

OPEN ENROLLMENT GUIDE

2024



GARDEN GROVE

Commissioners

Begins: Monday, September 18, 2023, 8:00 a.m.

Deadline: Friday, October 13, 2023, 4:00 p.m.

Changes effective: Monday, January 1, 2024

Commissioners are eligible to enroll in a dental and/or vision plan through the City. If you choose to enroll in a dental and/or vision plan, you are responsible for paying the full premium. Enrollment forms are attached to this flyer.

DENTAL PLANS

Delta Preferred – PPO

Employee Only - \$50.25

Family Coverage - \$97.52

- ✓ Deductible for non-management groups: In-network \$40/Out-of-network \$50
- ✓ Diagnostic & Preventative covered at 100%
 - Two cleanings per year
 - Bitewing x-rays once per year / Full mouth x-rays every 3 years
- ✓ Basic benefits covered at 80%
- ✓ Crowns and other Cast restorations covered at 50%
- ✓ Prosthodontics covered at 50%
- ✓ Annual maximum benefit per calendar year per person - \$1,000
- ✓ No orthodontia benefit

DeltaCare USA – HMO

Employee Only - \$17.34

Family Coverage - \$38.05

- ✓ \$0 deductible / \$0 for cleanings and exams (once every 6 months)
- ✓ Fee schedule for services
- ✓ Orthodontia benefit - \$1,600 for child or adolescent to age 19
- ✓ Orthodontia benefit - \$1,800 for adults, including adult children
- ✓ Metallic fillings covered, ceramic or porcelain are considered a materials upgrade (for a fee)

VISION PLAN

Accepted at in-network optometrists, ophthalmologists, Costco Optical, Walmart, and Sam's Club. Additional savings available on prescription sunglasses, retinal screening and laser vision correction services. You are eligible for your exam, lenses, frames/contacts every 12 months.

VSP

Employee Only - \$15.75

Family Coverage - \$35.15

- ✓ Exam copay - \$10
- ✓ Glasses copay - \$25
- ✓ Deductible - \$0
- ✓ Frames benefit in-network - \$150 / Costco frames benefit - \$80
- ✓ Contacts in-lieu of glasses – up to \$130 benefit / free to participant if deemed medically necessary
- ✓ Standard progressive lenses \$50-\$160
- ✓ Single vision, bifocal, trifocal, lenticular – covered in full

Additional Benefits

- ✓ Extra Pair Benefit - \$20 copay
- ✓ Corrective Vision Services – In-network 15% discount

If you wish to enroll, please complete the appropriate form and submit to Janna Bradley in Human Resources. You may also scan and email your form to jannab@ggcity.org.

Deadline to submit: October 13, 2023 at 4:00 p.m.



City of Garden Grove
VISION SERVICE PLAN ENROLLMENT FORM

Employee Name: _____ Emp# _____

Employee Social Security # _____ Date of Birth _____

Address _____

Phone _____

Are you covering dependents (circle one): Yes No

If yes, list name, birth date and relationship of each dependent:

Dependent Name	Date of Birth (mm/dd/year)	Relationship (spouse / child)	Social Security Number

Signature

Date

Human Resources Use Only

Coverage Begins: _____

- Pick
- Website
- Log

I decline coverage at this time.

Signature of Enrollee _____

Date ____/____/____

¹DeltaCare USA is our prepaid plan that features set copayments, no annual deductibles and no maximums for covered benefits. Enrollees must select a primary care dentist in the DeltaCare USA network from whom they receive treatment.