



# **Retired Employees of San Diego County, Inc.**

## **2026 Benefits Guide**

**Benefits Begin January 1, 2026**



**Open Enrollment Ends  
November 14, 2025**

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**Open Enrollment ends November 14, 2025.**

**Coverages begin January 1, 2026.**

**If you have a question that was not answered in this guide, please contact us at  
(800) 511-9065 or RESDC@pgagencies.com.**

**Please do NOT call RESDC, SDCERA, or the County with questions about the  
plans detailed in this guide. They will be unable to help you.**



## Retired Employees of San Diego County, Inc.

Honoring Yesterday  
Protecting Tomorrow

Dear Fellow Retiree:

The Retired Employees of San Diego County (RESDC) is the only officially recognized organization representing San Diego County retirees. We continue to speak on your behalf at the San Diego County Employees Retirement Association (SDCERA) and the County Board of Supervisors. We are a member supported, non-profit, non-partisan, non-union organization that advocates, educates, informs, and provides social activities for members.

RESDC members have access to many exclusive benefits. One extremely popular benefit is group insurance. These plans are detailed in this Benefits Guide. All plans listed in this guide are administered by Pacific Group Agencies and available exclusively to RESDC members. The Open Enrollment period for these plans is upon us. Please take a moment to review all the benefits that are available to you.

RESDC is the sole official provider for San Diego County retiree dental insurance. SDCERA does not offer dental plans to retirees.

RESDC dental plans available include an Ameritas PPO plan with a generous \$2,500 annual benefit maximum and a Cigna HMO plan with a large nationwide network of dentists to choose from. Premiums for dental plans are deducted from your monthly pension payment. Other plans available to members include a VSP vision plan, legal protection, identity theft protection, pet care, travel insurance, and much more.

To add strength to our organization and become a RESDC member, please complete Step 1 of the attached enrollment form (on Page 3 of this booklet). If also electing to enroll in any of the voluntary benefits, please also complete the remaining steps. Time to take advantage of them is limited.

**The Open Enrollment period ends November 14<sup>th</sup>.**

If you should have any questions on the benefit plans in this guide, please contact our Benefit Plans Administrator, Pacific Group Agencies, at (800) 511-9065 or [RESDC@pgagencies.com](mailto:RESDC@pgagencies.com). **Please do NOT call RESDC, SDCERA, or the County with questions about the plans discussed in this Benefit Guide.**

**Thank you for your interest in RESDC. We invite you to explore the value of membership and the many benefits available to San Diego County retirees. We look forward to the opportunity to support you and keep you connected in retirement.**

Chris Heiserman  
RESDC Board President

# How To Enroll

You can enroll in **Dental, Vision, Legal Shield, ID Shield, Armadillo, and Personal Accident** plans by completing the attached enrollment form (located on Page 3 of this booklet). A postage paid envelope is included for your convenience. Mail the completed form to:

Pacific Group Agencies  
25876 The Old Road #11  
Santa Clarita, CA 91381

You may also fax the form to: (800) 549-0059. Please make sure to fax both sides of the form.

An online form is available at: [www.pgagencies.com/resdc](http://www.pgagencies.com/resdc)

You can enroll in the **Pet plans** by calling the carrier direct or visiting their website. If calling, remember to mention you are an RESDC member, so you get special discounted rates.

- Nationwide Pet Insurance (Premiums are credit card billed)  
Visit [www.petinsurance.com/resdc](http://www.petinsurance.com/resdc) or call (877) 738-7874.
- United Pet Care  
Visit [www.unitedpetcare.com/resdc](http://www.unitedpetcare.com/resdc) or call (877) 872-8800.

**Emergency Assistance Plus** is purchased (credit card billed) on an annual basis.  
Visit [www.myeapplus.com/pedit](http://www.myeapplus.com/pedit) or call (877) 883-1935.

**Term Life** is medically underwritten. Complete the information on the enclosed form and a quote will be mailed to you. Please note: Quotes are generally mailed to members in late January.

**Start Hearing** is a FREE benefit to members and their family. No need to enroll. Just call Start Hearing at (888) 200-5701 and let them know you're a RESDC member, and they will explain the process.



# Retired Employees of San Diego County Benefits Enrollment Form

|                     |
|---------------------|
| For Office Use Only |
| Received            |
| Effective Date      |

**Step 1: Provide your information and authorize deduction. PLEASE PRINT CLEARLY.**

| Application for RESDC Membership & Authorization of Deductions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |               |                |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|----------------|--------------------------------------|
| Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | First Name    |                | Full Social Security Number Required |
| Male/Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date of Birth | Telephone ( ) | E-mail Address |                                      |
| Home Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |               |                |                                      |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |               | State          | Zip                                  |
| <p>I receive a retirement and/or survivor benefit from the San Diego County Employees Retirement Association. I hereby authorize SDCERA to deduct from my monthly pension benefit the monthly dues currently (\$5) for my membership in Retired Employees of San Diego County, Inc. and pay such deduction to RESDC. If enrolling in dental plans offered to RESDC members, I also authorize SDCERA to deduct these premiums and pay such deduction to the appropriate party.</p> <p>Such deductions for dental plans will continue until I notify Pacific Group Agencies in writing. I understand that there may be a minimum commitment to some plans, and I acknowledge that I have read the Disclaimer &amp; Member Requirements in the Benefits Guide.</p> <p><b>Sign Here</b> → _____ <b>Date</b> _____</p> |               |               |                |                                      |

**Step 2: If selecting spouse / domestic partner / family coverage, provide their information.**

|                                                                                                               |               |       |                                      |
|---------------------------------------------------------------------------------------------------------------|---------------|-------|--------------------------------------|
| Spouse / Domestic Partner Name                                                                                | Date of Birth | M / F | Full Social Security Number Required |
|                                                                                                               |               |       |                                      |
| Child Name <i>(Please note child coverage age limits. If disabled, please provide proof with enrollment.)</i> | Date of Birth | M / F | Full Social Security Number Required |
|                                                                                                               |               |       |                                      |

**Step 3: For Dental, complete this section. Dental premiums are deducted from your pension payment.**

| Dental                                                                                                                                                                                       |                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Select Plan (Select One):</p> <p><input type="checkbox"/> PPO (Ameritas)      <input type="checkbox"/> HMO (Cigna) Facility #: _____</p> <p><i>Located in HMO Directory in guide.</i></p> | <p>Who is covered (Select one):</p> <p><input type="checkbox"/> Member Only      <input type="checkbox"/> Member + Child</p> <p><input type="checkbox"/> Member + Spouse      <input type="checkbox"/> Member + Family</p> |

**Step 4: For Vision, Legal Shield, ID Shield, Armadillo Home Warranty, or Personal Accident, complete this section AND Step 5. Premiums are deducted from your checking account.**

| Vision                                                                                                                                           |                                                                                                                                                                                                                                                      | ID Shield                                                                                                                                                                          | Legal Shield                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Select Plan (Select One):</p> <p><input type="checkbox"/> VSP with Examination</p> <p><input type="checkbox"/> Vision without Examination</p> | <p>Who is covered (Select one):</p> <p><input type="checkbox"/> Member Only</p> <p><input type="checkbox"/> Member + Spouse</p> <p><input type="checkbox"/> Member + Child</p> <p><input type="checkbox"/> Member + Family</p>                       | <p>Who is covered (Select one):</p> <p><input type="checkbox"/> Member Only</p> <p><input type="checkbox"/> Member + Spouse</p> <p><i>This plan requires an email address.</i></p> | <p>Plan covers member &amp; family</p> <p><input type="checkbox"/> Member + Family</p> <p><i>This plan requires an email address.</i></p> |
| Personal Accident                                                                                                                                |                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                           |
| <p>Who is covered (Select one):</p> <p><input type="checkbox"/> Member Only</p> <p><input type="checkbox"/> Member + Family</p>                  | <p>Select AD&amp;D Benefit Amount:</p> <p><input type="checkbox"/> \$100,000      <input type="checkbox"/> \$300,000</p> <p><input type="checkbox"/> \$200,000      <input type="checkbox"/> \$400,000</p> <p><input type="checkbox"/> \$500,000</p> | <p>Provide beneficiary information:</p> <p>Beneficiary: _____</p> <p>Relationship: _____</p>                                                                                       |                                                                                                                                           |

→ **TURN OVER FOR ADDITIONAL PLAN INFORMATION** ←

| Armadillo Home Warranty                                                                                                     |                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Select Plan (Only select One):<br><br><input type="checkbox"/> Appliance Plan <input type="checkbox"/> Essentials Plus Plan | Property address, if differs from Step 1.<br><br>Address _____<br><br>City _____ State _____ Zip _____ |

**Step 5 : Provide your checking account info if enrolling in Vision, Legal Shield, ID Shield, Armadillo Home Warranty, or Personal Accident.**

| CHECKING ACCOUNT INFO HERE                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Checking account info is required if enrolling in Vision, Legal Shield, or ID Shield. If you are ONLY enrolling in dental, it is not required.                                                                                                                                                                                                                                            |                                                                                                                                                                                                |
| YOUR NAME<br>1234 Main Avenue<br>Your City and State<br><br>PAY TO THE<br>ORDER OF _____<br><br>_____                                                                                                                                                                                                                                                                                     | DATE _____<br><br>\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span><br><br>_____ DOLLARS                            |
| <div style="font-size: 1.5em; margin-bottom: 5px;">051458745</div> <div style="font-size: 1.5em; margin-bottom: 5px;">000123456789</div> <div style="font-size: 1.5em; margin-bottom: 5px;">1234</div> <div style="display: flex; justify-content: space-around; font-weight: bold;"> <span>Routing Number (9 Digits)</span> <span>Account Number</span> <span>Check Number</span> </div> | <div style="font-size: 2em; transform: rotate(-45deg); opacity: 0.3; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">SAMPLE CHECK VOID</div> |
| <p style="text-align: center;"><b>Please provide the following information below.</b></p> Bank Name _____<br><br>Routing Number _____<br><br>Account Number _____                                                                                                                                                                                                                         |                                                                                                                                                                                                |
| <p>By signing this form, I hereby authorize Pacific Group Agencies to deduct from my checking account the current premiums. Such deduction will continue until I notify Pacific Group Agencies in writing. I understand that the vision plans have a minimum one year commitment. I acknowledge I have read the Disclaimer and Member Requirements in the benefit guide.</p>              |                                                                                                                                                                                                |
| <b>SIGN HERE</b><br><div style="display: flex; align-items: center;"> <div style="font-size: 1.5em; margin-right: 10px;">→</div> <div style="border-bottom: 1px solid black; flex-grow: 1; position: relative;"> <span style="position: absolute; left: -20px; top: 50%; transform: translateY(-50%); font-size: 1.5em;">X</span> </div> </div>                                           | Date _____                                                                                                                                                                                     |

**Step 6: For other plans, please see below.**

|                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Pet, Emergency Assistance Plus, &amp; Start Hearing</b></p> <p>Please refer to the Benefits Guide for information on enrolling in these plans.</p> <p>If you need assistance, please call our Administrator, Pacific Group Agencies, at (800) 511-9065</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Life Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Rates listed in the Benefits Guide are estimates for an average healthy non-smoker. Final rate is determined by the Underwriter after reviewing your life insurance application and medical records.</p> <p>Rates are approximately 100% higher for those with diabetes, heart disease, high cholesterol, or high blood pressure.</p> <p>Rates are approximately 150% higher for healthy tobacco users. Tobacco users with other health issues will likely not qualify for coverage.</p> <p>People actively treated for cancer, depression, heart attack, or stroke within the last two years will not qualify for coverage.</p> <p>If you would like to be emailed an application for life insurance check here. <input type="checkbox"/></p> |

**If you have questions or need assistance in filling out these forms,**  
**call the Plan Administrator, Pacific Group Agencies, at (800) 511-9065.**  
**Please mail this completed form in the enclosed postage paid envelope to:**  
**Pacific Group Agencies, Inc, 25876 The Old Road #11, Santa Clarita, CA 91381**

# Selecting the Right Dental Plan: PPO vs. HMO

When deciding between a PPO and an HMO plan, many members assume that one must be better than the other. The truth is that neither one is better than the other. They just work differently.

Both plans we offer are comprehensive and cover procedures from routine cleanings and X-rays to major issues like crowns and dentures. So why pick one plan over the other? Freedom and cost are the two main deciding factors for most members. Premiums for dental insurance are deducted from your monthly pension payment.

**PPO Plans** allow you to use any dentist. While PPO plans have dentist networks, you are not required to use a dentist in the network and may use a non-network dentist. However, there are significant cost savings if you do use a network dentist, as network dentists have agreed to charge significantly reduced rates.

Your savings with a network dentist work like this: You need a crown, and the normal cost is \$1,200:

- Your dentist **is** a network dentist: Your dentist has agreed with the insurance carrier to reduced fees. Instead of \$1,200, they agree to charge only \$700. Crowns fall under the Major Services category, so cost is split 50/50 between you and insurance. Your out-of-pocket cost is \$350.
- Your dentist is **not** a network dentist: Your dentist charges their standard \$1,200 rate. Insurance pays its portion based on the average local rate, around \$750. Insurance pays 50% of the \$750, and you will be responsible for the remaining balance. Your out-of-pocket cost is \$825.

We recommend selecting the PPO plan if your current dentist is an Ameritas network dentist, does not accept the Cigna HMO plan, and you're not willing to change dentists. If your dentist does accept the Cigna HMO plan or you are willing to change dentists, the HMO plan is likely the better plan for you.

**HMO Plans** use a network of highly qualified and pre-screened dentists. You must use one of these dentists. A referral to specialists is required and will be provided by your primary dentist.

You are never locked into a dental office. You may switch dental offices as often as you like by calling the insurance company and letting them know you wish to change.

HMO plans have set co-pays for all covered procedures. Therefore, you will know beforehand what your out-of-pocket cost will be. Your dentist is never allowed to charge more than the agreed upon co-pays.

**The Fine Print:** All plans have exclusions and limitations, and they can vary greatly between insurance companies and plan types. They can vary between annual number of cleanings, waiting periods, and annual benefit maximums. These issues should be taken into consideration when choosing a plan.

For example, the Ameritas PPO plan requires a crown be 10 years old before replacement, while the Cigna HMO plan only requires 5 years.

It's also important to remember that insurance is designed to cover potential future events, not events that have already happened. Therefore, if you have already started work or have a tooth that was missing before the date this insurance started, the insurance most likely will not provide coverage for these issues.

# Dental PPO - High Plan

*Freedom to Use Any Dentist - No Network Restrictions*

| Ameritas Dental Monthly Premium                        |          |
|--------------------------------------------------------|----------|
| Member Only                                            | \$49.95  |
| Member + One (Spouse/Domestic Partner <u>or</u> Child) | \$99.90  |
| Member + Family                                        | \$139.50 |

Dental work becomes more expensive every day and as too many people find out, going without dental insurance can be a very costly mistake. This comprehensive dental plan covers over 360 procedures, from routine cleanings to major items including crowns, dentures, and implants. Whether you need routine care or something more extensive, this plan will have you covered.

Members and dependents each receive a robust **\$2,500 annual network benefit**. As an added benefit, enrollees who visit the dentist at least once during the year will have their in-network Basic Services benefit increased by 5% the following year - up to an 85% maximum.

**Dental Rewards®** is included in this plan. This feature allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year.

|                          |             |                                                                 |
|--------------------------|-------------|-----------------------------------------------------------------|
| Benefit Threshold Annual | \$750       | Dental benefits received for the year cannot exceed this amount |
| Carryover Amount         | up to \$400 | Dental Rewards amount is added to the following year's maximum  |
| Maximum Carryover        | \$1,000     | Maximum possible accumulation for Dental Rewards                |

This PPO plan allows you to use any dentist. Your dentist does not need to be part of any network. However, if your dentist is an Ameritas Network dentist, you will receive significantly reduced prices. Ameritas Network Dentists have agreed to charge significantly reduced prices, typically saving you around 25-50% off their regular rates. Ameritas has the largest dental network nationwide with over 325,000 providers, so there is a good chance your dentist belongs.

**Find Ameritas “Classic PPO & Plus” Network providers  
in your area at: <https://dentalnetwork.ameritas.com/>**

Coverage is available for the member, and you may also insure your spouse/domestic partner, and/or your dependent children up to age 26. Children aged 26 and older are eligible if they are permanently disabled and the member lists them as a dependent on their tax return. Grandchildren are only eligible if you have full legal custody.

# Dental PPO - High Plan Benefits

| Description                                                                                                                                                                                                                   | Network Dentist                              | Non-Network Dentist* |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------|
| <b>Calendar Year Benefit</b>                                                                                                                                                                                                  | <b>\$2,500</b>                               | <b>\$1,500</b>       |
| <b>Dental Rewards</b>                                                                                                                                                                                                         | \$400 / Year                                 | \$250 / Year         |
| <b>Calendar Year Deductible</b><br><i>Waived for Preventative</i>                                                                                                                                                             | \$50 / Person                                | \$75 / Person        |
| <b>Preventative Services</b>                                                                                                                                                                                                  |                                              |                      |
| Cleaning (3 per year), Oral Exam, Bitewings                                                                                                                                                                                   | 100%                                         | 80%                  |
| <b>Basic Services</b>                                                                                                                                                                                                         |                                              |                      |
| Periodontal Maintenance, Filling, Simple Extraction, Panoramic X-Ray, Denture Repair & Reline, Recement, Biopsy, Emergency Pain Relief                                                                                        | 75% - Year 1<br>80% - Year 2<br>85% - Year 3 | 75%                  |
| <b>Major Services</b><br><i>12-month waiting period applies unless you had other dental insurance for all of 2024.<br/>If so, please include proof of current coverage with the enrollment form.</i>                          |                                              |                      |
| Crown, Implant, Periodontic, Endodontic, Root Canal, Bridge, Denture, Complex Extraction, Anesthesia, Bone Augmentation, Inlay Restoration, Onlay Restoration, Crown Repair, Bridge Repair, Space Maintainer, Teeth Whitening | 50%                                          | 50%                  |

\*Benefit levels are based on the Maximum Allowable Charge (MAC) for services.

# Dental PPO - Low Plan

*Low-cost Alternative - Same Great Network*

| Ameritas Dental Monthly Premium                        |       |
|--------------------------------------------------------|-------|
| Member Only                                            | \$37  |
| Member + One (Spouse/Domestic Partner <u>or</u> Child) | \$79  |
| Member + Family                                        | \$123 |

Similarly to the High Plan, this comprehensive dental plan covers over 360 procedures, from routine cleanings to major items including crowns, dentures, and implants. Whether you need routine care or something more extensive, this plan will have you covered.

Members and dependents each receive **\$1,000 annual network benefit**. This plan allows you to maintain your dental health by seeing a dentist every six months for your preventative care. A healthy mouth leads to better overall health.

**Dental Rewards®** is included in this plan. This feature allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year.

|                          |         |                                                                 |
|--------------------------|---------|-----------------------------------------------------------------|
| Benefit Threshold Annual | \$500   | Dental benefits received for the year cannot exceed this amount |
| Carryover Amount         | \$250   | Dental Rewards amount is added to the following year's maximum  |
| Maximum Carryover        | \$1,000 | Maximum possible accumulation for Dental Rewards                |

This PPO plan allows you to use any dentist. Your dentist does not need to be part of any network. However, if your dentist is an Ameritas Network dentist, you will receive significantly reduced prices. Ameritas Network Dentists have agreed to charge significantly reduced prices, typically saving you around 25-50% off their regular rates. Ameritas has the largest dental network nationwide with over 325,000 providers, so there is a good chance your dentist belongs.

**Find Ameritas “Classic PPO & Plus” Network providers  
in your area at: <https://dentalnetwork.ameritas.com/>**

Coverage is available for the member, and you may also insure your spouse/domestic partner, and/or your dependent children up to age 26. Children aged 26 and older are eligible if they are permanently disabled and the member lists them as a dependent on their tax return. Grandchildren are only eligible if you have full legal custody.

# Dental PPO - Low Plan Benefits

| Description                                                                                                                                                                                            | Network Dentist | Non-Network Dentist* |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|
| Calendar Year Benefit                                                                                                                                                                                  | \$1,000         |                      |
| Dental Rewards                                                                                                                                                                                         | \$250 / Year    |                      |
| Deductible                                                                                                                                                                                             | \$25 / Visit    |                      |
| Preventative Services                                                                                                                                                                                  |                 |                      |
| Cleaning, Oral Exam, Bitewings, Panoramic X-rays, Periapical X-rays, Sealants (16 and Under), Space Maintainers                                                                                        | 100%            |                      |
| Basic Services                                                                                                                                                                                         |                 |                      |
| Fillings, Restorative Composites (Anterior and Posterior), Endodontics (Surgical and Nonsurgical), Periodontics (Surgical and Nonsurgical), Simple and Complex Extractions, Denture Repair, Anesthesia | 50%             |                      |
| Major Services                                                                                                                                                                                         |                 |                      |
| Onlays, Crowns, Crown Repair, Prosthodontics (Fixed Bridges, Removable Complete/Partial Dentures)                                                                                                      | 50%             |                      |

\*Benefit levels are based on the Maximum Allowable Charge (MAC) for services.

# Dental HMO by Cigna

*Large Nationwide Network of Providers!*

| Monthly Premium                                    |       |
|----------------------------------------------------|-------|
| Member Only                                        | \$46  |
| Member + Spouse / Domestic Partner <u>or</u> Child | \$92  |
| Member + Family                                    | \$125 |

Comprehensive coverage. Low copay for all covered procedures. Nationwide network of dentists to choose from. What more could you ask for?

This low copay Cigna HMO dental plan has comprehensive coverage, covering 380+ procedures, from routine preventative (cleanings, x-rays) to major (crowns, dentures, extractions, implants, and orthodontics), all at very low copays.

There is no calendar year maximum dollar benefit. There is no waiting period for any covered service. Whether it's a cleaning or a crown, all services are available to the enrollee on day one.

There are no surprises as the copay for every covered procedure is listed upfront. Your dentist may never charge you more than the listed for any of the covered services. Also, many Cigna providers extend discounts on non-covered procedures, such as teeth whitening.

This Cigna plan uses the expanded Cigna Dental Care Access Plus network, which has thousands of dentists to choose from nationwide. All Cigna network dentists and specialists are highly qualified and have been pre-screened and thoroughly evaluated prior to their acceptance. As with all HMO plans, you must select a dentist from the Cigna network. However, you may change dentists at any time by calling Cigna.

Coverage is available for the member, and you may also insure your spouse/domestic partner, and/or your dependent children up to age 26. Children aged 26 and older are eligible if they are permanently disabled and the member lists them as a dependent on their tax return. Grandchildren are only eligible if you have full legal custody.

# Member Copays for Common Dental Procedures

With 380+ covered dental procedures, it would be too numerous to list them all in this booklet. The following list is of the most common procedures covered by this plan and the member copay. A listing of all covered procedures will be mailed to you prior to your coverage becoming effective.

| Procedure Type                                                                                                                                                                                                 | Member Copay |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Porcelain Crown                                                                                                                                                                                                | \$225        |
| Porcelain Inlay / Onlay                                                                                                                                                                                        | \$185        |
| Denture (Bridge)                                                                                                                                                                                               | \$150        |
| Oral Exam and Cleaning                                                                                                                                                                                         | \$0          |
| Root Canal (Anterior)                                                                                                                                                                                          | \$80         |
| Periodontal Maintenance                                                                                                                                                                                        | \$30         |
| Abutment                                                                                                                                                                                                       | \$485        |
| X-Ray                                                                                                                                                                                                          | \$0          |
| Resin Filling                                                                                                                                                                                                  | \$0          |
| Extraction of Erupted Tooth                                                                                                                                                                                    | \$5          |
| Scaling and Root Planing                                                                                                                                                                                       | \$40         |
| Post & Core                                                                                                                                                                                                    | \$50         |
| Denture Repair                                                                                                                                                                                                 | \$30         |
| Anesthesia                                                                                                                                                                                                     | \$0          |
| Post & Core                                                                                                                                                                                                    | \$50         |
| Gingivectomy                                                                                                                                                                                                   | \$130        |
| Bone Graft                                                                                                                                                                                                     | \$205        |
| Tissue Graft                                                                                                                                                                                                   | \$125        |
| Removal of Lesion or Cyst and Biopsy                                                                                                                                                                           | \$0          |
| Desensitizing Medication                                                                                                                                                                                       | \$15         |
| <b>Note:</b> Procedure Type has been modified into “plain English” and multiple procedures grouped under a single procedure type. Your specific procedure may have a different code than the one listed above. |              |

# Cigna HMO General Dentist Directory

*This list is only for those enrolling in the Cigna HMO dental plan.*

**Note:** If enrolling in the Ameritas PPO plan, ignore this list as it pertains only to the Cigna HMO plan.

The following is a list of general dentists in the Imperial area for the Cigna HMO dental plan. When enrolling in the Cigna HMO dental plan, you must select a General Dental facility at time of enrollment. However, you may change dentists at any time by calling Cigna at (800) 244-6224.

Should you live outside the San Diego area, for a list of dentists, please visit: **www.cigna.com** and select:

- 1) Find A Dentist (Upper right of screen)
- 2) How are you enrolled (Employer or School)
- 3) Enter your zip and click on Doctor by Type (Dentist)
- 4) Select Guest (Login or Guest)
- 5) Continue
- 6) Select Cigna Dental Care Access Plus

## Bonita

|                   |                  |                         |                |
|-------------------|------------------|-------------------------|----------------|
| Fabriel D Burquez | Facility #410989 | 180 Otay Lakes Rd #210B | (619) 479-4457 |
| Graphite Dental   | Facility #723383 | 4190 Bonita Rd #205     | (619) 475-4226 |

## Calexico

|                  |                  |                 |                |
|------------------|------------------|-----------------|----------------|
| Kamran Ghoreyshi | Facility #663849 | 408 E 3Rd St #C | (760) 357-9000 |
|------------------|------------------|-----------------|----------------|

## Carlsbad

|                        |                  |                              |                |
|------------------------|------------------|------------------------------|----------------|
| Carlsbad Village Faire | Facility #614029 | 300 Carlsbad Village Dr #203 | (760) 487-0203 |
| Gateway                | Facility #482687 | 2635 Gateway Rd #101 2620    | (760) 431-8112 |
| Gentle Dental          | Facility #162169 | El Camino Real #A 7625 Via   | (760) 720-0966 |
| La Costa Dentistry     | Facility #569516 | Campanile #130 2630 El       | (760) 633-1653 |
| Plaza Family           | Facility #214382 | Camino Real                  | (760) 434-1761 |

## Chula Vista

|                     |                  |                   |                |
|---------------------|------------------|-------------------|----------------|
| A.D. Dental         | Facility #247845 | 290 Landis Ave    | (619) 691-0121 |
| Canyon Vista Dental | Facility #511149 | 700 Otay Lakes Rd | (619) 421-8474 |
| Sonrisa Dental      | Facility #749773 | 510 Broadway #4   | (619) 476-9400 |

|                          |                  |                              |                |
|--------------------------|------------------|------------------------------|----------------|
| Carmen Maroon-Lopez      | Facility #430735 | 2648 Main St #A              | (619) 423-5200 |
| Eastlake Modern          | Facility #676659 | 1690 Millenia Ave #102       | (619) 348-5324 |
| Gentle Dental            | Facility #629945 | 520 Broadway #1              | (619) 476-1001 |
| Glenn Gibson             | Facility #217488 | 885 Canarios Ct #204         | (619) 216-9900 |
| Mora Family Dental       | Facility #395294 | 480 4 <sup>th</sup> Ave #314 | (619) 425-8060 |
| My Smile                 | Facility #438435 | 585 Telegraph Canyon Rd      | (619) 421-7010 |
| Otay Lakes Dental        | Facility #662417 | 2452 Fenton St #200          | (619) 934-6620 |
| South Bay Modern Dentist | Facility #745474 | 57 N Broadway                | (619) 371-4909 |
| Suzanne Tulenko          | Facility #670898 | 235 F St                     | (619) 585-1995 |
| Twin Oaks Family         | Facility #139882 | 230 F St #D                  | (619) 427-5262 |
| Village Dental           | Facility #465455 | 878 Eastlake Pkwy #1511      | (619) 739-4936 |
| Western Dental           | Facility #193606 | 1101 Broadway                | (619) 422-8891 |

### **Coronado**

|                   |                  |                            |                |
|-------------------|------------------|----------------------------|----------------|
| Morett Dental Spa | Facility #654490 | 1203 2 <sup>nd</sup> St #A | (619) 435-6840 |
|-------------------|------------------|----------------------------|----------------|

### **Del Mar**

|                    |                  |                            |                |
|--------------------|------------------|----------------------------|----------------|
| Del Mar Dental     | Facility #101096 | 13983 Mango Dr #106        | (858) 792-6662 |
| Promenade Dentists | Facility #661522 | 2710 Via De La Valle #B250 | (858) 703-1012 |

### **El Cajon**

|                       |                  |                            |                |
|-----------------------|------------------|----------------------------|----------------|
| Bright Now!           | Facility #465252 | 2502 Jamacha Rd            | (619) 212-7959 |
| Bright Smile          | Facility #195591 | 1183 E Main St #G          | (619) 441-2566 |
| Dental Arts           | Facility #221289 | 707 Arnele Ave             | (619) 444-1001 |
| Dr Korel              | Facility #190773 | 1265 Avocado Ave #102      | (619) 444-3393 |
| East County Dental    | Facility #247843 | 337 West Madison Ave       | (619) 444-3127 |
| East County Family    | Facility #200954 | 13465 Camino Canada #110-A | (619) 390-3669 |
| El Cajon Family       | Facility #722471 | 2720 Fletcher Pkwy         | (619) 466-1292 |
| Family Dentistry      | Facility #417425 | 1782 E Main St             | (619) 588-2624 |
| Horizon Dental        | Facility #415259 | 742 Broadway               | (619) 440-0071 |
| Rancho Dental Arts    | Facility #689575 | 3773 Willow Glen Dr #100   | (619) 499-8000 |
| RSD Dental            | Facility #465460 | 2907 Jamacha Rd #B         | (619) 660-2424 |
| Selma Younan          | Facility #276855 | 312 Highland Ave #102      | (619) 440-0866 |
| Smile by US Dentistry | Facility #213870 | 480 N Magnolia Ave #103    | (619) 444-6355 |
| Sun Valley Dental     | Facility #406051 | 1209 E Main St             | (619) 442-0707 |
| Western Dental        | Facility #189652 | 583 N 2 <sup>nd</sup> St   | (619) 440-5800 |
| Magnolia Dental       | Facility #793382 | 420 S Magnolia Ave         | (619) 357-0481 |

**El Centro**

|                   |                  |                                     |                |
|-------------------|------------------|-------------------------------------|----------------|
| Nasrin Haghihi    | Facility #271845 | 444 South 8 <sup>th</sup> Street #F | (760) 353-0084 |
| El Centro Dental  | Facility #756833 | 617 S 8th St 1540 S                 | (760) 370-0070 |
| Group Pranab Dutt | Facility #211144 | Imperial Ave 1450 N                 | (760) 352-2773 |
| Western Dental    | Facility #285607 | Imperial Ave                        | (760) 370-0796 |

**Encinitas**

|                  |                  |                          |                |
|------------------|------------------|--------------------------|----------------|
| Barnaby I Bender | Facility #170210 | 1293 Encinitas Blvd      | (760) 944-8313 |
| Camino Dental    | Facility #285099 | 1340 Encinitas Blvd #100 | (760) 370-0070 |
| Encinitas Smiles | Facility #610270 | #216 415 Santa Fe Dr     | (760) 388-2161 |
| Pacific Dental   | Facility #670688 | 156 N El Camino Real     | (760) 436-7222 |

**Escondido**

|                     |                  |                         |                |
|---------------------|------------------|-------------------------|----------------|
| Bright Now!         | Facility #458445 | 1286-B Auto Park Way    | (760) 705-9464 |
| Bright Now!         | Facility #465112 | 501 W Felicita Ave #101 | (760) 705-3150 |
| Escondido Smiles    | Facility #442016 | 860 W Valley Pkwy #100  | (760) 745-1585 |
| Family Care Dental  | Facility #101069 | 1114 W Valley Pkwy      | (760) 738-1070 |
| Gentle Dental       | Facility #162190 | 3440 Del Lago Blvd #C   | (760) 746-8777 |
| North County Dental | Facility #535448 | 401 W Felicita Ave      | (760) 233-5887 |
| Village Dental      | Facility #664217 | 8895 Lawrence Welk Dr   | (760) 749-7500 |
| Western Dental      | Facility #195309 | 1468 E Valley Pkwy      | (760) 480-8700 |

**Imperial Beach**

|           |                  |                               |                |
|-----------|------------------|-------------------------------|----------------|
| Contreras | Facility #700155 | 1340 Imperial Beach Blvd #101 | (619) 575-6644 |
|-----------|------------------|-------------------------------|----------------|

**La Jolla**

|                         |                  |                             |                |
|-------------------------|------------------|-----------------------------|----------------|
| Grey Cunningham         | Facility #326924 | 7300 Girard Ave #206        | (858) 454-4114 |
| La Jolla Village Smiles | Facility #537461 | 8657 Villa La Jolla Dr #211 | (858) 272-2260 |
| Accent Dental Care      | Facility #664056 | 8950 Villa La Jolla Dr #C10 | (858) 490-6999 |
| Rastegar Dental         | Facility #251236 | 4150 Regents Park Row #320  | (858) 453-2070 |

**La Mesa**

|                       |                  |                          |                |
|-----------------------|------------------|--------------------------|----------------|
| Dentists of Grossmont | Facility #727786 | 8400 Center Dr           | (619) 433-6960 |
| Allison Avenue Dental | Facility #794799 | 8131 Allison Ave         | (619) 583-1100 |
| Gentle Dental         | Facility #100268 | 5565 Grossmont Center Dr | (619) 464-3383 |
| Jeramel Jardin        | Facility #479709 | 8805 La Mesa Blvd        | (619) 741-8300 |

|                           |                  |                          |                |
|---------------------------|------------------|--------------------------|----------------|
| Jessamine Sunglao         | Facility #674056 | 7900 El Cajon Blvd #D    | (619) 469-0494 |
| La Mesa Family Dental     | Facility #224049 | 5680 Lake Murray Blvd #B | (619) 465-3393 |
| La Mesa Modern            | Facility #620183 | 5620 Lake Murray Blvd    | (619) 324-4195 |
| Rancho San Diego Dentists | Facility #634559 | 3767 Avocado Blvd        | (619) 729-2323 |

#### **Lemon Grove**

|                |                  |                   |                |
|----------------|------------------|-------------------|----------------|
| Palm Dental    | Facility #181437 | 7733 Palm St #107 | (619) 460-1991 |
| Western Dental | Facility #712068 | 7046 Broadway     | (619) 294-4664 |

#### **Murrieta**

|                              |                  |                               |                |
|------------------------------|------------------|-------------------------------|----------------|
| Bright Now!                  | Facility #500558 | 40790 California Oaks Road    | (951) 704-7740 |
| Castlevew Dental             | Facility #488440 | #A 26636 Margarita Rd #102    | (951) 600-0858 |
| East Murrieta Dental         | Facility #280030 | 39209 Winchester Rd #100      | (951) 304-1348 |
| Friendly Dental              | Facility #373607 | 39252 Winchester Rd #117      | (951) 894-7769 |
| Gentle Dental                | Facility #651485 | 39872 Los Alamos Rd #A1       | (951) 643-6119 |
| Margarita Dental             | Facility #280874 | 39400 Murrieta Hot Springs Rd | (951) 461-7470 |
| Murrieta Dental              | Facility #212968 | 40760 California Oaks Road    | (951) 677-3078 |
| Murrieta Dental              | Facility #239286 | 25395 Madison Ave #103        | (951) 696-5660 |
| Murrieta Modern Dentistry    | Facility #733908 | 28080 Clinton Keith Rd #100   | (951) 370-1529 |
| Plaza Dental Group           | Facility #421540 | 40484 Murrieta Hot Springs Rd | (951) 461-4306 |
| Victory Dental               | Facility #410513 | 24910 Las Brisas Rd #104      | (951) 445-4407 |
| West Coast Dental            | Facility #759166 | 41038 California Oaks Rd      | (951) 200-8258 |
| Western Dental               | Facility #459071 | 25155 Madison Avenue #101     | (951) 834-9750 |
| Madison Springs Dental Group | Facility #793268 | 25285 Madison Ave #107        | (951) 698-3585 |

#### **National City**

|                |                  |                        |                |
|----------------|------------------|------------------------|----------------|
| Frank Ceja     | Facility #200789 | 3007 Highland Ave #104 | (619) 477-2189 |
| Toma Dental    | Facility #159662 | 3460 Highland Ave #D   | (619) 420-1100 |
| Western Dental | Facility #249929 | 1539 E Plaza Blvd      | (619) 474-1072 |

#### **Oceanside**

|                     |                  |                           |                |
|---------------------|------------------|---------------------------|----------------|
| College Dental      | Facility #244999 | 467 College Blvd #2       | (760) 631-3060 |
| Del Oro Smiles      | Facility #673392 | 4171 Oceanside Blvd #100C | (760) 283-7180 |
| Emerald Dental      | Facility #234860 | 4645 Frazee Rd #A         | (760) 722-0137 |
| Newport Dental      | Facility #445194 | 4170 Oceanside Blvd #183  | (760) 936-0000 |
| Oceanside Smiles    | Facility #734634 | 3870 Mission Ave #D4      | (760) 994-4088 |
| Quarry Creek Dental | Facility #275845 | 3430 Marron Rd #300       | (760) 730-1303 |

|                            |                  |                          |                |
|----------------------------|------------------|--------------------------|----------------|
| Rancho Dental              | Facility #670705 | 4140 Oceanside Blvd #131 | (760) 630-4800 |
| Real Mission Family        | Facility #670933 | 3760 Mission Ave #102    | (760) 721-1095 |
| South Oceanside Dental     | Facility #266909 | 2484 Vista Way #B        | (760) 439-0334 |
| Western Dental             | Facility #200141 | 3125 Vista Way #100      | (760) 439-1000 |
| Oceanside Modern Dentistry | Facility #770046 | 2158 Vista Way #101      | (442) 264-2442 |

#### **Poway**

|                     |                  |                           |                |
|---------------------|------------------|---------------------------|----------------|
| Edward Farajzadeh   | Facility #100959 | 12921 Pomerado Rd         | (858) 679-4949 |
| Poway Family Dental | Facility #256054 | 13616 Poway Rd #100       | (858) 391-9300 |
| Poway Smiles        | Facility #245810 | 12630 Monte Vista Rd #103 | (858) 755-7474 |
| Western Dental      | Facility #193542 | 12649 Poway Rd            | (858) 486-6672 |

#### **San Diego**

|                            |                  |                               |                |
|----------------------------|------------------|-------------------------------|----------------|
| Affinity Dental            | Facility #247846 | 3330 3 <sup>rd</sup> Ave #400 | (619) 291-8750 |
| Alberto Broas              | Facility #674047 | 3398 Palm Ave # D             | (619) 575-1363 |
| Allegiance Dental          | Facility #142931 | 4690 Genesee Ave #B           | (858) 279-6100 |
| American Dental            | Facility #198670 | 5382 Clairemont Mesa Blvd     | (858) 277-6620 |
| Arvinda Reddy Kunduru      | Facility #478803 | 5440 Morehouse Dr #1800       | (858) 433-8798 |
| Barbara Young              | Facility #191824 | 3764 Clairemont Dr            | (858) 273-7777 |
| Bay Park Smiles            | Facility #615595 | 2995 Clairemont Dr #A         | (858) 200-0827 |
| Beautiful Smile            | Facility #223603 | 6368 El Cajon Blvd            | (619) 287-8437 |
| Bernardo Heights Dental    | Facility #465479 | 15731 Bernardo Heights Pkwy   | (858) 674-6813 |
| Boston Dental              | Facility #275746 | 9888 Carroll Centre Rd #212   | (858) 279-0888 |
| Boulevard Dental           | Facility #432143 | 3531 El Cajon Blvd #A         | (619) 584-8975 |
| Brite Smile                | Facility #504943 | 6280 Jackson Dr #2            | (619) 667-3330 |
| Carmel Plaza Dental        | Facility #119309 | 11738 Carmel Mtn Rd #170&174  | (858) 675-1180 |
| Carmel Valley Dentist      | Facility #621114 | 5550 Carmel Mountain Rd #101  | (858) 251-1407 |
| Carroll Canyon             | Facility #744112 | 9870 Carroll Canyon Rd #115   | (619) 704-2508 |
| Clairemont Family Dental   | Facility #348337 | 3670 Clairemont Dr #14        | (858) 273-0540 |
| Clairemont Smiles          | Facility #531491 | 5675 Balboa Ave               | (858) 268-0110 |
| Coast Dental Care          | Facility #270753 | 6585 El Cajon Blvd            | (619) 265-0072 |
| College Avenue Dentistry   | Facility #740850 | 4585 College Ave #B           | (619) 398-0624 |
| College Grove Dentistry    | Facility #647646 | 3408 College Ave              | (619) 363-3881 |
| Cosmetic And Family        | Facility #272069 | 9636 Tierra Grande St #105    | (858) 549-4511 |
| Crawford Dental            | Facility #189668 | 5060 Logan Ave                | (619) 262-0706 |
| David Freeman              | Facility #681888 | 3095 Clairemont Dr #A1        | (619) 276-3283 |
| Dentists of Mission Valley | Facility #759374 | 575 Camino De La Reina #100   | (619) 573-4889 |
| Donald Tran                | Facility #664270 | 4132 University Ave           | (619) 280-3373 |

|                             |                  |                                    |                |
|-----------------------------|------------------|------------------------------------|----------------|
| Downtown SD Modern          | Facility #625083 | 435 4 <sup>th</sup> Ave            | (619) 850-2550 |
| Dr Ellie's Gentle Dentistry | Facility #449329 | 2020 Camino Del Rio N #101         | (619) 542-1800 |
| Dr Jesusa Kelly             | Facility #514211 | 10717 Camino Ruiz #122             | (858) 231-8251 |
| Dr Zak                      | Facility #139768 | 4167 Ohio St                       | (619) 281-6635 |
| Dr Zak                      | Facility #229999 | 5625 Ruffin Rd #200                | (858) 569-9651 |
| East Village Dental         | Facility #607612 | 1455 G St                          | (619) 324-4981 |
| Florabel Oliver-Badillo     | Facility #252631 | 10717 Camino Ruiz #122             | (858) 566-6099 |
| Gentle Dental               | Facility #166000 | 11230 Sorrento Valley Rd #130      | (858) 458-9126 |
| Gregg Johnson               | Facility #670481 | 306 Walnut Ave #34                 | (619) 297-6720 |
| James Berry                 | Facility #678890 | 4540 Kearny Villa Rd #116          | (858) 571-3534 |
| Jim Chang                   | Facility #179999 | 12798 Rancho Penasquitos #I        | (858) 484-9776 |
| Kensington Dental           | Facility #567873 | 4142 Adams Ave #104                | (619) 326-0157 |
| Lakhani                     | Facility #525356 | 9625 Black Mountain Rd #205        | (858) 362-3540 |
| Mesa Family Dental          | Facility #683306 | 5450 Clairemont Mesa Blvd #C       | (858) 503-6789 |
| Michael Stefanidis          | Facility #179978 | 7424 Jackson Drive #8              | (619) 463-5584 |
| Mira Mesa Dental            | Facility #409194 | 6755 Mira Mesa Blvd #142           | (858) 457-7747 |
| Mira Mesa Smiles            | Facility #739630 | 8997 Mira Mesa Blvd                | (619) 704-2536 |
| Mission Bay Dental          | Facility #663099 | 1324 Garnet Ave                    | (619) 275-2750 |
| Mission Gorge Modern        | Facility #745473 | 6101 Mission Gorge Rd              | (619) 272-2271 |
| Mission Hills Dental        | Facility #622133 | 718 W Washington St                | (619) 699-9008 |
| Mission Valley Dentists     | Facility #512417 | 5638 Mission Center Rd #107        | (619) 220-0159 |
| Neighborhood Dental         | Facility #244562 | 4276 54 <sup>th</sup> Pl #A        | (619) 286-6909 |
| North Park Modern           | Facility #688851 | 2050 El Cajon Blvd                 | (619) 637-9774 |
| Pacific Dental              | Facility #239014 | 9330 Mira Mesa Blvd #B             | (858) 693-9070 |
| Pacific Highlands Dentistry | Facility #601124 | 5965 Village Way #E206             | (858) 900-3541 |
| PB Smiles Dentistry         | Facility #561763 | 1975 Garnet Ave #E                 | (858) 866-0808 |
| Prime Dental                | Facility #507686 | 10717 Camino Ruiz #150             | (858) 831-9288 |
| Rancho Penasquitos          | Facility #694791 | 9840 Carmel Mountain Rd            | (858) 240-9953 |
| Scripps Poway Dental        | Facility #426963 | 6790 Top Gun St #5                 | (858) 831-0707 |
| Serra Mesa Modern           | Facility #668697 | 3268 Greyling Dr                   | (858) 617-0620 |
| Smile By Us                 | Facility #213868 | 9831 Mira Mesa Blvd                | (619) 260-4990 |
| Stephens Dental             | Facility #670579 | 3588 4 <sup>th</sup> Ave #300 #300 | (619) 497-0122 |
| Stonecrest & Orth           | Facility #441080 | 3737 Murphy Canyon Rd #C-2         | (858) 694-0790 |
| Tierrasanta Dental          | Facility #280978 | 10405 Tierrasanta Blvd             | (858) 492-9300 |
| Western Dental              | Facility #194513 | 3802 Clairemont Mesa Blvd          | (858) 200-7308 |
| Western Dental              | Facility #200150 | 2510 University Ave                | (619) 294-4500 |
| Western Dental              | Facility #459145 | 4123 University Ave                | (619) 521-0012 |
| Western Dental              | Facility #677493 | 5807 University Ave #3,4,5         | (619) 610-1129 |
| Western Dental              | Facility #694451 | 286 Euclid Ave #201                | (619) 263-6683 |

### San Marcos

|                       |                  |                             |                |
|-----------------------|------------------|-----------------------------|----------------|
| Anna V Durkin         | Facility #251590 | 1344 E Mission Rd #C        | (760) 740-0070 |
| Bright Now!           | Facility #446563 | 752 S Rancho Santa Fe Rd    | (760) 936-0002 |
| Imperial Dntal Groupe | Facility #765119 | 137 S Las Posas Rd #250     | (760) 282-3181 |
| Las Posas Dental      | Facility #512276 | 145 S Las Posas Rd #162 709 | (760) 736-4247 |
| San Marcos & Or       | Facility #264792 | Center Dr #101              | (760) 746-2045 |
| San Marcos Modern     | Facility #760161 | 675 S Rancho Santa Fe Rd #A | (760) 688-4753 |
| Km Dental Specialists | Facility #797183 | 327 S Rancho Santa Fe Rd    | (760) 744-3005 |
| Western Dental        | Facility #511697 | 169 S Rancho Santa Fe Rd    | (760) 916-9605 |

### Santee

|                           |                  |                            |                |
|---------------------------|------------------|----------------------------|----------------|
| Santee Smiles             | Facility #563561 | 9331 Mission Gorge Rd #105 | (619) 448-2158 |
| Town Center Dental        | Facility #256053 | 9862 Mission Gorge Rd #E   | (619) 596-1600 |
| Walter Drexl              | Facility #170192 | 8760 Cuyamaca St #205      | (619) 258-8824 |
| Santee Town Center Dental | Facility #770039 | 246 Town Center Pkwy       | (619) 312-6006 |

### Solana Beach

|                       |                  |                             |                |
|-----------------------|------------------|-----------------------------|----------------|
| Lomas Santa Fe Dental | Facility #383324 | 530 Lomas Santa Fe Dr #5 #5 | (858) 755-7149 |
|-----------------------|------------------|-----------------------------|----------------|

### Temecula

|                           |                  |                                 |                |
|---------------------------|------------------|---------------------------------|----------------|
| Anthem Dental             | Facility #551704 | 29049 Overland Dr #C            | (951) 506-4900 |
| Bright Now!               | Facility #286119 | 30571 Temecula Pkwy #D          | (951) 693-2079 |
| Bright Now!               | Facility #408808 | 39804 Winchester Rd #B          | (951) 695-7100 |
| Butterfield Dental        | Facility #415460 | 33321 Temecula Pkwy #104        | (951) 302-7508 |
| Deep Muko                 | Facility #533064 | 32605 Temecula Pkwy #213        | (951) 303-2818 |
| Dr Zak                    | Facility #100196 | 41593 Winchester Rd #211        | (951) 296-3366 |
| Friendly Dental           | Facility #197830 | 28314 Old Town Front St         | (951) 676-8920 |
| Meadows Dental            | Facility #421888 | 31843 Rancho California Rd #300 | (951) 676-2613 |
| Oasis Family Dental       | Facility #765801 | 27315 Jefferson Ave #G2         | (951) 296-9661 |
| Pacific Dental            | Facility #249092 | 31754 Temecula Pkwy #E          | (951) 694-5255 |
| Skyview Dental            | Facility #665450 | 31213 Temecula Pkwy #200        | (951) 302-2116 |
| Smiles of Temecula        | Facility #611978 | 27365 Jefferson Ave #L-M        | (951) 719-1199 |
| Susivien Martinez         | Facility #269284 | 32483 Temecula Pkwy #E119       | (951) 303-1399 |
| Temecula Dental           | Facility #211695 | 29560 Rancho California Rd #100 | (951) 699-2144 |
| Temecula Modern Dentistry | Facility #668744 | 40705 Winchester Rd #A103       | (951) 252-6001 |
| Western Dental            | Facility #506446 | 41115 Winchester Rd #102        | (951) 331-7020 |

## Vista

|                        |                  |                           |                |
|------------------------|------------------|---------------------------|----------------|
| Gentle Dental          | Facility #513040 | 1680 S Melrose Dr #108    | (760) 599-5805 |
| Main Street Dental     | Facility #440839 | 1830 Hacienda St #1 Vista | (760) 295-9870 |
| Monarca Dental         | Facility #437090 | 706 Townsite Dr           | (760) 724-4392 |
| Ronald R Garner Pc     | Facility #670873 | 612 E Vista Way           | (760) 724-2113 |
| Alta Vista Dental      | Facility# 423756 | 775 Shadowridge Dr        | (760) 734-3660 |
| Vista                  | Facility #253956 | 435 S Melrose Dr #105     | (760) 758-7580 |
| Vista Modern Dentistry | Facility #688850 | 1350 E Vista Way #10      | (760) 208-1173 |
| Vista Village Family   | Facility #438392 | 950 Civic Center Dr #B    | (760) 208-4030 |
| Vistaview Dental       | Facility #682810 | 1235 W Vista Way #C       | (619) 378-9395 |
| Western Dental         | Facility #671187 | 1450 N Santa Fe Ave #A&C  | (760) 240-7494 |

# Vision

| VSP Vision Monthly Premium                                      |                |
|-----------------------------------------------------------------|----------------|
| <b>Member Only</b>                                              | <b>\$10.25</b> |
| <b>Member + One (Spouse / Domestic Partner <u>or</u> Child)</b> | <b>\$20.50</b> |
| <b>Member + Family</b>                                          | <b>\$30.25</b> |

Eyecare is vital to your overall wellbeing. Eye exams not only can detect signs of potentially blinding conditions like glaucoma, diabetic eye disease, and macular degeneration, but they can also detect signs of cardiovascular disease, hypertension, diabetes, and high cholesterol that may go unnoticed.

This VSP PPO vision plan allows you to use any eye care provider, but choosing a VSP Choice Network provider provides you the highest benefits and lowest out-of-pocket costs. **Local VSP “Choice Network” providers can be found at: [www.VSP.com](http://www.VSP.com)**

| <b>Benefit</b>            | <b>VSP Choice Provider</b>      | <b>Non-Network Provider</b> |
|---------------------------|---------------------------------|-----------------------------|
| <b>Eye Exam</b>           | Covered in Full                 | \$45                        |
| <b>Lenses</b>             |                                 |                             |
| Single Vision             | Covered in Full                 | \$30                        |
| Bifocal                   | Covered in Full                 | \$50                        |
| Trifocal                  | Covered in Full                 | \$65                        |
| Lenticular                | Covered in Full                 | \$100                       |
| Progressive (Standard)    | Covered in Full                 | N/A                         |
| <b>Contacts</b>           |                                 |                             |
| Fit & Follow-Up Exam      | \$60 Co-Pay                     | Not Covered                 |
| Elective                  | \$200                           | \$105                       |
| <b>Frames</b>             | \$200                           | \$70                        |
| <b>Deductible</b>         | Exam: \$10 / Material: \$25     |                             |
| <b>Frequency (Months)</b> | Exam: 12 / Lens: 12 / Frame: 24 |                             |

| <b>Lens Options at VSP Providers</b>                    | <b>Member Co-Pay</b>     |
|---------------------------------------------------------|--------------------------|
| <b>Progressive Lenses (<i>Premium &amp; Custom</i>)</b> | \$40                     |
| <b>Polycarbonate (<i>Standard</i>)</b>                  | Child: \$0 / Adult: \$33 |
| <b>Dye (Plastic Gradient / Solid Plastic)</b>           | \$15 - \$17              |
| <b>Photochromatic Lenses</b>                            | \$31 - \$82              |
| <b>Scratch Resistant Coating</b>                        | \$17 - \$33              |
| <b>Anti-Reflective Coating</b>                          | \$43 - \$85              |
| <b>Ultraviolet Coating</b>                              | \$16                     |

# Materials Only Vision

| Vision without Exam Monthly Rates                  |         |
|----------------------------------------------------|---------|
| Member Only                                        | \$4.55  |
| Member + Spouse / Domestic Partner <u>or</u> Child | \$8.10  |
| Member + Family                                    | \$11.62 |

This “**materials only**” plan is designed for members are enrolled in the Kaiser or HealthNet health insurance plans offered by SDCERA. Those plans include coverage for eye exams, but not glasses or contacts. This plan will help pay for what your Kaiser or HealthNet insurance does not cover.

This plan pays a set dollar amount regardless of which eye care professional you visit. You may use any eye care professional. There is no network of providers for this plan.

| Description                         | Maximum Member Benefit |
|-------------------------------------|------------------------|
| Single Vision Lens                  | \$40                   |
| Bifocal Lens                        | \$60                   |
| Progressive / No Line Bifocal Lens  | \$80                   |
| Trifocal Lens                       | \$75                   |
| Lenticular Lens                     | \$80                   |
| Contact Lens                        | \$115                  |
| Frames                              | \$75                   |
| Deductible: Lens / Frame / Contacts | \$10 / \$10 / \$0      |
| Frequency: Lens / Frame             | 12 / 12                |

# Personal Accident

*All Benefit Levels Include Secure Travel Rider*

| Benefit Levels                                                                                                                                                                                           | Member Monthly Premium | Member & Family Monthly Premium |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------|
| \$100,000                                                                                                                                                                                                | \$4.90                 | \$6.60                          |
| \$200,000                                                                                                                                                                                                | \$9.80                 | \$13.20                         |
| \$300,000                                                                                                                                                                                                | \$14.70                | \$19.80                         |
| \$400,000                                                                                                                                                                                                | \$19.60                | \$26.40                         |
| \$500,000                                                                                                                                                                                                | \$24.50                | \$33.00                         |
| Spouse / Domestic Partner benefit is 50% of member benefit (40% if child is covered). Child benefit is 10% of member benefit, max \$30,000. Age reduction applies: Age 70: 65%; Age 75: 45%; Age 80: 30% |                        |                                 |

This low-cost policy protects you and your loved ones in case of serious injury or death in an accident. Coverage is guaranteed - no medical questions and all ages are covered! Coverage is also available for your spouse/domestic partner and your child(ren) up to age 26.

The Personal Accident portion of this plan is a **cash benefit**. If you or your covered loved one is seriously injured or killed in an accident, a cash benefit will be paid out. Member benefit levels range from \$100,000 to \$500,000.

Additional benefits included at no additional cost are:

- ✓ Up to an additional \$25,000 for home alteration & vehicle modification.
- ✓ Up to an additional \$10,000 for rehabilitation expenses.
- ✓ Up to an additional \$37,500 for wearing a seatbelt & having a functioning airbag.

The **Secure Travel** rider is included with all benefit levels. It provides special benefits any time you travel more than 100 miles from your home. Use of these benefits does not reduce payment level you have selected for Personal Accident. These benefits are completely independent.

- ✓ Emergency Medical Evacuation
- ✓ Repatriation of remains
- ✓ Prescription refill services
- ✓ Assistance with lost or stolen items
- ✓ Translation and interpretation services
- ✓ If traveling alone, transportation for a loved one if you're going to be hospitalized for 10+ days.
- ✓ Return travel for companion who is delayed due to your emergency.
- ✓ Return travel for dependent child (<16) who is left unattended because of your emergency.
- ✓ Up to \$10,000 upfront guarantee of payment for needed medical expenses so you can get the necessary care you need. You are responsible for repaying these funds to Secure Travel.
- ✓ Emergency Cash Advance - Up to \$1,500
- ✓ Pre-trip planning services
- ✓ Emergency message relay
- ✓ Medical / Dental referrals
- ✓ Legal, Embassy, & Consulate referrals

# ID Shield

*Identity thieves target everyone, but seniors are disproportionately affected.*

| <b>Monthly Premium</b><br><i>Note: An email address is <u>required</u> for ID Shield coverage.</i> |                |
|----------------------------------------------------------------------------------------------------|----------------|
| <b>Member Only</b>                                                                                 | <b>\$8.45</b>  |
| <b>Member + Family (Children up to age 18)</b>                                                     | <b>\$15.95</b> |

No one needs to tell you how bad identity theft has become. We all know at least one person who was a victim. For the US alone, 33% of citizens have experienced identity theft, \$56 Billion in annual losses, 15 million victims, 2.5 million identities stolen, and it goes on. And it's all kinds of fraud. The most common fraud is for government benefits, followed by credit card, bank fraud, and utility fraud.

ID Shield members have both protection and peace of mind. Protection through numerous layers of monitoring and peace of mind that if something does happen, ID Shield's dedicated team of licensed private investigators will assist in protecting and restoring your identity – no matter how long it takes.

With its proprietary High-Risk Application and Transaction Monitoring, ID Shield checks to confirm details connected to your identity are safe. If changes are noted, you'll receive immediate notification.

Credit Bureaus are monitored. You're alerted to suspicious activity, credit checks, new accounts, cards reported lost/stolen/over limit, liens/judgements, you incorrectly listed as deceased, derogatory remarks, charge offs, bankruptcy filings, address changes, and addresses associated with your name.

Dark web scanning is performed on global black-market sites, chat rooms, file sharing networks, and social feeds. Scanning is done looking for a member's Personally Identifiable Information, matches of name, birthday, SSN, email address, Driver's License, Passport, Medical ID, and phone number.

Social Media Monitoring checks for over 20 different sources of fraud and identity theft. You may not have a Facebook, Twitter, LinkedIn, or Instagram account, but someone impersonating you may!

Court Records Monitoring detects criminal activity associated with your information due to potential ID theft. Hundreds of millions of records are searched using court records from county courts, Department of Corrections, Administration of the Courts, and other legal agencies.

Payday Loan monitoring covers thousands of online, rent-to-own, and payday lender storefronts, looking for unauthorized activity using your personal information.

ID Shield is pro-active in monitoring breaches. If one occurs, members have unlimited access to identity consultation services. If theft occurs, an investigator will advise you on best practices tailored to the specific situation and can open a case for restoration. ID Shield will do whatever it takes, for as long as it takes, to restore your identity to its pre-theft status.



## United Pet Care Benefits Summary

**United Pet Care is the affordable pet health savings plan that works for all pets.**

For less than \$20/month per pet, **save 20-50% on every visit to an in-network primary care vet**, without the red-tape that comes with the other pet insurance providers (like higher rates as your pet ages, mandatory deductibles, or exclusions on pre-existing conditions, breed, or age).

To learn more, visit [unitedpetcare.com/members](https://unitedpetcare.com/members) and enroll to save **for the lifetime of your pet**, not just while you're with your employer!

### What's Included

When you become a UPC member, you'll gain lifetime access to:

- 20-50% savings at an in-network primary care veterinarian
- Free 24/7 virtual care for off-hour questions and concerns
- **NEW:** \$500, 0%-interest Fido Vet Spending Card, powered by medZERO\*
  - Can be used at any vet in the U.S., including those outside UPC's network
- Up to 87% savings on prescriptions with a human equivalent
- Savings on mobile care, testing kits, training, and more!

| UPC Monthly Rates   |         |
|---------------------|---------|
| First Pet           | \$17.50 |
| Each Additional Pet | \$16.50 |

### Enroll Today!

To start saving on your pet's healthcare, follow these 5 simple steps:

1. **Enter your information** at [unitedpetcare.com/enroll](https://unitedpetcare.com/enroll)
2. **Check "Yes"** when asked if you're enrolling through a benefits plan and **select your employer/group**.
3. **Review** your plan rates and select your Primary Care Vet using the search tool.
4. **Finalize your information** and add your pet information in your UPC member portal.
5. **Save your ID card from the portal** and show it at your selected vet to start saving!



**Visit [unitedpetcare.com/enroll](https://unitedpetcare.com/enroll) to enroll today!**

**Questions?** Email [info@unitedpetcare.com](mailto:info@unitedpetcare.com), call 877-872-8800, or visit [unitedpetcare.com/members](https://unitedpetcare.com/members).

\*Fido by medZERO is administered by medZERO, Inc., with financing provided by its lending partners. United Pet Care (UPC) members are provided access to this program but UPC is not involved in lending decisions, program administration or operations. No credit checks are required. Most members will qualify; however, in some cases, additional eligibility verification may be required, and individual approval results may vary. medZERO loans are issued at 0.0% APR with no interest or fees. This is not a loan offer. All loans are subject to review and approval by medZERO's lending partners. Please refer to your medZERO Loan Agreement for full terms. Refer to <https://get.medzero.com/fidoupc> for details.

# Pet Insurance by Nationwide

*Available for Dogs, Cats, Birds, & Exotic Animals*

Our cuddly companions are part of the family, and we strive to provide them with the best care, but sometimes costs make decisions difficult. Pet insurance removes costs from the decision process and allows you to focus on the best course of treatment for your loved ones.

Nationwide Pet Insurance offers multiple plans to meet your needs. They offer both defined benefit plans that pay a set dollar amount for each covered procedure. They also offer percentage reimbursement style plans that pay a percentage (50% and 70% levels available) of the procedure cost.

All plans allow you to use any vet, including specialty and ER, of your choosing. Plans may include coverages for:

- Veterinary Exams
- Wellness Exams
- Vaccinations
- Prescription Medicine
- Hospitalization
- Surgeries
- Injuries
- Illnesses
- Cancer
- Specialty Vets
- Emergency Vets
- Hereditary Condition
- Chronic Condition
- X-Ray, MRI, CT Scan, Ultrasound
- Prescribed Therapeutic Diets
- Prescribed Nutritional Supplements
- Dental Diseases
- Congenital Conditions
- Blood Disorders
- Eye Disorders
- Musculoskeletal Disorders
- Respiratory Conditions
- Behavioral Exam & Treatment
- Flea & Heartworm Prevention
- Blood Work
- Urinalysis
- Diagnostic Testing
- 24/7 *vethelpline*

## Monthly Premiums (Paid Directly to Nationwide)

**Premiums vary based on your desired coverage level and factors such as pet type, breed, and age.**

**For a quote, to enroll, or for more information, visit [www.petinsurance.com/resdc](http://www.petinsurance.com/resdc) or call Nationwide at (877) 738-7874 and mention RESDC for the special discounted rates.**

# Armadillo Home Warranty

| Monthly Premium             |                |
|-----------------------------|----------------|
| <b>Appliances Plan</b>      | <b>\$27.30</b> |
| <b>Essentials Plus Plan</b> | <b>\$53.99</b> |

Armadillo provides affordable protection when home appliances and systems break down. Whether it's kitchen, laundry, heating/cooling, plumbing, or electric, Armadillo covers the cost of repairs or replacements, coordinates service appointments, and ensures it's all done swiftly and hassle-free.

What makes Armadillo different from other home warranty companies?

- Transparency - The simplest 2-page home warranty plan out there.
- Less Fine Print - We removed over 80% of typical home warranty exclusions.
- Qualified and Reputable - We use only qualified and reputable service technicians.
- Flexibility - If you prefer, you may use your own trusted providers and we'll reimburse you.
- Faster than Fast - Request service in less than 2 minutes at any time.

Plans are available for your primary residence, vacation home, rental property, and your family members' homes. With three plans to choose from, it's easy to get the right level of protection.

| Annual Coverage Details               | Appliances Plan | Essentials Plus Plan |
|---------------------------------------|-----------------|----------------------|
| <b>Level of protection</b>            | \$7,500         | \$7,500              |
| <b>Service Fee per Claim</b>          | \$100           | \$100                |
| <b>Kitchen Appliances</b>             | \$2,000         | \$1,000              |
| <b>Laundry Appliances</b>             | \$2,000         | \$1,000              |
| <b>Plumbing Systems</b>               | Not Covered     | \$3,000              |
| <b>Electric Systems</b>               | Not Covered     | \$3,000              |
| <b>Air Conditioning &amp; Heating</b> | Not Covered     | \$2,000              |
| <b>Water Heater</b>                   | Not Covered     | \$1,000              |

\*See additional details, terms, & conditions at [www.pgagencies.com/resdc/home/](http://www.pgagencies.com/resdc/home/) or call (844) 403-2123

# MySeniorHealthPlan

## *Assisting Medicare-Eligible Individuals with Plan Selection*

MySeniorHealthPlan.com provides **FREE** Medicare explanations and plan comparisons to Medicare-eligible individuals. We help you choose the best plan for your needs while considering various factors including your preferred doctor & hospital preference, prescription medications you take, and price range of services and plans. Selecting the best Medicare plan can be very confusing, but MySeniorHealthPlan.com is here to help you with this extremely important decision.

At MySeniorHealthPlan.com, we will:

- Explain what basic Medicare covers & the best ways to supplement it.
- Provide FREE plan comparisons and quote illustrations.
- Walk you through the enrollment process right over the phone!
- Act as your advocate even after your policy has been approved.
- Provide annual plan reviews and make sure you stay well informed and satisfied.

We will never pressure or rush you into selecting a plan. We take our time going over all your options with you while helping you select the right plan for your needs. Our team is committed to providing honest & non-biased plan comparisons as well as excellent service not only during the initial enrollment process but for all the years to follow.

### **MySeniorHealthPlan.com**

**This is a FREE service to RESDC members and their Medicare-eligible spouses.**

**To make an appointment to speak with a representative, please call: (855) 383-5279 or use the QR Code to be taken to the website.**



Disclaimer: MySeniorHealthPlan.com (CA License #0G66637) is an independent company. Pacific Group Agencies and RESDC have agreed to include their information in this Benefits Guide as we believe it may be useful to many members. Contact MySeniorHealthPlan.com for more details and costs on the available Medicare plans.

# Emergency Assistance Plus

| Emergency Assistance Plus <u>Annual</u> Premium                                                                                                                                                                                                                                                                                         |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Member Only                                                                                                                                                                                                                                                                                                                             | \$139 |
| Member + Family*                                                                                                                                                                                                                                                                                                                        | \$199 |
| <p>*Family coverage includes Spouse and Dependent Children</p> <ul style="list-style-type: none"> <li>• Through age 18</li> <li>• Through age 22, if unmarried and a full-time student</li> <li>• Adult children or grandchildren who are solely dependent on the member for support due to mental or physical disabilities.</li> </ul> |       |
| <p>To enroll: <a href="http://www.myeaplust.com/pedit">www.myeaplust.com/pedit</a><br/>or call: (877) 883-1935.</p>                                                                                                                                                                                                                     |       |

Emergency Assistance Plus (EA+) is a crucial safety net that protects you when you travel. Whether you're traveling across the state or across the world, this annual membership program protects you.

If facing a medical emergency, EA+ automatically steps in to help you with more than 20 emergency and medical services, so you can focus on your recovery and not on the costs. You'll feel confident knowing that if the hospital you're admitted to can't properly treat your condition, EA+ will transport you to the nearest appropriate hospital. Once you're stable, EA+ will arrange your transportation home.

EA+ services include:

## Medical Evacuation

- Emergency medical monitoring by an EA+ medical expert.
- Air ambulance or emergency medical evacuation from an inadequate facility to the nearest appropriate facility.
- A medical specialist is sent to you to assist in determining your medical condition and travel suitability.
- Continuous updates to your designated family member or physician.

## Medical Assistance

- Transferring your insurance information to medical providers to ensure your medical care is not delayed or denied.
- Cash advance for medical payments against a valid credit card.
- Prescription replacement assistance.
- Worldwide 24-hour doctor/ER/dentist/attorney locator.

## **Transportation Home**

- Transportation home after hospitalization.
- A nurse escort during your trip home, if deemed necessary.
- Return of deceased remains.
- Vehicle returned home.

## **Assistance for Companions**

- One round-trip economy-class airline ticket to bring a loved one to your hospital bedside if you're traveling alone.
- Airfare home for dependent children or grandchildren who are left unattended due to your hospitalization.
- Emergency message forwarding assistance.
- Pet care and return home assistance.
- Ticket home for a traveling companion if you are evacuated, transported home or pass away while away from home.

## **Vital Travel Assistance**

- Intelligence regarding weather, travel, health, inoculations, travel restrictions, & special events.
- Real-time security intelligence on political unrest, social instability, weather, & health hazards.
- Emergency cash transfer assistance against a valid credit card.
- Lost luggage assistance.
- Document replacement assistance.
- Language interpretation assistance.
- Assistance in making flight arrangements, securing visas, and with other logistics if you need to leave a threatening situation.

EA+ has been exclusively offered by Worldwide Rescue & Security (WRS) for over 20 years. WRS is a leading provider of emergency travel, rescue and security products to members of affinity clubs, loyalty groups, alumni associations, professional organizations, auto clubs and airline loyalty programs. WRS partners with top medical assistance companies to provide emergency related services to members.

With EA+, you will have access to:

- Customized medical, security and travel assistance 24 x 7, 365 days a year,
- Access to a network of 32 medical assistance companies located over 5 continents,
- 53 response centers throughout the world,
- Access to over 1500 air ambulances worldwide,
- Medical teams responsible for continual monitoring of travelers around the world receiving medical attention,
- Expert staff fluent in 70+ languages and in-depth knowledge of local cultures and procedures.

# Legal Shield

*Legal issues can be costly. We've leveled the playing field for about 50¢ a Day!*

**Monthly Premium is \$15.95**

***Note: An email address is required for Legal Shield coverage.***

Spouse / Domestic Partner coverage is automatically included.

Child coverage is included if the child meets one of the following criteria:

- 1) Under 18.
- 2) Under 21 (23 if full-time student) and they live at home and have never been married.
- 3) Any age, mentally or physically disabled, and a dependent of the member.

Have you ever needed a Will prepared or updated? Signed a contract and not known exactly what you were agreeing to? Received a traffic ticket? Had an insurance claim denied? Wouldn't it be nice to say, "I'll have my attorney handle this" and actually mean it? With Legal Shield, you can say it and mean it.

For more than 40 years, Legal Shield has provided members direct access to attorneys, available 24/7 for covered emergency situations. Legal Shield's nationwide network of affiliate lawyers have an average of 19 years of experience. When you need help, you won't have to talk to a rookie, a paralegal, or a law clerk, but rather you will deal directly with highly experienced lawyers.

No one ever plans on legal trouble, but the unpredictability of life often throws you a curveball. Instead of trying to navigate the legal system alone, Legal Shield can help you. Whether it's as simple as writing a letter or having an attorney make a call on your behalf, or a more serious issue that leads to time in court, you can breathe easy with Legal Shield on your side.

All legal consultations start off with a call to the main provider law firm in your state. For California, the law firm of Parker Stanbury has been retained. Parker Stanbury is a full-service law firm with specialists in many areas of the law. With over 40 attorneys on staff, with a combined 700+ years of legal experience, Parker Stanbury can help with your legal issues.

Many experienced lawyers charge \$400 an hour or more. With Legal Shield, you'll experience the safety and security that over 4,000,000 members enjoy, all for around 50¢ a day. Access to convenient quality no-cost legal help will only be a toll-free phone call away. Your dedicated law firm is paid by Legal Shield, so their sole focus is on serving you, not billing you.

Benefits of Legal Shield membership include:

**Advice** - Your attorney may provide unlimited legal advice on a wide range of legal topics, both personal and professional.

**Standard Will Preparation with Annual Reviews/Updates** - Having an up-to-date Will is part of being a responsible adult. However, 68% of Americans don't have one and the numbers are even higher for minorities. Legal Shield members may receive a Will with annual updates/reviews at no cost. Spouses and covered children may have a Will drafted for just \$20.

Wills can help protect your assets from probate and intestacy laws and significantly reduce the time spent in costly probate court. They provide control of gifting assets to the specific people you choose. You also receive peace of mind, knowing that your assets are protected, and your loved ones cared for.

**Living Wills** and **Healthcare Power of Attorneys** are also available. For members requiring a significantly higher level of estate planning, **Trust** preparation is available with a 25% discount.

**Letters and Phone Calls on Your Behalf** - Attorneys will write letters or make phone calls on your behalf at no cost to you. Whether it's a person or company that has taken advantage of you, refused to do as promised, didn't honor a return, or did a poor job, once the other party sees that you have legal representation, they know you are serious and will work to get the situation resolved.

**Legal Document Review** - Attorneys will review contracts and legal documents up to 10 pages each. They will explain in "plain English" any legal terms and will suggest any changes they deem necessary. If the other party has acted improperly, the attorney can contact them on your behalf to resolve the issue.

Whether signing a cell phone contract, booking a hotel, or wanting to ensure you get your full security deposit back, legal document review can save you thousands of dollars and countless headaches.

**Motor Vehicle Services** - Attorneys will help you navigate the twisting roads of moving violations, accidents, defense for charges of manslaughter, involuntary manslaughter, negligent homicide, or vehicular homicide, damage recovery, driver's license issues and personal legal injury assistance.

**IRS Audit Legal Services** – The prospect of an audit is terrifying. Even worse, the IRS conducts audits of all tax brackets, not just the rich. With Legal Shield, if audited, your attorneys will provide consultation or assistance and you may receive up to 50 hours of attorney's time to help defend the audit.

**Trial Defense** - If you or your spouse are named as a defendant in a covered civil or criminal action, your Legal Shield attorney will provide up to 60 hours of defense at no additional cost to you.

**Other Issues** - Your law firm may provide coverage for issues not covered by this plan. These services are offered at a negotiated rate, which is **at least 25% below standard rates**. These issues may include DUI, drug matters, hit-and-run, bankruptcy, divorce and related matters, garnishments, charges of tax fraud\evsion, business tax returns, and suits filed due to conditions that were foreseeable prior to enrollment.

*Note: Benefits listed are for California. Benefits outside California may vary slightly.  
Certain benefits have limits on time and scope of coverage.*

# Term Life Insurance

## *High Benefit Amounts - Low Costs*

| Estimated Monthly Rates per \$100,000 Benefit<br>(Average healthy non-smoker) |         |               |         |               |
|-------------------------------------------------------------------------------|---------|---------------|---------|---------------|
| Age                                                                           | Female  |               | Male    |               |
|                                                                               | 10 Year | 20 Year       | 10 Year | 20 Year       |
| 60                                                                            | \$43    | \$60          | \$51    | \$81          |
| 65                                                                            | \$62    | \$110         | \$83    | \$142         |
| 70                                                                            | \$95    | \$212         | \$137   | \$235         |
| 75                                                                            | \$166   | Not Available | \$241   | Not Available |
| Must be under age 76 to qualify for coverage.                                 |         |               |         |               |

Term life insurance allows you to protect your loved ones from outstanding debts such as a mortgage, credit cards, or hospital bills, or covering an obligation you made, such as college tuition for a grandchild. Minimum amount of coverage is \$100,000.

Term refers to a set amount of time during which the policy is active. Premiums never change and the benefit amount stays the same. Your beneficiary will receive the full benefit upon your passing. Term policies do not accrue cash value and you may cancel them at any time.

Rates are medically underwritten. A free and fast in-home health check by a nurse is required. This typically lasts around 20 minutes.

**Note:** People with diabetes, heart disease, high cholesterol, or high blood pressure may not qualify. Those who do will have premium rates approximately 100% higher.

People actively taking medication for or treated within the last two years for cancer, depression, heart attack, or stroke will not qualify for coverage.

Non-smoker means no tobacco use in 24 months. Tobacco user premiums are approximately 150% higher.

# Start Hearing

*Your Source for Better Hearing*

Start Hearing offers hearing benefits and exclusive discounts on Best-in-Class hearing aid technology, including rechargeable hearing aids and sophisticated tinnitus products. Our complimentary program is designed to help members and their families with their hearing needs and improve their quality of life through better hearing.

Start Hearing is a division of Starkey Hearing Technologies, the only remaining American owned and operated hearing aid manufacturer. We put members at the center of their own hearing health journey – with or without an insurance benefit or referral – and expertly guide them to the right technology based on their personal wants, needs and lifestyle.

Members and their families receive:

- Discounts up to 48% on today's latest technology
- 60-day risk-free trial period
- One year of free office visits (limit of six)
- Access to a nationwide network of 3,000+ hearing professionals
- FREE warranty plan, including repairs and loss & damage.

At Start Hearing, we believe, and research shows, that hearing better improves your overall health and wellness. Our goal is to help you live your fullest life

## Start Hearing Health Care

**The Benefit is FREE to  
All RESDC Members & Their Family**

To take advantage of this benefit, simply call Start Hearing at **888-200-5701** and let them know you're a RESDC member. A Hearing Care Advisor will assist you.

# Notes

# Frequently Asked Questions

## **When does the Open Enrollment period end?**

Forms must be postmarked by November 14, 2025. We strongly recommend you submit your form as early as possible, so we may address any issues and make sure you receive an ID card before your coverage(s) start.

## **When do the coverages begin?**

Coverages will begin January 1, 2026.

## **I'm not making any changes; do I have to do anything?**

No! If you are not making any changes to your current coverages, you do not need to submit an enrollment form. Your current coverages will continue.

## **Can I add my spouse/domestic partner or dependent child to my coverage?**

Yes. To add a dependent to your coverages, complete the enrollment form and select the appropriate Member + box. Please make sure to provide all the dependent information.

## **How do I cancel a benefit I'm currently enrolled in?**

If you wish to cancel a benefit, please write cancel across the benefit box. *Leaving the box unchecked will not cancel that benefit.* You may also send an email to [cancel@pgagencies.com](mailto:cancel@pgagencies.com) stating your name, date of birth, and which benefit plan you wish to cancel. Please note, we cannot cancel your membership in RESDC. You must contact RESDC for membership changes.

## **Who do I contact with questions?**

With regards to *any benefit plan listed in this booklet*, please contact Pacific Group Agencies, the Benefit Plans Administrator, at 800-511-9065 or [RESDC@pgagencies.com](mailto:RESDC@pgagencies.com).

Do NOT contact RESDC, SDCERA, or San Diego County about these plans.

# **Notes**

# Disclaimer & Member Requirements

In promoting the health, well-being, happiness, and continuing productivity of its members, RESDC members have access to voluntary benefits offered through Pacific Group Agencies (PGA). RESDC itself does not endorse, provide, or administer these benefits, but rather makes them available to members. RESDC may receive compensation from PGA for administrative assistance and member access.

This guide contains summaries and highlights. Certain wording has been shortened or changed into "plain English." Exclusions, limitations, and eligibility requirements may apply. While every effort has been made to ensure this information is accurate and fairly represents the coverage offered, mistakes can occur. This is not a Certificate of Insurance (COI) and nothing written or implied will change the COI terms.

An individual cannot assume they have effective coverage, even if they submitted an enrollment form, until the carrier has sent the proposed insured verification of coverage including effective date.

Insurance carriers have the right at any time to change: the rules, regulations, terms of coverage, availability, guidelines placed on the application, policies, enrollment, rates, and offering of products. While infrequent, without warning providers may discontinue their affiliation with an insurance company. There is no guarantee that a provider will remain affiliated with an insurance company.

Some plans have a minimum commitment. Should you cancel coverage by any action, including stopping payment, before the commitment is up, PGA, at its sole discretion, reserves the right to retroactively cancel your insurance to the original effective date and refund your premiums paid. You acknowledge responsibility for any outstanding or paid claims and discounts received by utilizing a network provider.

Coverage may be terminated without warning should payment stop for any reason or your RESDC membership lapses.

## Cancellations:

- Cancellations must be received by the 5<sup>th</sup> of the month for processing for the next following month.
- **We do not accept phone cancellations.** Cancellations must be in writing to PGA, by email (cancel@pgagencies.com), mail, or fax (800-549-0059). Cancellations sent to the insurance carrier, retirement system, or RESDC, may not be processed and under no circumstance is PGA liable to refund premiums taken due to us not receiving proper or timely notice. PGA may adjust your cancellation date to match deductions received.
- Payment cancellation may result in monies being owed to PGA for premiums advanced. You agree to reimburse PGA all monies owed, and costs associated with collection of these monies.
- Retroactive cancellation requests will not be honored.

## It is the responsibility of the member to:

- Report to PGA changes that affect insurability or eligibility of dependents, including children becoming over-age. We do not track the age of your children. Notifying the retirement system or RESDC will not suffice as privacy laws prevent the relay of this information. Premiums are considered earned and cannot be refunded should you fail to notify us.
- Confirm you are enrolled in the correct and suitable plan.
- Maintain RESDC membership while enrolled in the benefits.
- Provide address changes to PGA.

For questions on the plans or the enrollment process, please contact the plan administrator, Pacific Group Agencies, CA License 0078489, at: (800) 511-9065 or RESDC@pgagencies.com.

Historical Spanish mission Basilica San Diego de  
Alcala, San Diego County, California.  
Photo Courtesy Adobe Stock Images.



**PACIFIC GROUP AGENCIES, INC.**

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Monday - Friday 7AM - 4PM

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