



## 2017 Small Group Plans – Employer-Paid for 2-99 Employees

Network Name	Delta Dental PPO <sup>SM</sup> plus Premier			
Plan name	aXcess <sup>TM</sup> 10 <sup>†</sup>	aXcess <sup>TM</sup> 25 <sup>†</sup>	aXcess <sup>TM</sup> 50*	Choice**
Deductible	\$50 lifetime per person			\$50 annual per person
Annual maximum benefit	\$2,000 per person			\$1,000 per person
Networks	PPO   Premier   OON			PPO   Premier   OON
<b>Type I – Diagnostic and Preventive Care – No deductible. No benefit waiting period.</b>				
Oral exams and cleanings	100%   100%   100%			80%   80%   80%
Fluoride applications	100%   100%   100%			80%   80%   80%
Sealants	100%   100%   100%			80%   80%   80%
X-rays	100%   100%   100%			80%   80%   80%
<b>Type II – Basic Dental Care – Deductible applies. No benefit waiting period.</b>				
Amalgam or composite fillings – all teeth	80%   80%   80%			60%   60%   60%
Simple extractions	80%   80%   80%			60%   60%   60%
Denture repair and recementation of crowns and bridges	80%   80%   80%			60%   60%   60%
<b>Type III – Major Dental Care – Deductible applies. No benefit waiting period on aXcess. 12 months on Choice.</b>				
Endodontic/periodontic/complex oral surgery	10%   10%   10%	25%   25%   25%	50%   50%   50%	50%   50%   50%
Crowns	10%   10%   10%	25%   25%   25%	50%   50%   50%	50%   50%   50%
Prostodontics/dentures/bridges	10%   10%   10%	25%   25%   25%	50%   50%   50%	50%   50%   50%
Implants	10%   10%   10%	25%   25%   25%	50%   50%   50%	50%   50%   50%
<b>Type IV – Orthodontic Benefits<sup>†</sup> – No deductible. No benefit waiting period.</b>				
Orthodontic services	10%   10%   10%	25%   25%   25%	N/A	N/A
Lifetime maximum benefit	\$500	\$500	N/A	N/A

OON = Out-of-Network

NOTE: See plan provisions for exclusions and limitations. \*aXcess 50 is available to groups with two to four eligible employees. \*\*Choice plan may be offered as employer-paid or voluntary. †aXcess 10 and aXcess 25 cover orthodontic services for adults and dependent children.



## 2017 Small Group Plans - Employer-Paid for 5-99 Employees

Network Name	Delta Dental PPO <sup>SM</sup> plus Premier			Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>*</sup>
Plan name	Passive	Active - Option 1	Active - Option 2	PPO <sup>†</sup>	Premier
Deductible	Choice of \$0, \$25 or \$50 annual per person; limited to three per family				
Annual maximum benefit	Choice of \$1,000, \$1,250, \$1,500, \$2,000, \$2,500 or \$5,000 per person				
Networks	PPO   Premier   OON				Premier   OON
<b>Type I - Diagnostic and Preventive Care - No deductible. No benefit waiting period.</b>					
Oral exams and cleanings	100%   100%   100%		100%   90%   90%	100%   100%   100%	100%   100%
Fluoride applications	100%   100%   100%		100%   90%   90%	100%   100%   100%	100%   100%
Sealants	100%   100%   100%		100%   90%   90%	100%   100%   100%	100%   100%
X-rays	100%   100%   100%		100%   90%   90%	100%   100%   100%	100%   100%
<b>Type II - Basic Dental Care - Deductible applies. No benefit waiting period.</b>					
Amalgam or composite fillings - choice of all teeth or six front only	80%   80%   80%	90%   80%   80%	80%   70%   70%	80%   80%   80%	80%   80%
Simple extractions	80%   80%   80%	90%   80%   80%	80%   70%   70%	80%   80%   80%	80%   80%
Denture repair and recementation of crowns and bridges	80%   80%   80%	90%   80%   80%	80%   70%   70%	80%   80%   80%	80%   80%
Endodontic/periodontic/complex oral surgery*	Choice of 80%   80%   80% or move to Type III 50%   50%   50%	Choice of 90%   80%   80% or move to Type III 60%   50%   50%	Choice of 80%   70%   70% or move to Type III 50%   50%   50%	Choice of 80%   80%   80% or move to Type III 50%   50%   50%	Choice of 80%   80% or move to Type III 50%   50%
<b>Optional Type III - Major Dental Care - Deductible applies. Choice of 0, 6 or 12 month benefit waiting period.</b>					
Crowns	50%   50%   50%	60%   50%   50%	50%   50%   50%	50%   50%	50%   50%
Prostodontics/dentures/bridges	50%   50%   50%	60%   50%   50%	50%   50%   50%	50%   50%	50%   50%
Implants	50%   50%   50%	60%   50%   50%	50%   50%   50%	50%   50%	50%   50%
<b>Optional Type IV - Orthodontic Benefits** - No deductible. Choice of 0, 6 or 12 month benefit waiting period.</b>					
Orthodontic services	50%   50%   50%				50%   50%
Lifetime maximum benefit	Match annual max (up to \$2,500)				

OON = Out-of-Network

NOTE: See plan provisions for exclusions and limitations. <sup>†</sup>Members may visit any dentist but reimbursement will be based on Delta Dental's PPO allowance. Premier dentists may balance bill the difference between the PPO and Premier allowances. \*If moved to Type III, selected benefit waiting period applies. \*\*Orthodontic coverage is available to groups with ten or more employees enrolled. If orthodontic benefits are selected, adults and dependent children are covered.



## 2017 Small Group Plans

### Voluntary (Employee-Paid) for 5-300 Employees

Network Name	Delta Dental PPO <sup>SM</sup> plus Premier			Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup>
Plan name	Passive	Active - Option 1	Active - Option 2	PPO <sup>†</sup>	Premier
Deductible	Choice of \$25 or \$50 annual annual per person; limited to three per family				
Annual maximum benefit	Choice of \$1,000, \$1,250, \$1,500, \$2,000, \$2,500 or \$5,000 per person				
Networks	PPO   Premier   OON				Premier   OON
<b>Type I - Diagnostic and Preventive Care - No deductible. No benefit waiting period.</b>					
Oral exams and cleanings	100%   100%   100%		100%   90%   90%	100%   100%   100%	100%   100%
Fluoride applications	100%   100%   100%		100%   90%   90%	100%   100%   100%	100%   100%
Sealants	100%   100%   100%		100%   90%   90%	100%   100%   100%	100%   100%
X-rays	100%   100%   100%		100%   90%   90%	100%   100%   100%	100%   100%
<b>Type II - Basic Dental Care - Deductible applies. No benefit waiting period.</b>					
Amalgam or composite fillings - choice of all teeth or six front only	80%   80%   80%	90%   80%   80%	80%   70%   70%	80%   80%   80%	80%   80%
Simple extractions	80%   80%   80%	90%   80%   80%	80%   70%   70%	80%   80%   80%	80%   80%
Denture repair and recementation of crowns and bridges	80%   80%   80%	90%   80%   80%	80%   70%   70%	80%   80%   80%	80%   80%
Endodontic/periodontic/complex oral surgery*	Choice of 80%   80%   80% or move to Type III 50%   50%   50%	Choice of 90%   80%   80% or move to Type III 60%   50%   50%	Choice of 80%   70%   70% or move to Type III 50%   50%   50%	Choice of 80%   80%   80% or move to Type III 50%   50%   50%	Choice of 80%   80% or move to Type III 50%   50%
<b>Optional Type III - Major Dental Care - Deductible applies. Choice of 6 or 12 month benefit waiting period.</b>					
Crowns	50%   50%   50%	60%   50%   50%	50%   50%   50%	50%   50%	
Prosthetics/dentures/bridges	50%   50%   50%	60%   50%   50%	50%   50%   50%	50%   50%	
Implants	50%   50%   50%	60%   50%   50%	50%   50%   50%	50%   50%	
<b>Optional Type IV - Orthodontic Benefits** - No deductible. 12 month benefit waiting period.</b>					
Orthodontic services	50%   50%   50%				50%   50%
Lifetime maximum benefit	Match annual max (up to \$2,500)				

OON = Out-of-Network

NOTE: See plan provisions for exclusions and limitations. <sup>†</sup>Members may visit any dentist but reimbursement will be based on Delta Dental's PPO allowance. Premier dentists may balance bill the difference between the PPO and Premier allowances. \*If moved to Type III, benefit waiting period applies. \*\*Orthodontic coverage is available to groups with ten or more employees enrolled. If orthodontic benefits are selected, dependent children up to age 19 are covered.



## 2017 Small Group Exchange-Certified Pediatric Plans Employer-Paid or Voluntary (Employee-Paid) for 2-99 Employees

Network Name	Delta Dental PPO <sup>SM</sup> plus Premier	
Plan name	Preferred*	Basic
Annual deductible	\$50 per person; limited to three per family	
Annual benefit maximum	Unlimited per person	
Annual maximum out-of-pocket	\$350 - individual \$700 - family	
Benefit waiting periods	None	
Networks	PPO   Premier   OON	
<b>Type I - Diagnostic and Preventive Care</b>	<i>No Deductible</i>	<i>Deductible Applies</i>
Oral exams and cleanings	100%   100%   100%	
Fluoride applications	100%   100%   100%	
Sealants	100%   100%   100%	
X-rays	100%   100%   100%	
<b>Type II - Basic Dental Care</b>	<i>Deductible Applies</i>	
Amalgam or composite fillings - all teeth	80%   80%   80%	60%   60%   60%
Simple extractions	80%   80%   80%	60%   60%   60%
Denture repair and recementation of crowns and bridges	80%   80%   80%	60%   60%   60%
<b>Type III - Major Dental Care</b>	<i>Deductible Applies</i>	
Endodontic/periodontic/complex oral surgery	50%   50%   50%	
Crowns	50%   50%   50%	
Prostodontics/dentures/bridges	50%   50%   50%	
<b>Type IV - Orthodontic Benefits</b>	<i>No Deductible</i>	
Medically-necessary orthodontic services	50%   50%   50%	
Orthodontic lifetime maximum benefit	Unlimited	

OON = Out-of-Network

NOTE: See plan provisions for exclusions and limitations. \*The Exchange-Certified Pediatric Preferred benefits are available to amend any traditional plan if needed. See page 5 for details.