# Keep Smiling Delta Dental Premier®



# **Enjoy the largest network**

Visit a dentist in the Premier<sup>1</sup> network to maximize your savings and enjoy access to the largest dentist network in the U.S.<sup>2</sup> 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.

#### Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at deltadentalins.com. Available once your coverage kicks in, this useful service lets you check benefits and eligibility information, find a network dentist and more.

#### Check in without an ID card

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 to provide your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can print or view your card with the click of a button.

# Coordinate dual coverage

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? Generally, multistage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.4 You can find this date by logging in to your online account.

#### Newly covered?

Visit deltadentalins.com/welcome.

# Save with a Premier dentist





<sup>1</sup> 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 paid contracted fees.

<sup>&</sup>lt;sup>2</sup> NetMinder Dental Network Trend Report, March 2019. Delta Dental Premier is the largest dentist network nationwide, based on total unique dentists.

<sup>&</sup>lt;sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

<sup>&</sup>lt;sup>4</sup>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. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental Premier. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

Plan Benefit Highlights for: Sequoia Union High School District

(Management)

**Group No:** 07046 - 00072

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 19 or to the end of the month dependent turns age 24 if dependent is full-time student			
Deductibles	None			
Maximums	\$2,000 per person each calendar year			
D & P counts toward maximum?	Yes			
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, (2) cleanings and x-rays	100 %	100 %	
Basic Services Fillings, posterior composites and sealants	90 %	90 %	
Endodontics (root canals) Covered Under Basic Services	90 %	90 %	
Periodontics (gum treatment) Covered Under Basic Services	90 %	90 %	
Oral Surgery Covered Under Basic Services	90 %	90 %	
Major Services Crowns, inlays, onlays and cast restorations	80 %	80 %	
Prosthodontics Bridges and dentures	80 %	80 %	
Orthodontic Benefits Adults and dependent children	60 %	60 %	
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.

Reimbursement is based on Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California	Customer Service	Claims Address
560 Mission St., Suite 1300	866-499-3001	P.O. Box 997330
San Francisco, CA 94105		Sacramento, CA 95899-7330

# 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.