

## Small Business Program



We'll do whatever it takes and then some.

Delta Dental Insurance Company  
Alpha Dental of Alabama, Inc.  
Alpha Dental of Nevada, Inc.  
Alpha Dental Programs, Inc.

 **DELTA DENTAL®**

## Businesses of all sizes are big on value.

That's why Delta Dental created a portfolio of its most popular plans — each specially designed to provide maximum value for your small business.

You can rely on Delta Dental to provide cost management, superior access to dentists and dental plans to meet your needs.

No matter which Delta Dental plan you choose, you can feel confident knowing that you've chosen a plan that protects your employees and offers your business big value.

### Delta Dental PPO<sup>SM</sup>

Delta Dental PPO<sup>1</sup> is our open network plan that balances moderate savings with maximum access to network dentists. Enrollees may visit any licensed dentist but usually have the lowest out-of-pocket costs when visiting a PPO dentist. Delta Dental offers the largest contracted network of its kind in the U.S.,<sup>2</sup> with two levels of savings; Delta Dental PPO and Delta Dental Premier®. Through this two-tier network approach, enrollees are protected from the higher costs that are likely when services are provided by non-Delta Dental dentists. Our small business program offers employers access to a variety of plan options often available only to large employers. These options include PPO plan designs that reimburse the dentist based on the PPO provider's contracted fee both in- and out-of-network or the **PPO plus Premier** plan designs that will reimburse Delta Dental Premier dentists based on their contracted Premier fee.

With PPO plus Premier — our unique PPO plan design feature — employers can take advantage of the savings from the PPO plan while providing employees with expanded access to Delta Dental dentists who can limit their out-of-pocket costs. PPO dentists accept fees that are more deeply discounted than the fees accepted by dentists who participate in the larger Premier network. Employees who visit a non-PPO dentist can save more by visiting a Premier dentist than they can by visiting a non-Delta Dental dentist. PPO plus Premier provides maximum network access while offering deeper savings within the PPO network and a level of cost protection with the Premier network.

All Delta Dental dentists make visits easy and convenient because they file claims and accept payment for services directly from Delta Dental. Patients are only responsible for their share at the time of treatment —they pay no more than the fees allowed by Delta Dental, thus are not required to pay the entire claim up front and wait for reimbursement when they visit a Delta Dental dentist.

### DeltaCare® USA

DeltaCare USA is our closed network prepaid plan that features set copayments, no annual deductibles and no maximums for covered benefits. Enrollees must select a primary care dentist in the DeltaCare USA network from whom they receive treatment, as in a traditional dental HMO. With DeltaCare USA, businesses enjoy higher cost controls, while still providing employees with a broad range of dental benefits.

DeltaCare USA delivers quality care for less cost than our traditional fee-for-service plans. DeltaCare USA dentists undergo a comprehensive credentialing process to ensure they meet high-quality standards. The majority of diagnostic and preventive procedures are covered at no cost to the enrollee.

DeltaCare USA plans are available in Alabama, Florida, Georgia, Nevada and Texas.

<sup>1</sup> Delta Dental offers a Dental Provider Organization (DPO) plan in Texas.

<sup>2</sup> NetMinder Dental Network Trend Report, March 2013

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## Delta Dental PPO Plans

Sample of Benefits <sup>1</sup>	Program A	Program A+	Program B
	PPO Dentists/ Non-PPO Dentists	PPO Dentists/ Non-PPO Dentists	PPO Dentists/ Non-PPO Dentists
<b>Employer Contributions</b>	50% to 100%	50% to 100%	50% to 100%
<b>Diagnostic and Preventive (D&amp;P) Services</b> Oral examinations and cleanings One additional cleaning for pregnant women <sup>2</sup> Bitewing x-rays Space maintainers Topical application of fluoride solution	100%	100%	100%
<b>Basic Services</b> Fillings Denture repairs Sealants	80%	100%	80%
<b>Major Services</b> Crowns, jackets and cast restorations Prosthodontic services (dentures and bridges)	50%	50%	50%
<b>Endodontics/Periodontics Services (covered under)</b>	Basic	Basic	Major
<b>Oral Surgery Services (covered under)</b>	Basic	Basic	Major
<b>Waiting Period</b>	None	None	None
<b>Calendar Year Deductible (per person)</b> — Waived for diagnostic and preventive services	\$50/\$150 Yes	\$50/\$150 Yes	\$50/\$150 Yes
<b>Calendar Year Maximum (per person)</b>	\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500
<b>D&amp;P Maximum Waiver<sup>®</sup> option<sup>3</sup></b>	Optional	Optional	Optional
<b>Orthodontic Services (Optional)</b> Children only Lifetime ortho maximum options Calendar year maximum	50% \$1,000 or \$1,500 Not Applicable	50% \$1,000 or \$1,500 Not Applicable	50% \$1,000 or \$1,500 Not Applicable
<b>Available Reimbursement options</b>	PPO <sup>4</sup> or PPO Plus Premier <sup>5</sup>	PPO <sup>4</sup> or PPO Plus Premier <sup>5</sup>	PPO <sup>4</sup> or PPO Plus Premier <sup>5</sup>
<b>Available Rate Tier options</b>	2, 3 or 4 tier	2, 3 or 4 tier	2, 3 or 4 tier

<sup>1</sup> Subject to Limitations and Exclusions beginning on page 14.

<sup>2</sup> If the enrollee is pregnant, Delta Dental will pay for the following additional services per calendar year: one additional oral evaluation and either one additional routine cleaning or one additional periodontal scaling and root planing per quadrant.

<sup>3</sup> D&P services will not apply toward the enrollee's calendar year maximum benefit amount.

<sup>4</sup> Delta Dental's benefit payment will be based on the lesser of the submitted charge or the PPO provider allowed fee.

<sup>5</sup> Delta Dental's benefit payment will be based on the lesser of the submitted charge or the contracted dentist's provider allowed fee. Non-contracted dentists are paid the lesser of the submitted fee or the fee charged by dentists of similar training in the same geographical area.

## Delta Dental PPO Plans (continued)

Program D <sup>6</sup>		Program VOL 1	Program VOL 2	Program VOL 3
PPO Dentists	Non-PPO Dentists	PPO Dentists/ Non-PPO Dentists	PPO Dentists/Non- PPO Dentists	PPO Dentists/Non- PPO Dentists
50% to 100%	50% to 100%	0% to 49.9%	0% to 49.9%	0% to 49.9%
100%	80%	100%	100%	100%
80%	60%	80%	80%	80%
50%	40%	50%	50%	50%
Basic	Basic	Major	Basic	Basic
Basic	Basic	Major	Major	Basic
None	None	12 months <sup>7</sup>	12 months <sup>7</sup>	12 months <sup>8</sup>
\$50/\$150 Yes		\$50/\$150 Yes	\$50/\$150 Yes	\$50/\$150 Yes
\$1,000 or \$1,500		\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500
Optional		Not Available	Not Available	Not Available
50% \$1,000 or \$1,500 Not Applicable		50% \$1,000 \$500 <sup>9</sup>	50% \$1,000 \$500 <sup>9</sup>	50% \$1,000 \$500 <sup>9</sup>
PPO <sup>4</sup> or PPO Plus Premier <sup>5</sup>		PPO <sup>4</sup> or PPO Plus Premier <sup>5</sup>	PPO <sup>4</sup> or PPO Plus Premier <sup>5</sup>	PPO <sup>4</sup> or PPO Plus Premier <sup>5</sup>
2, 3 or 4 tier		2, 3 or 4 tier	2, 3 or 4 tier	2, 3 or 4 tier

<sup>6</sup> Available in Alabama, Florida, Montana, Nevada and Utah.

<sup>7</sup> Applies to major and orthodontic services (if covered). Waiting period is waived for initial enrollees with proof of prior coverage in this employer's comprehensive dental plan with no break in coverage.

<sup>8</sup> Applies to endodontics, periodontics, oral surgery, major services and orthodontic services (if covered). Waiting period is waived for initial enrollees with proof of prior coverage in a comprehensive dental plan with no break in coverage.

<sup>9</sup> Orthodontic maximum is included in annual maximum. Amounts applied towards orthodontic maximums are also applied to calendar year maximum.

Footnotes 1 – 5 are listed on page 2.

## Delta Dental PPO Table of Allowances Plan

Florida only<sup>1</sup>

Sample of Benefits <sup>2</sup>	Procedure Code <sup>3</sup>	Family Plan (TF) <sup>4</sup>	Child-Only Plan (TC) <sup>4</sup>
		Delta Dental Pays	
<b>Diagnostic</b>			
Bitewing <i>x-ray</i> — single radiographic image	D0270	\$11	\$11
Bitewings <i>x-rays</i> — two radiographic images	D0272	\$18	\$18
Bitewings <i>x-rays</i> — three radiographic images	D0273	\$23	\$23
Bitewings <i>x-rays</i> — four radiographic images (1 series every 6-months)	D0274	\$27	\$27
<b>Preventive</b>			
Prophylaxis <i>cleaning</i> — adult (1 per 6-month period)	D1110	\$34	\$34
Prophylaxis <i>cleaning</i> child — to age 14 (1 per 6-month period)	D1120	\$26	\$26
Sealant — per tooth	D1351	\$20	\$20
<b>Restorative</b>			
Amalgam — two surfaces, primary or permanent	D2150	\$38	\$60
Crown — full cast noble metal	D2792	\$78	\$105
<b>Endodontics</b>			
Root canal — endodontic therapy, molar (excluding final restoration)	D3330	\$79	\$106
<b>Periodontics</b>			
Periodontal scaling and root planing — one to three teeth per quadrant	D4342	\$10	\$14
<b>Prosthodontics, Removable</b>			
Complete denture — maxillary	D5110	\$101	\$135
Complete denture — mandibular	D5120	\$101	\$135
<b>Oral &amp; Maxillofacial Surgery</b>			
Coronal remnants — deciduous tooth	D7111	\$16	\$16
<b>Orthodontics</b>			
Comprehensive orthodontic treatment of the transitional dentition — <i>child or adolescent to age 19</i>	D8070	N/A	N/A
Comprehensive orthodontic treatment of the adult dentition — <i>adults, including covered dependent adult children</i>	D8090	N/A	N/A
<b>Calendar Year Deductible (per patient)</b>		\$50	None
<b>Calendar Year Maximum (per patient)</b>		\$500	\$500

<sup>1</sup> Available only to employers headquartered in Florida.

<sup>2</sup> Subject to Limitations and Exclusions beginning on page 14.

<sup>3</sup> 2014 Current Dental Terminology codes under copyright by the American Dental Association (ADA).

<sup>4</sup> A complete description of the PPO Table of Allowances is available upon request.

## PPO Program Guidelines<sup>1</sup>

Group size	Groups with five - 99 eligible employees, plus 100 - 299 without experience. Available to new groups only.
Eligible Industries	See page 13 for a complete list of eligible/ineligible industries.
Employer contribution	<ul style="list-style-type: none"> <li>The employer can contribute 0% to 100% of the eligible employee premium. Rates are established according to the employer contribution level.</li> <li>Employees contributing 50% or more of the cost of coverage for themselves and/or their dependents must be made through payroll deduction using pretax dollars.</li> </ul>
Participation requirement	<ul style="list-style-type: none"> <li>For employer contributions of 0% to 49.9%, a minimum of five eligible employees must enroll (available only in PPO Vol 1, 2 and 3 plans).</li> <li>For employer contributions of 50% to 74.9%, a minimum of 50% or five eligible employees, whichever is greater, must enroll.</li> <li>For employer contributions of 75% to 99.9%, a minimum of 75% or five eligible employees, whichever is greater, must enroll.</li> <li>For 100% employer contribution for employees, all employees must be enrolled.</li> </ul> <p>Dependents</p> <ul style="list-style-type: none"> <li>For 100% employer contributions for dependents, employees must enroll all their eligible dependents.</li> </ul> <p><b>Employer is required to provide a copy of the group's quarterly wage statement or, if unavailable, the group's payroll listing to verify the number of eligible employees and to confirm compliance with the minimum participation requirement.</b></p>
Waiting period	<ul style="list-style-type: none"> <li>Waiting periods apply only to voluntary PPO plans.</li> <li><b>Vol 1 and Vol 2 plans</b> have a 12-month waiting period for all major and orthodontic services, if covered.</li> <li><b>Vol 3 plan</b> has a 12-month waiting period for all endodontic, periodontic, oral surgery, major and orthodontic services, if covered.</li> <li>The 12-month waiting period may be waived for initial employees and eligible dependents with proof of prior coverage in this employer's comprehensive dental plan with no break in coverage (discount plans and individual plans do not qualify). New hires, regardless of prior coverage, must satisfy the waiting period.</li> </ul>
Eligible employees	<ul style="list-style-type: none"> <li>All permanent, full-time employees (as defined by the employer) may be eligible to receive benefits following the employer's eligibility requirement.</li> <li>Contract employees (category 1099 employees) are not eligible.</li> </ul>
Eligible dependents	<ul style="list-style-type: none"> <li>Legal spouse.</li> <li>Dependent children to age 26.</li> <li>Dependents in military service are not eligible.</li> </ul>
Enrollment	<p><b>Dependents – All eligible dependents not covered under another group plan must be enrolled as dependent enrollees if dependent coverage is elected.</b></p> <p><b>100% employer contribution:</b></p> <ul style="list-style-type: none"> <li>All employees and their eligible dependents must be enrolled within 31 days of satisfying the employer's eligibility requirement.</li> </ul> <p><b>Less than 100% employer contribution:</b></p> <ul style="list-style-type: none"> <li>Employees are eligible to enroll within 31 days of satisfying the employer's eligibility requirement. Employees not enrolled when eligible may enroll during the group's annual open enrollment or within 31 days of a qualifying event.</li> <li>Dependents can be enrolled when the employee becomes eligible. Dependents not enrolled when eligible may enroll during the group's annual open enrollment or within 31 days of a qualifying event.</li> <li>Coverage can not be dropped or changed other than during the group's annual open enrollment or within 31 days of a qualifying event.</li> </ul>
Waive coverage	<p><b>Coverage can be waived for:</b></p> <ul style="list-style-type: none"> <li>Employees who contribute towards the cost of coverage for themselves and/or their dependents.</li> <li>Employees and/or dependents with coverage elsewhere.</li> <li>Not available if the employer pays 100% of the employee and/or dependent premium.</li> </ul>
Termination	<ul style="list-style-type: none"> <li>Dental coverage will end on the last day of the month when an employee is no longer eligible for coverage.</li> <li>Dependent coverage will end at the same time as the employee's or when the dependent is no longer eligible.</li> </ul>
Dual choice	<p><b>Available in Alabama, Florida, Georgia, Nevada and Texas.</b></p> <ul style="list-style-type: none"> <li>If the employer selects a PPO plan with a DeltaCare USA plan, each PPO plan must meet the minimum participation requirement (as stated above) and a minimum enrollment of two eligible employees in the DeltaCare USA plan.</li> <li>Enrollees may only switch between plans during the group's annual open enrollment.</li> <li>PPO plans are not valid as part of a dual choice offering with another carrier.</li> <li>Services under the DeltaCare USA plan must be rendered in the state in which the contract is issued.</li> </ul>
Open enrollment	<ul style="list-style-type: none"> <li>Employees may enroll, terminate or change coverage for themselves and/or their eligible dependents during the group's annual open enrollment.</li> </ul>
Out-of-state employees	<ul style="list-style-type: none"> <li><b>Groups with five to 49 eligible employees:</b> no more than 25% of eligible employees residing out-of-state are allowed.</li> <li><b>Groups with 50 to 99 eligible employees:</b> no more than 10% of eligible employees residing out-of-state are allowed, unless all business locations are within situs state; then, up to 25% of eligible employees residing out-of-state are allowed.</li> <li><b>Groups with 100 to 299 eligible employees:</b> no more than 10% of eligible employees residing out-of-state are allowed.</li> </ul>
Changing benefits	Groups must wait until anniversary to change benefits.

<sup>1</sup> Please refer to the separate Program Guidelines for the PPO Table of Allowances plans.



## PPO Program Guidelines

### PPO Table of Allowances Plan — Florida only

	Family Plans (TF)	Child-Only Plans (TC)
<b>Group size</b>	<ul style="list-style-type: none"> <li>Groups headquartered in Florida with five - 99 eligible employees, plus 100 - 299 without experience.</li> <li><b>Available to new groups only.</b></li> </ul>	
<b>Eligible Industries</b>	See page 13 for a complete list of eligible/ineligible industries.	
<b>Employer contribution</b>	Employer can choose any level of contribution.	
<b>Participation requirement</b>	<ul style="list-style-type: none"> <li>Enroll and maintain a minimum of five primary enrollees for duration of contract.</li> <li>If employee selects dependent coverage and employer contribution is 100% of the dependent premium, then all eligible dependents must be enrolled. All eligible dependents not covered under another group plan must be enrolled as dependent enrollees when dependent coverage is elected.</li> </ul>	<ul style="list-style-type: none"> <li>Enroll and maintain a minimum of five children for duration of contract.</li> <li>If employer selects and pays 100% of premium, all eligible children must be enrolled.</li> </ul>
<b>Waiting period</b>	No waiting periods.	
<b>Eligible employees</b>	<ul style="list-style-type: none"> <li>All permanent, full-time employees (as defined by the employer) may be eligible to receive benefits following the employer's eligibility requirement.</li> <li>Contract employees (category 1099 employees) are not eligible.</li> </ul>	<ul style="list-style-type: none"> <li>Coverage is provided for eligible children only and is not provided for employees.</li> </ul>
<b>Eligible dependents</b>	<ul style="list-style-type: none"> <li>Lawful spouse.</li> <li>Dependent children to age 26.</li> <li>Dependents in military service are not eligible.</li> </ul>	<ul style="list-style-type: none"> <li>Dependent children to age 26.</li> <li>Children of contract employees (category 1099 employees) are not eligible.</li> <li>Children in military service are not eligible.</li> </ul>
<b>Enrollment</b>	<ul style="list-style-type: none"> <li>Employees must be enrolled within 31 days of satisfying the employer's eligibility requirement.</li> <li>Dependents must be enrolled at the same time as the employee or within 31 days of a qualifying event.</li> </ul>	<ul style="list-style-type: none"> <li>Dependent children must be enrolled within 31 days of satisfying the employer's eligibility requirement or within 31 days of a qualifying event.</li> </ul>
<b>Waive coverage</b>	<p><b>Applies only to groups with less than 100% employer contribution.</b></p> <ul style="list-style-type: none"> <li>Employee and/or eligible dependents who declined to enroll when eligible may enroll only during the group's annual open enrollment or within 31 days of a qualifying event.</li> </ul>	<p><b>Applies only to groups with less than 100% employer contribution.</b></p> <ul style="list-style-type: none"> <li>Employees who decline to enroll their dependent children when they become eligible may enroll during the group's annual open enrollment or within 31 days of a qualifying event.</li> </ul>
<b>Termination</b>	<ul style="list-style-type: none"> <li>Dental coverage will end on the last day of the month when an employee is no longer eligible.</li> <li>Dependent coverage will end at the same time as the employee's or when the dependent is no longer eligible.</li> </ul>	<ul style="list-style-type: none"> <li>Coverage will end on the last day of the month when the employee is no longer eligible or when the enrolled child is no longer eligible.</li> </ul>
<b>Dual choice</b>	<p>Employer can select either the PPO family plan or the PPO child-only plan along with the DeltaCare USA family plan (M92) or the DeltaCare USA child-only plan (M93).</p> <ul style="list-style-type: none"> <li>Requires a minimum participation requirement of five primary enrollees for the PPO plan and two primary enrollees for the DeltaCare USA plan.</li> <li>Employees may not switch between plans except during the group's annual open enrollment.</li> <li>Services under the DeltaCare USA plan must be rendered in the state in which the contract is issued.</li> </ul>	
<b>Open enrollment</b>	<ul style="list-style-type: none"> <li>Employees and their eligible dependents may enroll, terminate or change coverage during the group's annual open enrollment.</li> </ul>	<ul style="list-style-type: none"> <li>Employees may enroll, terminate or change coverage for their children during the group's annual open enrollment.</li> </ul>
<b>Out-of-state employees</b>	<ul style="list-style-type: none"> <li><b>Groups with five to 49 eligible employees:</b> no more than 25% of eligible employees residing out-of-state are allowed.</li> <li><b>Groups with 50 to 99 eligible employees:</b> no more than 10% of eligible employees residing out-of-state are allowed. If all business locations are within the state of Florida, up to 25% of eligible employees residing out-of-state are allowed.</li> <li><b>Groups with 100 to 299 eligible employees:</b> no more than 10% of eligible employees residing out-of-state are allowed.</li> </ul>	
<b>Changing benefits</b>	Groups must wait until anniversary to change benefits.	



## Getting To Know Delta Dental PPO

### Free choice of dentists

- Visit any licensed dentist in the world
- Enrollees may select a different dentist for each member of the family
- Change dentists at any time without preapproval
- Go to any dental specialist without preapproval

### Special advantages from Delta Dental PPO dentists

Enrollees usually experience lower out-of-pocket expense when visiting a PPO dentist; however, if enrollees cannot visit a PPO dentist, the best alternative is to choose a dentist from the Delta Dental Premier® network.

Delta Dental dentists agree to handle all claim forms and to charge no more than the fees allowed by Delta Dental.

For a comparison of out-of-pocket costs that enrollees will incur when visiting either a PPO, Premier or non-Delta Dental dentist, please see the chart below.

	Best Choice	Next Best Choice	Least Favorable Choice
Dentist Chosen by the Enrollee	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Delta Dental Dentist
<b>Fee Arrangement with Dentist</b>	A PPO dentist agrees to accept Delta Dental's determination of the PPO provider allowed fee as payment in full for services provided.	A Premier dentist usually charges higher fees than a PPO dentist, but a Premier dentist agrees to accept their allowed fee as payment in full for services provided.	No contract arrangement.
<b>Delta Dental Pays</b>	Delta Dental will pay the applicable benefit level (percentage or fixed dollar amount according to the group's plan) of the PPO provider allowed fee, less any applicable deductible, patient copayment/coinsurance and charges for non-covered services, up to the annual plan maximum.	Delta Dental will pay the applicable benefit level (percentage or fixed dollar amount) of the PPO provider allowed fee or the Premier provider allowed fee (according to the group's plan), less any applicable deductible, patient copayment/coinsurance and charges for non-covered services, up to the annual plan maximum.	Delta Dental will reimburse the enrollee, or the non-contracted dentist (if benefits are assigned), the applicable benefit level (percentage or fixed dollar amount) of the fees charged by dentists of similar training in the same geographical area (according to the group's plan), less any applicable deductible, patient copayment/coinsurance and charges for non-covered services, up to the annual plan maximum.
<b>Amounts the Enrollee Pays</b>	<p>Enrollee potentially has the lowest cost when visiting a PPO dentist since the PPO dentist charges are usually lower than those charged by a Premier dentist or a non-contracted dentist.</p> <p>The enrollee pays the difference between the PPO provider allowed fee and the amount paid by Delta Dental.</p> <p>At the time of treatment, the dentist may require payment of the patient's portion (applicable deductible, patient's copayment/coinsurance, charges for non-covered services and any amount over the annual plan maximum).</p>	<p>Enrollee may have a higher cost by visiting a Premier dentist but the cost is usually lower than visiting a non-contracted dentist. Premier dentists will not charge more than their Premier provider allowed fee.</p> <p>The enrollee pays the difference between the PPO or Premier provider allowed fee (according to the group's plan) and the amount paid by Delta Dental.</p> <p>At the time of treatment, the dentist may require payment of the patient's portion (applicable deductible, patient's copayment/coinsurance, charges for non-covered services and any amount over the annual plan maximum).</p>	<p>Enrollee generally has the highest cost when visiting a non-contracted dentist as there are no contract limitations preventing the dentist from charging any amount for services provided.</p> <p>The enrollee pays the difference between the non-contracted dentist's submitted charges and the amount paid by Delta Dental. The dentist may request payment in full at the time of treatment and wait for reimbursement from Delta Dental.</p>

### Locating a Delta Dental PPO dentist

Enrollees may visit our national online directory at [deltadentalins.com](http://deltadentalins.com) to find a Delta Dental PPO dentist anywhere nationwide.

## Sample DeltaCare USA Plan Benefits

Alabama, Florida, Georgia, Nevada <sup>1</sup> and Texas Sample Procedure Description <sup>2</sup>	Sample Patient Copayments					
	Procedure Code <sup>3</sup>	Plan 13A	Plan 14B	Plan 15B	Plan 15C <sup>4</sup>	Plan 48N <sup>5</sup>
<b>Diagnostic Services</b> Intraoral — complete series of radiographic images Office visit for observation (during regularly scheduled hours) — no other services performed	D0210 D9430	\$0 \$5	\$0 \$5	\$0 \$5	\$0 \$5	\$0 \$5
<b>Preventive Services</b> Prophylaxis <i>cleaning</i> — adult Prophylaxis <i>cleaning</i> — child Sealant — per tooth	D1110 D1120 D1351	\$0 \$0 \$10	\$0 \$0 \$10	\$5 \$5 \$15	\$5 \$5 \$15	\$0 \$0 \$0
<b>Restorative Services</b> Amalgam — one surface, primary or permanent Resin-based composite — one surface, anterior Resin-based composite — one surface, posterior Crown — porcelain fused to high noble metal Crown — full cast high noble metal Crown — full cast noble metal Post and core in addition to crown, indirectly fabricated — includes canal preparation	D2140 D2330 D2391 D2750 D2790 D2792 D2952	\$0 \$0 \$45 \$355 \$355 \$295 \$95	\$0 \$5 \$55 \$380 \$380 \$320 \$95	\$8 \$22 \$65 \$395 \$395 \$335 \$110	\$8 \$22 \$65 \$395 \$395 \$335 \$110	\$0 \$28 \$65 \$485 \$485 \$465 \$85
<b>Endodontics</b> Root canal — endodontic therapy, anterior tooth (excluding final restoration) Root canal — endodontic therapy, molar (excluding final restoration)	D3310 D3330	\$95 \$335	\$110 \$350	\$125 \$365	\$125 \$365	\$110 \$245
<b>Periodontics</b> Osseous surgery (including flap entry and closure) — four or more contiguous teeth or tooth bounded spaces per quadrant Periodontal scaling and root planing — four or more teeth per quadrant	D4260 D4341	\$300 \$50	\$345 \$55	\$385 \$60	\$385 \$60	\$360 \$50
<b>Prosthodontics (Removable)</b> Complete denture — maxillary Maxillary partial denture — resin base (including any conventional clasps, rests and teeth) Maxillary partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) Reline complete maxillary denture (laboratory)	D5110 D5211 D5213 D5750	\$285 \$245 \$315 \$85	\$335 \$295 \$365 \$90	\$365 \$325 \$395 \$95	\$365 \$325 \$395 \$95	\$510 \$535 \$610 \$125
<b>Oral and Maxillofacial Surgery</b> Extraction, erupted tooth or exposed root (elevation and/or forceps removal) Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated. Removal of impacted tooth — completely bony	D7140 D7210 D7240	\$5 \$45 \$95	\$8 \$50 \$110	\$14 \$55 \$120	\$14 \$55 \$120	\$18 \$30 \$80
<b>Orthodontics</b> Comprehensive orthodontic treatment of the transitional dentition — <i>child or adolescent to age 19</i>	D8070	\$1,900	\$1,900	\$1,900	<sup>6</sup>	\$2,100
Comprehensive orthodontic treatment of the adult dentition — <i>adults, including covered dependent adult children.</i>	D8090	\$2,100	\$2,100	\$2,100	<sup>6</sup>	\$2,250
<b>Deductible/Annual Lifetime Maximums</b>		None	None	None	None	None
<b>Available Rate Tier Options</b>		2, 3 or 4 tier				

<sup>1</sup> Available to groups as dual choice plan, not as a stand-alone plan.

<sup>2</sup> Subject to Limitations and Exclusions beginning on page 16. A complete listing of procedures and copayments, as well as any benefit frequency limitations, may be found in the Description of Benefits and Copayments (available upon request).

<sup>3</sup> 2014 Current Dental Terminology codes under copyright by American Dental Association (ADA).

<sup>4</sup> When referable services are provided by a contract specialist, the enrollee pays 75% of the dentist's allowed fee or 75% of the submitted fee, whichever is less.

<sup>5</sup> Plan 48N is available in FL, GA and TX.

<sup>6</sup> Enrollee pays 75% of the contract orthodontist's allowed fee or 75% of the submitted fee, whichever is less.

## Sample DeltaCare USA Benefits (continued)

Plans M73 and M74 — available only in Alabama, Florida and Georgia Plans M92 and M93 — available only in Florida  Sample Procedure Description <sup>1</sup>	Sample Patient Copayments				
	Procedure Code <sup>2</sup>	Plan M73 <sup>3</sup>	Plan M74 <sup>3</sup>	Plan M92	Plan M93 (Child-only)
<b>Diagnostic Services</b>					
Intraoral — complete series of radiographic images	D0210	\$0	\$0	\$0	\$0
Office visit for observation (during regularly scheduled hours) — no other services performed	D9430	\$10	\$5	\$45	\$5
<b>Preventive Services</b>					
Prophylaxis <i>cleaning</i> — adult	D1110	\$0	\$0	\$20	\$0
Prophylaxis <i>cleaning</i> — child	D1120	\$0	\$0	\$20	\$0
Sealant — per tooth	D1351	\$15	\$0	\$36	\$10
<b>Restorative Services</b>					
Amalgam — one surface, primary or permanent	D2140	\$44	\$0	\$25	\$3
Resin-based composite — one surface, anterior	D2330	\$40	\$28	\$37	\$12
Resin-based composite — one surface, posterior	D2391	\$70	\$65	\$65	5
Crown — porcelain fused to high noble metal	D2750	\$485	\$485	\$560	5
Crown — full cast high noble metal	D2790	\$485	\$485	\$535	5
Crown — full cast noble metal	D2792	\$465	\$465	\$510	5
Post and core in addition to crown, indirectly fabricated — includes canal preparation	D2952	\$140	\$85	\$125	5
<b>Endodontics</b>					
Root canal — endodontic therapy, anterior tooth (excluding final restoration)	D3310	\$300	\$110	\$390	5
Root canal — endodontic therapy, molar (excluding final restoration)	D3330	\$470	\$245	\$570	5
<b>Periodontics</b>					
Osseous surgery (including flap entry and closure) — four or more contiguous teeth or tooth bounded spaces per quadrant	D4260	\$435	\$360	\$650	5
Periodontal scaling and root planing — four or more teeth per quadrant	D4341	\$78	\$50	\$138	5
<b>Prosthodontics (Removable)</b>					
Complete denture — maxillary	D5110	\$600	\$510	\$700	5
Maxillary partial denture — resin base (including any conventional clasps, rests and teeth)	D5211	\$440	\$535	\$650	5
Maxillary partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	D5213	\$630	\$610	\$800	5
Reline complete maxillary denture (laboratory)	D5750	\$145	\$125	\$225	5
<b>Oral and Maxillofacial Surgery</b>					
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	D7140	\$70	\$18	\$40	\$7
Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	D7210	\$115	\$30	\$150	5
Removal of impacted tooth — complete bony	D7240	\$160	\$80	\$260	5
<b>Orthodontics</b>					
Comprehensive orthodontic treatment of the transitional dentition — <i>child or adolescent to age 19</i>	D8070	<sup>4</sup>	\$2,100	\$2,200	\$2,200
Comprehensive orthodontic treatment of the adult dentition — <i>adults, including covered dependent adult children.</i>	D8090	<sup>4</sup>	\$2,250	\$2,400	<sup>5</sup>
<b>Deductible/Annual Lifetime Maximums</b>		None	None	None	None

<sup>1</sup> Subject to Limitations and Exclusions beginning on page 16. A complete listing of procedures and copayments, as well as any benefit frequency limitations, may be found in the Description of Benefits and Copayments (available upon request).

<sup>2</sup> 2014 Current dental terminology codes under copyright by American Dental Association (ADA).

<sup>3</sup> When referable services are provided by a contract specialist, the enrollee pays 75% of the dentist's allowed fee or 75% of the submitted fee, whichever is less.

<sup>4</sup> Enrollee pays 75% of the contract orthodontist's allowed fee or 75% of the submitted fee, whichever is less.

<sup>5</sup> Not a covered benefit (child-only plan).

## Getting To Know DeltaCare USA

The DeltaCare USA plans provide enrollees with quality dental benefits at an affordable cost. The plans are designed to encourage regular preventive dental visits in order to maintain good oral health. Enrollees must select a contract DeltaCare USA dentist for their dental care. DeltaCare USA dental facilities have been carefully screened for quality.

Some services are covered at no cost, while others have copayments (the amount enrollees pay the DeltaCare USA dentist at the time of treatment) for certain services. A complete Description of Benefits and Copayments is available upon request. See the Limitations and Exclusions starting on page 16.

### The DeltaCare USA plans give enrollees quality, convenience and cost savings

- No deductibles or annual dollar maximum
- Clearly set copayments
- No restrictions on pre-existing conditions, except for work in progress and orthodontics on some plans
- Easy access to specialty care<sup>1</sup>
- Out-of-network dental emergency benefits (limitations may apply as described in plan Highlights available upon request)
- Very low turnover of contract dentists, so enrollees can establish a long-term relationship with their dentist
- No claim forms to complete
- Toll-free customer service from 8 a.m. to 9 p.m. Eastern time, Monday through Friday

### How the DeltaCare USA plans work

Enrollees in a DeltaCare USA plan will receive an enrollment packet with complete instruction on how to select a DeltaCare USA dentist.

The selected DeltaCare USA dentist will take care of the enrollee's dental care needs. If enrollees require treatment from a specialist, the DeltaCare USA dentist will handle the referral.<sup>1</sup>

### Locating a DeltaCare USA dentist

Enrollees may visit our online directory at [deltadentalins.com](http://deltadentalins.com) to find a DeltaCare USA dentist.

<sup>1</sup> Specialty care provisions are not available in the child-only plan; however, there is a provision for pediatric referral, subject to the plan's Limitations and Exclusions.

# DeltaCare USA Program Guidelines<sup>1</sup>

For plans 13A, 14B, 15B, 15C, M73<sup>2</sup>, M74<sup>2</sup> and 48N<sup>3</sup>

<b>Group size</b>	<ul style="list-style-type: none"> <li>In Alabama, Florida, Georgia and Texas, groups with two – 299 eligible employees.</li> <li>In Nevada, groups with two - 50 eligible employees.</li> <li><b>Available to new groups only.</b></li> </ul>
<b>Eligible industries</b>	See page 13 for a complete list of eligible/ineligible industries.
<b>Employer contribution</b>	<ul style="list-style-type: none"> <li>The employer can contribute 0% to 100% of the eligible employee premium.</li> <li>Employees contributing 50% or more of the cost of coverage for themselves and/or their dependents must be made through payroll deduction using pre-tax dollars.</li> </ul>
<b>Participation requirement</b>	<p><b>Employee</b></p> <ul style="list-style-type: none"> <li>A minimum enrollment of two eligible employees is required. DeltaCare USA plans are not available in Louisiana, Montana and Utah.</li> <li>For 100% employer contribution for employees, all employees must be enrolled.</li> </ul> <p><b>Dependent</b></p> <ul style="list-style-type: none"> <li>If employer contribution is 100%, employees must enroll all their eligible dependents.</li> </ul> <p><b>Employer is required to provide a copy of the group's quarterly wage statement, or if unavailable, the group's payroll listing to verify the number of eligible employees and to confirm compliance with the minimum participation requirement.</b></p>
<b>Waiting period</b>	<ul style="list-style-type: none"> <li>There is no waiting period.</li> </ul>
<b>Eligible employees</b>	<ul style="list-style-type: none"> <li>All permanent, full-time employees (as defined by the employer) may be eligible to receive benefits following the employer's eligibility requirement.</li> <li>Contract employees (category 1099 employees) are not eligible.</li> </ul>
<b>Eligible dependents</b>	<ul style="list-style-type: none"> <li>Legal spouse.</li> <li>Dependent children to age 26.</li> <li>Dependents in military service are not eligible.</li> </ul>
<b>Enrollment</b>	<p><b>100% employer contribution:</b></p> <ul style="list-style-type: none"> <li>All employees and their eligible dependents must be enrolled within 31 days of satisfying the employer's eligibility requirement.</li> </ul> <p><b>Less than 100% employer contribution:</b></p> <ul style="list-style-type: none"> <li>Employees are eligible to enroll within 31 days of satisfying the employer's eligibility requirement. Employees not enrolled when eligible may enroll during the group's annual open enrollment or within 31 days of a qualifying event.</li> <li>Dependents can be enrolled when the employee becomes eligible. Dependents not enrolled when eligible may enroll during the group's annual open enrollment or within 31 days of a qualifying event.</li> <li>All eligible dependents not covered under another group plan must be enrolled as dependent enrollees if dependent coverage is elected.</li> <li>Coverage can not be dropped or changed other than during the group's annual open enrollment or within 31 days of a qualifying event.</li> </ul>
<b>Waive coverage</b>	<p><b>Coverage can be waived for:</b></p> <ul style="list-style-type: none"> <li>Employees who contribute towards the cost of coverage for themselves and/or their dependents.</li> <li>Employees and/or dependents with coverage elsewhere.</li> <li>Not available if the employer pays 100% of the employee and/or dependent premium.</li> </ul>
<b>Termination</b>	<ul style="list-style-type: none"> <li>Dental coverage will end on the last day of the month when an employee is no longer eligible for coverage.</li> <li>Dependent coverage will end at the same time as the employee or when the dependent is no longer eligible.</li> </ul>
<b>Dual choice</b>	<p><b>Available in Alabama, Florida, Georgia, Nevada and Texas.</b></p> <ul style="list-style-type: none"> <li>If employer selects a PPO plan with a DeltaCare USA plan, each plan must meet the minimum participation requirements of that plan and as follows:</li> </ul> <p><b>PPO plan:</b></p> <ul style="list-style-type: none"> <li>0% to 49.9% employer paid — a minimum of five eligible employees must enroll.</li> <li>50% to 74.9% employer paid — 50% or five, eligible employees, whichever is greater, must enroll.</li> <li>75% to 99.9% employer paid — 75% or five, eligible employees, whichever is greater, must enroll.</li> </ul> <p><b>DeltaCare USA plan:</b></p> <ul style="list-style-type: none"> <li>A minimum enrollment of two eligible employees is required.</li> </ul> <p>If 100% employer paid, all eligible employees and dependents must be enrolled in either the PPO plan or the DeltaCare USA plan.</p> <ul style="list-style-type: none"> <li>Enrollees may switch between plans only during the group's annual open enrollment.</li> <li>DeltaCare USA plans are not available as part of a dual choice offering with another carrier.</li> <li>Services under the DeltaCare USA plan must be rendered in the state in which the contract is issued.</li> </ul>
<b>Open enrollment</b>	Employees may enroll, terminate or change coverage during the group's annual open enrollment.
<b>Out-of-state employees</b>	Out-of-state employees are covered provided services are rendered in the state where the contract is issued.
<b>Changing benefits</b>	Groups must wait until anniversary to change benefits.

<sup>1</sup> DeltaCare USA plans available in Nevada offered as dual choice plans only, not as stand-alone plans

<sup>2</sup> Plans M73 and M74 are available only in Alabama, Florida and Georgia.

<sup>3</sup> Plan 48N is available in FL, GA and TX.

# DeltaCare USA Program Guidelines

For plans M92 and M93 — Florida only

	Family Plans (M92)	Child-Only Plans (M93)
<b>Group size</b>	<ul style="list-style-type: none"> <li>Groups headquartered in Florida with two – 299 eligible employees.</li> <li>Available to new groups only.</li> </ul>	
<b>Eligible Industries</b>	See page 13 for a complete list of eligible/ineligible industries.	
<b>Employer contribution</b>	Employer can choose any level of contribution.	
<b>Participation requirement</b>	<ul style="list-style-type: none"> <li>Enroll and maintain a minimum of two primary enrollees for duration of contract.</li> </ul>	<ul style="list-style-type: none"> <li>Enroll and maintain a minimum of two dependent children for duration of the contract.</li> </ul>
<b>Waiting period</b>	<ul style="list-style-type: none"> <li>No waiting periods.</li> </ul>	
<b>Primary enrollees</b>	<ul style="list-style-type: none"> <li>All permanent, full-time employees (as defined by the employer) are eligible to receive benefits following the employer's eligibility requirement.</li> <li>Contract employees (category 1099 employees) are not eligible.</li> </ul>	Coverage is provided for dependent children only and is not provided for employees.
<b>Eligible dependents</b>	<ul style="list-style-type: none"> <li>Spouse (unless legally separated or divorced)</li> <li>Dependent children to age 26.</li> <li>Dependents in active military service are not eligible.</li> </ul>	<ul style="list-style-type: none"> <li>Dependent children to age 26.</li> <li>Children of contract employees (category 1099 employees) are not eligible.</li> <li>Children in active military service are not eligible.</li> </ul>
<b>Enrollment</b>	<ul style="list-style-type: none"> <li>Employees are subject to a one-year minimum enrollment period.</li> <li>New employees must enroll within 31 days of becoming eligible.</li> <li>Dependents must enroll within 31 days of becoming eligible or during an open enrollment.</li> </ul>	<ul style="list-style-type: none"> <li>Children are required to enroll for a minimum of one year.</li> <li>Children must be enrolled within 31 days of becoming eligible or during an open enrollment.</li> </ul>
<b>Waive coverage</b>	<ul style="list-style-type: none"> <li>Employees or dependents who decline to enroll when they become eligible may enroll at any open enrollment or within 31 days of a qualifying event.</li> </ul>	<ul style="list-style-type: none"> <li>Employees who decline to enroll their children when they become eligible may enroll them at any open enrollment or within 31 days of a qualifying event.</li> </ul>
<b>Termination</b>	<ul style="list-style-type: none"> <li>If coverage is terminated during an open enrollment period, employee or dependents are eligible to re-enroll during any open enrollment period.</li> <li>If coverage is terminated between open enrollment periods and employee or dependents subsequently desire to re-enroll, all premium must be paid retroactive to date of cancellation (not to exceed 12 months) prior to being reinstated.</li> <li>Coverage will end on the last day of the month when the employee is no longer eligible.</li> <li>Dependent coverage will end at the same time as the employee's or when the dependent is no longer eligible.</li> </ul>	<ul style="list-style-type: none"> <li>If coverage is terminated during an open enrollment period, children are eligible to be re-enrolled at any open enrollment period.</li> <li>If coverage is terminated between open enrollment periods and the employee subsequently desires to re-enroll children, all premium must be paid retroactive to date of cancellation (not to exceed 12 months) prior to being reinstated.</li> <li>Coverage will end on the last day of the month when the employee is no longer eligible or when the child is no longer eligible.</li> </ul>
<b>Dual choice</b>	<p>Employer can select the PPO table of allowances family plan or child-only plan along with the DeltaCare USA family plan (M92) or the DeltaCare USA child-only plan (M93). Each plan must meet the minimum participation requirement.</p> <ul style="list-style-type: none"> <li>PPO plan requires a minimum of five eligible employees. DeltaCare USA requires a minimum enrollment of two eligible employees.</li> <li>Enrollees may not switch between plans except during the group's annual open enrollment.</li> <li>Services under the DeltaCare USA plan must be rendered in the state in which the contract is issued.</li> </ul>	
<b>Open enrollment</b>	Employees and their eligible dependents may enroll, terminate or change coverage during the group's annual open enrollment.	Employees may enroll, terminate or change coverage for their dependent children during the group's annual open enrollment.
<b>Out-of-state employees</b>	All services must be rendered in the state of Florida.	All services must be rendered in the state of Florida.
<b>Changing benefits</b>	Groups must wait until anniversary to change benefits.	Groups must wait until anniversary to change benefits.

## Eligible/Ineligible Industries

### Delta Dental PPO

Eligible Industries Level One	SIC Code
Agriculture, Forestry, Fishing (except Farm Labor & Mgt 0761, Landscape & Horticultural Services 0783)	0100-0999
Mining, Oil and Gas Extraction	1000-1499
Construction Contractors	1500-1799
Manufacturing (except Jewelry Manufacturing 3911)	2000-3999
Transportation	4000-4799
Communication (Radio, Telephone, TV/ Radio Broadcasting)	4800-4899
Utilities	4900-4999
Wholesale Trade	5000-5199
Retail Trade (Bldg. Materials, Hardware, Mobile Homes)	5200-5499
Retail (Apparel, Accessories, Home Furnishings)	5600-5799
Miscellaneous Retail	5900-5999
Public Administration (Cities, Counties, Police)	9000-9999
Level Two	SIC Code
Jewelry Manufacturing	3911
Auto Dealerships (New & Used) and Service Stations	5500-5599
Restaurants	5800-5899
Finance (Banks, Securities, Credit Agencies)	6000-6299
Insurance Carriers/Brokers	6300-6499
Real Estate	6500-6799
Services (except Employment Agencies/ Employment Leasing Firms 7361-7363)	7000-7899
Amusement Recreation & Entertainment	7900-7999
Health Services (except Dental offices and clinics 8021 & Dental Labs 8072)	8000-8099
Legal Firms	8100-8199
Public and Private Schools	8200-8299
Social Services	8300-8399
Museums, Art Galleries, Botanical and Zoological Gardens	8400-8499
Engineering, Accounting, Research, Management & Related Services	8700-8799

### Delta Dental PPO (continued)

Ineligible Industries	SIC Code
Seasonal Employees (Farm Labor & Mgt., Landscape & Horticultural Services)	0761-0783
Beauty and Barber Shops	7231-7241
Employment Agencies	7361-7363
Misc. Business Services	7389
Dentist Offices, Dental Labs and Medical Labs	8021, 8071, 8072
Membership Organizations/Associations	8600-8699
Private Households	8811
Misc. Services not elsewhere classified	8999
International Affairs	9721
Partnerships	No SIC
Seasonal Employees (Christmas/Part-time help)	No SIC
High Turover <sup>1</sup>	No SIC

### DeltaCare USA

#### Eligible Industries

All except for those identified as ineligible below.

Ineligible Industries	SIC Code
Seasonal Employment	0761-0783
Legal Firms	8100-8199
Membership Organizations/Associations	8600-8699
High Turover <sup>1</sup>	No SIC

<sup>1</sup> A business has "high turover" if 20% or more of the average number of its employees during the past 12 months were newly hired for reasons other than the growth of the business.



## Delta Dental PPO Limitations and Exclusions

### Limitations on Diagnostic and Preventive Benefits:

- Routine oral examinations and cleanings, including periodontal cleanings, are limited to two in a calendar year while enrolled under any Delta Dental program.
- Full-mouth x-rays or panoramic x-rays are limited to one every five years while enrolled under any Delta Dental program.
- Bitewing x-rays are limited to one in a calendar year for adults and two in a calendar year for dependent children.
- Topical application of fluoride is limited to enrollees under age 19.

### Sealant Benefit Limitations:

- Sealant benefits are available to dependent children through age 15.
- Sealants are limited to application to permanent molars with no carries (decay), without restorations and with the occlusal surface intact.
- Sealant benefits do not include the repair or replacement of a sealant on any tooth within two years of its application.

### Limitations on Crowns, Jackets and Cast Restorations:

- Delta Dental will not pay to replace any crown, jacket inlays or cast restoration which the patient enrollee received in the previous five years under any Delta Dental program.

### Limitations on Prosthodontic Benefits:

- Delta Dental will not pay to replace prosthodontic appliances including, but not limited to, fixed bridges and partial or complete dentures, until five years have elapsed following any prior provision of such appliance under any Delta Dental program or dental care program provided by the employer, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissues that the existing appliance cannot be made satisfactory.
- Replacement of a prosthodontic appliance not covered under a Delta Dental or any dental care program provided by the employer shall be covered only if the appliance is unsatisfactory and cannot be made satisfactory.
- Delta Dental limits benefits for dentures to a standard partial or complete denture. A "standard" partial or complete denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means.

### Limitations on Orthodontic Benefits; if covered:

- The maximum amount, purchased by the employer, is a lifetime maximum per person.
- All payments will be on a monthly basis. The obligation of Delta Dental to make periodic payments for an orthodontic treatment plan begun prior to the date the patient becomes covered will commence with the first payment due following the date the patient's coverage is effective.
- The obligation of Delta Dental to make periodic payments for orthodontic treatment will terminate on the payment due-date next following the date the dependent or primary enrollee loses coverage, or upon termination of the contract, whichever occurs first.
- Delta Dental will not make any payment for repair or replacement of an orthodontic appliance furnished, in whole or in part, while enrolled under this program.

- Orthodontic benefits are limited to dependent child enrollees.
- X-rays or extractions are not subject to the orthodontic maximum.
- Surgical procedures are not subject to the orthodontic maximum.

### Optional Services

If an eligible person selects a more expensive plan of treatment than is customarily provided, or chooses specialized techniques rather than standard procedures, Delta Dental will pay benefits for the least costly procedure. The enrollee is responsible for the remainder of the dentist's fee. (Examples: electing a crown where an amalgam filling would restore the tooth; a precision denture where a standard denture would suffice; a composite restoration instead of an amalgam restoration on posterior teeth.)

### Exclusions:

Delta Dental does not pay benefits for:

- Treatment of injuries or illness covered by or paid under workers' compensation or employers' liability laws as follows:
  - **In Alabama, Montana, Utah, Georgia, Louisiana and Nevada:** Treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.
  - **In Florida:** Treatment of injuries or illness paid under workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.
  - **In Texas:** Treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, except for services covered by the Medical Assistance Act of 1967, as amended (Article 695j-1, Vernon's Texas Civil Statutes). Delta Dental will reimburse the Texas Department of Human Services for the cost of services paid by the Department under the said Act to the extent such costs are for services which are Benefits under this Contract. If the Texas Department of Human Services is paying the benefits pursuant to Chapters 31 and 32 of the Human Services Code (financial and medical assistance programs administered pursuant to the Human Services code) and a parent who is covered by the group policy has possession or access to a child pursuant to a court order, or is entitled to access or possession of a child and is required by the court to pay the child support, then all benefits paid on behalf of the child or children must be paid to the Texas Department of Human Services.
- Services for congenital (hereditary) or developmental (following birth) malformations as follows:
  - **In Alabama, Louisiana and Utah:** Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn children for cleft lip or cleft palate.

## Exclusions (continued)

- o **In Florida:** Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate (unless services for cleft palate are provided to a covered child under the age of 18), upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn dependent children for medically diagnosed congenital defects, birth abnormalities or prematurity.
  - o **In Georgia:** Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn or adopted children (under the age of 18) for medically diagnosed congenital defect or abnormalities.
  - o **In Montana:** Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except for newborn children eligible at birth, children placed for adoption and adopted children so long as such eligible children continue to be enrolled. When services are not excluded under this provision congenital defects or anomalies includes individuals born with cleft lip or cleft palate, and other limitations and exclusions of this section shall specifically apply.
  - o **In Nevada:** Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services for cleft lip or cleft palate provided to newborn children eligible at birth, children placed for adoption and adopted children so long as the children remain eligible.
  - o **In Texas:** Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), unless the service is provided to a newborn or adopted dependent child for treatment of a medically diagnosed congenital defect.
  - Services for restoring tooth structure lost from wear, erosion or abrasion, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include but are not limited to equilibration, occlusal adjustment and periodontal splinting.
  - Any single procedure started prior to the date the enrollee became eligible for such services under the contract.
  - Prescribed drugs, medication or analgesia.
  - Experimental procedures.
  - Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
  - Charges for anesthesia, other than general anesthesia and IV sedation administered by a licensed dentist in connection with covered oral surgery or selected endodontic and periodontal surgical procedures.
  - Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
  - Diagnosis or treatment of any condition related to the temporomandibular (jaw) joint or associated musculature, nerves and other tissues (MPD-TMJ).
  - Services performed by any person other than a dentist (DDS, DMD) or auxiliary personnel legally authorized to perform services under the supervision of a dentist.
  - Orthodontic services (except as provided under the Orthodontic Benefits section, if applicable)
  - Delta Dental will not pay for implants (artificial teeth implanted into or on bone or gums), their removal or other associated procedures, but Delta Dental will credit the cost of a crown or standard complete or partial denture toward the cost of the implant associated appliance, i.e. the implant supported crown or denture.
  - Under the PPO Table of Allowances plan, Delta Dental will not pay for services not included on the PPO table of allowances.
- Additional Exclusions applicable to PPO Vol 1, PPO Vol 2 and PPO Vol 3:**
- Teeth missing prior to the effective date are not covered unless extracted under the employer's prior dental plan.

## DeltaCare USA Limitations and Exclusions — Plans 13A, 14B, 15B, 15C and 48N

### Limitations

(All plans, except 48N, available in Alabama, Florida, Georgia, Nevada and Texas. Plan 48N available in Florida, Georgia and Texas)

THIS IS ONLY A BRIEF SUMMARY OF THE PLAN. The group dental service contract must be consulted to determine the exact terms and conditions of coverage. Benefits, limitations and exclusions may vary by state. An evidence of coverage booklet will be sent upon enrollment.

1. The frequency of certain benefits is limited. All frequency limitations are listed in the “description of benefits and copayments.” (Frequency limitations do not apply in Texas when services are needed more frequently due to medical necessity as determined by the contracting dentist.)
2. If the enrollee accepts a treatment plan from the contract dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the enrollee may be charged an additional \$100.00 (\$125 for plan 48N) above the listed copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (procedures D7230, D7240, and D7241).
4. **Benefits under plan 48N** provided by contract dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Contact the Customer Service department at 800-422-4234 if you have questions regarding the additional fee or name brand services.
5. **Benefits under plan 13A, 14B or 15B** provided by a pediatric dentist are limited to children through age seven following an attempt by the assigned contracting dentist to treat the child and upon authorization by the Administrator, less applicable copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

**Benefits under plan 15C** provided by a contract pediatric dentist are available at 75 percent of the contract specialist's filed fees. Referral by the assigned contracting dentist is required before services are rendered.

**Benefits under plan 48N** provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by the Administrator, less applicable Copayments. The Plan will consider exceptions on an individual basis if a child has a physical or mental impairment, limitation or condition which substantially interferes with that child's ability to have Benefits provided by a Contract Dentist.

6. The cost to an enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the contract orthodontist's usual fee for the treatment plan. The contract orthodontist will prorate the amount for the number of months remaining to complete treatment. The enrollee makes payment directly to the contract orthodontist as arranged.
7. Orthodontic treatment in progress is limited to new enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all copayments and fees subject to the provisions of their prior dental plan. The Administrator is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.
8. **Benefits under Texas plans** for dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with this program are limited as follows:

Upon request of a newly covered Enrollee, Administrator will provide Benefits for the completion of covered services begun prior to the time his or her coverage became effective. Administrator will not provide coverage for incomplete services that are not otherwise Benefits under the terms and conditions of the Contract. Enrollees may request completion of treatment in progress by calling the Customer Service department at 800-422-4234 during normal business hours, or by sending a written request to Administrator. Whenever possible, an Enrollee should complete treatment in progress with the Dentist who initiated the service. If such Dentist is an out-of-network Dentist, that Dentist must agree to the same terms and conditions that apply to an in-network Dentist in order for Administrator to provide Benefits. Copayments and other cost sharing components will apply. Benefits may be adjusted so that the total paid by the Enrollee and/or coverage provided by all plans is not more than 100 percent of total Allowable Expenses (as defined in the Coordination of Benefits section of the Contract). Should the Enrollee be unable to complete treatment with the Dentist who initiated the service, Administrator will make reasonable and appropriate arrangements for completion of such treatment by a Contract Dentist.

### Exclusions

1. Any procedure not specifically listed under Schedule A, Description of Benefits and Copayments.
2. Any procedure that in the professional opinion of the contracting dentist.
  - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
  - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (external bleaching for home application,

## Exclusions (continued)

per arch), 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, except for treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under age 16.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges) and orthodontic appliances.
6. **Under plans 13A, 14B, 15B and 15C** procedures, appliances or restoration if the purpose is to change verticle dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

**Under plan 48N** procedures, appliances or restoration if the purpose is to change vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ), with the exception of procedures D9951 and D9952 as shown on Schedule A;

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. **Under plans 13A, 14B, 15B AND 48N**, dental services received from any dental facility other than the assigned contracting dentist, an authorized dental specialist, or a contract orthodontist are excluded, except for Emergency Services as described in the contract and/or evidence of coverage (EOC).

**Under plan 15C**, dental services received from any dental facility other than the assigned contracting dentist, including the services of an out-of-network dentist who provides specialized services are excluded unless expressly authorized by the Administrator, or as covered under *Emergency Dental Services* as described in the contract and/or evidence of coverage (EOC).

10. Consultations or other diagnostic services for non-covered benefits.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs and over-the-counter drugs.
13. **Under all plans, except those in Texas**, dental expenses incurred in connection with any dental or orthodontic procedure started before the enrollee's eligibility with the

DeltaCare USA program. Examples include - teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics, unless qualified for the orthodontic treatment in progress provision.

14. Lost, stolen or broken orthodontic appliances.
15. Changes in orthodontic treatment necessitated by accident of any kind.
16. Myofunctional or parafunctional appliances and/or therapies.
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
18. Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.

# DeltaCare USA Limitations and Exclusions — Plans M73 and M74

## Limitations

(Plans available in Alabama, Georgia and Florida)

### THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.

The group dental service contract must be consulted to determine the exact terms and conditions of coverage. Benefits, limitations and exclusions may vary by state. An evidence of coverage booklet will be sent upon enrollment.

1. The frequency of certain Benefits is limited. All frequency limitations are listed in the *Description of Benefits and Copayments*;
2. If the enrollee accepts a treatment plan from the contract dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the enrollee may be charged an additional \$75.00 above the listed copayment for each of these services after the sixth unit has been provided;
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contract oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, D7241);
4. Benefits provided by a contract pediatric dentist are available at 75 percent of the contract specialist's "filed fees." Referral by the assigned contract dentist is required before services are rendered.
5. The cost to an enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the contract orthodontist's usual fee for the treatment plan. The contract orthodontist will prorate the amount for the number of months remaining to complete treatment. The enrollee makes payment directly to the contract orthodontist as arranged.
6. Orthodontic treatment in progress is limited to new DeltaCare USA enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

## Exclusions

1. Any procedure that is not specifically listed under the *Description of Benefits and Copayments* plus;
2. Any procedure that in the professional opinion of the contract dentist:
  - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
  - b. is inconsistent with generally accepted standards for dentistry;
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (external bleaching for home application, per arch), 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, except for the treatment of newborn children with congenital defects or birth abnormalities;

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age;
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges);
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ);
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures;
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant;
9. Consultations for non-covered benefits;
10. Dental services received from any dental facility other than the assigned contracting dentist, including the services of an out-of-network dentist who provides specialized services are excluded unless expressly authorized by the administrator, or as covered under emergency services as described in the contract and/or certificate of coverage (EOC);
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility;
12. Prescription drugs;
13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision;
14. Lost, stolen or broken orthodontic appliances;
15. Changes in orthodontic treatment necessitated by accident of any kind;
16. Myofunctional and parafunctional appliances and/or therapies with the exception of procedure D9940 (occlusal guard, per report);
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances;
18. Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.



# DeltaCare USA Limitations and Exclusions — Plan M92

## Limitations

(Plan available only in Florida)

THIS IS ONLY A BRIEF SUMMARY OF THE PLAN. The group dental service contract must be consulted to determine the exact terms and conditions of coverage. Benefits, limitations and exclusions may vary by state. An evidence of coverage booklet will be sent upon enrollment.

1. The frequency of certain Benefits is limited. All frequency limitations are listed in the *Description of Benefits and Copayments*;
2. If the enrollee accepts a treatment plan from the contract dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the enrollee may be charged an additional \$125.00 above the listed copayment for each of these services after the sixth unit has been provided;
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contract oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, D7241);
4. Benefits provided by a pediatric dentist are limited to children through age seven following an attempt by the assigned contract dentist to treat the child and upon authorization by Delta Dental, less applicable copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis;
5. The cost to an enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the contract orthodontist's usual fee for the treatment plan. The contract orthodontist will prorate the amount for the number of months remaining to complete treatment. The enrollee makes payment directly to the contract orthodontist as arranged.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age;
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges);
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ);
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures;
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant;
9. Consultations for non-covered benefits;
10. Dental services received from any dental facility other than the assigned contract dentist, an authorized dental specialist, or a contract orthodontist except for *emergency services* as described in the contract and/or certificate of coverage;
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility;
12. Prescription drugs;
13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics;

## Exclusions

1. Any procedure that is not specifically listed under the *Description of Benefits and Copayments* plus:
2. Any procedure that in the professional opinion of the contract dentist:
  - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
  - b. is inconsistent with generally accepted standards for dentistry;
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (external bleaching for home application, per arch), 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, except for the treatment of newborn children with congenital defects or birth abnormalities;
14. Lost, stolen or broken orthodontic appliances;
15. Changes in orthodontic treatment necessitated by accident of any kind;
16. Myofunctional and parafunctional appliances and/or therapies with the exception of procedure D9940 (occlusal guard, per report);
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances;
18. Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.

## DeltaCare USA Limitations and Exclusions — Plan M93 (Child-Only Plan)

### Limitations

(Plan available only in Florida)

#### THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.

The group dental service contract must be consulted to determine the exact terms and conditions of coverage. Benefits, limitations and exclusions may vary by state. An evidence of coverage booklet will be sent upon enrollment.

1. The frequency of certain Benefits is limited. All frequency limitations are listed in the *Description of Benefits and Copayments*;
2. Benefits for sealants include the application of sealants only to the permanent first and second molars with no decay, with no restorations and with the occlusal surface intact and do not include the repair or replacement of a sealant on any tooth within three years of its application;
3. Amalgams and composites are benefits for the removal of decay, for minor repairs of tooth structure or to replace a lost or failing restoration.
4. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the contract dentist is not performing root canal therapy;
5. Benefits provided by a pediatric dentist are limited to children through age seven following an attempt by the assigned contract dentist to treat the child and upon authorization by Delta Dental, less applicable copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis;
6. The cost to an enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the contract orthodontist's usual fee for the treatment plan. The contract orthodontist will prorate the amount for the number of months remaining to complete treatment. The enrollee makes payment directly to the contract orthodontist as arranged.
5. Prescription drugs;
6. Restorations placed solely due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth;
7. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ);
8. Extraction of teeth, when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars and orthodontic extractions;
9. Treatment or extraction of primary teeth when exfoliation (normal shedding and loss) is imminent;
10. Any procedure that in the professional opinion of the contract dentist: a) has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or** b) is inconsistent with generally accepted standards for dentistry;
11. Dental services received from any dental facility other than the assigned contract dentist or authorized pediatric dentist except for *emergency services* as described in the contract and/or certificate of coverage;
12. Dental expenses incurred in connection with any dental or orthodontic procedure started before the enrollee's eligibility with the DeltaCare USA program;
13. Lost, stolen or broken orthodontic appliances;
14. Changes in orthodontic treatment necessitated by accident of any kind;
15. Myofunctional and parafunctional appliances and/or therapies with the exception of procedure D9940 (occlusal guard, per report);
16. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

### Exclusions

1. Any procedure that is not specifically listed under the *Description of Benefits and Copayments* plus:
2. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility;
3. Dental expenses incurred in connection with any dental procedures started after terminations of eligibility for coverage;
4. Congenital malformations (e.g. congenitally missing teeth, supernumerary teeth, enamel and dentinal dysplasias, etc.), except for the treatment of newborn children with congenital defects or birth abnormalities;



## Value Proposition

*We keep you smiling®*

### Why do 60 million enrollees trust their smiles to Delta Dental?<sup>1</sup>

Most of our enrollees stay with us year after year<sup>2</sup>, and it's no wonder. Delta Dental sets the industry standard by doing whatever it takes and then some. We deliver:

- Less out-of-pocket. The Delta Dental Difference® saves clients and enrollees billions of dollars a year.<sup>3</sup> Because Delta Dental dentists agree to our determination of fees, clients enjoy extensive cost controls, and enrollees pay less out-of-pocket.
- More dentists. Four out of five dentists<sup>4</sup> nationwide are contracted Delta Dental dentists, giving enrollees convenient access and quality assurance through the nation's largest dentist network.
- Simpler process. Our dental plans are easy to use. No ID card is required to receive services and there are no claim forms to file — Delta Dental dentists do that for you. And because we pay Delta Dental dentists directly, you are responsible only for your share of payment.

<sup>1</sup> Delta Dental of California, Delta Dental of Pennsylvania and Delta Dental Insurance Company, together with our affiliate companies and Delta Dental of New York, Inc., form one of the nation's largest dental benefits delivery systems, covering 26 million enrollees. All of our companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to more than 60 million people in the U.S.

<sup>2</sup> Delta Dental retained 98 percent of our 26 million enrollees in 2012.

<sup>3</sup> Savings due to reduction of premiums or claims liability and patient out-of-pocket costs, based on Delta Dental's cost management report, December 2011.

<sup>4</sup> Proportion of total practicing dentists contracted with Delta Dental based on the Delta Dental Plans Association National Provider File, 2012.

### **Delta Dental's Mission Statement**

To advance dental health and access through exceptional dental benefits service, technology and professional support.

*We keep you smiling®*

Call your broker, participating general agent or one of these Delta Dental sales offices

**Main Office and Regional Sales Office  
Delta Dental Insurance Company (Alabama, Georgia)**

1130 Sanctuary Parkway, Suite 600  
Alpharetta, GA 30009  
888-858-5252  
Email: ATL-GAsales@delta.org

**Regional Sales Office  
(Texas, Louisiana)**

Delta Dental Insurance Company  
1701 Shoal Creek, Suite 240  
Highland Village, TX 75077  
800-775-0523  
Email: DAL-TXsales@delta.org

**Regional Sales Office  
(Florida)**

Delta Dental Insurance Company  
258 Southhall Lane, Suite 350  
Maitland, FL 32751  
800-662-9034  
Email: FLSales@delta.org

**Regional Sales Office  
(Nevada)**

Delta Dental Insurance Company  
5920 South Rainbow, Suite 10  
Las Vegas, NV 89118  
800-791-5653  
Email: NVsales@delta.org

**Regional Sales Office  
(Montana)**

Delta Dental Insurance Company  
(406)-449-0255  
Helena, MT  
800-547-1986  
Email: MTSales@delta.org

**Regional Sales Office  
(Utah)**

Delta Dental Insurance Company  
257 East 200 South, Suite 850  
Salt Lake City, UT 84111  
800-453-5577  
Email: UTsales@delta.org

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**Delta Dental PPO<sup>SM</sup>**

Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, FL, GA, LA, MT, NV and UT. In Texas, Delta Dental Insurance Company provides a Dental Provider Organization (DPO) plan.

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**DeltaCare<sup>®</sup> USA**

DeltaCare USA is underwritten in these states by these entities: AL- Alpha Dental of Alabama, Inc.; FL and GA – Delta Dental Insurance Company; NV – Alpha Dental of Nevada, Inc.; TX – Alpha Dental Programs, Inc. Delta Dental Insurance Company acts as the DeltaCare USA administration in all these states. The companies are financially responsible for their own products.

**In Florida, Delta Dental Insurance Company provides benefits as a prepaid limited health service organization as described in Chapter 636 of the Florida Statutes.**

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Visit Delta Dental's website at:

**deltadentalins.com**



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## The Small Business Program announces. . .

### Delta Dental PPO<sup>SM</sup> plans

#### For business with 2 – 4 eligible employees

AL, FL, GA, LA, MT, NV, TX and UT

Sample of Benefits <sup>1</sup>	Program A	Program VOL 1
	PPO Dentists/ Non-PPO Dentists	PPO Dentists/ Non-PPO Dentists
Employer Contributions	50% to 100%	0% to 49.9%
<b>Diagnostic and Preventive (D&amp;P) Services</b> Oral examinations and cleanings Bitewing x-rays Space maintainers Topical application of fluoride solution	100%	100%
<b>Basic Services</b> Fillings Denture repair Sealants	80%	80%
<b>Major Services</b> Crowns, jackets and cast restorations Prosthodontic services (dentures and bridges)	50%	50%
Endodontics/Periodontics Services (covered under)	Basic	Major
Oral Surgery Services (covered under)	Basic	Major
Waiting Period	None	12 months <sup>2</sup>
Calendar Year Deductible (per person) — Waived for diagnostic and preventive services	\$50/\$150 Yes	\$50/\$150 Yes
Calendar Year Maximum (per person)	\$1,000	\$1,000
D&P Maximum Waiver <sup>®</sup> option <sup>3</sup>	Optional	Not Available
Orthodontic Services	Not a Benefit	Not a Benefit
Available Reimbursement options	PPO <sup>4</sup>	PPO <sup>4</sup>
Available Rate Tier Options	2, 3 or 4 tier	2, 3 or 4 tier

<sup>1</sup> Subject to Limitations and Exclusions. (See Program brochure)

<sup>2</sup> Applies to major services. Waiting period is waived for initial enrollees with proof of prior coverage in this employer's comprehensive dental plan with no break in coverage.

<sup>3</sup> D&P services will not apply toward the enrollee's calendar year maximum benefit amount.

<sup>4</sup> Delta Dental's benefit payment will be based on the lesser of the submitted charge or the PPO provider allowed fee.

## PPO Program Guidelines for businesses with 2 – 4 eligible employees

For complete program guidelines, please see the small business program brochure. Below are exceptions to the brochure guidelines that apply to plans available to businesses with 2 – 4 eligible employees.

<b>Group size</b>	Groups with 2 – 4 eligible employees. Groups must initially enroll and maintain a minimum of two primary enrollees for the duration of the contract.
<b>Participation requirement</b>  (Also applies to PPO requirements for Dual Choice.)	<ul style="list-style-type: none"><li>• For employer contributions of 0% to 49.9%, a minimum of two eligible employees must enroll.</li><li>• For employer contributions of 50% to 74.9%, a minimum of 50% or two eligible employees, whichever is greater, must enroll.</li><li>• For employer contributions of 75% to 99.9%, a minimum of 75% or two eligible employees, whichever is greater, must enroll.</li><li>• For 100% employer contribution for employees, all employees must be enrolled.</li></ul>
<b>Out-of-state employees</b>	<ul style="list-style-type: none"><li>• Groups with 2 - 3 eligible employees: all employees must be located in the state where the contract is written.</li><li>• Groups with 4 eligible employees: one eligible employee may be located outside the state where the contract is written.</li></ul>

### DeltaCare® USA

Starting in January 2014, DeltaCare USA plans are available to businesses with a minimum group size of 2\*.

\*DeltaCare USA is available in AL, FL, GA, NV and TX.

### Delta Dental PPO<sup>SM</sup>

Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, FL, GA, LA, MT, NV and UT. In Texas, Delta Dental Insurance Company provides a Dental Provider Organization (DPO) plan.

### DeltaCare® USA

DeltaCare USA is underwritten in these states by these entities: AL- Alpha Dental of Alabama, Inc.; FL and GA – Delta Dental Insurance Company; NV – Alpha Dental of Nevada, Inc.; TX – Alpha Dental Programs, Inc. Delta Dental Insurance Company acts as the DeltaCare USA administration in all these states. The companies are financially responsible for their own products.

**In Florida, Delta Dental Insurance Company provides benefits as a prepaid limited health service organization as described in Chapter 636 of the Florida Statutes.**

Visit Delta Dental's website at:  
[deltadentalins.com](http://deltadentalins.com)

*We keep you smiling®*

[deltadentalins.com](http://deltadentalins.com)

Florida Only <sup>1</sup> Sample of Benefits <sup>2</sup>	Program F		
	Delta Dental PPO	Delta Dental Premier®	Non- Delta Dental
Employer Contributions	50% to 100%	50% to 100%	50% to 100%
Diagnostic and Preventive (D&P) Services Oral examinations and cleanings One additional cleaning for pregnant women <sup>3</sup> Bitewing x-rays Space maintainers Topical application of fluoride solution	100%	100%	50%
Basic Services Fillings Denture repairs Sealants	80%	80%	50%
Major Services Crowns, jackets, cast restorations and prosthodontic services (dentures and bridges)	50%	50%	50%
Endodontics/Periodontics Services (covered under)	Basic	Basic	Basic
Oral Surgery Services (covered under)	Basic	Basic	Basic
Waiting Period	None	None	None
Calendar Year Deductible (per person)	\$50/\$150		
— Waived for diagnostic and preventive services	Yes	No	
Calendar Year Maximum (per person)	\$1,000	\$750	
D&P Maximum Waiver® option <sup>4</sup>	Optional		
Orthodontic Services (Optional) Children only Lifetime ortho maximum options Calendar year maximum	50% \$1,000 or \$1,500 Not Applicable		
Available Reimbursement Options	PPO <sup>5</sup> or PPO Plus Premier <sup>6</sup>		
Available Rate Tier Options	2, 3 or 4 tier		

<sup>1</sup> Available only to employers headquartered in Florida with a minimum of five eligible employees.

<sup>2</sup> Refer to the marketing brochure for Program Guidelines and Limitations and Exclusions.

<sup>3</sup> If the enrollee is pregnant, Delta Dental will pay for the following additional services per calendar year: one additional oral evaluation and either one additional routine cleaning or one additional periodontal scaling and root planing per quadrant.

<sup>4</sup> D&P services will not apply toward the enrollee's calendar year maximum benefit amount.

<sup>5</sup> Delta Dental's benefit payment will be based on the lesser of the submitted charge or the PPO provider allowed fee.

<sup>6</sup> Delta Dental's benefit payment will be based on the lesser of the submitted charge or the contracted dentist's provider allowed fee. Non-contracted dentists are paid the lesser of the submitted fee or the fee charged by dentists of similar training in the same geographical area.

Delta Dental PPO<sup>SM</sup> is underwritten by Delta Dental Insurance Company in AL, FL, GA, LA, MT, NV and UT. In Texas, Delta Dental Insurance Company provides a Dental Provider Organization (DPO) plan.