



Why Sell Delta Dental?

From our online quoting tool and broker toolkit, to an expert support team dedicated to helping you manage commissions and group service, we make your life easier.

Plus, our customer service team was recently recognized as first in the country by Benchmark Portal. With a 94 percent customer satisfaction rating* and a Certified Center of Excellence Award from Purdue University, our customer service team makes satisfaction a priority.

What makes your clients smile?

- **Service beyond the sale** — In addition to dedicated sales and marketing administration teams, DeltaDentalVA.com makes 24/7 benefits administration easier than ever.
- **Customized plans** — Our dental plans have a variety of benefit combinations.
- **Additional features** — All of our plans include additional features that reward employees who practice preventive care.

- **The benefits of experience** — We've been administering dental benefits for more than 50 years.
- **Customer focus** — Our primary goal is a positive customer experience. We provide that through accurate claims processing, easy administration, personalized service and a commitment to advancing oral health for all Virginians.
 - Average speed of answer = 16 seconds*
 - First call resolution = 99.7%*
 - Claims turnaround = 99.9% within 15 days*
 - Customer satisfaction = 94%*

We know your reputation is on the line every time you recommend a dental carrier. The country's largest network of dentists, a focus on preventive care, award-winning customer service and state-of-the-art claims processing* will give you the confidence to recommend Delta Dental every time.

*Delta Dental of Virginia, August 2019



Delta Dental Products

Our dental plans are designed to meet the needs of your clients. Our products are flexible, allowing you to customize plans with a choice of deductibles, annual maximums, coinsurance or copayment options and network access.

Delta Dental PPO™

Delta Dental PPO provides a unique combination of price and benefit. PPO members will receive the best discount when they visit a PPO dentist, but they still have access to one of the largest networks in the nation — Delta Dental Premier®. However, if a member visits a Premier or out-of-network provider, they may be balance-billed. They will not be balance-billed when visiting a PPO dentist.

Delta Dental PPO plus Premier™

Delta Dental PPO plus Premier also provides outstanding value and options. We offer a variety of plans in the Delta Dental PPO plus Premier design, allowing groups to choose a plan that suits their needs. Members may be balance-billed when visiting an out-of-network provider but will not be balance-billed when they see a Delta Dental in-network PPO or Premier dentist.

Delta Dental PPO™ — EPO Plan Design

Delta Dental PPO — EPO Plan Design replaces DeltaCare®. It is a fixed copay-style plan that uses our PPO network exclusively, which is more than nine times larger than the DeltaCare network.* One of the benefits of a copay-style plan is that members will know their cost before they see the dentist. So there are no surprises.

This Small Group Broker Dental kit provides benefit summaries, Underwriting Guidelines, Plan Provisions and instructions on enrolling a group.

If you have questions, call your Delta Dental sales representative or 888-335-8216.

*Delta Dental Plans Association, 2019

Plan Provisions

Delta Dental Benefit Limitations

Annual deductible — group choice of deductible. Limit of three per family per contract year (deductible does not apply to Type I or Type IV services). The aXcess™ product features a lifetime deductible. Under aXcess, once a covered member meets the required deductible, future covered services will be paid as though there is no deductible for the lifetime of the contract.

- Oral exams and cleanings are covered twice each 12-consecutive month period.
- Sealants: only for non-carious, non-restored first and second permanent molars for enrollees under the age of 16, one application per tooth.
- Bitewing radiographic images (X-rays) are covered once each 12-consecutive month period, limited to four films in one visit.
- Full mouth (panoramic) X-rays: limit of one every three years for Employer-Paid plans, one every five years for voluntary (Employee-Paid) plans. Full mouth X-ray includes bitewing X-rays. Panoramic X-ray in conjunction with any other X-ray is considered a full mouth X-ray.
- Space maintainers, not including distal shoe space maintainers, are limited to once per quadrant or arch per lifetime for enrollees under the age of 14.
- Distal shoe space maintainers are limited to once per quadrant per lifetime for enrollees under the age of nine.
- Fluoride applications are limited to once each 12-consecutive month period for enrollees under the age of 19.
- Full mouth debridement is limited to once in a lifetime and is only a covered benefit when an enrollee has not had a cleaning or scaling and root planing within 36 months of the full mouth debridement.
- Amalgam and composite fillings: except as otherwise provided in the plan documents, composite (white) fillings limited to upper six and lower six anterior (front) teeth; once in a 24-month period per tooth, per surface.
- Stainless steel crowns: limited to primary/baby teeth for enrollees under the age of 14.
- Denture repair and recementation of crowns, bridges and dentures: limited to once in a 12-month period after six months from initial placement.
- Endodontic services/root canal therapy: retreatment only after 24 months from initial root canal therapy treatment and is limited to once in a lifetime.
- Periodontic services: Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings. Limitations of 24 to 36 months apply based on services rendered.
- Crowns: once per tooth every 60 months, and only when an existing crown cannot be rendered serviceable. Benefit is available only when the tooth is damaged by decay or fractured to the point that it cannot be restored by an amalgam or composite

restoration. Crowns are limited to enrollees age 12 and older.

- Prosthodontics/dentures/bridges not related to an implant: once every 60 months, and only when an existing prosthesis cannot be rendered serviceable. Temporary prosthetic devices are not a separate benefit. Any charge for these devices is included in the fee for the permanent device. Fixed bridges or removable partials are limited to enrollees age 16 and older.
- Implants and implant-supported prosthetics are limited to once in a lifetime per site and are also limited to two per quadrant and four per arch, with a maximum of eight for full mouth reconstruction for enrollees age 16 and older.
- Adjustment, maintenance or cleaning of a maxillofacial prosthetic appliance is limited to once per year.
- Orthodontic benefits are limited to enrollees age five and older.

MaxOver® Benefit

Eligibility for MaxOver benefits is determined three months after the end of the plan benefit period. Any claims processed or adjusted after a member's annual MaxOver eligibility is determined will not alter the individual's eligibility for the benefit. Orthodontic benefits (if covered) are excluded from the MaxOver program. MaxOver benefits cease to be available when a member's coverage under the group contract terminates.

Delta Dental Exclusions

The following are not covered unless specifically identified as a covered benefit in Delta Dental's plan documents:

- Services or supplies that are not dental services; also services not specifically listed as covered in the group's Schedule of Benefits.
- Services or treatment provided by someone other than a licensed dentist or a qualified licensed dental hygienist working under the supervision of a dentist.
- A dental service that Delta Dental, in its sole discretion (subject to any and all internal and external appeals available to you), determines is not necessary or customary for the diagnosis or treatment of your condition. In making this determination, Delta Dental will take into account generally-accepted dental practice standards based on the dental services provided. In addition, each covered benefit must demonstrate dental necessity. Dental necessity is determined in accordance with generally accepted standards of dentistry.
- Dental services for injuries or conditions that may be covered under workers compensation, similar employer liability laws or other medical plan coverage; also, benefits or services that are available under any federal or state government program (subject to the rules and regulations of those programs) or from any charitable foundation or similar entity.
- Dental services for the diagnosis or treatment of illnesses, injuries or other

Continued on next page

Plan Provisions

Delta Dental Exclusions (Continued)

conditions for which you are eligible for coverage under your hospital, medical/surgical, or major medical plan.

- Dental services started or rendered before the date enrolled under the group contract. Also, except as otherwise noted, benefits for a course of treatment that began before you are enrolled under the group contract.
- Except as otherwise provided for in the plan documents, dental services provided after the date you are no longer enrolled or eligible for coverage.
- Except as otherwise provided for in the plan documents, prescription and non-prescription drugs, pre-medications, preventive control programs, oral hygiene instructions and relative analgesia.
- General anesthesia when less than three teeth will be routinely extracted during the same office visit.
- Splinting or devices used to support, protect or immobilize oral structures that have loosened or been reimplanted, fractured or traumatized.
- Charges for inpatient or outpatient hospital services and any additional fee that the dentist may charge for treating a patient in a hospital, nursing home or similar facility.
- Charges to complete a claim form, copy records or respond to Delta Dental's requests for information.
- Charges for failure to keep a scheduled appointment.
- Charges for consultations in person, by phone or by other electronic means.
- Charges for X-ray interpretation.
- Dental services to the extent that benefits are available or would have been available if you had enrolled, applied for or maintained eligibility under Title XVIII of the Social Security Act (Medicare), including any amendments or other changes to that Act.
- Complimentary services or dental services for which you would not be obligated to pay in the absence of the coverage under this plan or any similar coverage.
- Services or treatment provided to an immediate family member by the treating dentist. This would include a dentist's parent, spouse or child.
- Dental services and supplies for the replacement device or repeat treatment of lost, misplaced or stolen prosthetic devices including space maintainers, bridges and dentures (among other devices).
- Dental services or other services that Delta Dental determines are for correcting congenital malformations; also, cosmetic surgery or dentistry for cosmetic purposes.
- Replacement of congenitally missing teeth by dental implant, fixed or removable prosthesis whether the result of a medical diagnosis, including but not limited to, hereditary ectodermal dysplasia or not related to a medical diagnosis.
- Experimental or investigative dental procedures, services and supplies, as well as services and/or procedures due to complications thereof, which, in the judgment of Delta Dental: (a) are in a trial stage, (b) are not in accordance with generally accepted standards of dental practice or (c) have not yet been shown to be consistently effective for the diagnosis or treatment of the Enrollee's condition.
- Dental services for restoring tooth structure lost from wear (abrasion, erosion, attrition or abfraction), 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 and periodontal splinting.
- Dental services, procedures and supplies needed because of harmful habits. An example of a harmful habit includes clenching or grinding of the teeth.
- Services billed under multiple dental service procedure codes, which Delta Dental, in its sole discretion (subject to any and all internal and external appeals available to you), determines should have been billed under a single, more comprehensive dental service procedure code. Delta Dental bases its payment on the negotiated fee for the more comprehensive code, not on the negotiated fee for the underlying component codes.
- Services billed under a dental service procedure code that Delta Dental, in its sole discretion (subject to any and all internal and external appeals available to you), determines should have been billed under a code that more accurately describes the dental service. Delta Dental bases their payment on its determination of the more accurate dental service code.
- Amounts assessed on dental services and/or supplies by state or local regulation.
- Amounts that exceed the negotiated fee as agreed to by the dentist for covered benefits.

2020 Small Group Plans — Employer-Paid for 5-99 Employees

Network Name	Delta Dental PPO plus Premier™			Delta Dental PPO™
Plan name	Passive	Active - Option 1	Active - Option 2	Passive [†]
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			
Type I — Diagnostic and Preventive Care — No deductible. No benefit waiting period.				
Exams and cleanings	100% 100% 100%	100% 100% 100%	100% 90% 90%	100% 100% 100%
Fluoride applications	100% 100% 100%	100% 100% 100%	100% 90% 90%	100% 100% 100%
Sealants	100% 100% 100%	100% 100% 100%	100% 90% 90%	100% 100% 100%
X-rays	100% 100% 100%	100% 100% 100%	100% 90% 90%	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%
Simple extractions	80% 80% 80%	90% 80% 80%	80% 70% 70%	80% 80% 80%
Denture repair and recementation of crowns and bridges	80% 80% 80%	90% 80% 80%	80% 70% 70%	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%
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%
Prosthetics/dentures/bridges	50% 50% 50%	60% 50% 50%	50% 50% 50%	50% 50% 50%
Implants	50% 50% 50%	60% 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 10 or more employees enrolled. If orthodontic benefits are selected, adults and dependent children are covered.

2020 Small Group Plans — Employer-Paid for 2-99 Employees

Network Name	Delta Dental PPO plus Premier™	
Plan name	aXcess™ 25 [†]	aXcess™ 50*
Deductible	\$50 lifetime, per person	
Annual maximum benefit	\$2,000 per person	
Networks	PPO Premier OON	
Type I – Diagnostic and Preventive Care – <i>No deductible. No benefit waiting period.</i>		
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. No benefit waiting period.</i>		
Amalgam or composite fillings – all teeth	80% 80% 80%	
Simple extractions	80% 80% 80%	
Denture repair and recementation of crowns and bridges	80% 80% 80%	
Type III – Major Dental Care – <i>Deductible applies. No benefit waiting period.</i>		
Endodontic/periodontic/complex oral surgery	25% 25% 25%	50% 50% 50%
Crowns	25% 25% 25%	50% 50% 50%
Prosthetics/dentures/bridges	25% 25% 25%	50% 50% 50%
Implants	25% 25% 25%	50% 50% 50%
Type IV – Orthodontic Benefits[†] – <i>No deductible. No benefit waiting period.</i>		
Orthodontic services	25% 25% 25%	N/A
Lifetime maximum benefit	\$500	N/A

OON = Out-of-Network

NOTE: See plan provisions for exclusions and limitations. *aXcess 50 is only available to groups with two to four eligible employees. †aXcess 25 covers orthodontic services for adults and dependent children.

Dental Underwriting Guidelines

1. Coverage is offered on an employer-sponsored basis only. An employer/employee relationship must exist; individuals who are not employees are not eligible for coverage. If the primary subscriber enrollment is less than five, dependents/spouse of the primary subscriber may not enroll in a separate contract to increase the group size. For example, an individual and spouse may not enroll as two separate “subscriber” contracts, or as “subscriber/child(ren)” contracts, even if both are employees. Association groups require Delta Dental Underwriting Department approval.

2. Virginia-based businesses enrolling 2-99 employees who are engaged in bona fide trade or commerce in the Commonwealth are eligible. However, the following organizations are not eligible for coverage: fraternal organizations, sales groups, independent contractors and membership groups. A North American Industry Classification System (NAICS) number is required for rating purposes for all Traditional products.

3. All voluntary groups of up to 300 eligible employees are rated together in a product pool. Groups with more than 300 eligible employees require Delta Dental Underwriting Department approval.

4. All plans utilize a four-tier rating structure consisting of subscriber, subscriber/spouse, subscriber/child(ren), and family. No other rating structures are available.

5. For rate guarantee, please refer to the rate page included in your quote documents.

Underwriting Guidelines include, but are not limited to, minimum enrollment and employee participation levels. Coverage begins the first day of the month after the contract is issued. Please submit the groups data at least 15 days prior to the desired start date.

6. The eligibility waiting period for newly-hired employees will be the first day of the month following 90 days from the date of hire. Coverage ends on the last day of the month that the member ceases to be eligible under the group dental plan. If a group’s existing medical plan benefits have a different eligibility requirement, then Delta Dental will match it for this coverage (for example: first day of the month following the date of hire).

7. Employees and their dependents NOT included in the initial enrollment may be eligible for coverage on the first day of the month following a qualifying event such as: marriage or divorce, death of a spouse, birth of a child, legal adoption or loss of other group coverage. Otherwise, they may enroll only at the group’s annual open enrollment period.

8. If an employee covered under one of the voluntary plans drops coverage, he/she is not eligible to re-enroll until the second group open enrollment period after the date of termination. In addition, if the employee cancels after less than one year of enrollment, he/she must remit the balance of the first year’s premium before re-enrolling.

9. Group acceptance is not guaranteed. Approval of coverage is contingent upon underwriting acceptance and verification of employee

participation. Groups with more than 20 percent of their employees residing outside of Virginia require special underwriting approval and may require a premium adjustment.

10. Delta Dental coverage must be the only employer-sponsored group dental plan offered to the group’s employees.

11. Children are eligible for coverage until the end of the month following their 26th birthday under subscriber/child(ren) or family plans.

12. Premiums are based on the number of employees enrolled. For example, a group of 52 eligible employees that only enrolls 39 employees will be rated in the 10-49 pool.

13. Waiting periods may be waived for initial enrollees if the group is replacing a prior group dental plan that covered these services for at least 12 consecutive months. Please submit dated, current carrier group bills and benefit description with the application. Anything less than 12 months of prior coverage will not be considered toward waiting period waivers for initial enrollees. Employees hired after initial enrollment require proof of credible coverage to receive credit for a waiting period for both employer-paid and voluntary plans.

14. Groups enrolling 10-99 employees may elect a High/Low Benefit Plan at standard pool rates subject to the following conditions: (1) The Low Plan consists of Type I and Type II benefits only (2) The High Plan consists of Types I, II, and III or Types I, II, III, and IV benefits, and (3) A minimum of 25 percent of those enrolling

elect the High Plan; or we will allow two enrollees for a group of 10. Deductibles and benefit maximums may vary from the Low Plan to the High Plan; however, other benefit options selected must be the same in both plans. The combined participation level and employer contribution level must still meet Delta Dental’s requirement for this product. All employees must elect a plan at their initial enrollment and may only change plans at the group’s annual open enrollment period (unless a qualifying event has occurred).

15. Major services are optional coverage for all Delta Dental traditional products except aXcess and Delta Dental PPO™ — EPO Plan Design (EPO Plan). If Major benefits are selected, diagnostic and preventive/basic coverage are required.

16. Orthodontic services are optional coverage for all Delta Dental traditional products except aXcess 25 and Delta Dental PPO — EPO Plan Design (EPO Plan). Orthodontic services are not covered under aXcess 50. A minimum enrollment of 10 is required for all Delta Dental products except aXcess 25 and EPO Plan. The minimum enrollment for aXcess 25 is two. There is no minimum enrollment requirement for EPO Plan. Orthodontic benefits are available to all enrollees on employer-paid plans and Voluntary EPO (employee-paid) plans. All other Voluntary (employee-paid) plans cover dependent children to age 19 only. If Orthodontic benefits are selected, diagnostic and preventive, basic and major coverage are required.

2020 Small Group Plans — Voluntary (Employee-Paid) for 5-300 Employees

Network Name	Delta Dental PPO plus Premier™			Delta Dental PPO™
Plan name	Passive	Active - Option 1	Active - Option 2	Passive†
Deductible	Choice of \$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			
Type I — Diagnostic and Preventive Care — No deductible. No benefit waiting period.				
Exams and cleanings	100% 100% 100%	100% 100% 100%	100% 90% 90%	100% 100% 100%
Fluoride applications	100% 100% 100%	100% 100% 100%	100% 90% 90%	100% 100% 100%
Sealants	100% 100% 100%	100% 100% 100%	100% 90% 90%	100% 100% 100%
X-rays	100% 100% 100%	100% 100% 100%	100% 90% 90%	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%
Simple extractions	80% 80% 80%	90% 80% 80%	80% 70% 70%	80% 80% 80%
Denture repair and recementation of crowns and bridges	80% 80% 80%	90% 80% 80%	80% 70% 70%	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%
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%
Prostodontics/dentures/bridges	50% 50% 50%	60% 50% 50%	50% 50% 50%	50% 50% 50%
Implants	50% 50% 50%	60% 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 10 or more employees enrolled. If orthodontic benefits are selected, dependent children up to age 19 are covered.

Enrolling a Group

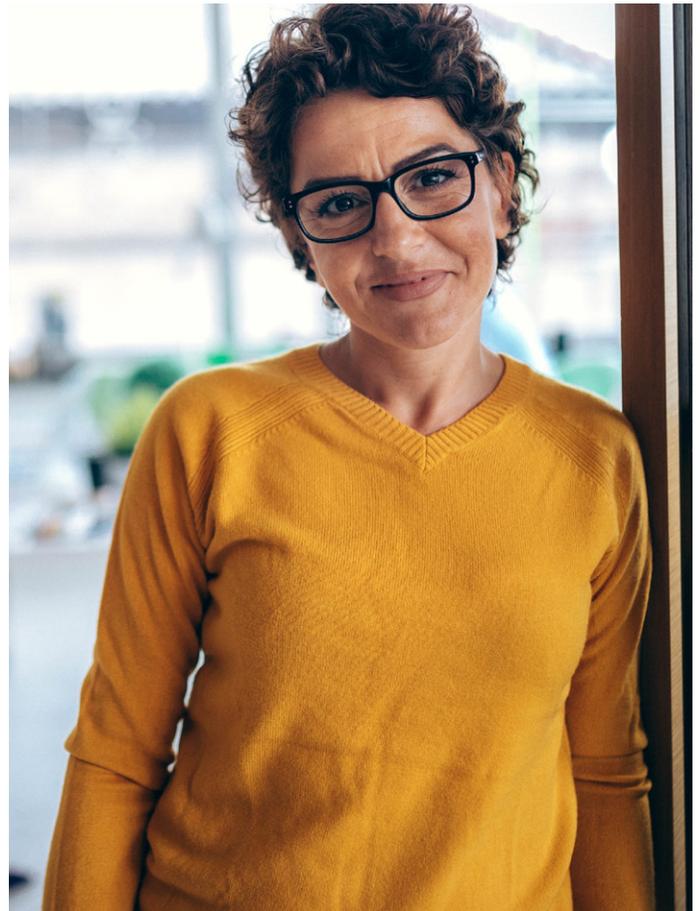
Once your client is ready to enroll, provide the following at least 15 days prior to the first day of the month that the coverage is to be effective:

- The Small Group Dental and/or DeltaVision® application (SGApp#01.2020, SGCombApp#01.2020 or DVApp#01.2020), completed and signed by the group administrator and broker, if applicable, with the NAICS Code included on the application;
- The Web Authorization form, (included on the group application), completed and signed by the group administrator;
- If using a third party vendor, a Quarterly Wage Report listing each employee name, Social Security Number and total wages, as well as a summary of the total wages and tax amounts paid;
- Completed enrollment forms for all employees electing coverage;
- **For dental only:** in order to waive the waiting period on major and/or orthodontic coverage for a group replacing a dental plan that included major and/or orthodontic coverage, a copy of the current carrier's benefit summary and premium statements confirming previous 12 months of coverage (i.e., for a January effective date, send prior year January and December statements); and
- A check for the first month's premium.

Mail completed forms and payment to your Delta Dental representative. To find your representative, visit DeltaDentalVA.com.

Reminder: final rates are based on the number of *enrolled* employees, NOT the number of *eligible* employees.

Delta Dental makes it easy to enroll and manage your groups' dental and vision benefit plans.



2020 Small Group PPO Plans — Employer-Paid for 5–99 Employees or Voluntary (Employee-Paid) for 5–300 Employees

	Employer-Paid	Voluntary
Network Name	Delta Dental PPO™	
Plan name	Active [†]	
Deductible	Choice of \$0, \$25 or \$50 annual per person; limited to three per family	Choice of \$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	
Type I — Diagnostic and Preventive Care	<i>No deductible. No benefit waiting period.</i>	<i>No deductible. No benefit waiting period.</i>
Exams and cleanings	100% 80% 80%	
Fluoride applications	100% 80% 80%	
Sealants	100% 80% 80%	
X-rays	100% 80% 80%	
Type II — Basic Dental Care	<i>Deductible applies. No benefit waiting period.</i>	<i>Deductible applies. No benefit waiting period.</i>
Amalgam or composite fillings — choice of all teeth or six front only	90% 70% 70%	
Simple extractions	90% 70% 70%	
Denture repair and recementation of crowns and bridges	90% 70% 70%	
Endodontic/periodontic/complex oral surgery*	Choice of 90% 70% 70% or move to Type III 60% 50% 50%	
Optional Type III — Major Dental Care	<i>Deductible applies. Choice of 0, 6, or 12 month benefit waiting period.</i>	<i>Deductible applies. Choice of 6 or 12 month benefit waiting period.</i>
Crowns	60% 50% 50%	
Prosthodontics/dentures/bridges	60% 50% 50%	
Implant Coverage	60% 50% 50%	
Optional Type IV — Orthodontic Benefits**	<i>No deductible. Choice of 0, 6, or 12 month benefit waiting period.</i>	<i>No deductible. 12 Month benefit waiting period.</i>
Orthodontic services	50% 50% 50%	
Lifetime maximum benefit	Matches annual maximum (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 10 or more employees enrolled. EMPLOYER-PAID: if orthodontic benefits are selected, adults and dependent children are covered. VOLUNTARY: if orthodontic benefits are selected, dependent children up to age 19 are covered.

2020 Small Group Delta Dental PPO™ – EPO Plan Design

Employer-Paid for 5-99 Employees or Voluntary for 5-300 Employees

Network Name	Delta Dental PPO – 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.		
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*	
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*	
Crowns		
Prostodontics/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. Refer to your plan provisions for exclusions and limitations for information.

*Reference the 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.

Preventive Care is Better Care — MaxOver™

Delta Dental has two programs that focus on preventive care: MaxOver and *Healthy Smile, Healthy You*®. By taking advantage of these programs, employers can help employees improve their oral and overall health. Let's first look at MaxOver.

MaxOver rewards members for using their preventive benefits by rolling over a portion of their annual maximum for future use.

The chart below represents Delta Dental's annual maximum benefit and the correlating MaxOver amounts:

Here's how it works:

Members must have at least one preventive exam and cleaning* during their benefit period. And all claims paid during the benefit period must be less than the MaxOver claims threshold.

If those conditions are met, a MaxOver amount will be carried over for use at a future time (the MaxOver amount is based on the plan's annual maximum). That means the amount of coverage members have access to, increases over time.**

Group Administrators will receive an annual report of members with a MaxOver account balance.

Example:

Plan's annual maximum\$1,500
 Submit claims up to\$750
 Amount added to next benefit period \$375
 Maximum for next benefit period \$1,875

For information on MaxOver annual claims thresholds, rollover and account limits, visit DeltaDentalVA.com.

Annual Maximum Benefit	MaxOver 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
\$3,000 [†]	\$1,500 [†]	\$750 [†]	\$3,000 [†]
\$5,000	\$2,500	\$1,250	\$5,000

*Members who do not have natural teeth must have at least one preventive exam during their benefit period.

**The MaxOver account limit can never exceed the annual maximum benefit allowance.

†These examples are for Delta Dental PPO™ — EPO Plan Design only.

Preventive Care is Better Care — *Healthy Smile, Healthy You*®

Healthy Smile, Healthy You is a second preventive care program we offer. It gives members additional benefits if they have certain health conditions.

Here's how it works:

Members with any of the following health conditions can enroll in the program:

- Pregnancy
- Diabetes
- Certain high-risk cardiac conditions
- Cancer being treated with radiation and/or chemotherapy

Members with these conditions are eligible for one additional cleaning and exam beyond their regular plan limitations, per benefit period.

For pregnant members, the additional benefit is available during their pregnancy. Cancer patients are eligible for an additional fluoride treatment beyond the plan's age limit.

Delta Dental can provide employers with *Healthy Smile, Healthy You* materials to inform employees about the program.

Preventive care features reward employees for taking care of their oral and overall health.



Eligibility and Contribution Requirements

Employees who work 20 hours or more per week are eligible. Ineligible and part-time employees, and employees who have other group dental coverage may be removed from the eligible total for the minimum participation calculation. If the employer chooses a voluntary plan, the employer must agree to submit enrollment forms and collect premiums from subscribers for Delta Dental.

Minimum group contribution and participation requirements are below:

Employer-Paid Plans				
Eligible Employees	2-4	5-9	10-49	50-99
Minimum Participation Requirement	100%	80%	75%	75%
Minimum Employer Contribution	25%	25%	25%	>0%
Voluntary Plans				
Eligible Employees	5-300			
Minimum Participation Requirement	Minimum of 5 employees or 25% of eligibles, whichever is greater			
Minimum Employer Contribution	0%			