



NORTH RANCH BENEFITS TRUST VOLUNTARY DELTA DENTAL ENROLLMENT INSTRUCTIONS

- o Three or more employees are required to be enrolled at all times.
- o This is available in California only.
- o Complete the Employer Application form and select ONE plan design for the entire employer group.
- o Print an employee application for each employee to enroll.
- o 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.
- o All employer groups will be made effective on the first of any given month.
- o This plan has a Focal Renewal January 1 of every year.
- The first month's premium is required via check or bank draft (ACH)
 - o If paying by check, make Check payable to HealthSmart Benefit Solutions, Inc.
 - o 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

VOLUNTARY DELTA PREMIER AND PPO EMPLOYER APPLICATION

Employer Group Information		Requested Effective Date :/_1/				
Group Name :		Company Tax ID:				
Address:						
City:			State : Zip Code :			
Contact Person :		ı				
Phone:		Fax:				
Email:						
What is your group's waiting period for r	new hires? First of the	month	following:	Date of Hi	re1 month _	2 months
Is your group subject to Federal or State	COBRA?Federa	ılSı	tateNeithe	er		
	Monthly rates effecti ct Only One (1) Plan D					
	Premier Plan # 4	164	Premier P	lan # 464	PPO Plan	# 465
\$1000 Maximum Benefits	□ UCR 100/80/	50	□ UCR 80	0/80/50	□ 100/8	0/50
Employee Only	\$ 59.66 x = \$		\$ 53.18 x	= \$	\$ 40.58 x	_ = \$
Emplovee + 1 dependent	\$ 111.99 x = \$		\$ 99.23 x	= \$	\$ 75.89 x	_=\$
Employee + 2 or more dependents	\$ 182.24 x = \$		\$ 155.53 x	= \$	\$ 119.96 x	=\$
\$1500 Maximum Benefits	□ UCR 100/80/50		□ UCR 80/80/50		□ 100/8	0/50
Emplovee Only	\$ 73.82 x = \$		\$ 66.50 x	= \$	\$ 49.24 x	_ = \$
Emplovee + 1 dependent	\$ 136.49 x = \$		\$ 122.21 x	= \$	\$ 90.99 x	_ = \$
Employee + 2 or more dependents	\$ 214.44 x = \$		\$ 185.24 x	= \$	\$ 139.31 x	=\$
Subtotal	\$					
Monthly Admin Fee	\$ 15.00					
Total	\$					
Choose your billing Option: Auto Dra	aft (ACH) 🔲 Mo	nthly P	aper Bill			
Broker Information		North	Ranch Benef	it Trust ID #	(WPIS):	
Agent Name :			License #:			
Agency Name : License #:						
Address:						
City:			State : Zip Code :			
Phone: Fax:						
Email:						
Upon first submission, the agent or agency must provide copy of current license and a completed W-9.						
General Agent:						





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) #	Con	tact Phone Number
Client Address	City	State	Zip
Financial Institution Information (Plea	ase enter name/address of bank a	nd account you wish p	payments to be withdrawn from.)
Name of Bank			Branch
Address of Bank	City	State	Zip
Signature (This is your authorization for HBS	S to withdraw funds from you	r account)	Date
Please check <u>one</u> : □ Checking □ Sar Please check: □ Initial Payment Only Note: Withdrawals from your bank account wi	and/or □ Ongoing M	Ionthly Premiun of each month for v	n Payments which the premium is due.
Bank Routing #	Account # _		
Please return the completed form and a copy of the voided check to		REEK RD STE O 80112-1583	200
STAPLE	VOIDED CHE	CK HERE	
(Cut	here and retain for your rec	eords)	
On (date), I auth Suite 200, Englewood, CO 80112 to initiate electerms listed on the authorization. I may revoke at the address above. <i>If the payment amount comment date</i>	my authorization with the	company at any ti	me by writing to HealthSmart

NRBT-Delta Premier and PPO -HBS

Page _____ of ____

NRBT-HBS - Rev. 09.01.2014



ENROLLMENT/CHANGE FORM

Future new hire and qualifying event forms should be sent to: HealthSmart Benefit Solutions, Inc.

> Phone: (800) 786-6525 FAX: (303) 804-9490 I: PBDenver@healthsmart.com

Group Name

Delta Group/Division Number

Email: PBDenver@healthsmart.com

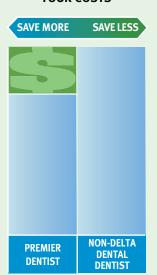
A ENROLLEE (Complete	this section f	or new enrollmen	t or change of s	status)						
Name				Social Security	Number -	Date Employed	D New enro			Please enroll me in the following: D Delta Dental D Delta Vision
Last	First		Middle Initial	(Member I.D. Nu	mber)	Month Day Yea	r			
Month Day Year	Sex D Male D Female	Marital Status D Single D Married D Divorced D Separated	Do you have dependent children? D Yes D No	Does your spouse If yes, who is cover If Delta Dental, indi	red: D yourself D depende	D spouse ent children		D Certificated D Classified D	yee Class O Full-time O Hourly O COBRA	e D Part-time D Retired
Mailing Address_	•			Telephone Nu	mber ()	1			FOR	DELTA USE ONLY
City									Effecti	ve Date of Coverage
Note: If Dependent is enrolling un Benefits previously received under	Social Security	y Number (Member	I.D. Number)		ber must be su	pplied.				
B Change to Existing										
D Name change D Add ne	w dependent	D Delete de		D Address change liste	u above		Effective date	of change Month	/Day	_/ Year
C DEPENDENTS (Comp Spouse Name Last (if diffe	lete for new e erent)	enrollment or to a First	dd or delete de	pendents) Middle Initial	Add/ Delete		thdate Day Year	Marriage/Divorce		Spouse's Social Security
Child Name Last (if diffe	erent)	First		Middle Initial					-	
								does not their de dependent later un	elec epende s may less	eng employee to cover nts, then not enroll there is a event.
D Signature (Form must	ha signad ta	ha processed)								
I understand that I may be requi with the terms of the group contr	red by the emp		ese benefits. I ag	ree to continue member	ship in this prog	gram during employ	ment and while	the program is in fo	orce and	I agree to comply
Enrollee Signature_							Date			



We'll do whatever it takes and then some.

More dentists, more savings

YOUR COSTS



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
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 wide choice of Premier dentists near
 you. Use your desktop or mobile
 device to search for a dentist at
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- 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.













Plan Benefit Highlights for: North Ranch Benefits Trust

> 00464 - Delta Premier **Group No:** Effective Date: 1/1/2014 Group C \$1,000 Maximum

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 %

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

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

Delta Dental of California	Customer Service	Claims Address
100 First St.	800-765-6003	P.O. Box 997330
San Francisco, CA 94105		Sacramento, CA 95899-7330

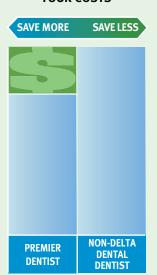
Deltadentalins.com



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- 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.













Plan Benefit Highlights for: North Ranch Benefits Trust

> 00464 - Delta Premier **Group No:** Effective Date: 1/1/2014 Group A \$1,000 Maximum

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 %

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

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

Delta Dental of California	Customer Service	Claims Address
100 First St.	800-765-6003	P.O. Box 997330
San Francisco, CA 94105		Sacramento, CA 95899-7330

Deltadentalins.com

Delta Dental PPO[™] – Easy, Friendly, Accessible

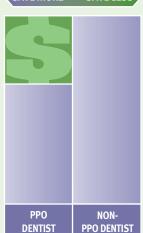


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Save with a PPO dentist

YOUR COSTS

SAVE MORE SAVE LESS



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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.













[†] In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

Plan Benefit Highlights for: North Ranch Benefits Trust

Group No: 00465 – Delta PPO Group F \$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 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	Delta Dental PPO dentists**	Non-PPO dentists**
Diagnostic & Preventive Services (D & P)	100 %	50 %
Exams, cleanings, x-rays 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 %

^{*} Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** 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	Customer Service	Claims Address
100 First St.	800-765-6003	P.O. Box 997330
San Francisco, CA 94105		Sacramento, CA 95899-7330

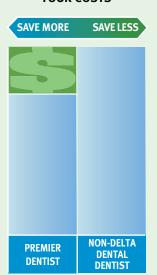
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[†] Netminder Dental Network Trend Report, March 2013.













Plan Benefit Highlights for: North Ranch Benefits Trust

> 00464 - Delta Premier **Group No:** Effective Date: 1/1/2014 Group E \$1,500 Maximum

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 %

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

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

Delta Dental of California	Customer Service	Claims Address
100 First St.	800-765-6003	P.O. Box 997330
San Francisco, CA 94105		Sacramento, CA 95899-7330

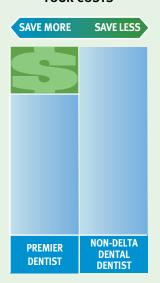
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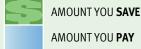


Illustration showing sample enrollee share of cost for information purposes only. Actual dentist fees and contract allowances will vary by region, procedure and group contract.

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











Plan Benefit Highlights for: North Ranch Benefits Trust

00464 - Delta Premier **Group No:** Effective Date: 1/1/2014 Group D \$1,500 Maximum

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

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San Francisco, CA 94105		Sacramento, CA 95899-7330

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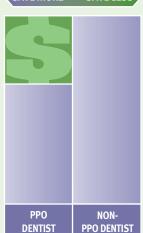


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SAVE MORE SAVE LESS



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[‡] Netminder Dental Network Trend Report, March 2013.













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Plan Benefit Highlights for: North Ranch Benefits Trust

00465 - Delta PPO **Group No:** 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 %

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

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	Customer Service	Claims Address
100 First St.	800-765-6003	P.O. Box 997330
San Francisco, CA 94105		Sacramento, CA 95899-7330

deltadentalins.com