

NORTH RANCH BENEFITS TRUST

VOLUNTARY DELTA DENTAL ENROLLMENT INSTRUCTIONS

- Three or more employees are required to be enrolled at all times.
- This is available in California only.
- Complete the Employer Application form and select ONE plan design for the entire employer group.
- **Print an employee application for each employee to enroll.**
- If the enrolling employee does not elect to cover their dependents, then dependents may not enroll later unless there is a qualifying event. Dependent children may remain on this plan to age 26.
- All employer groups will be made effective on the first of any given month.
- This plan has a Focal Renewal January 1 of every year.

- The first month's premium is required via check or bank draft (ACH)
 - If paying by check, make Check payable to HealthSmart Benefit Solutions, Inc.
 - Future payments by Check should be directed to the Lockbox:

HealthSmart Benefit Solutions, Inc.
Lock Box 6054
P.O. Box 17768
Denver, CO 80217-0768
Phone: (800) 786-6525

- If paying by Bank Draft (ACH), complete attached form.
If changing bank accounts, we require a 30 day notification.
- Submit all completed New Business forms to Warner Pacific for processing:

Warner Pacific Insurance Services, Inc. – New Business
32110 Agoura Road
Westlake Village, CA 91361-4026
Phone : (800) 801-2300
Fax : (800) 609-0111
Email: CAnewbusiness@warnerpacific.com

- Once the group is approved all future new hire forms/qualifying event applications should be sent to HealthSmart directly for processing:

HealthSmart Benefit Solutions, Inc.
10303 E. Dry Creek Road, Suite 200
Englewood, CO 80112
Phone : (800) 786-6525
Fax : (303) 804-9490
Email: pbdenver@healthsmart.com



NORTH RANCH
BENEFITS TRUST

POWERED BY WARNER PACIFIC



AUTHORIZATION FOR DIRECT PAYMENT

I am returning this authorization to **HealthSmart Benefit Solutions, Inc.**, authorizing HealthSmart and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution (7) days before my account is charged. Any questions, contact HealthSmart at (800) 786-6525.

Client Information

Client Name	Client (Division) #	Contact Phone Number
Client Address	City	State Zip

Financial Institution Information (Please enter name/address of bank and account you wish payments to be withdrawn from.)

Name of Bank	Branch
Address of Bank	City State Zip

Signature (This is your authorization for HBS to withdraw funds from your account)	Date
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Please check one: ☐ Checking ☐ Savings

Please check: ☐ Initial Payment Only and/or ☐ Ongoing Monthly Premium Payments

Note: Withdrawals from your bank account will occur on the 1st working day of each month for which the premium is due.

Bank Routing # _____ Account # _____

**Please return the completed form
and a copy of the voided check to:**

**HEALTHSMART BENEFIT SOLUTIONS, INC.
10303 E DRY CREEK RD STE 200
ENGLEWOOD CO 80112-1583
or fax to (303) 804-9490.**

STAPLE VOIDED CHECK HERE

(Cut here and retain for your records)

On (date) _____, I authorized HealthSmart Benefit Solutions, Inc. at 10303 East Dry Creek Road, Suite 200, Englewood, CO 80112 to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to HealthSmart at the address above. *If the payment amount changes, we will notify you at least 5 days before the regularly scheduled payment date.*

NRBT-HBS - Rev. 09.01.2014

Delta Dental Premier® — Easy, Friendly, Accessible



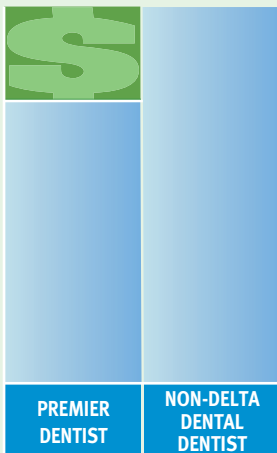
We'll do **whatever it takes** and then some.

More dentists, more savings

YOUR COSTS

SAVE MORE

SAVE LESS



AMOUNT YOU **SAVE**



AMOUNT YOU **PAY**

Illustration showing sample enrollee share of cost for information purposes only. Actual dentist fees and contract allowances will vary by region, procedure and group contract.

We're pleased to be your partner in maintaining great oral health. The Delta Dental Premier plan makes it easy for you to find a dentist and control your costs when you visit a network dentist. Here are some of the great things you'll need to know about enrolling with Delta Dental:

- **Save with a Premier dentist.** Our Premier network dentists accept reduced fees for covered services, so you'll usually pay less when you visit a Premier dentist. Non-Delta Dental dentists may balance bill you the difference between the contracted fee and their usual fee.
- **Largest dentist network.** Delta Dental offers access to the largest dentist network in the U.S.[†] Four out of five dentists nationwide are contracted Delta Dental Premier dentists, so chances are there's a wide choice of Premier dentists near you. Use your desktop or mobile device to search for a dentist at deltadentalins.com.
- **Visit the dentist of your choice.** Want to visit a non-Delta Dental dentist? No problem. You can visit any licensed dentist, but your costs are usually lowest with a Premier dentist.
- **Log in to Online Services.** Check benefits, eligibility and claims status, view or print an ID card and use our "Fee Finder" tool to check average costs in your area. You can also change your Profile preference to go paperless. Use your mobile device to access many of these tools on the go; show the dental office your ID card information instead of carrying a printed card.

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[†] *Netminder Dental Network Trend Report, March 2013.*



Socialize with us: deltadentalins.com/enrollees



Plan Benefit Highlights for: North Ranch Benefits Trust**Group No:** 00464 – Delta Premier
Group C \$1,000 Maximum**Effective Date:** 1/1/2014

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26 .	
Deductibles	\$50 per person / \$150 per family each plan year	
Deductibles waived for D & P?	Yes	
Maximums	\$1,000 per person each each plan year	
Waiting Period(s)	Basic Benefits None	Major Benefits 12 Months

Benefits and Covered Services*	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays	100 %	100 %
Basic Services Fillings, simple tooth extractions, sealants	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %
Endodontics (root canals) Covered Under Major Services	50 %	50 %
Periodontics (gum treatment) Covered Under Major Services	50 %	50 %
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures , implants	50 %	50 %

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** Fees are based on Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
800-765-6003

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

Deltadentalins.com

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Delta Dental Premier® — Easy, Friendly, Accessible



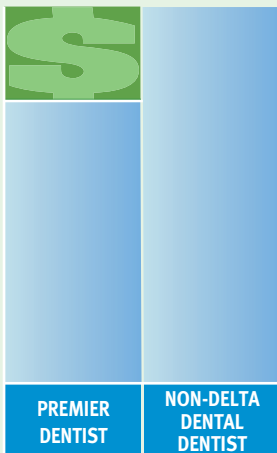
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Plan Benefit Highlights for: North Ranch Benefits Trust**Group No:** 00464 – Delta Premier
Group A \$1,000 Maximum**Effective Date:** 1/1/2014

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26 .	
Deductibles	\$50 per person / \$150 per family each plan year	
Deductibles waived for D & P?	Yes	
Maximums	\$1,000 per person each each plan year	
Waiting Period(s)	Basic Benefits None	Major Benefits 12 Months

Benefits and Covered Services*	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays	80 %	80 %
Basic Services Fillings, simple tooth extractions, sealants	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %
Endodontics (root canals) Covered Under Major Services	50 %	50 %
Periodontics (gum treatment) Covered Under Major Services	50 %	50 %
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures , implants	50 %	50 %

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Delta Dental PPOSM – Easy, Friendly, Accessible

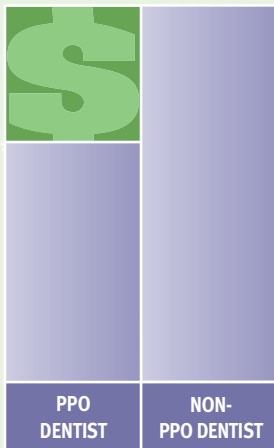


We'll do **whatever it takes** and then some.

Save with a PPO dentist

YOUR COSTS

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- **Large dentist network.** Since Delta Dental offers access to some of the largest dentist networks in the U.S.,[‡] chances are there's a wide choice of PPO dentists near your home or office. Use your desktop or mobile device to search for a dentist at deltadentalins.com.
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[‡] Netminder Dental Network Trend Report, March 2013.



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Plan Benefit Highlights for: North Ranch Benefits Trust**Group No:** 00465 – Delta PPO
Group F \$1,000 Maximum**Effective Date:** 1/1/2014**DELTA DENTAL PPOSM****BENEFIT HIGHLIGHTS**

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26 .	
Deductibles	\$50 per person / \$150 per family each calendar year	
Deductibles waived for D & P?	Yes	
Maximums	\$1,000 per person each calendar year	
Waiting Period(s)	Basic Benefits None	Major Benefits 12 Months

Benefits and Covered Services*	Delta Dental PPO dentists** In-PPO Network	Non-PPO dentists** Out-of-PPO Network
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays	100 %	50 %
Basic Services Fillings, simple tooth extractions, sealants	80 %	50 %
Endodontics (root canals) Covered Under Basic Services	80 %	50 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	50 %
Oral Surgery Covered Under Basic Services	80 %	50 %
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures, implants	50 %	40 %

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** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California
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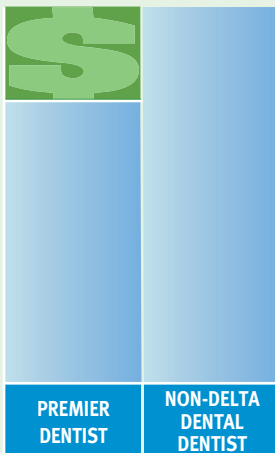
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Plan Benefit Highlights for: North Ranch Benefits Trust**Group No:** 00464 – Delta Premier
Group E \$1,500 Maximum**Effective Date:** 1/1/2014

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26 .	
Deductibles	\$50 per person / \$150 per family each plan year	
Deductibles waived for D & P?	Yes	
Maximums	\$1,500 per person each each plan year	
Waiting Period(s)	Basic Benefits None	Major Benefits 12 Months

Benefits and Covered Services*	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays	100 %	100 %
Basic Services Fillings, simple tooth extractions, sealants	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %
Endodontics (root canals) Covered Under Major Services	50 %	50 %
Periodontics (gum treatment) Covered Under Major Services	50 %	50 %
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures , implants	50 %	50 %

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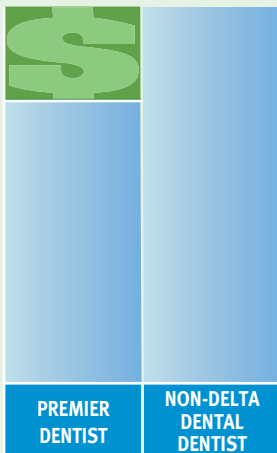
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[†] *Netminder Dental Network Trend Report, March 2013.*



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Plan Benefit Highlights for: North Ranch Benefits Trust**Group No:** 00464 – Delta Premier
Group D \$1,500 Maximum**Effective Date:** 1/1/2014

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26 .	
Deductibles	\$50 per person / \$150 per family each plan year	
Deductibles waived for D & P?	Yes	
Maximums	\$1,500 per person each each plan year	
Waiting Period(s)	Basic Benefits None	Major Benefits 12 Months

Benefits and Covered Services*	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays	80 %	80 %
Basic Services Fillings, simple tooth extractions, sealants	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %
Endodontics (root canals) Covered Under Major Services	50 %	50 %
Periodontics (gum treatment) Covered Under Major Services	50 %	50 %
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures , implants	50 %	50 %

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San Francisco, CA 94105

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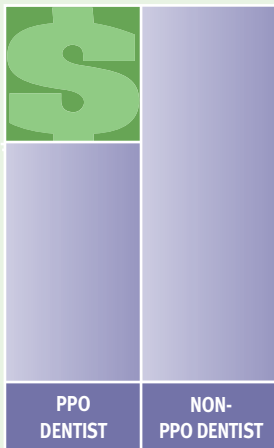


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Plan Benefit Highlights for: North Ranch Benefits Trust

Group No: 00465 – Delta PPO
Group G \$1,500 Maximum

Effective Date: 1/1/2014

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26 .	
Deductibles	\$50 per person / \$150 per family each calendar year	
Deductibles waived for D & P?	Yes	
Maximums	\$1,500 per person each calendar year	
Waiting Period(s)	Basic Benefits None	Major Benefits 12 Months

Benefits and Covered Services*	Delta Dental PPO dentists** In-PPO Network	Non-PPO dentists** Out-of-PPO Network
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays	100 %	50 %
Basic Services Fillings, simple tooth extractions, sealants	80 %	50 %
Endodontics (root canals) Covered Under Basic Services	80 %	50 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	50 %
Oral Surgery Covered Under Basic Services	80 %	50 %
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures, implants	50 %	40 %

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