

# DELTA DENTAL VOLUNTARY PPO

Plan Year 2009

## 5-99 Primary Enrollees

Summary of Benefits <sup>1</sup>		PPO VOL	
Reimbursement basis		In-Network <sup>2</sup>	Out-of-Network <sup>2</sup>
FIRST YEAR	<b>Diagnostic and Preventive (deductible waived)</b> Periodic oral evaluation — established patient Bitewing radiographs (four films — limited to 1 series every 6 months) Adult prophylaxis cleaning	100%	100%
	<b>Sealants, simple restorations &amp; extractions</b> Amalgam filling one surface primary or permanent	80%	80%
	<b>Dental accidents<sup>3</sup></b>	100%	100%
SECOND YEAR	Covered only following 12 months of continuous enrollment		
	<b>Endodontics</b> Root canal — endodontic therapy — anterior teeth (excluding final restoration)	50%	50%
	<b>Periodontics</b> Gingivectomy on gingivoplasty (4 or more teeth per quadrant)	50%	50%
	<b>Oral surgery</b> Removal of impacted tooth — soft tissue	50%	50%
	<b>Crowns, inlays, onlays and cast restorations</b> Crown full cast noble metal	50%	50%
	<b>Prosthodontics</b> Implants Complete denture upper/lower Pontic cast noble metal	50%	50%
	<b>Orthodontics<sup>4</sup></b> Coverage Lifetime orthodontic maximum	50% Child only	50% Child only
	<b>Calendar year deductible</b>	\$50	\$50
	<b>Calendar year maximum</b>	\$1,000	\$1,000

<sup>1</sup> Subject to Limitations and Exclusions.

<sup>2</sup> The Allowed Amount is the lesser of the submitted charge or the PPO fee allowance.

<sup>3</sup> Covers conditions caused directly and independent of all other causes, by external, violent and accidental means occurring after the enrollees eligibility date. Services must be provided to an enrollee within 180 days following the date of accident. Accidental Benefits are subject to all plan Limitations and Exclusions, deductibles and annual maximums.

<sup>4</sup> Optional benefit requires a minimum of 25 primary enrollees.

Rates		
	Without orthodontia	With orthodontia
Employee	\$42.94	\$42.94
Employee and spouse	\$85.09	\$85.09
Employee and child(ren)	\$93.73	\$113.80
Employee and family	\$139.10	\$159.17

### Rate Guarantee

Guaranteed for a two-year period. If 12-month waiting period is waived, rates are guaranteed for a one year period. Valid for effective dates beginning 01/01/2009 to 12/01/2009.

### Broker Commission

Rates include 10% flat broker commission and any applicable miscellaneous broker compensation.

### Waiver Waiting Period

The 12-month waiting period can be waived for **initial enrollees only** if the employer provides proof of prior comprehensive dental coverage. New employees will be subject to the 12-month waiting period.

### Required Employer Contribution

Employee: 0% – 74%

Dependent: 0%

### Eligibility for Benefits

- **No excluded industries.**
- Group must initially enroll and maintain a minimum of 5 primary enrollees for the duration of the contract.
- Primary enrollees and/or dependents must enroll for a minimum of 12 months. Second-year benefits are available only upon completion of a continuous 12-month waiting period. Should a break in coverage occur during this 12-month period, the enrollee will be required to satisfy the 12-month waiting period before becoming eligible for the second-year benefits.
- Employer must provide payroll deduction for employees and dependent coverage and submit total premiums on a monthly basis.