




The EIA/CSURMA Portfolio of Plan options includes:

Delta Dental - 3 DHMO + 3 DPPO Plan Options
VSP - 4 plans ranging from least rich to most rich

Each Auxiliary can select from a certain number of plans from the menu of plan designs with each carrier:

Groups with 2-50 enrolled can select one (1) plan from each category (1 DPPO, 1 Vision plan), plus retiree plans

Groups with more than 50 enrolled, can offer up to two plans from each group



Financial Summary
Effective: January 1, 2019

Lines of Coverage	Lives	Current	Renewal	% Δ	EIA Option 1	% Δ
Delta Dental PPO	3	\$4,905	\$4,905	0.0%	\$3,694	-24.7%
VSP Vision	4	\$716	\$716	0.0%	\$749	4.6%
TOTAL ANNUAL PREMIUM		\$5,621	\$5,621	0.0%	\$4,442	-21.0%
ANNUAL DOLLAR CHANGE			\$0		(\$1,179)	
ANNUAL PERCENT CHANGE			0.0%		-21.0%	

Dental Plan Benefits	
Calendar Year Maximum	
Per Member	
Calendar Year Deductible	
Individual / Family	
Diagnostic and Preventive	
Oral Exam	
X-Rays	
Teeth Cleaning	
Fluoride Treatment	
Sealants	
Basic Services	
Anesthesia	
Periodontics (Gum disease)	
Endodontics (Root Canal)	
Simple & Surgical Extractions	
Major Services	
Crowns and Cast Restorations	
Inlays, Onlays, Veneers	
Dental Implants	
Bridges & Dentures	
Repair & Maintenance of Bridgework & Dentures	
Orthodontics	
Benefit Percentage	
Lifetime Maximum	
Rate Guarantee	
MONTHLY RATES	
Employee Only	
Employee + Spouse	
Employee + Family	
TOTAL MONTHLY PREMIUM	
TOTAL ANNUAL PREMIUM	
ANNUAL DOLLAR CHANGE	
ANNUAL PERCENT CHANGE	

EE's
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2
3

Delta Dental Premier Associated Students Inc. (Student Board, etc.) CSLA	
Current / Renewal	
PPO	Non-PPO
\$1,500	\$1,500
\$50 / N/A (Waived for Preventive)	
100%	100%
75%	75%
50%	50%
Adult & Child	
50%	
\$1,000	
2 Years (Through 12/31/2019) Current / Renewal	
\$58.09	
\$106.42	
\$175.33	
\$409	
\$4,905	

Delta Dental Premier Associated Students Inc. (Student Board, etc.) CSLA	
EIA Option Plan A	
PPO	Non-PPO
\$1,500	\$1,500
\$50 (Waived for Preventive)	
100%	100%
75%	75%
50%	50%
Adult & Child	
50%	
\$1,000	
1 Year (Through 12/31/2019) Option A	
\$42.60	
\$85.60	
\$132.60	
\$308	
\$3,694	
-\$1,211	
-24.7%	

Delta Dental Premier Associated Students Inc. (Student Board, etc.) CSLA	
EIA Option Plan B	
PPO	Non-PPO
\$1,500	\$1,500
\$50 (Waived for Preventive)	
100%	80%
80%	80%
50%	50%
Adult & Child	
50%	
\$1,500	
1 Year (Through 12/31/2019) Option B	
\$44.00	
\$88.10	
\$136.50	
\$317	
\$3,804	
-\$1,101	
-22.4%	

Delta Dental Premier Associated Students Inc. (Student Board, etc.) CSLA	
EIA Option Plan C	
PPO	Non-PPO
\$2,000	\$1,500
\$50 / \$150 (Waived for Preventive)	
100%	100%
90%	80%
60%	50%
Adult & Child	
50%	
\$1,000	
1 Year (Through 12/31/2019) Option C	
\$49.30	
\$98.70	
\$152.90	
\$355	
\$4,261	
-\$644	
-13.1%	

Vision Plan Benefits	VSP Vision Associated Students Inc. (Student Board, etc.) CSLA Choice Enhanced Plan B		VSP Vision Associated Students Inc. (Student Board, etc.) CSLA EIA Signature Enhanced Plan B		VSP Vision Associated Students Inc. (Student Board, etc.) CSLA EIA Signature Plan C		VSP Vision Associated Students Inc. (Student Board, etc.) CSLA EIA Choice A with Tints		VSP Vision Associated Students Inc. (Student Board, etc.) CSLA EIA Choice Plan C with Tints & CVC	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam	Copay \$20 Copay	Plan pays up to: Up to \$45	Copay \$10 copay	Plan pays up to: Up to \$50	Copay \$20 copay	Plan pays up to: Up to \$50	Copay \$10 copay	Plan pays up to: Up to \$50	Copay \$20 copay	Plan pays up to: Up to \$50
Lenses										
Single	Covered in Full	Up to \$30	Covered in Full	Up to \$50	Covered in Full	Up to \$50	Covered in Full	Up to \$50	Covered in Full	Up to \$50
Bifocal	Covered in Full	Up to \$50	Covered in Full	Up to \$75	Covered in Full	Up to \$75	Covered in Full	Up to \$75	Covered in Full	Up to \$75
Trifocal	Covered in Full	Up to \$65	Covered in Full	Up to \$100	Covered in Full	Up to \$100	Covered in Full	Up to \$100	Covered in Full	Up to \$100
Contact Lenses*										
	\$130 allowance	Up to \$105	\$130 allowance	Up to \$105	\$130 allowance	Up to \$105	\$130 allowance	Up to \$105	\$130 allowance	Up to \$105
Frames										
	\$140 allowance	Up to \$70	\$140 allowance	Up to \$70	\$140 allowance	Up to \$70	\$140 allowance	Up to \$70	\$140 allowance	Up to \$70
Frequency of Services										
Eye Examination	12 months		12 months		12 months		12 months		12 months	
Lenses	12 months		12 months		12 months		12 months		12 months	
Frames	24 months		24 months		12 months		24 months		12 months	
Contact Lenses*	12 months		12 months		12 months		24 months		12 months	
<i>*In lieu of frames</i>										
Rate Guarantee										
MONTHLY RATES	2 Years (Through 12/31/2020) Current / Renewal		2 Years (Through 12/31/2020) EIA Option 1		2 Years (Through 12/31/2020) EIA Option 2		2 Years (Through 12/31/2020) EIA Option 3		2 Years (Through 12/31/2020) EIA Option 4	
Employee Only	\$9.21	\$9.21	\$9.10	\$9.10	\$9.90	\$9.90	\$7.00	\$7.00	\$11.20	\$11.20
Employee + 1	\$12.38	\$12.38	\$12.80	\$12.80	\$13.90	\$13.90	\$9.70	\$9.70	\$14.80	\$14.80
Employee + Family	\$20.62	\$20.62	\$22.10	\$22.10	\$24.10	\$24.10	\$16.60	\$16.60	\$24.10	\$24.10
TOTAL MONTHLY PREMIUM	\$60	\$60	\$62	\$62	\$68	\$68	\$47	\$47	\$71	\$71
TOTAL ANNUAL PREMIUM	\$716	\$716	\$749	\$749	\$816	\$816	\$566	\$566	\$847	\$847
ANNUAL DOLLAR CHANGE		\$0		\$33		\$100		-\$150		\$131
ANNUAL PERCENT CHANGE		0.0%		4.6%		14.0%		-20.9%		18.3%

EE's
2
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2
4