

Keep Smiling

Delta Dental Premier[®]



Enjoy the largest network

Visit a dentist in the Premier¹ network to maximize your savings and enjoy access to the largest dentist network in the U.S.² 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, multi-stage 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



¹ 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.

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

³ 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.

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. 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: County of Humboldt

Group No: 02613

DELTA DENTAL PREMIER®

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26		
Deductibles	\$25 per person/ \$75 per family each calendar year		
Deductibles waived for Diagnostic & Preventive (D & P)?	Yes		
Maximums	\$1,500 per person each calendar year		
Waiting Period(s)	Basic Benefits None	Major Benefits 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	80 %	80 %
Basic Services Fillings, simple tooth extractions and sealants	80 %	80 %
Endodontics (root canals)	80 %	80 %
Periodontics (gum treatment)	80 %	80 %
Oral Surgery	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	80 %	80 %
Prosthodontics Bridges and dentures	50 %	50 %

* 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 Premier contracted fees for non-Delta Dental dentists.

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Customer Service
888-335-8227

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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.