

Delta Dental of Virginia Small Group Product Portfolio

	Delta Dental PPO plus Premier	Delta Dental PPO		Delta Dental Premier		Voluntary Plans			
	2-99 employees	5-99 employees		5-99 employees		10-300 employees			
Plan Names	aXcess™	Option 1	Option 2	Advantage	Select**	Delta Dental PPO Gold	Delta Dental PPO Silver	Delta Dental Premier Gold	Delta Dental Premier Silver
Annual Deductible	\$50 lifetime	\$25 or \$50		\$0,** \$25 or \$50		\$25 or \$50			
TYPE I - Diagnostic and Preventive Care — No deductible		PPO/Premier	PPO/Premier			PPO/Premier	PPO/Premier	Premier	Premier
Oral exams and cleanings	100%	100/100%	100/90%	100%	100%	100/100%	100/100%	100%	100%
Sealants	100%	100/100%	100/90%	100%	100%	100/100%	100/100%	100%	100%
X-rays	100%	100/100%	100/90%	100%	100%	100/100%	100/100%	100%	100%
TYPE II - Basic Dental Care — Deductible applies									
Amalgam or Composite (white) fillings	80%	90/80%	80/70%	80%	50%	90/80%	60/50%	80%	50%
Simple extractions	80%	90/80%	80/70%	80%	50%	90/80%	60/50%	80%	50%
Denture repair, recementation of crowns, and repair of bridges and crowns	covered as Type III	90/80%	80/70%	80%	50%	90/80%	60/50%	80%	50%
Endodontic/Periodontic/Complex oral surgery	covered as Type III	choice of 90/80% or move to Type III	choice of 80/70% or move to Type III	choice of 80% or move to Type III	choice of 50% or move to Type III	choice of 90/80% or move to Type III	choice of 60/50% or move to Type III	choice of 80% or move to Type III	choice of 50% 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	choice of 60/50% or move to Type II	choice of 50/50% or move to Type II	choice of 50% or move to Type II	choice of 50% or move to Type II	choice of 60/50% or move to Type II	choice of 60/50% or move to Type II	choice of 50% or move to Type II	choice of 50% or move to Type II
Crowns		60/50%	50/50%	50%	50%	60/50%	60/50%	50%	50%
Prostodontics/dentures/bridges		60/50%	50/50%	50%	50%	60/50%	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	12 months	12 months	12 months	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%	50/50%	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	12 months	12 months	12 months	12 months
Ortho lifetime benefit maximum	\$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 Benefit Maximum	\$2,000	Choice of \$1,000, \$1,250, \$1,500 or \$2,000**		Choice of \$1,000, \$1,250, \$1,500 or \$2,000**	Choice of \$750, \$1,000 or \$1,250	Choice of \$1,000, \$1,250 or \$1,500	\$1,000	Choice of \$1,000, \$1,250 or \$1,500	\$1,000

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 with the exception of the aXcess™ Plan. * Voluntary Plans cover dependent children up to age 19.
 ** The Select plan, \$0 annual deductible and \$2,000 annual benefit maximum are available to groups with 50+ employees enrolled.

Dental coverage you can smile about

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

MaxOver™ Benefits

Delta Dental's new MaxOver Benefit rewards members who receive preventive care services by allowing them to rollover 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 and cleaning during their benefit period.
- Claims paid during the benefit period must be less than the MaxOver claims threshold.
- Waiting periods on Major Services (if applicable) have been met*.

How does MaxOver work?

Here's an example of how the new MaxOver will work:

Example: Plan's Annual Benefit Maximum	\$1,250
Claim Threshold	\$625
Annual MaxOver Amount	\$300
MaxOver Account Limit	\$1,250

In this example, an employee can submit claims up to \$625, including a minimum of one required claim for a preventive exam and cleaning. If the employee does not exceed \$625 in claims during the benefit period, they will receive \$300 in additional Annual Benefit Maximum in the next benefit period, or \$1,550. The employee can continue to add \$300 in future benefit periods, up to a maximum carryover of an additional \$1,250, or \$2,500 total Annual Benefit Maximum.

Healthy Smile, Healthy You™

A healthy mouth can create a healthier body

Recent research indicates growing evidence that connects oral health to overall general health. Delta Dental's Healthy Smile, Healthy You is designed specifically with our members in mind to provide additional benefits for two important health problems connected to oral health: Pregnancy and Diabetes.

Here's how it works:

- Pregnant members enrolled in the program are eligible for one additional cleaning or periodontal maintenance procedure during the term of their pregnancy, regardless of normal plan frequency limits.
- Diabetic members enrolled in the program are eligible for one additional cleaning or periodontal maintenance procedure beyond the ordinary limit per benefit period.

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 will receive a report showing details. Members who have a MaxOver Account Balance will also receive a detailed accounting. 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 benefit maximum. Also, the total MaxOver account limit can never exceed the annual benefit maximum. The following chart represents Delta Dental's Annual Benefit Maximums and the correlating MaxOver amounts:

Annual Benefit Maximums	Claims Threshold	Annual MaxOver Amount	MaxOver Account Limit
\$750	\$375	\$175	\$750
\$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

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

Delta Dental provides all enrollment and educational materials so members can easily learn about these new *Healthy Smile, Healthy You* benefits. Enrollment is simple with an easy, one-page form submitted by mail or fax. Additional information, including enrollment forms, are available on deltadentalva.com.



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