

# 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.<sup>3</sup> Find a Premier dentist at [deltadentalins.com](https://deltadentalins.com).

### Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [deltadentalins.com](https://deltadentalins.com).

### 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'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

### Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.<sup>4</sup> Log in to your online account to find this date.

### Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care<sup>5</sup>, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

## Save with a Premier dentist



PREMIER



NON-PREMIER

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

<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>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.

<sup>5</sup> Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

**Plan Benefit Highlights for: Temple City Unified School District****Group No:** 07025 – 09901, 09902, 09903, 09907, 09908, 09909 & 09910

In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for major services 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 the end of the month dependent turns age 25		
<b>Deductibles</b>	None		
<b>Maximums</b>	\$2,000 per person each calendar year		
D & P counts toward maximum?	Yes		
<b>Waiting Period(s)</b>	Basic Services None	Major Services None	Prosthodontics 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) cleanings and x-rays	70 - 100 %	70 - 100 %
<b>Basic Services</b> Fillings, posterior composites and 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>Major Services</b> Crowns, inlays, onlays and cast restorations	70 - 100 %	70 - 100 %
<b>Prosthodontics</b> Bridges and dentures	60 %	50 %
<b>Dental Accident Benefits</b>	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 maximum contract allowances and not necessarily each dentist's submitted fees.

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

<b>Delta Dental of California</b> 560 Mission St., Suite 1300 San Francisco, CA 94105	<b>Customer Service</b> 866-499-3001	<b>Claims Address</b> P.O. Box 997330 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.

HLT\_PRE\_2COL\_DDC (Rev. 9/3/2020)

DELTA DENTAL PREMIER®

BENEFIT HIGHLIGHTS