

# Delta Dental Premier® – Easy, Friendly, Accessible

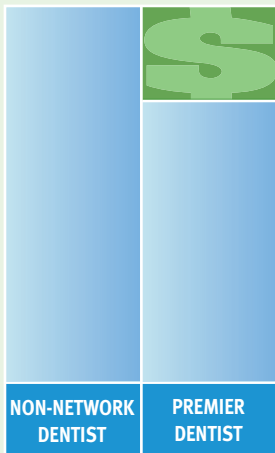


We'll do **whatever it takes and then some.**

## More dentists — less out-of-pocket

### OUT-OF-POCKET COSTS

SAVE LESS    SAVE MORE





 AMOUNT YOU **SAVE**  
 AMOUNT YOU **PAY**

Illustration showing sample enrollee share of cost for information purposes only. Actual dentist fees and contract allowances will vary by region, procedure and by group contract.

We're pleased to be your partner in maintaining great oral health. The Delta Dental Premier plan makes it easy for you to find a dentist, and easy to control your costs when you visit a network dentist. Here are some of the great things you'll need to know about enrolling with Delta Dental:

- **Control costs with a Premier dentist.**

Our Delta Dental Premier network dentists accept contracted fees for covered services they provide you, so you'll usually pay the least when you visit a Premier network dentist. This also ensures Delta Dental dentists won't balance bill you the difference between the contracted amount and their usual fee.

- **Visit the dentist of your choice.**

Want to visit a non-Delta Dental dentist? No problem. You can visit any licensed dentist, but your costs are usually lower when you see a Premier dentist.

- **Many network dentists to choose from.** Since Delta Dental offers access to some of the largest dentist networks in the U.S., chances are there's a wide choice of network dentists near your home or office.

Four out of five dentists nationwide are contracted Delta Dental dentists, giving more enrollees convenient access to more dentists. Visit us at [www.deltadentalins.com](http://www.deltadentalins.com) to search our dentist directory by location or specialty.

- **Easy to use your benefits.** When you visit a Delta Dental dentist, pay only your portion for services. Delta Dental dentists will file claim forms for you and receive payment directly from us.

- **Delta Dental's Online Services make getting information quick and easy.**

Access your benefits and eligibility, print ID cards and get information about your claims. And check out Delta Dental's oral health resources too for tips and information that can help keep your smile healthy.

 **DELTA DENTAL**

**WE KEEP YOU SMILING®**

**Plan Benefit Highlights for:** Fremont Union High School District

**Group No:** 07094-00169 (Classified) &  
00171 (COBRA)

**Effective Date:** 10/1/2012

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%.

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 25		
<b>Deductibles</b>	No Deductibles		
<b>Maximums</b>	\$1,500 per person each calendar year		
<b>Waiting Period(s)</b>	Basic Services. None	Major Services None	Orthodontics None

<b>Benefits and Covered Services*</b>	<b>Delta Dental Premier dentists**</b>	<b>Non-Delta Dental dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, (2) two cleanings, x-rays	70-100 %	70-100 %
<b>Basic Services</b> Fillings, simple tooth extractions, sealants	70-100 %	70-100 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	70-100 %	70-100 %
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	70-100 %	70-100 %
<b>Oral Surgery</b> Covered Under Basic Services	70-100 %	70-100 %
<b>Crowns and Cast Restoration</b> Crowns, inlays, onlays and cast restorations	70-100 %	70-100 %
<b>Prosthodontics</b> Bridges and dentures	70 %	70 %
<b>Orthodontic Benefits</b> Dependent children only	50 %	50 %
<b>Orthodontic Maximums</b>	\$1,000 Lifetime	
<b>Dental Accident Benefits</b>	100 % (separate \$1,000 maximum per person per 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	<b>Customer Service</b> 866-499-3001	<b>Claims Address</b> P.O. Box 997330 Sacramento, CA 95899-7330
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**www.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.