

VSP Features Continued: What if I don't use a Participating Doctor?

You get the best value from your benefit when you see a VSP doctor, and your satisfaction is guaranteed. If you see a non-VSP provider, you'll typically pay more out-of-pocket. You'll pay the provider in full and have 6 months to submit a claim to VSP for partial reimbursement less copays. Before seeing a non-VSP provider call VSP Member Services at 800-877-7195.

Professional Fees, Visual Examination up to:	\$45.00
Materials: Single Vision lenses up to:	\$45.00
Bifocal Lenses up to:	\$65.00
Trifocal Lenses up to:	\$85.00
Lenticular Lenses up to:	\$125.00
Frame	\$47.00
Contact Lenses	
(in lieu of all other materials, materials, fittings and evaluation only)	
Necessary, up to:	\$210.00
Elective, up to	\$105.00

Important Information about Rates

Rates for all groups are pool rated.

When they enroll, the employer group joins the Small Business Benefit Plan Trust II group policy.

The rates noted in this brochure are monthly and for clients that enroll for July 1, 2010 through to June 1, 2011 effective dates.

Groups who enroll July 1 through December 1 will renew July 1, 2011.

Groups who enroll January 1 through June 1 will renew January 1, 2012.

Administration Fee

A monthly administration fee of \$10.00 is charged to all groups of less than 20 enrolled employees.

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V.S.P. Vision, Limitations

Options - This plan is designed to cover visual needs rather than cosmetic materials. If you select any of the following you will be responsible for an additional charge: Blended lenses; Contact lenses(except as noted elsewhere herein); Oversize lenses; Progressive multifocal lenses; Photochromatic or tinted lenses other than, Pink 1 or 2; Coated or laminated lenses; A frame that exceeds the plan allowance; certain limitations on low vision care; Cosmetic lenses; Optional cosmetic processes; UV protected lenses.

Not Covered -The following professional services or materials are not covered: Discounts may apply to some items: Orthoptics or vision training and any associated supplemental testing; Plano lenses (non-prescription); Two pair of glasses in lieu of bifocals; Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available; Medical or surgical treatment of the eyes; Any eye examination, or any corrective eyewear, required by an employer as a condition of employment; Corrective vision services, treatments and materials of an experimental nature.

Delta Dental, Services Not Covered

Delta Dental covers a wide variety of dental care expenses, but there are some services for which we do not provide Benefits. It is important for you to know what these services are before you visit your dentist. Delta Dental does not provide benefits for: Services for injuries or conditions that are covered under Workers' Compensation or Employer's Liability Laws. Services which are provided to the Enrollee by any Federal or State Governmental Agency or are provided without cost to the Enrollee by any municipality, county or other political subdivision, except Medi-Cal benefits. Services for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abfraction), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Examples of such treatment are equilibration and periodontal splinting. Any Single Procedure, bridge, denture or other prosthetic service which was started before the Enrollee was covered by this plan. Prescribed drugs, or applied therapeutic drugs, pre-medication or analgesia. Experimental procedures. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility. Anesthesia, except for general anesthesia given by a dentist for covered oral surgery procedures. Grafting tissues from outside the mouth to tissues inside the mouth ("extraoral grafts"). Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joints or associated muscles, nerves or tissues. Replacement of existing restoration for any purpose other than active tooth decay. Intravenous sedation, occlusal guards and complete occlusal adjustment. Orthodontic services (treatment of mal-alignment of teeth and/or jaws). This exclusion does not apply if the label above the wallet card indicates orthodontic benefits, then the following exclusion would apply: Charges for replacement or repair of an orthodontic appliance paid in part or in full by this plan.

How To Enroll

1. Complete the application for Participation to the Small Business Benefit Plan Trust and the EZ enrollment form listing all employees to be covered.
2. Submit a copy of the Employer's State Wage and Earnings Report, (DE-6).
3. Send an employer's check for the total premium and fees and all enrollment materials to Wolfpack Insurance Services, Inc.

Plan Rules

Eligibility: Employer groups must have two or more full-time, unrelated employees (Husband and wife count as one). Proof of group medical insurance is required for groups of less than 5 employees. The employer must contribute at least 50% of the employee premium. 75% of the eligible employees must participate in the plan. 100% must participate if the employer contribution is 100% of the employee premium. PPO 2000 Plan is only available on groups of five or more.

Employees: All employees of the employer who are performing active work on a full time basis (20 hours a week or over) are eligible for benefits, including corporate officers, owners and/or partners.

Dependents: All eligible dependents must enroll on the original effective date. Dependents will not be added for a later effective date unless newly eligible. Eligible dependents include legal spouse or domestic partner and children to age 26.

Effective Date: When a firm joins the Plan the coverage of its current employees will be effective on the first day of the month following approval of the firm's application to participate.

This brochure constitutes only a summary of the Plans. The Plan Contract must be consulted to determine the exact terms and conditions of coverage.

www.DentalandVisionIns.com

or

www.DVINS.com

Add, change or delete employees.
Download forms. Quote new groups.
Find providers, answer your questions
and more.

**SERVICE TO SMALL BUSINESS
GROUPS IS OUR SPECIALITY.**

DentalandVisionIns.com

Your source for group
dental and vision
insurance plans

Delta Dental PPO Plans

We offer dental plans insured by
**Delta Dental
of California**
and vision products through
VSP® Vision Care

With our array of plan options,
businesses can choose an
affordable plan that meets their
individual group's needs.

All plans may be written on groups of two or more full time, unrelated employees. Proof of a group medical plan is required for groups of less than 5 employees.

www.DVIns.com

Serviced by:
Wolfpack Insurance Services Inc.
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Belmont CA 94002
(800) 296-0192 FAX: (650) 591-4022
License # 0814789

Delta Dental PPO Plans

Choose your dentist from the Delta Preferred Provider Option Network or utilize any dental provider, it's your choice.

Plan Name.....	PPO 2000 Available to groups of 5+		Option I		Option II		Option III	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
No deductible will be charged if services were provided by Delta Dental PPO Dentist. If services are provided by other dentists, a calendar year deductible of \$50.00 applies to non Preventive and Diagnostic benefits.								
Preventive and Diagnostic								
Emergency treatment for relief of pain	100%	80%	100%	80%	100%	50%	100%	50%
Routine Exams, Cleanings (Prophylaxis)	100%	80%	100%	80%	100%	50%	100%	50%
Bitewing X-rays, Full Mouth X-rays	100%	80%	100%	80%	100%	50%	100%	50%
Fluoride Treatment	100%	80%	100%	80%	100%	50%	100%	50%
Space Maintainers	100%	80%	100%	80%	100%	50%	100%	50%
Basic Dental Services								
Restorative - Amalgam or Synthetic Fillings	80%	50%	80%	50%	80%	50%	80%	50%
Sealants	80%	50%	80%	50%	80%	50%	80%	50%
Oral Surgery	80%	50%	80%	50%	80%	50%	80%	50%
Extractions, Impacted Teeth, Cysts and Neoplasms, Alveolar/Gingival Reconstructions								
Periodontics	80%	50%	80%	50%	80%	50%	80%	50%
Includes treatment for diseases of the gums								
Endodontics	80%	50%	80%	50%	80%	50%	80%	50%
Root canals and Pulpal Therapy								
Major Dental Services								
Subject to a 12 month waiting period (See below)								
Restorative - Inlays, Implants and Crowns	50%	50%	50%	50%	50%	50%	50%	50%
Prostodontics- Dentures and Partial	50%	50%	50%	50%	50%	50%	50%	50%
Calendar Year Maximum Per Individul	\$2000		\$1500		\$1500		\$1000	
RATES:								
Employee Only	\$ 63.30		\$ 57.90		\$ 47.40		\$ 38.40	
Employee + one	\$120.80		\$110.90		\$ 93.00		\$ 74.40	
Employee + two or more	\$172.30		\$160.70		\$128.70		\$109.40	

Optional Orthodontic Benefit: RATES: EE = \$2.60, EE + 1 = \$4.20, EE + 2 = \$14.50.

Plan pays a co-payment of 50% to a lifetime maximum benefit of \$1500 (\$2000 max on PPO 2000) per patient after a 12 month waiting period (See Below).

Can the waiting period be waived?

Waiting periods do not apply for groups of 20 or more. For groups of 5 employees or more the 12 month waiting period for Major Dental and Orthodontia Services will be waived on all employees who had continuous Dental and Orthodontia coverage during the preceding 12 months.

Please contact us for special rates on groups with over 50 employees.

What is Delta PPO?

Delta Dental PPO is Delta Dental's preferred provider organization program. The program provides the maximum benefit when you visit a PPO Dentist. PPO dentists are Delta dentists who have agreed to charge PPO patients reduced fees. Under the PPO program you may visit any licensed dentist you wish. However, you receive the maximum benefits available under the program when you choose one of the Delta Dental PPO dental offices. 50% of California dentists are Delta Dental PPO providers.

To use the PPO program just call the dental office of your choice and make an appointment.

To search for a PPO dentist in your area visit the Delta Dental online directory via their web site at www.deltadentalins.com.

For a printed list please call Delta at: (800) 4-AREA-DR (800-427-3237)

Out of Network Claims are reimbursed on a Usual, Customary and Reasonable basis.

We also offer traditional Delta Dental Plans that fully reimburse on a Usual, Customary and Reasonable basis. Please contact us for more information or visit us on the web at: www.DVINS.com

VSP® Vision Care Plans

Choose from 40,500 doctor access points nationwide. You pay only the selected copay for covered benefits. You can select any eyecare doctor (see non-VSP provider benefits on back).

What are the Benefits?

You receive a WellVision exam, lenses and frames according to the schedule of benefits you purchase. Choose from several copay and frequency options.

VSP A plans have a 12 month Exam, 24 month Lenses and a 24 month Frame frequency
 VSP B plans have a 12 month Exam, 12 month Lenses and a 24 month Frame frequency
 VSP C plans have a 12 month Exam, 12 month Lenses and a 12 month Frame frequency

Rates for Voluntary Situations can be found on our web site. www.dvins.com

Plan	Co-Payment Options	EE	EE + Spouse	EE + Child(ren)	EE + Family
VSP A	\$20 Exam/\$25 Materials	\$6.40	\$10.20	\$10.40	\$16.70
	\$25 Co-payment	\$9.30	\$14.80	\$15.10	\$24.30
	\$10 Co-payment	\$9.80	\$15.70	\$16.00	\$25.80
	No Co-payment	\$12.70	\$20.20	\$20.60	\$33.30
VSP B	\$10 Exam/\$25 Materials	\$9.90	\$15.80	\$16.10	\$25.90
	\$25 Co-payment	\$10.60	\$16.90	\$17.20	\$27.70
	\$10 Co-payment	\$13.20	\$21.20	\$21.60	\$34.80
VSP C	\$10 Exam/\$25 Materials	\$11.90	\$23.80	\$24.30	\$40.70
	\$25 Co-payment	\$12.30	\$24.50	\$26.20	\$41.80
	\$10 Co-payment	\$14.00	\$28.00	\$30.00	\$47.90
	No Co-payment	\$15.60	\$31.20	\$33.30	\$53.20

VSP WellVision Exam®: A WellVision Exam is more than just a quick eye check. It focuses on your eye health and overall wellness. VSP doctors get to know you and your eyes. They take the time to look for vision problems and signs of other health conditions too.

Prescription Glasses. Lenses: Glass or plastic, single vision, lined bifocal or lined trifocal prescription lenses are covered in full. VSP doctors also provide cost controls for savings on lens options that average 35-40%. Dependent children of members are eligible for covered-in-full polycarbonate prescription lenses. You'll also receive 30% off unlimited additional pairs of prescription glasses and non-prescription sunglasses when purchased the same day as your eye exam from the same VSP doctor who provided the exam. Frame: When visiting a VSP doctor you'll have a \$150 allowance toward your frame. If you choose a frame over the plan's allowance you will receive a 20% discount on the amount over your frame allowance.

Contact Lenses: Instead of eyeglasses (lenses and frame) elective contact lens services and materials are covered in full up to \$120 toward any type of prescription contact lenses. Necessary contact lenses are covered in full for those who have specific conditions for which contact lenses provide better visual correction. New and current contact lens wearers are eligible for a covered-in-full contact lens evaluation and initial supply of approved lenses, including toric, multifocal, and hydrogel lenses. You'll also receive 15% off contact lens services, excluding materials. Materials may be purchased at the doctor's usual and customary fees. Contact lens frequency is the same as lenses.

Laser VisionCare Program: Discounts on LASIK, Custom LASIK, and PRK are available from VSP-contracted facilities. Custom LASIK uses wavefront technology with the microkeratome surgical device only. Other LASIK procedures may be performed at an additional cost to the member. Members who've had PRK, LASIK, or Custom LASIK vision correction surgery can use their frame benefit for sunglasses, instead of a prescription pair of glasses.

Value-Added Discounts Contact Lenses: You get 15% off your contact lens exam. Glasses and Sunglasses: You get an average 35-40% savings on all non-covered lens options like progressives and anti-reflective and scratch-resistant coatings. You also get 30% off additional pairs of prescription glasses and sunglasses (lenses and frame), including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.

Low Vision Benefits and Diabetic EyeCare Program are also included.

How does the plan work?

- Find the right VSP doctor for you. You'll find plenty to choose from at vsp.com or by calling 800-877-7195.
- Already have a VSP doctor? At your appointment, tell them you're a VSP member.
- Check out your coverage and savings. Visit vsp.com to see your benefits anytime and check out how much you saved with VSP after your appointment.

That's it! VSP and the doctor handle the rest — no ID card necessary or claim forms to complete.

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