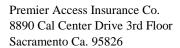


### APPLICANT ACCEPTANCE FOR GROUP INSURANCE **FROM**

# PREMIER ACCESS INSURANCE COMPANY Sacramento, California

Note: This Ap	pplicant Acceptanc	e is to be executed i	in duplicate.	One copy is to b	e returned to Premier	r Access Insurance
Insurance Co	mpany and the othe	er is to be attached t	o the Group	Policy, when iss	ued.	

Insurance Compa	ny and the other is to be attached to the	e Group Policy, when issued.
Applicant	City of Delano	
Address	1015 11th Ave Delano CA 93215	
The Applican	for Group Policy Number:	11275
The Rates be	ginning July 1, 2009	and expiring June 30, 2015 are:
the Applican	Employee Only Employee + Spouse Employee + Child Employee + Children Employee + Family  Ilicant means the Applicant nath has included under the Group thas reviewed the Group Policians	
(Full or Corpora	re 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 F attached Certificate of be modified by Certificate of Be modified by Certificate of Riders issued should Employees of the Employees of the Employee	ce Policy (the Police Policy (the Police Policy (the Police Policy (the Police	e insured on the effective date shown above, subject to the spreviously issued to You for insurance from Premier Access	
	ad Your Policy and Certificate carefully so that You will understand the coverage provided		
by this i oney.		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**

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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%	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	70%	60%	
Type III-Major Services** Inlays and Crowns Dentures Bridges Repairs Other Prosthetics	50%	40%	
Calendar Year Maximum Benefit	\$1,000	\$1,000	
Individual Deductible per Calendar Year (Family Deductible Maximum of 3 Family Members)	\$0	\$0	
Waived for Type I (Preventive Services)	Yes	yes	

<sup>\*</sup> Covered charge for services received from a Non-Preferred Provider is limited to the lesser of actual charges or The Covered Fee Schedule.

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.

<sup>\*\*</sup> Please refer to Plan Provisions for applicable waiting period.



# Certificate of Insurance Orthodontic Treatment Rider

(Attach this Certificate to your Certificate of Insurance)

#### **Certificate Rider**

To the Group Insurance Certificate issued to Employees of

### City of Delano

Group Insurance Policy # 11275

Effective Date of Certificate Rider: July 1, 2009

Your Certificate of Insurance is amended on the day shown above as follows:

The following services and supplies are covered for orthodontic treatment for You and Your Dependents

Cephalometric x-ray (limited to once in any 2 year period);

Orthodontic treatment (excluding treatment for cosmetic purposes or for temporomandibular joint disorder treatment); and

Diagnostic casts (study models), limited to 1 per Covered Person.

Benefits for orthodontic treatment are payable only if the treatment starts after a Covered Person's effective date of coverage.

If orthodontic treatment is started prior to a Covered Person's effective date of coverage under this Policy, the total orthodontic benefit amount paid prior to the effective date is required for payment and will be deducted from the Lifetime Maximum Benefit under this Rider.

Benefits are payable only when billed separately for initial banding and monthly or quarterly maintenance.

Invisalign and Invisiline orthodontic treatments [is] a covered benefit under this Rider.

[Benefits are payable over the shorter of the treatment length or 24 months.

Payment will be issued on a monthly or quarterly basis upon receipt of verification of ongoing treatment.]

We have the right to require any of the following information to determine what benefits (if any) We will pay:

full mouth x-rays cephalometric x-ray and analysis study models

any other information necessary to determine:

the degree of overjet, overbite, crowding or open bite; whether teeth are impacted, in crossbite or congenitally missing;

the expected length of treatment;

the total charge for treatment

### **Definition**

Orthodontic treatment means the corrective movement of the teeth through the aveolar bone by means of an active Appliance to correct a diagnosed malocclusion of the teeth. Treatment is deemed to start on the day the band of appliances are inserted or on the day that a one-step orthodontic procedure is performed.

### Lifetime Maximum Benefit Limit

The lifetime maximum benefit is \$1,000

Benefit Waiting Period 0 months

Waived for existing employees and new hires who can provide evidence

of previous coverage within 30 days of their eligibility.

Percentage Payable Premier Choice Provider Preferred Provider Non-Preferred Provider

50% 50%

All Other Terms and conditions shown in Your Certificate of Insurance will continue to apply.

50%

Premier Access Insurance Company