<td>$177.64</td>
<td>$186.59</td>
<td>$2,239.08</td>
</tr>
<tr>
<td>18 – 23 Years</td>
<td>$241.86</td>
<td>$254.00</td>
<td>$3,048.00</td>
</tr>
<tr>
<td>24 – 29 Years</td>
<td>$271.49</td>
<td>$285.17</td>
<td>$3,422.04</td>
</tr>
<tr>
<td>30+ Years</td>
<td>$307.66</td>
<td>$323.17</td>
<td>$3,878.04</td>
</tr>
</tbody>
</table>

**YOUR 2018 BENEFITS**
<table>
<thead>
<tr>
<th>Benefit Tier</th>
<th>CareFirst MediComp</th>
<th>Aetna Medicare Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$524.50</td>
<td>$514.30</td>
</tr>
<tr>
<td>2 - Party</td>
<td>$1,049.00</td>
<td>$1,028.60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental Benefits</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$29.35</td>
<td></td>
</tr>
<tr>
<td>Retiree/Child</td>
<td>$55.76</td>
<td></td>
</tr>
<tr>
<td>Retiree/Spouse</td>
<td>$58.69</td>
<td></td>
</tr>
<tr>
<td>Retiree/Children</td>
<td>$73.37</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$88.04</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision Benefits</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$3.38</td>
<td></td>
</tr>
<tr>
<td>Retiree/Child</td>
<td>$5.72</td>
<td></td>
</tr>
<tr>
<td>Retiree/Spouse</td>
<td>$6.39</td>
<td></td>
</tr>
<tr>
<td>Retiree/Children</td>
<td>$8.41</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$9.41</td>
<td></td>
</tr>
</tbody>
</table>
ENROLLMENT INFORMATION

- No need to complete an Enrollment Form unless you wish to:
  - Change your current medical plan option*,
  - Cancel your dental and/or vision coverage, and/or
  - Remove a dependent currently on your plans.

- All Enrollment Forms must be received in the Benefits Office by 4:30 p.m. Friday, November 17, 2017.

- If you need assistance, contact the Benefits Office.
  - Monday – Friday: 8:00 a.m. – 4:30 p.m.
  - 410-996-5413 or 410-996-5415
  - benefitsinfo@ccps.org