



DELTA DENTAL PREMIER®: YOUR SMILE IS COVERED

LARGEST NETWORK NATIONWIDE

You can visit any licensed dentist under this plan, but you'll maximize plan value by taking advantage of the Delta Dental Premier network – the largest dentist network in the U.S.¹ Premier dentists have agreed to accept Delta Dental contracted rates and can't "balance bill" you for additional fees.² Find a Premier dentist at deltadentalins.com.³

CONVENIENT ONLINE SERVICES: DELTADENTALINS.COM

- › Create a free Online Services account from your PC or smartphone to view benefits, eligibility and claims status or check average dental costs in your area.
- › Update your dental benefit statement delivery preference: Go paperless!
- › Find a Delta Dental Premier dentist near you.

NO ID CARD NECESSARY

Just provide your dental office with your name, birth date and enrollee ID or social security number. Register for Online Services to print an ID card or pull it up on your smartphone at the dentist's office.

HASSLE-FREE TRANSITION & EASY BENEFITS COORDINATION

New to Delta Dental Premier? This plan covers treatment started and completed after your plan's effective date of coverage.⁴ If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.

SAVE WITH A PREMIER DENTIST



DELTA DENTAL PREMIER



**NON-DELTA
DENTAL DENTISTS**

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

¹ Netminder Dental Network Trend Report, March 2013

² Enrollees are responsible for any coinsurance, deductible, amount over the plan maximum and charges for non-covered services.

³ Verify that your dentist is a contracted Delta Dental Premier dentist before each appointment.

⁴ 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. Enrollees currently undergoing active orthodontic treatment may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.



WE KEEP YOU SMILING®

Plan Benefit Highlights for: Santa Monica-Malibu Unified School District

Group No: 06741

In this incentive plan, Delta Dental pays 70% of the Premier contract allowance for covered diagnostic, preventive and basic services and 70% of the Premier contract allowance for cast and crown benefits during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26		
Maximums	\$1,500 per person each calendar year		
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None

Benefits and Covered Services*	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	70-100 %	70-100 %
Basic Services Fillings, simple tooth extractions and sealants	70-100 %	70-100 %
Endodontics (root canals) Covered Under Basic Services	70-100 %	70-100 %
Periodontics (gum treatment) Covered Under Basic Services	70-100 %	70-100 %
Oral Surgery Covered Under Basic Services	70-100 %	70-100 %
Major Services Crowns, inlays, onlays and cast restorations	70-100 %	70-100 %
Prosthodontics Bridges and dentures	50 %	50 %
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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deltadentalins.com

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.