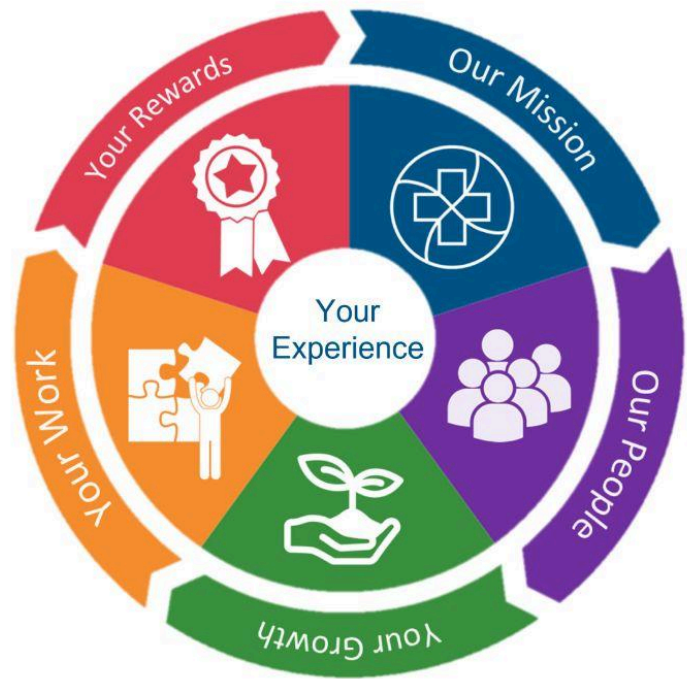


# SYHealth Dental Benefits Information Miniguide

May 1, 2025–April 30, 2026



**Your Experience, Your Rewards**

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## Eligibility

### Benefit Eligible Employees

Employees working **20** hours or more per week are eligible to participate in the benefit program.

### Eligible Dependents

Your eligible dependents include:

- Your spouse (unless you are legally separated)
- Your registered domestic partner
- Your dependent children, up to age 26 regardless of their student or marital status
- Adopted, foster or domestic partner's children
- Your dependent children, if they are incapable of self-support due to physical or mental disability

Coverage may be available for a mentally or physically disabled child who is age 26 or older. Requirements for such coverage and documentation of disability depend on the insurance carrier. Please contact [benefits@syhealth.org](mailto:benefits@syhealth.org) if you believe this applies to your family.

## When You Can Enroll

### New Hires/Newly Eligible for Benefits

You are eligible for benefits on the first day of the month after 30 days worked. **You have 30 days from the date of your hire to enroll in benefits.** After your initial enrollment, you will have the opportunity to re-enroll in the benefits program each year during the Annual Open Enrollment period, unless you have a Qualifying Life Event. Be prepared to show documentation for qualifying event, such as marriage license, birth certificate or divorce decree.

## Qualifying Life Event Change

During the annual open enrollment period, you will have the opportunity to make any changes in your coverage(s) for the next plan year.

Please keep in mind that you will have 30 days from the event date to make any changes and notify the Benefits Team of any changes.

### **Plan year begins May 1, 2025 and is in effect through April 30, 2026.**

After the annual enrollment period, you will only be able to change your coverage if you have a qualifying life event. Qualifying life events include, but are not limited to:

- Change in your employment status (commencement, termination, reduction in hours from full-time of 20 hours/week to part-time 19 hours or less or vice versa) or change to per diem employment
- Change in marital status (marriage, death of spouse, divorce, legal separation)
- Change in dependents (birth, death, adoption, and child support order)
- Special enrollment rights under Health Insurance Portability Accountability Act ("HIPAA")
- Medicare or Medicaid entitlement for you, your spouse, or dependent (60 days)

## When Coverage Ends

If your employment at San Ysidro Health ends, your medical, dental, and vision coverage will end on the last day of the month of your termination date. Other circumstances which may result in termination of coverage for you and/or your dependents include: reduction in regular hours, divorce/legal separation, and dependent children who reach age 26. Your FSA will terminate on the date of termination.

## Dental Benefits – UMR and SIMNSA

You have three options for dental coverage:

- UMR Basic Dental PPO Plan
- UMR Premier Dental PPO Plan
- SIMNSA Cross Border Dental HMO

**The Basic [UMR Dental PPO Plan](#)** requires that you only receive care from a San Ysidro Health Dental provider. Services from non-San Ysidro providers will not be covered. Contact San Ysidro Health to make an appointment by calling our customer service line at 619-662-4100.

**The Premier [UMR Dental PPO Plan](#)** allows you access to two tiers of providers: San Ysidro Health Dental providers and UMR and non-network providers. You will receive greater benefits when seeing a San Ysidro Health dentist. To find a provider within the UMR network, you may visit their website at [www.umar.com](http://www.umar.com). Be sure to select the “UnitedHealthcare Dental PPO” Network and follow the website instructions to access a list of contracted providers.

### UMR Plan Overview

Below is an overview of both UMR dental plans. The below is an overview of services covered; please see full Summary of Benefits Coverage (SBC) from UMR on the [HR Intranet](#).

UMR Basic Dental Plan			UMR Premier Dental Plan	
	San Ysidro Health Dental Providers Only	Out-of-Network (With Referral ONLY) <sup>(1)</sup>	San Ysidro Health Dental Providers Only	UHC and Non-Network Providers
Calendar Year Deductible				
Per Person	None	\$50	None	\$50
Family Maximum	None	\$150	None	\$150
Annual Plan Maximum				
Annual Maximum Benefit	\$2,000	\$2,000	\$3,000	\$3,000
Covered Services				<b>After Deductible</b>
Class 1 (preventive care)	100%	80%	100%	100%
Class 2 (repair & restoration)	100%	80%	100%	80%
Class 3 (major services)	100%	80%	100%	50%
Orthodontia Services				
Child(ren) to Age 26 & Adults	N/A	N/A	N/A	50%
Calendar Year Deductible	N/A	N/A	N/A	\$50 per person
Orthodontic Maximum				\$2,500 Lifetime Maximum

The **SIMNSA Dental HMO** plan requires that you receive care from a primary care dentist who participates in the SIMNSA network. If you receive services from a provider outside of the approved network, you will be responsible for paying the entire dental bill yourself. When seeking care, you will be charged a copayment for each service received.



Refer to your SIMNSA plan documents for a detailed listing of copayments. To find a contracted provider, go to [www.simnsa.com](http://www.simnsa.com) or call 800.424.4652. SIMNSA requires that only Mexican Nationals enroll in the plan. Mexican nationals by birth are: people born on Mexican territory regardless of their parent's nationality, people born abroad to at least one parent who is a national of Mexico. people born on Mexican vessels or aircraft that are either for war or merchant

### SIMNSA Plan Overview

The below is an overview of services covered; please see full Summary of Benefits Coverage (SBC) from [SIMNSA](#) on the [HR Intranet](#).

Plan Highlights	SIMNSA Dental HMO
	In-Network Only
Calendar Year Deductible / Annual Maximum	None
Preventive <sup>(1)</sup>	
Examinations	No Copay
X-rays	No Copay
Cleanings	No Copay
Basic Services	
Amalgam Fillings (only)	\$5 – \$15 Copay
Oral Surgery <sup>(2)</sup>	\$8 – \$50 Copay
Root Canal – Molar	\$30 – \$50 Copay
Major Services	
Bridges <sup>(3)</sup>	\$10 – \$70 Copay
Complete Dentures (upper / lower)	\$63 Copay
Crown - Full Cast Porcelain / Acrylic / Non-Precious Metal <sup>(3)</sup>	\$15 – \$50 Copay
Orthodontia Services <sup>(4)</sup>	
Children to age 26 & Adults	\$50 Copay per Visit

<sup>(1)</sup> Age & Frequency Limits may apply; see your DHMO Schedule of Benefits for details

<sup>(2)</sup> Surgery involving multiple teeth may result in additional costs

<sup>(3)</sup> The use of noble metal is an additional cost

<sup>(4)</sup> SIMNSA DHMO orthodontic benefits cover consultation, all necessary appliances, banding and monthly office visits for 24 months. The treatment must be provided by a SIMNSA Panel Orthodontist. Orthodontic referrals must be submitted by the member's assigned dental provider and approved by SIMNSA dental. Additional start up fees may apply

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

## The Cost of Coverage for Employees Working 20+ Hours per Week

The rates below are effective May 1, 2025 – April 30, 2026

Coverage	Total Monthly Cost	San Ysidro Health Monthly Contribution	Employee Monthly Cost	Payroll Deductions (24 pay periods/yr)
<b>UMR Basic Dental PPO</b>				
Employee Only	\$23.39	\$23.39	\$0.00	\$0.00
Employee and Spouse / DP	\$44.44	\$26.74	\$17.70	\$8.85
Employee and Child(ren)	\$46.79	\$27.13	\$19.66	\$9.83
Employee and Family	\$76.04	\$31.79	\$44.24	\$22.12
<b>UMR Premier Dental PPO</b>				
Employee Only	\$53.14	\$30.33	\$22.81	\$11.41
Employee and Spouse / DP	\$90.22	\$37.69	\$52.53	\$26.27
Employee and Child(ren)	\$100.96	\$39.92	\$61.04	\$30.52
Employee and Family	\$191.28	\$58.05	\$133.23	\$66.62
<b>SIMNSA Dental DHMO (Cross Border)</b>				
Employee Only	\$18.48	\$18.48	\$0.00	\$0.00
Employee and Spouse / DP	\$30.72	\$19.30	\$11.42	\$5.71
Employee and Child(ren)	\$41.46	\$20.02	\$21.44	\$10.72
Employee and Family	\$51.01	\$20.66	\$30.35	\$15.18

## Dental Benefits Directory and Resources

CARRIER	PHONE/FAX/EMAIL	WEBSITE
<b>UMR Benefits (Dental)</b> Group #: 76-415484	800.826.9781	<a href="http://www.umar.com">www.umar.com</a>
<b>SIMNSA (Dental)</b> Group #: 324	619.407.4082	<a href="http://www.simnsa.com">www.simnsa.com</a>
<b>Benefits broker for all benefits except medical:</b> Marsh & McLennan Insurance Agency, LLC	Alicia Phan / <a href="mailto:alicia.phan@marshmma.com">alicia.phan@marshmma.com</a> Julia Wood / <a href="mailto:julia.Wood@marshmma.com">julia.Wood@marshmma.com</a> Catherine Botello/ <a href="mailto:catherine.botello@marshmma.com">catherine.botello@marshmma.com</a>	<a href="http://www.mma-west.com">www.mma-west.com</a>
<b>San Ysidro Health HR Contact:</b> Benefit Team	P: 619.662.4100 Email: <a href="mailto:benefits@syhealth.org">benefits@syhealth.org</a>	<a href="#">HR Intranet</a>