

NEW! 2018 Small Group Delta Dental PPOSM — EPO Plan Design
 Employer-Paid for 5-99 Employees or Voluntary for 5-300 Employees

Network Name	Delta Dental PPO SM — EPO Plan Design	
Plan name	CP360	CP140
Annual deductible	No deductible	
Annual benefit maximum	\$3,000	\$2,000
Networks	PPO only — no OON benefit	
Type I — Diagnostic and Preventive Care — No benefit waiting period.		
Oral exams and cleanings	No cost	No cost
Fluoride applications	No cost	No cost
Sealants	\$10	\$15
X-rays	No cost	No cost
Type II — Basic Dental Care — No benefit waiting period.		
Amalgam or composite fillings	Fixed copayment* Please reference the complete copayment schedule by logging into the Broker Section at DeltaDentalVA.com .	
Simple extractions		
Endodontic/periodontic/ complex oral surgery		
Type III — Major Dental Care — No benefit waiting period.		
Denture repair and recementation of crowns and bridges	Fixed copayment* Please reference the complete copayment schedule by logging into the Broker Section at DeltaDentalVA.com .	
Crowns		
Prosthodontics/dentures/bridges		
Type IV — Orthodontic Benefits** — No benefit waiting period.		
Orthodontic services	50%	
Lifetime maximum benefit	\$2,000 per person	

OON = Out-of-Network

NOTE: The Delta Dental PPO — EPO Plan Design does not include out-of-network benefits. You must visit a Delta Dental PPO provider. Please refer to your plan provisions for exclusions and limitations for more information. *See copayment schedule in the Broker Section at DeltaDentalVA.com for a complete listing of covered benefits. **Orthodontic coverage for adult and dependent children is included for all groups.

2018 Small Group Plans — Employer-Paid for 5-99 Employees

Network Name	Delta Dental PPO SM plus Premier			Delta Dental PPO SM	Delta Dental Premier [®]
Plan name	Passive	Active - Option 1	Active - Option 2	Passive [†]	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
Type I — Diagnostic and Preventive Care — No deductible. No benefit waiting period.					
Oral exams and cleanings	100% 100% 100%	100% 100% 100%	100% 90% 90%	100% 100% 100%	100% 100%
Fluoride applications	100% 100% 100%	100% 100% 100%	100% 90% 90%	100% 100% 100%	100% 100%
Sealants	100% 100% 100%	100% 100% 100%	100% 90% 90%	100% 100% 100%	100% 100%
X-rays	100% 100% 100%	100% 100% 100%	100% 90% 90%	100% 100% 100%	100% 100%
Type II — Basic Dental Care — Deductible applies. No benefit waiting period.					
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%
Optional Type III — Major Dental Care — Deductible applies. Choice of 0, 6 or 12 month benefit waiting period.					
Crowns	50% 50% 50%	60% 50% 50%	50% 50% 50%	50% 50% 50%	50% 50%
Prosthetics/dentures/bridges	50% 50% 50%	60% 50% 50%	50% 50% 50%	50% 50% 50%	50% 50%
Implants	50% 50% 50%	60% 50% 50%	50% 50% 50%	50% 50% 50%	50% 50%
Optional Type IV — Orthodontic Benefits** — No deductible. Choice of 0, 6 or 12 month benefit waiting period.					
Orthodontic services	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. [†]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.

2018 Small Group Plans — Employer-Paid for 2-99 Employees

Network Name	Delta Dental PPO SM plus Premier		
Plan name	aXcess™ 25 [†]	aXcess™ 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
Type I — Diagnostic and Preventive Care — No deductible. No benefit waiting period.			
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%
Type II — Basic Dental Care — Deductible applies. No benefit waiting period.			
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%
Type III — Major Dental Care — Deductible applies. No benefit waiting period on aXcess. 12 months on Choice.			
Endodontic/periodontic/complex oral surgery	25% 25% 25%	50% 50% 50%	50% 50% 50%
Crowns	25% 25% 25%	50% 50% 50%	50% 50% 50%
Prostodontics/dentures/bridges	25% 25% 25%	50% 50% 50%	50% 50% 50%
Implants	25% 25% 25%	50% 50% 50%	50% 50% 50%
Type IV — Orthodontic Benefits[†] — No deductible. No benefit waiting period.			
Orthodontic services	25% 25% 25%	N/A	N/A
Lifetime maximum benefit	\$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. Additionally, there is no minimum participation or contribution for the Choice plan. †aXcess 25 covers orthodontic services for adults and dependent children.

2018 Small Group Plans — Voluntary (Employee-Paid) for 5–300 Employees

Network Name	Delta Dental PPO SM plus Premier			Delta Dental PPO SM	Delta Dental Premier [®]
Plan name	Passive	Active - Option 1	Active - Option 2	Passive [†]	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
Type I — Diagnostic and Preventive Care — No deductible. No benefit waiting period.					
Oral exams and cleanings	100% 100% 100%	100% 100% 100%	100% 90% 90%	100% 100% 100%	100% 100%
Fluoride applications	100% 100% 100%	100% 100% 100%	100% 90% 90%	100% 100% 100%	100% 100%
Sealants	100% 100% 100%	100% 100% 100%	100% 90% 90%	100% 100% 100%	100% 100%
X-rays	100% 100% 100%	100% 100% 100%	100% 90% 90%	100% 100% 100%	100% 100%
Type II — Basic Dental Care — Deductible applies. No benefit waiting period.					
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 re cementation 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%
Optional Type III — Major Dental Care — Deductible applies. Choice of 6 or 12 month benefit waiting period.					
Crowns	50% 50% 50%	60% 50% 50%	50% 50% 50%	50% 50% 50%	50% 50%
Prosthodontics/dentures/bridges	50% 50% 50%	60% 50% 50%	50% 50% 50%	50% 50% 50%	50% 50%
Implants	50% 50% 50%	60% 50% 50%	50% 50% 50%	50% 50% 50%	50% 50%
Optional Type IV — Orthodontic Benefits** — No deductible. 12 month benefit waiting period.					
Orthodontic services	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. [†]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.

2018 Small Group Exchange-Certified Family Plan Employer-Paid or Voluntary (Employee-Paid) for 2-99 Employees

Network Name	Delta Dental PPO SM plus Premier
Annual deductible	\$50 per person; limited to three per family
Annual maximum benefit	Unlimited for individuals under age 19. Choice of \$1,000 or \$2,000 for covered individuals age 19 and over.
Annual maximum out-of-pocket	\$700 for one individual under age 19 \$1,400 for two or more individuals under age 19
Benefit waiting periods	None
Networks	PPO Premier OON
Type I – Diagnostic and Preventive Care	<i>No Deductible</i>
Oral exams and cleanings	100% 100% 100%
Fluoride applications	100% 100% 100%
Sealants	100% 100% 100%
X-rays	100% 100% 100%
Type II – Basic Dental Care	<i>Deductible Applies</i>
Amalgam or composite fillings – all teeth	80% 80% 80%
Simple extractions	80% 80% 80%
Endodontic/periodontic/ complex oral surgery	80% 80% 80%
Type III – Major Dental Care	<i>Deductible Applies</i>
Denture repair and recementation of crowns and bridges	50% 50% 50%
Crowns	50% 50% 50%
Prostodontics/dentures/bridges	50% 50% 50%
Type IV – Orthodontic Benefits*	<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. *Orthodontic services apply to individuals under age 19.