Keep Smiling
Delta Dental Premier®

Enjoy the largest network
Visit a dentist in the Premier network to maximize your savings and enjoy access to the largest dentist network in the U.S. These dentists have agreed to reduced fees, and you won’t get charged more than your expected share of the bill. Find a Premier dentist at 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.

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. 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, 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

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.

5 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: Allan Hancock Joint Community College District

Group No: 11470 – 00012, 00014 & 00016  Effective Date: 10/1/2020

Eligibility
Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26

Deductibles
Deductibles waived for Diagnostic & Preventive (D & P)?
Yes

Maximums
D & P counts toward maximum?
Yes

Waiting Period(s)
Basic Services
None
Major Services
None
Prosthodontics
None

Benefits and Covered Services*

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental Premier dentists**</th>
<th>Non-Delta Dental dentists**</th>
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</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive Services (D &amp; P)</td>
<td>100 %</td>
<td>100 %</td>
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<tr>
<td>Exams, (3) cleanings and x-rays</td>
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<tr>
<td>Basic Services</td>
<td>100 %</td>
<td>100 %</td>
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<td>Fillings and posterior composites</td>
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<td>[Data missing]</td>
</tr>
<tr>
<td>Endodontics (root canals)</td>
<td>100 %</td>
<td>100 %</td>
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<td>Covered Under Basic Services</td>
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</tr>
<tr>
<td>Periodontics (gum treatment)</td>
<td>100 %</td>
<td>100 %</td>
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<td>[Data missing]</td>
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<tr>
<td>Oral Surgery</td>
<td>100 %</td>
<td>100 %</td>
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<tr>
<td>Covered Under Basic Services</td>
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<td>[Data missing]</td>
</tr>
<tr>
<td>Major Services</td>
<td>100 %</td>
<td>100 %</td>
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<tr>
<td>Crowns, inlays, onlays and cast restorations</td>
<td>[Data missing]</td>
<td>[Data missing]</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>50 %</td>
<td>50 %</td>
</tr>
<tr>
<td>Bridges, dentures and implants</td>
<td>[Data missing]</td>
<td>[Data missing]</td>
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</tbody>
</table>

* 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
560 Mission St., Suite 1300
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.

HLT_PRE_DDC (Rev. 9/24/2020)