

Delta Dental of Virginia Small Group Product Portfolio

	Non/Contributory Plans				Voluntary Plans				
	Delta Dental PPO SM plus Premier	Delta Dental PPO plus Premier**			Delta Dental PPO	Delta Dental Premier [®]	Delta Dental PPO plus Premier** and Delta Dental Premier		
Plan Names	2-99 employees aXcess [™]	5-99 employees Passive Option 1 - Active Option 2 - Active			5-99 employees EPN ¹	5-99 employees Delta Dental Premier	10-300 employees Delta Dental PPO plus Premier - Passive Delta Dental PPO plus Premier - Active Delta Dental Premier		
Deductible	\$50 lifetime	\$0, \$25 or \$50 annual			\$0, \$25 or \$50 annual	\$0, \$25 or \$50 annual	\$25 or \$50 annual		
Network	PPO/Premier & OON	PPO/Premier & OON	PPO/Premier & OON	PPO/Premier & OON	PPO only, no OON	Premier/OON	PPO/Premier & OON	PPO/Premier & OON	Premier/OON
Type I – Diagnostic and Preventive Care – No Deductible									
Oral exams and cleanings	100/100%	100/100%	100/100%	100/90%	100/0%	100/100%	100/100%	100/100%	100/100%
Sealants	100/100%	100/100%	100/100%	100/90%	100/0%	100/100%	100/100%	100/100%	100/100%
X-rays	100/100%	100/100%	100/100%	100/90%	100/0%	100/100%	100/100%	100/100%	100/100%
Type II – Basic Dental Care – Deductible Applies									
Amalgam or Composite (white) fillings	80/80%	80/80%	90/80%	80/70%	80/0%	80/80%	80/80%	90/80%	80/80%
Simple extractions	80/80%	80/80%	90/80%	80/70%	80/0%	80/80%	80/80%	90/80%	80/80%
Denture repair, recementation of crowns and repair of bridges and crowns	80/80%	80/80%	90/80%	80/70%	80/0%	80/80%	80/80%	90/80%	80/80%
Endodontic/Periodontic/Complex oral surgery	covered as Type III	choice of 80/80% or move to Type III	choice of 90/80% or move to Type III	choice of 80/70% or move to Type III	choice of 80/0% or move to Type III	choice of 80/80% or move to Type III	choice of 80/80% or move to Type III	choice of 90/80% or move to Type III	choice of 80/80% or move to Type III
Waiting period for Type II benefits	none	none	none	none	none	none	none	none	none
Type III – Major Dental Care – Deductible Applies									
Endodontic/Periodontic/Complex oral surgery	choice of 10% or 25% for Type III benefits	50/50% if moved to Type III	60/50% if moved to Type III	50/50% if moved to Type III	50/0% if moved to Type III	50/50% if moved to Type III	50/50% if moved to Type III	60/50% if moved to Type III	50/50% if moved to Type III
Crowns		50/50%	60/50%	50/50%	50/0%	50/50%	50/50%	60/50%	50/50%
Prosthetics/dentures/bridges		50/50%	60/50%	50/50%	50/0%	50/50%	50/50%	60/50%	50/50%
Implants		50/50%	60/50%	50/50%	50/0%	50/50%	50/50%	60/50%	50/50%
Waiting period for Type III benefits	none	choice of 0, 6 or 12 months	choice of 0, 6 or 12 months	choice of 0, 6 or 12 months	choice of 0, 6 or 12 months	choice of 0, 6 or 12 months	choice of 6 or 12 months	choice of 6 or 12 months	choice of 6 or 12 months
Type IV – Orthodontic Benefits* – No Deductible									
Orthodontic Services	choice of 10% or 25% for Type IV benefits	50/50%	50/50%	50/50%	50/0%	50/50%	50/50%	50/50%	50/50%
Waiting period for Type IV benefits	none	choice of 0, 6 or 12 months	choice of 0, 6 or 12 months	choice of 0, 6 or 12 months	choice of 0, 6 or 12 months	choice of 0, 6 or 12 months	12 months	12 months	12 months
Orthodontic lifetime maximum benefit	\$500	match annual max	match annual max	match annual max	match annual max	match annual max	match annual max	match annual max	match annual max
Annual Maximum Benefit	\$2,000	choice of \$1,000, \$1,250, \$1,500, \$2,000 or \$2,500			choice of \$1,000, \$1,250, \$1,500, \$2,000 or \$2,500	choice of \$1,000, \$1,250, \$1,500, \$2,000 or \$2,500	choice of \$1,000, \$1,250, \$1,500, \$2,000 or \$2,500		

FOR COMPARISON USE ONLY Certain benefits have waiting periods and limitations. Please see plan provisions for details.

*Orthodontic coverage is available to groups with 10+ employees enrolled (minimum of 2 enrolled for aXcess). Non/Contributory plans cover orthodontic services for adults and dependent children.

Voluntary plans cover orthodontic services for dependent children only up to age 19.

**Delta Dental PPO plus Premier passive and active plans are available in the following areas of Virginia: Hampton Roads/Tidewater, Richmond, and Northern Virginia Metropolitan.

¹Delta Dental PPO Exclusive Provider Network (EPN) is available to groups in the following areas of Virginia: Hampton Roads/Tidewater, Richmond, and Northern Virginia Metropolitan. Enrollees must visit a Delta Dental PPO participating dentist to receive benefits. Services received by any dentist that does not participate in Delta Dental's PPO network will not be covered, with the exception of emergency services. Emergency services provided by non-participating dentists are limited to a maximum of \$50 per contract year.

Dental coverage you can smile about

We offer a wide variety of plan options to suit your clients' benefit needs, each with built in flexibility. We also offer features that maximize the benefits received by employees, including....

MaxOver Benefit

Delta Dental's MaxOver™ benefit rewards members who receive preventive care services by allowing them to roll over a portion of their annual maximum for use in future years. Generally, members are eligible for MaxOver if they meet the following criteria:

- Members must have at least one preventive exam during their benefit period.
- Members with natural teeth must have at least one cleaning during their benefit period (this requirement is waived for members who have no natural teeth).
- Claims paid during the benefit period must be less than the MaxOver claims threshold.
- Waiting periods on Major Services (if applicable) must be met*.

How does MaxOver work?

Example:

Plan's annual maximum benefit allowance	\$1,500
Submit claims up to	\$750
MaxOver amount added to next benefit period	\$375
Total annual maximum benefit for the next benefit period	\$1,875

In this example, an employee can submit claims up to \$750, including a minimum of one required claim for a preventive exam and/or cleaning. If the employee does not exceed \$750 in claims during the benefit period, they will receive an additional \$375, or \$1,875 total, for their next benefit period. The employee can continue to add \$375

in future benefit periods, up to a maximum carryover of an additional \$1,500, or \$3,000 total annual maximum benefit.

MaxOver benefits

MaxOver benefits are determined three months after the end of the group benefit period. Members who have qualified for a deposit into their MaxOver account or have a MaxOver account balance will receive a report showing details. The employer will also receive a group level report.

MaxOver annual rollover limits

MaxOver annual rollover amounts are based on a percentage of the annual maximum benefit. Also, the total MaxOver account limit can never exceed the annual maximum benefit. The following chart represents Delta Dental's annual maximum benefit and the correlating MaxOver amounts:

Annual Maximum Benefit	Claims Threshold	Annual MaxOver Amount	MaxOver Account Limit
\$1,000	\$500	\$250	\$1,000
\$1,250	\$625	\$300	\$1,250
\$1,500	\$750	\$375	\$1,500
\$2,000	\$1,000	\$500	\$2,000
\$2,500	\$1,250	\$625	\$2,500

*Orthodontic Services, if covered, are excluded from the MaxOver program.

Which Plan Is Best for Your Client?

Delta Dental offers a wide choice of benefits plans structured around our Delta Dental Premier and Delta Dental PPO networks. With the largest network of dentists in Virginia and the country, we make it easy to find the right plan for your client.

Basic Coverage for Smaller Businesses – Delta Dental aXcess

Designed specifically for groups on a limited budget with 2-99 employees, aXcess provides a wide choice of dentists and coverage for most basic dental services.

The Most Value for Benefits Dollars – Delta Dental PPO Exclusive Provider Network (EPN)

A cost-effective option available to groups in Hampton Roads/Tidewater, Richmond and Northern Virginia Metropolitan areas that provides covered benefits to employees only when they visit Delta Dental PPO participating dentists. Services provided by any other dentist will not be covered, except in the event of an emergency.

Choice Plus Cost Controls – Delta Dental PPO plus Premier

This plan helps control bottom line costs while giving employees the advantage of a dual network "safety net". Members have the option to select from the Delta Dental PPO network for the greatest level of savings, or the Delta Dental Premier network for a wider selection of dentists at a slightly higher cost. Members will also receive benefits if they choose a non-participating dentist; however, costs are lower if they choose a Delta Dental participating dentist.

The Most Choice – Delta Dental Premier

Members have access to the biggest network of dentists in the state, and across the country. This extensive access to dentists comes at a slightly higher cost than other plans; however, members will benefit from the wide-ranging coverage options available, as well as the ability to visit non-participating dentists and still receive benefits, at a slightly higher out-of-pocket cost.