

Premier / Incentive Plan

Plan Benefit Highlights for: Perris Union High School District
(Classified, Management, Confidential, Certificated Management,
Board Members, Certificated & COBRA)

Group No: 07100 - 02701~02704, 02709 & 08202

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, there will be a 10% decrease from the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26			
Maximums	In-network: \$2,200 per person each calendar year Out-of-network: \$2,000 per person each calendar year			
Waiting Period(s)	Basic Svcs. None	Major Svcs. None	Prosthodontics None	Orthodontics None
Benefits and Covered Services*	Delta Dental PPO dentists** In-PPO Network	Non-PPO dentists** Out-of-PPO Network		
Diagnostic & Preventive Services (D & P) Exams, two cleanings, x-rays	70-100 %	70-100 %		
Basic Services Fillings, simple tooth extractions, sealants	70-100 %	70-100 %		
Endodontics (root canals) Covered Under Basic Services	70-100 %	70-100 %		
Periodontics (gum treatment) Covered Under Basic Services	70-100 %	70-100 %		
Oral Surgery Covered Under Basic Services	70-100 %	70-100 %		
Major Services Crowns, inlays, onlays and cast restorations	70-100 %	70-100 %		
Prosthodontics Bridges and dentures	50 %	50 %		
Orthodontic Benefits Adults and dependent children	80 %	80 %		
Orthodontic Maximums	\$ 1,500 Lifetime	\$ 1,500 Lifetime		
Dental Accident Benefits	100 % (separate \$1,000 maximum per person each calendar year)	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 PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California
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San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
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.