



UNIVERSITY OF
CALIFORNIA
HASTINGS
COLLEGE OF THE LAW

2009-2010 Student Dental Insurance Plan

underwritten by
Delta Dental of California
group number
272-0001



www.deltadentalins.com

PREDETERMINATION OF BENEFITS

When charges for a period of dental treatment (other than emergency treatment) are expected to exceed \$300 for the insured or any covered dependent, you or your Delta dentist may file a Predetermination with Delta Dental before treatment begins. Delta Dental will provide a written response indicating benefits that may be payable for the proposed treatment.

COORDINATION OF BENEFITS

This coverage coordinates coverage with other group policies. This coordination gives us the right to recover benefit payments from another person or company liable for covering your dental loss.

CLAIMS PROCEDURE

Claims will be filed on behalf of the insured by PPO providers. When non-PPO providers are used, it may be necessary for an insured to submit a claim form to Principal Life Insurance Company for reimbursement.

Delta Dental of California
PO Box 997330
Sacramento, CA 95899-7330

DENTAL INSURANCE PLAN FREQUENTLY ASKED QUESTIONS (FAQS)

If you have any questions about the Student Dental Insurance call the Delta Dental customer service department at: **1-800-765-6003**.

How do I know if my dentist participates in the Delta Dental PPO?

For a directory of PPO providers, visit our website at: **www.deltadentalins.com** or call **1-800-765-6003**.

Confirm PPO participation with your provider when making your appointment. Always present your insurance ID card. This tells your provider you are eligible for PPO benefits.

What if a PPO dentist refers me to a specialist?

Ask your dental provider to refer you to another PPO provider. You may incur less of an out-of-pocket expense if you use PPO providers.

How often do I pay a deductible?

You must meet your deductibles each calendar year (January 1 to December 31) before the policy begins paying.

NOTICE

This brochure provides a very brief description of some important features of your Dental Insurance. It is not the insurance Contract, nor does it represent the Insurance Contract. A full explanation of benefits, exceptions and limitations is contained in the Policy.

EXCLUSIONS

Delta Dental does not provide benefits for:

1. Services for injuries or conditions that are covered under Workers' Compensation or Employer's Liability Laws.
2. Services which are provided to the Enrollee by any Federal or State Governmental Agency or are provided without cost to the Enrollee by any municipality, county or other political subdivision, except Medi-Cal benefits.
3. Services for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
4. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abfraction), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Examples of such treatment are equilibration and periodontal splinting.
5. Prescribed drugs, or applied therapeutic drugs, premedication or analgesia.
6. Experimental procedures.
7. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.
8. Anesthesia, except for general anesthesia given by a dentist for covered oral surgery procedures.
9. Grafting tissues from outside the mouth to tissues inside the mouth ("extraoral grafts").
10. Implants (materials implanted into or on bone or soft tissue) or the repair or removal of implants,
11. Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joints or associated muscles, nerves or tissues.
12. Replacement of existing restoration for any purpose other than active tooth decay.
13. Intravenous sedation, occlusal guards and complete occlusal adjustment.
14. Crowns, Inlays, Onlays and Cast Restorations are not Benefits in this plan (treatment provided to treat cavities which cannot be restored with amalgam, silicate or direct composite (resin) restorations.)
15. Prosthodontic Benefits (Construction or repair of fixed bridges, partial dentures and complete dentures to replace missing, natural teeth)
16. Diagnostic Casts.
17. Orthodontic services (treatment of mal-alignment of teeth and/or jaws).

I wish to extend my own coverage to include my following eligible dependents:

	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	SEX
SPOUSE	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

Dependent coverage becomes effective at 12:01 a.m. on the first date of the applicable term if the enrollment form and premium are postmarked before this date. If the enrollment form and premium are postmarked on or after the first date of the applicable plan term, coverage will be effective at 12:01 a.m. on the date immediately following the date on which the enrollment form and premium are postmarked. In the absence of a postmark, coverage will begin at 12:01 a.m. on the day after the enrollment form and premium are received at Renaissance Agencies, Inc.

Student's Signature _____

Date Signed _____

STUDENT DENTAL INSURANCE

Coverage under a separate dental policy is included in the cost of coverage for the convenience of the student, but in no way affects the benefits, limitations and exclusions of the Health Insurance Plan.

The following is a summary of dental coverage from Delta Dental of California that incorporates the Delta Dental PPO network. This is not a complete statement of coverage or limitations. For additional information on your benefits, visit www.renstudent.com/uch

- You may obtain dental care from any dentist of your choice; however, you receive greater benefits when you use PPO providers.
- The Calendar Year Deductible is \$25 per person.
- The Calendar Year Maximum is \$1,500 per person.
- The Student Dental Insurance Plan has the same effective dates as the Student Health Insurance Plan.

GENERAL INFORMATION

ELIGIBILITY: All full-time students enrolled in the Student Health Insurance Plan are automatically enrolled in the Student Dental Plan. Insured students may elect to enroll their eligible dependents in the Dental Plan, provided the dependents are covered under the Health Insurance Plan. Please note the enrollment deadline dates listed on the enrollment form.

CALENDAR YEAR DEDUCTIBLE: The total amount you and/or your dependents pay in a calendar year before the insurance begins paying.

CALENDAR YEAR MAXIMUM: The maximum benefit you will receive.

DELTA DENTAL CONTRACT ALLOWANCE: You will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist. PPO dentists agree to accept a reduced fee for PPO patients. Delta Premier dentists may not balance bill above the Delta Dental approved amount, so your out-of-pocket costs may be lower than with non-Delta Dental dentists' charges.

You are responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist bills. You will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist.

POLICY HOLDER: The Policyholder is UC Hastings College of Law.

SCHEDULE

The following is a partial listing of the benefits available under the Dental Plan. For more information about dental benefits, please consult your benefit booklet, which you can access from www.renstudent.com/uch.

DEDUCTIBLE: \$25 per calendar year, per person
CALENDAR YEAR MAXIMUM: \$1,500 per person

* When using non-PPO providers, the insured is responsible for any amount over Delta Dental's approved amount.

SERVICES	PLAN PAYS
Diagnostic and Preventive	80%*
Procedures include, but are not limited to:	
Routine exams and cleaning	
two per calendar year (including emergency exams)	
Bitewing x-rays	
one per calendar year for adults and two per calendar year for children under 18 years old	
Full mouth/ Panoramic x-rays	
one every five years	
Fluoride treatment	
two per calendar year for adults and children	
Basic Services	80%*
Procedures include, but are not limited to:	
Amalgam, silicate or composite (resin) restorations (fillings)	
Simple oral surgery (includes extraction of impacted teeth)	
General anesthesia	
Endodontics (root canal therapy)	
Periodontal prophy (cleaning)	
covered only after three (3) months following active periodontal treatment; subject to teeth cleaning frequency limit	
Sealants	
only on permanent first molars through age 8 and second molars through age 15, every two years	
Harmful Habit Appliances	50%*
Temporomandibular (jaw) Joint (TMJ)	
including bruxism, occlusal guard and night guard appliances, covered up to the lifetime maximum of \$750	

PREFERRED PROVIDER ORGANIZATION

The Student Dental Insurance offered by Delta Dental of California incorporates the Delta Dental Preferred Provider Organization (PPO). When using PPO dental providers, insured members may be able to decrease costs. When using non-PPO providers, the insured is responsible for any amount over the prevailing charge, in addition to the coinsurance. To locate PPO providers visit: www.deltadentalins.com or call **1-800-765-6003**.

LIMITATIONS

- Only the first two oral examinations, including office visits for observation and specialist consultations, or combination thereof, in a calendar year are Benefits while you are eligible under any Delta Dental plan.
- Full-mouth x-rays are Benefits once in a five-year period while you are eligible under any Delta Dental plan.
- Bitewing x-rays are provided on request by the dentist, but no more than in any calendar year for adults age 18 and over, while you are eligible under any Delta Dental plan.
- We pay for two cleanings or a dental procedure that includes a cleaning each calendar year under any Delta Dental plan. If you are pregnant during this time, we may pay for an additional cleaning. Routine prophylaxes are covered as a Diagnostic and Preventive Benefit and periodontal prophylaxes are covered as a Basic Benefit.
- Fluoride treatments are covered twice each calendar year under any Delta Dental plan.
- Periodontal scaling and root planing is a Benefit once for each quadrant each 24-month period.
- Sealant Benefits include the application of sealants only to permanent first molars through age eight and second molars through age 15 if they are without caries (decay) or restorations on the occlusal surface. Sealant Benefits do not include the repair or replacement of a sealant on any tooth within two years of its application.
- Direct composite (resin) restorations are Benefits on anterior teeth and the facial surface of bicuspids. Any other posterior direct composite (resin) restorations are optional services and Delta Dental's payment is limited to the cost of the equivalent amalgam restorations.

2009-2010

UC HASTINGS STUDENT DENTAL INSURANCE PLAN DEPENDENT ENROLLMENT FORM

For use only by dependents of students insured under this plan.

1. FILL OUT INFORMATION BELOW. PLEASE PRINT CLEARLY.

STUDENT'S LAST NAME			
STUDENT'S FIRST NAME			INITIAL
STUDENT'S PERMANENT MAILING ADDRESS—STREET			APT/ BOX #
CITY	STATE	ZIP	
STUDENT'S PHONE NUMBER		STUDENT'S DATE OF BIRTH (MM/DD/YY)	
STUDENT'S SOCIAL SECURITY NO.		STUDENT ID NUMBER	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STUDENT'S E-MAIL ADDRESS		

2. SELECT TERM FOR WHICH YOU ARE ENROLLING. COST COVERS SPOUSE AND/OR CHILDREN.

	FALL	SPRING
	08/24/09 to 01/11/1001/11/010 to 8/23/10	
DEADLINE	09/25/09	02/08/10
Spouse &/or Children	<input type="checkbox"/> \$ 325.00	<input type="checkbox"/> \$ 455.00

3. COMPLETE THE REVERSE SIDE OF THIS FORM.

4. MAKE CHECK OR MONEY ORDER PAYABLE TO:
RENAISSANCE AGENCIES, INC.

5. RETURN PAYMENT WITH ENROLLMENT FORM TO:
RENAISSANCE AGENCIES, INC.
P.O. BOX 2300
SANTA MONICA, CA 90407-2300

**PREMIUM MUST BE POSTMARKED BY THE ENROLLMENT
DEADLINE LISTED ABOVE.**

6. STUDENT MUST SIGN FORM BELOW.
I UNDERSTAND THAT DEPENDENT COVERAGE BECOMES EFFECTIVE ONLY WHEN THIS ENROLLMENT FORM AND FULL PREMIUM PAYMENT ARE RECEIVED BY RENAISSANCE AGENCIES, INC., ACCORDING TO THE TERMS AND CONDITIONS LISTED ON THE REVERSE SIDE OF THIS FORM. I UNDERSTAND THAT COLLECTION OF SOCIAL SECURITY NUMBERS FOR MYSELF AND MY DEPENDENTS WILL BE USED BY PRINCIPAL LIFE ONLY AS ALLOWED BY LAW.

STUDENT'S SIGNATURE

DATE SIGNED

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT, MAY BE GUILTY OF INSURANCE FRAUD.

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