



Premier Access Insurance Co.
8890 Cal Center Drive 3rd Floor
Sacramento Ca. 95826

**APPLICANT ACCEPTANCE FOR GROUP INSURANCE
FROM
PREMIER ACCESS INSURANCE COMPANY
Sacramento, California**

Note: This Applicant Acceptance is to be executed in duplicate. One copy is to be returned to Premier Access Insurance Insurance Company 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 Applicant for Group Policy Number: **11275**

The Rates beginning **July 1, 2009** and expiring **June 30, 2015** are:

| | |
|----------------------------|-----------------|
| Employee Only | \$ 17.47 |
| Employee + Spouse | \$ 34.93 |
| Employee + Child | \$ 31.44 |
| Employee + Children | \$ 31.44 |
| Employee + Family | \$ 52.40 |

The term Applicant means the Applicant named above and any affiliated organization the Applicant has included under the Group Policy.

The Applicant has reviewed the Group Policy and accepts its term.

(Full or Corporate Name of Applicant)

By _____ Date _____

Title _____



Premier Access Insurance Co.
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Group Policy

Applicant **City of Delano**

Policy Number **11275**

Original Certificate Effective Date: **July 1, 2009**

Certificate Renewal Date **July 1, 2015**

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 Coverage

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

** Please refer to Plan Provisions for applicable waiting period.

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.