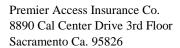


APPLICANT ACCEPTANCE FOR GROUP INSURANCE **FROM**

PREMIER ACCESS INSURANCE COMPANY Sacramento, California

Note: This Applicant A	Acceptance is to b	be executed	in duplicate	. One copy is to	be returned	to Premier A	Access 1	Insurance
Insurance Company ar	nd the other is to l	e attached	to the Group	Policy, when is	ssued.			

Insurance Compa	ny and the other is to be attached to the	Group Policy, when issued.				
Applicant	City of Delano					
Address	1015 11th Ave Delano CA 93215					
The Applican	t for Group Policy Number:	11275				
The Rates be	ginning July 1, 2009	and expiring June 30, 2015 are:				
the Applican	t has included under the Grou					
(Full or Corpora	te Name of Applicant)					
Ву		Date				
Title						





Group Policy

Applicant	City of Delano					
Policy Number	11275					
Original Certificate Ef	fective Date:	July 1, 2009				
Certificate Renewal D	Date	July 1, 2015				
of this Group Insuran are described in the Fattached Certificate of the modified by Certificate of the Employees Contained This Policy replaces a Insurance Company.	We certify that the employees of the Employer (You) are insured in accordance with the terms of this Group Insurance Policy (the Policy), issued to the Employer by Us. All terms and benefits are described in the Plan Provisions and Schedule of Benefits sections of this document and the attached Certificate of Insurance. In case of conflict, the terms of the Policy will apply. Benefits may be modified by Certificate Riders which may provide greater or lesser benefits. Any Certificate Riders issued should be provided with the certificate. Employees of the Employer will become insured on the effective date shown above, subject to the conditions contained in the Certificate. This Policy replaces any and all Policies previously issued to You for insurance from Premier Access Insurance Company. The Policy may be changed or canceled without the consent of covered Employees.					
Please read Your Policy and Certificate carefully so that You will understand the coverage provided by this Policy.						
		Premier Access Insurance Company				
		Reza Abbaszadeh, DDS President				



Group Policy

Policy Number 11275

Plan Provisions

Eligible Categories

Full time Employees Work 40 hours per week

Dependents Children to age 26.

Domestic Partners Meets criteria of Domestic Partner definition as approved by

City of Delano

Commencement of Coverage

Current Employees Effective date of the Policy, except for new hires within 0 hours

prior to the effective date

New Hires Actual eligibility date following 0 hours from the date of hire

Termination of CoverageLast day of the month in which the Employee ceases to be eligible under

group eligibility provisions

Leave of Absence

Personal leave of absence Employees eligible to continue group coverage for 6 months while on

Employer approved temporary personal leave of absence.

Medical leave of absence Employees eligible to continue group coverage for 6 months while on

Employer approved temporary medical leave of absence.

Employer Premium Contribution

Employee 100 % Dependent 75 %

Benefit Waiting Period of Type III Services: 0 months

(waived for those with prior group coverage)



Group Policy Schedule of Benefits

Benefit Description 600

Coinsurance: Percentage Payable	Premier Choice Net.	Preferred	Non-Preferred
when services received from:		Provider	Provider*
Type I- Preventive Services			
Oral Exams			
Prophylaxis		100%	
Fluoride			
X-rays			
Type II- Basic Services			
Sealants			
Space Maintainers			
Emergency (palliative)			
Simple Extractions			
Surgical Extractions, Oral Surgery	4000/		
Restorations		100%	
Anesthesia			
Stainless Steel Crown			
Special Consultations			
Periodontics			
Endodontics			
Type III-Major Services**			
Inlays and Crowns Dentures			
Bridges		100%	
Repairs Other Prosthetics			
Other Prostnetics			
Colondon Voor Movies and Danielit		#0.000	
Calendar Year Maximum Benefit		\$9,999	
Individual Deductible per Calendar Year			
(Family Deductible Maximum of 3		\$0	
Family Members)			
Waived for Type I (Preventive Services)		Yes	

^{*} Covered charge for services received from a Non-Preferred Provider is limited to the lesser of actual charges or Usual, Customary and Reasonable charges.

In certain cases, we may require a Dental Treatment Plan before treatment begins. Please refer to the provision "Prior Authorization of Benefits" in the Dental Benefit section of this Certificate for details.

^{**} Please refer to Plan Provisions for applicable waiting period.