

Attachment A
Deductibles, Maximums and Contract Benefit Levels

Contractholder: County of San Bernardino
Group Number: 18760 **Effective Date:** January 1, 2018

HIGH PLAN

Deductibles & Maximums	
Annual Deductibles	\$50 per Enrollee each Calendar Year \$150 per family each Calendar Year
Deductibles waived for	Diagnostic and Preventive Services
Annual Maximum	\$1,700 per Enrollee per Calendar Year
Annual Maximum waived for	Diagnostic and Preventive Services

Contract Benefit Levels		
Dental Service Category	Delta Dental PPO Provider[†]	Delta Dental Premier and Non-Delta Dental Providers[†]
Delta Dental will pay or otherwise discharge the Contract Benefit Level shown below for the following services:		
Diagnostic and Preventive Services	100%	100%
Basic Services	100%	90%
Major Services	75%	70%

[†] Reimbursement is based on PPO Contracted Fees for PPO Providers, Premier Contracted Fees for Premier Providers and Program Allowance for Non-Delta Dental Providers.

Waiting Periods:

Benefits for Crowns/Onlays, and Prosthodontics are limited to Enrollees who have been enrolled in the Contract for 12 consecutive months. Waiting periods are calculated for each Primary Enrollee and/or Dependent Enrollee from the Effective Date of Coverage reported by the Contractholder for said Primary Enrollee.