

DELTA DENTAL VOLUNTARY PPO

Plan Year 2012

5-99 Primary Enrollees

Summary of Benefits ¹		PPO VOL	
Reimbursement basis		In-Network ²	Out-of-Network ²
FIRST YEAR	Diagnostic and Preventive (deductible waived) Periodic oral evaluation — established patient Bitewing radiographs (four films — 12 per calendar year) Cleanings (2 per calendar year)	100%	100%
	Sealants, simple restorations & extractions Amalgam filling one surface primary or permanent	80%	80%
	Dental accidents³	100%	100%
SECOND YEAR	Covered only following 12 months of continuous enrollment		
	Endodontics Root canal — endodontic therapy — anterior teeth (excluding final restoration)	50%	50%
	Periodontics Gingivectomy on gingivoplasty (4 or more teeth per quadrant)	50%	50%
	Oral surgery Removal of impacted tooth — soft tissue	50%	50%
	Crowns, inlays, onlays and cast restorations Crown full cast noble metal	50%	50%
	Prosthetic dentistry Implants Complete denture upper/lower Pontic cast noble metal	50%	50%
	Orthodontics (optional) (requires min. 25 PE's) Coverage Lifetime orthodontic maximum (per patient)	50% Child only	50% Child only
	Calendar year deductible (per patient)	\$1,000	\$1,000
	Calendar year maximum (per patient)	\$50	\$50
		\$1,000	\$1,000

¹ Subject to Limitations and Exclusions.

² Payment to the dentist is based on the lesser of the submitted charge or the PPO provider's contracted fee.

³ Applies to covered services when provided for conditions caused directly or independently of all other causes, by external, violent and accidental means and subject to all plan conditions, limitations and exclusions, with the exception of the 12 month waiting period, which will be waived for services provided under such conditions.

Rates		
	Without orthodontia	With orthodontia
Employee	\$42.22	\$42.22
Employee and spouse	\$83.67	\$83.67
Employee and child(ren)	\$92.16	\$111.90
Employee and family	\$136.77	\$156.50

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 01/1/2012 to 12/1/2012.

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.