

Plan Benefit Highlights for: San Diego Community College District

Group No: 06714 - 02010, 02011, 02012, 02013, 02014 & 02015

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month that dependent turns age 26			
Deductibles	\$25 per person / \$75 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	\$2,000 per person each calendar year			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100 %	100 %
Basic Services Fillings, simple tooth extractions and sealants	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	60 %	60 %
Prosthodontics Bridges, dentures and implants	60 %	60 %
Orthodontic Benefits Dependent children	75 %	75 %
Orthodontic Maximums	\$1,500 Lifetime	\$1,500 Lifetime
Dental Accident Benefits	100 % (separate \$1,000 maximum per person each calendar year)	

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

** Fees are based on Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California 100 First St. San Francisco, CA 94105	Customer Service 866-499-3001	Claims Address P.O. Box 997330 Sacramento, CA 95899-7330
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.



DELTA DENTAL PREMIER®: YOUR SMILE IS COVERED

ENJOY THE LARGEST NETWORK

Visit a Premier dentist¹ to maximize your savings and enjoy access to the largest dentist network in the U.S.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a Premier dentist at deltadentalins.com.⁴

ACCESS ONLINE SERVICES

Get information about your plan anytime, anywhere by signing up for an Online Services account at deltadentalins.com. This free service lets you check benefits and eligibility information, find a network dentist and more.

CHECK IN WITH EASE

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social

security number. If your family members are covered under your plan, they will need your name, birth date and enrollee or social security number. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can print or view your card with the click of a button. If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

UNDERSTAND TRANSITION OF CARE

Did you start on a dental treatment plan before your Premier coverage kicked in? Multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.⁵ You can find this date by logging in to Online Services.

NEWLY COVERED? Visit deltadentalins.com/welcome.

SAVE WITH
A PREMIER
DENTIST



PREMIER



NON-PREMIER

LEGAL NOTICES: Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html

¹ You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose an out-of-network dentist. Network dentists are subject to contracted fees.

² NetMinder Dental Network Trend Report, March 2015. Based on total unique dentists nationwide.

³ Enrollees are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

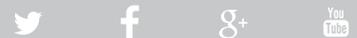
⁴ Verify that your dentist is a Premier dentist before each appointment.

⁵ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier will be responsible for any costs. Group- and state-specific exceptions may apply. Active orthodontic treatment may be eligible for coverage. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

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HL_PRE #94542 (rev 11/15)



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