



OPEN ENROLLMENT SEPTEMBER 2017 Plan Dental Plan Election Form

INSTRUCTIONS:

Form MUST be returned to KCCD District Benefits Office, Human Resources (benefitsDOHR@kccd.edu) on or before September 25, 2017. These changes will be effective November 1, 2017.

Review the dental plan options below, select your dental plan option, then sign and date the form.
Scan and email the signed form to benefitsDOHR@kccd.edu

Dental Plan Election			
Dental Plans	Delta DPO Plan	Delta Incentive Plan	United Healthcare Plan
Dental Election - Initial Elected Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPARATIVE OUTLINE OF DENTAL PLAN BENEFITS

DELTA DPO/PPO PLAN

Eligible employee or dependent **must** use DPO Provider for Maximum benefits

\$2,000 per patient per calendar year maximum if benefits provided by DPO Provider

50% benefits if provided by a dentist other than a DPO provider

Orthodontic Benefits 100% to lifetime maximum of \$2,000.

DELTA PREMIER INCENTIVE PLAN

Eligible employee or dependent may use any Delta dentist, but if DPO Provider used, will receive an additional \$200 enhancement.

\$1,500 per patient per calendar year maximum. Separate \$1,000 dental accident benefits per patient per calendar year.

Member may use any Delta dentist. Plan pays 70% first year, then increases each year by 10% to 80%, 90%, then 100% provided the dentist is visited each year.

No Orthodontic Benefits.

UNITED HEALTHCARE PLAN

No maximum. Co-payments for some services.

Plan reserves the right to transfer you to a different office.

Orthodontic Benefits to lifetime maximum of \$1,600.

PRINT FULL LEGAL NAME

SIGNATURE

DATE

ADDRESS (include: City, State & Zip code)

PHONE

EMAIL

EMPLOYEE ID #

CAMPUS

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HUMAN RESOURCES USE ONLY:

_____ TERM EXISTING PLAN
_____ NEW PLAN