



Plan ID	Plan 9		Plan 1		Plan 8		Plan 6		Plan 5	
Program Type	Delta Dental PPO plus Premier		Delta Dental PPO plus Premier		Delta Dental PPO plus Premier		Delta Dental PPO		Delta Dental PPO	
Dentist Used	PPO	Premier/ Non-par	PPO	Premier/ Non-par	PPO	Premier/ Non-par	PPO	Premier/ Non-par	PPO	Premier/ Non-par
Deductible										
Type	Annual	Annual	Annual	Annual	Annual	Annual	Lifetime	Lifetime	Lifetime	Lifetime
Per Person	\$50	\$50	\$50	\$50	\$50	\$50	\$100	\$100	\$100	\$100
Family Aggregate Maximum	\$150	\$150	\$150	\$150	\$150	\$150	N/A	N/A	N/A	N/A
Waived for P&D	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
P&D Services										
Cleanings	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Exams	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Bitewing X-Rays	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Full Mouth X-Rays	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Fluoride Treatment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sealants	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic Services										
Fillings	80%	80%	80%	80%	80%	80%	80%	80%	50%	50%
Simple Extractions	80%	80%	80%	80%	80%	80%	50%	50%	50%	50%
Cone Beam Radiographs	80%	80%	80%	80%	80%	80%	50%	50%	50%	50%
Oral Surgery	80%	80%	80%	80%	80%	80%	50%	50%	50%	50%
Periodontics	80%	80%	80%	80%	80%	80%	50%	50%	50%	50%
Endodontics	80%	80%	80%	80%	80%	80%	50%	50%	50%	50%
Major Services										
Crowns & Gold Restorations	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Bridgework	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Full & Partial Dentures	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Repair of Dentures	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Implants	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Annual Maximum (per person)	\$2,000	\$2,000	\$1,500	\$1,500	\$1,000	\$1,000	\$1,500	\$1,500	\$1,000	\$1,000
Dependent Age Limit	26		26		26		26		26	
Orthodontics										
Type	Child Only		Child Only		Child Only		Child Only		Child Only	
Age Limit	26		26		26		26		26	
Coverage	50%		50%		50%		50%		50%	
Lifetime Maximum	\$2,000		\$1,000		\$1,000		\$1,000		\$1,000	
Contract Tier	Monthly Rates (Contributory)		Monthly Rates (Contributory)		Monthly Rates (Contributory)		Monthly Rates (Contributory)		Monthly Rates (Contributory)	
Employee	\$42.40		\$40.09		\$35.82		\$31.90		\$25.97	
Employee & Spouse	\$88.09		\$83.29		\$74.41		\$66.27		\$53.95	
Employee & Child(ren)	\$92.58		\$82.35		\$74.12		\$66.58		\$55.16	
Family	\$147.06		\$133.27		\$119.68		\$107.22		\$88.36	
Contract Tier	Monthly Rates (Voluntary)		Monthly Rates (Voluntary)		Monthly Rates (Voluntary)		Monthly Rates (Voluntary)		Monthly Rates (Voluntary)	
Employee	\$49.94		\$47.22		\$42.19		\$37.57		\$30.59	
Employee & Spouse	\$103.75		\$98.10		\$87.65		\$78.06		\$63.55	
Employee & Child(ren)	\$109.04		\$96.99		\$87.30		\$78.42		\$64.97	
Family	\$173.21		\$156.98		\$140.97		\$126.29		\$104.07	

Underwriting Policies and Requirements

1. Proposed rates are valid and guaranteed for 24 months.
2. Contributory rates are based upon a minimum participation of 75% of all eligible employees.
3. Voluntary rates are based upon a minimum participation of 25% of all eligible employees.
4. The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.
5. Delta Dental reserves the right to adjust rates if the actual enrollment varies by 10% or more from the assumed enrollment.
6. With the Delta Dental PPO Plus Premier program, members utilizing Delta Dental PPO or Delta Dental Premier dentists will enjoy protection from balance billing in addition to access to Delta Dental's largest provider network. Claims for Delta Dental PPO dentists will be reimbursed using Delta Dental's deeper discounted PPO fees. Claims for Delta Dental Premier dentists will be reimbursed using Delta Dental's discounted Premier fees. Claims for non-participating dentists will be reimbursed using Delta Dental's non-participating maximum allowable charges. With the broad coverage of the Premier network, Delta Dental PPO Plus Premier groups average in-network utilization ranging from 85-90%.
7. With the Delta Dental PPO program, members utilizing Delta Dental PPO dentists will enjoy discounted dental fees in addition to protection from balance billing for charges above the dentist's maximum allowable charges. Members utilizing non-participating dentists may be subject to balance billing. Claims for non-PPO dentists will be reimbursed using the discounted PPO fee schedule.
8. For the PPO Plus Premier programs, if the fee basis is changed to Advantage Plus PPO Plus Premier, then the rates may be reduced by 1%.

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