County of San Diego – Delta Dental of California

Coverage Period: 1/1/2015-12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs
Coverage for: Individual/Individual + Spouse /Family | **Plan Type: DeltaCare DMHO**

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.deltadentalins.com/countyofsandiego or by calling 844-697-0579. Note: the Uniform Glossary can be accessed at: www.dol.gov/ebsa/healthreform and www.cciio.cms.gov)

Important Questions	Answers	Why this Matters:
What is the overall deductible?	$ 0	See the chart starting on page 3 for your costs for services this plan covers.
Are there other deductibles for specific services?	$ 0	Not applicable because there is no deductible.
Is there an out–of–pocket limit on my expenses?	No – dental services	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out–of–pocket limit?	This plan has no **out-of-pocket limit**	Not applicable because there's no **out-of-pocket limit** on your expenses.

Is there an overall annual limit on what the plan pays?	$ 0	Not applicable because there is no overall annual limit.
Does this plan use a network of providers?	Yes. For a list of **DeltaCare USA Dentists**, see www.deltadentalins.com/countyofsandiego or call **844-697-0579**.	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 3 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	Yes - for Dental Services	A referral is required to see a specialist in the DHMO plan.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 3. See your policy or plan document for additional information about **excluded services**.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
If your child needs dental or eye care	Eye exam	Not covered	Not covered	----------none----------
	Glasses	Not covered	Not covered	----------none----------
	Dental check-up	No Cost	Provider Charges	If a non-Delta Dental DMHO dentist provides services, the patient is responsible for the entire cost.

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Dental Care (Adult)

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Delta Dental of California toll free at 844-697-0579 or on the website: deltadentalins.com/countyofsandiego or write Delta Dental at P.O. Box 6050, Artesia, CA 90703, Attention: Quality Management Department, or the Department of Labor Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 844-697-0579. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy [does/ does not] provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage [does/does not] meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 844-697-0579.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 844-697-0579.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 844-697-0579.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 844-697-0579.