

DELTA DENTAL OF CALIFORNIA

Client Name: SANTA BARBARA CITY COLLEGE

Group No.: 7075 4051 and 4351 (Active and Retired)

BENEFIT HIGHLIGHTS FOR DELTA DENTAL PREMIER®

Delta Dental offers you what no other dental plan can – The Delta Dental DifferenceSM. Here’s what makes us a leading provider of dental benefits:

- **Exceptional Cost Savings** – Our networks protect enrollees from balance billing and prevent dentists from charging more by “unbundling” services that should be billed as one service. Your costs are usually lowest when you visit a Delta Dental dentist.
- **Guaranteed Coinsurance/Copayment** – Delta Dental dentists agree to accept our determination of fees. They won’t balance bill over Delta Dental’s approved amount for covered services.
- **Professional Treatment Standards** – Delta Dental reviews utilization patterns and office practices to ensure that Delta Dental dentists meet professional standards for safety and quality of care.

Although the Premier program allows you the freedom to visit any licensed dentist, there are advantages to visiting a Delta Dental dentist. Consider the information below:

IN-NETWORK	OUT-OF-NETWORK
DELTA DENTAL PREMIER DENTISTS	NON-DELTA DENTAL DENTISTS
You will usually pay the lowest amount for services when you visit a Delta Dental Premier dentist. Premier dentists may not balance bill above Delta Dental’s approved amount, so your out-of-pocket costs are usually lower than charges from a non-Delta Dental dentists.	You are responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist bills. You will often have higher out-of-pocket costs when you visit a non-Delta Dental dentist.
Premier dentists charge you only the patient’s share* at the time of treatment. Delta Dental pays its portion directly to the dentist.	Non-Delta Dental dentists may require you to pay the entire amount of the bill in advance and wait for reimbursement.
Premier dentists will complete claim forms and submit them for you at no charge.	You may have to complete and submit your own claim forms, or pay your non-Delta Dental dentist a service fee to submit them for you.**

SAMPLE CLAIM SAVINGS

	IN-NETWORK	OUT-OF-NETWORK
	DELTA DENTAL PREMIER DENTISTS	NON-DELTA DENTAL DENTISTS
Dentist bills (submitted charge)	\$180.00	\$180.00
Delta Dental’s agreed upon fee	\$130.00	No fee agreement with Delta Dental
Delta Dental’s payment 50%	\$65.00	\$65.00
Patient share*	\$65.00	\$115.00
Patient savings	\$50.00	N/A

* Patient’s share is the coinsurance/copayment, any remaining deductible, any amount over the annual maximum and any services your plan does not cover.

** If you visit a non-network dentist, Delta Dental will send the benefit payment directly to you. You are responsible for paying the non-network dentist’s total fee, which may include amounts in excess of your share of your plan’s contract allowance.

The following information is not intended or designed to replace or serve as an Evidence of Coverage or Summary Plan Description for the program. If you have specific questions regarding benefit structure, limitations or exclusions, consult your company's benefits representative.

BENEFIT HIGHLIGHTS for DELTA DENTAL PREMIER

WHO'S ELIGIBLE	Primary enrollee, spouse and eligible dependent children to age 26 (includes domestic partner)		
DEDUCTIBLES	In-network: \$25 per person per calendar year Out-of-network: \$25 per person per calendar year		
DEDUCTIBLE WAIVED FOR DIAGNOSTIC & PREVENTIVE?	In-network: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Out-of-network: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
ANNUAL MAXIMUM	The maximum benefit paid per calendar year is \$2,000 per person in-network The maximum benefit paid per calendar year is \$2,000 per person out-of-network		
WAITING PERIOD(S)	Basic Benefits 0 Months	Crown & Casts 0 Months	Orthodontics 0 Months

BENEFITS AND COVERED SERVICES*	Delta Dental Premier Dentist**	Non-Delta Dental Dentist**
DIAGNOSTIC & PREVENTIVE BENEFITS -- Oral examinations, routine cleanings, x-rays, fluoride treatment, space maintainers, specialist consultations	100 %	100 %
BASIC BENEFITS -- Fillings, root canals, periodontics (gum treatment), tissue removal (biopsy), sealants, oral surgery (extractions)	80 %	80 %
CROWNS, OTHER CAST RESTORATIONS -- Crowns, inlays, onlays and cast restorations	50 %	50 %
PROSTHODONTICS -- Bridges, partial dentures, full dentures, implants	50 %	50 %
DENTAL ACCIDENT BENEFITS	100 % (separate \$1,000 maximum per person per calendar year)	100 % (separate \$1,000 maximum per person per calendar year)

* Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.

** Fees are based on maximum plan allowance (MPA) for in-network dentists and the MPA for out-of-network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.



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Customer Service
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Online Services
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