Trust the Experts for your Clients’ Dental Benefits

2017 Small Group Product Portfolio
A Broker’s Guide
Please review this information with your clients before they apply for coverage. Premiums will vary according to the selection made.
Some Things Shouldn’t be Bundled.

That’s true for dental benefits and health insurance. If a health insurance company is offering a big discount on its medical premiums in exchange for moving a group to its dental plan, perhaps that health insurance company was charging too much to begin with.

In addition to a higher cost for bundled services, here are some other factors to consider:

• Medical carriers often lease networks through a third party.
• Moving dental to a medical carrier may require employees to change their dentist or pay more to see their preferred dentist.
• Bundling dental into a health plan will increase the likelihood that a group’s plan will qualify for any reinstated Cadillac tax. Keep dental separate, and the benefit doesn’t get factored in.

Why Delta Dental?

Delta Dental offers employees access through one of the largest dental networks in the country. We also develop our benefit plans based on current dental science research designed to keep people their healthiest and most productive.

Delta Dental plans focus on preventive care, educating members on the importance of those benefits, which are often covered at 100 percent. Medical plans may operate under a different model, focusing on treatment versus prevention.

High Delta Dental network utilization helps lower claims history and stabilizes rates. If the dental plan is bundled or embedded with medical, it may be subject to very volatile medical rate increases.

Dental insurance is more than a 100/80/50/50 plan with cheap rates. While rates are a factor — service, commitment, network, expertise and long-term consequences should also be a part of the evaluation when recommending a carrier.

Our One Focus is Dental Coverage

Delta Dental of Virginia has been doing business for more than 50 years. And dental is all we do. So you can feel confident recommending Delta Dental to your clients.

• Brokers rank us as the best dental benefits company to do business with.¹
• 59 percent of Virginia’s Fortune 1000 companies choose Delta Dental of Virginia.²
• Trusted by more than two million smiles.²

There’s no reason to combine dental benefits with a medical plan. There is every reason to trust Delta Dental, the dental experts!
Delta Dental offers one of the largest dental networks in the nation. Groups using the Delta Dental PPO℠ or the Delta Dental PPO℠ plus Premier products can make the most of our dual network advantage. With these plans, members can select from the Delta Dental PPO network and receive the greatest level of savings or they have access to the safety net feature of the Delta Dental Premier® network at a slightly higher out-of-pocket cost.

Have you checked into our Delta Dental PPO network? We’ve grown the network more than 20 percent the last two years and now have more than 5,000 PPO locations across Virginia.³

**Delta Dental PPO** is the most cost-effective option for your clients and their employees. Because claims are paid according to our PPO fee schedule, employees may receive the lowest costs when they visit a PPO dentist.

**Delta Dental PPO plus Premier** allows members to visit any licensed dentist, but they may receive the greatest out-of-pocket savings if they see a Delta Dental PPO dentist. They also have access to the Delta Dental Premier network at a slightly higher out-of-pocket cost.

**Delta Dental Premier** is the largest network in the nation, with more than 7,500 participating dentist locations in Virginia and more than 368,000 nationwide.³ Delta Dental Premier gives employees a wide selection of dentists with economical out-of-pocket costs.

**DeltaCare®** is available for groups located in the metropolitan areas of Richmond, Tidewater and Northern Virginia. DeltaCare is a managed care network where a designated provider controls all of the patient’s oral health care. Under DeltaCare plans, employees pay a fixed copayment for each covered dental procedure with no annual deductible or maximum and are only eligible for coverage when they visit their designated DeltaCare dentist.

See the charts on the next page illustrating how the right plan and an in-network provider can greatly impact out-of-pocket costs.
Sell Your Clients on Saving.

The type of network dentist your clients choose can impact their employees out-of-pocket costs. So it’s important to educate them about out-of-network costs and what the dentist may balance bill to help them choose the plan with the best savings.

### Delta Dental PPO<sup>SM</sup> plus Premier Plan

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental PPO</th>
<th>Delta Dental Premier</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist charge for covered procedure</td>
<td>$215</td>
<td>$215</td>
<td>$215</td>
</tr>
<tr>
<td>Network allowance (the maximum amount Delta Dental will pay)</td>
<td>$126</td>
<td>$169</td>
<td>$113</td>
</tr>
<tr>
<td>The percent Delta Dental pays after any deductible</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
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<tr>
<td>Plan Payment (what Delta Dental pays)</td>
<td>$100.80</td>
<td>$135.20</td>
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<tr>
<td>Patient payment</td>
<td>$25.20</td>
<td>$33.80</td>
<td>$124.60</td>
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</table>

### Delta Dental PPO<sup>SM</sup> Plan

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental PPO</th>
<th>Delta Dental Premier&lt;sup&gt;*&lt;/sup&gt;</th>
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<td>80%</td>
<td>80%</td>
<td>80%</td>
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<tr>
<td>Premier network allowance</td>
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<td>$169</td>
<td>N/A</td>
</tr>
<tr>
<td>Plan payment (what Delta Dental pays)</td>
<td>$100.80</td>
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<tr>
<td>Patient payment</td>
<td>$25.20</td>
<td>$68.20</td>
<td>$114.20</td>
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</tbody>
</table>

*Premier dentists may balance bill the difference between the PPO and Premier allowances.

### Delta Dental Premier<sup>*</sup> Plan

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental Premier&lt;sup&gt;*&lt;/sup&gt;</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist charge for covered procedure</td>
<td>$215</td>
<td>$215</td>
</tr>
<tr>
<td>Network allowance (the maximum amount Delta Dental will pay)</td>
<td>$169</td>
<td>$113</td>
</tr>
<tr>
<td>The percent Delta Dental pays after any deductible</td>
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<td>80%</td>
</tr>
<tr>
<td>Plan payment (what Delta Dental pays)</td>
<td>$135.20</td>
<td>$90.40</td>
</tr>
<tr>
<td>Patient payment</td>
<td>$33.80</td>
<td>$124.60</td>
</tr>
</tbody>
</table>

Note: Payment examples are for illustrative purposes only and assume any applicable deductibles have been met. Payment structures may vary between plans.
Plan Types

Traditional Plans (Not Exchange-Certified)

Delta Dental is keeping our traditional product suite intact. For clients that have a medical plan with embedded pediatric dental benefits, most of Delta Dental's traditional plans (aXcess™ and Choice plans excluded) allow you to customize coverage for pediatric members. The chart below illustrates how this works:

<table>
<thead>
<tr>
<th>Group Plan Choices</th>
<th>Types I, II, III</th>
<th>Types I, II</th>
<th>Types I, II</th>
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<tbody>
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<td>80</td>
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<tr>
<td>Pediatric Coverage Options</td>
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<td>Types I, II</td>
<td>Types I, II</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Match Adult Coverage</td>
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<td>80</td>
<td>50</td>
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<tr>
<td>Other Options</td>
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<td>80</td>
<td>50</td>
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</table>

*Type I covers Diagnostic and Preventive Care, Type II covers Basic Care, Type III covers Major Care, and Type IV covers Orthodontic Benefits.

Delta Dental also offers an economical, managed-care plan — DeltaCare®, for groups located in Richmond, Tidewater and Northern Virginia. DeltaCare is a good option for groups seeking to offer employees a High/Low plan option. Quotes are not available online, so contact your sales representative for plans and rates.

Exchange-Certified Options

Although no longer required by Virginia law, we realize there may be situations where a client will request an exchange-certified product. Most of Delta Dental of Virginia’s traditional plans can be amended with the Exchange-Certified Pediatric Preferred benefits shown in the chart on page 9. This allows adult enrollees to keep the dental benefits they are accustomed to, while providing essential pediatric dental benefits.

Two pediatric-only plans are also available, if needed. Refer to the product chart on page 9 for details. To generate rate proposals for these options, select “Exchange Certified” from the “Type of Plan” drop-down in our broker quoting tool at DeltaDentalVA.com and available plans will be shown.

The following pages of this brochure will provide benefit summaries for our small group plans, both traditional and exchange-certified. Also included are Underwriting Guidelines, Plan Provisions and instructions on how to enroll a group.
### 2017 Small Group Plans – Employer-Paid for 2-99 Employees

<table>
<thead>
<tr>
<th>Network Name</th>
<th>Delta Dental PPO&lt;sup&gt;SM&lt;/sup&gt; plus Premier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan name</td>
<td>aXcess&lt;sup&gt;TM&lt;/sup&gt; 10†</td>
</tr>
<tr>
<td>Deductible</td>
<td>$50 lifetime per person</td>
</tr>
<tr>
<td>Annual maximum benefit</td>
<td>$2,000 per person</td>
</tr>
<tr>
<td>Networks</td>
<td>PPO</td>
</tr>
</tbody>
</table>

#### Type I – Diagnostic and Preventive Care – *No deductible. No benefit waiting period.*

<table>
<thead>
<tr>
<th></th>
<th>PPO</th>
<th>Premier</th>
<th>OON</th>
<th>PPO</th>
<th>Premier</th>
<th>OON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral exams and cleanings</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Fluoride applications</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Sealants</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>X-rays</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

#### Type II – Basic Dental Care – *Deductible applies. No benefit waiting period.*

<table>
<thead>
<tr>
<th></th>
<th>PPO</th>
<th>Premier</th>
<th>OON</th>
<th>PPO</th>
<th>Premier</th>
<th>OON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amalgam or composite fillings – all teeth</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Simple extractions</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Denture repair and recementation of crowns and bridges</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
</tr>
</tbody>
</table>

#### Type III – Major Dental Care – *Deductible applies. No benefit waiting period on aXcess. 12 months on Choice.*

<table>
<thead>
<tr>
<th></th>
<th>PPO</th>
<th>Premier</th>
<th>OON</th>
<th>PPO</th>
<th>Premier</th>
<th>OON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endodontic/periodontic/complex oral surgery</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Crowns</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Prosthodontics/dentures/bridges</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Implants</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
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</tbody>
</table>

#### Type IV – Orthodontic Benefits† – *No deductible. No benefit waiting period.*

<table>
<thead>
<tr>
<th></th>
<th>PPO</th>
<th>Premier</th>
<th>OON</th>
<th>PPO</th>
<th>Premier</th>
<th>OON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthodontic services</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Lifetime maximum benefit</td>
<td>$500</td>
<td>$500</td>
<td>$500</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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. †aXcess 10 and aXcess 25 cover orthodontic services for adults and dependent children.
### Network Name Delta Dental PPO\textsuperscript{SM} plus Premier

<table>
<thead>
<tr>
<th>Plan name</th>
<th>Passive</th>
<th>Active – Option 1</th>
<th>Active – Option 2</th>
<th>PPO\textsuperscript{*}</th>
<th>Premier</th>
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</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Choice of $0, $25 or $50 annual per person; limited to three per family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual maximum benefit</td>
<td>Choice of $1,000, $1,250, $1,500, $2,000, $2,500 or $5,000 per person</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Networks</td>
<td>PPO</td>
<td>Premier</td>
<td>OON</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Type I – Diagnostic and Preventive Care – No deductible. No benefit waiting period.

<table>
<thead>
<tr>
<th>Oral exams and cleanings</th>
<th>100%</th>
<th>100%</th>
<th>100%</th>
<th>100%</th>
<th>100%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluoride applications</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Sealants</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>X-rays</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### 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% | 80% | 80% | 80% | 80% | 80% |
| Simple extractions       | 80% | 80% | 80% | 90% | 80% | 80% | 80% | 80% | 80% | 80% | 80% | 80% |
| Denture repair and recementation of crowns and bridges | 80% | 80% | 80% | 90% | 80% | 80% | 80% | 80% | 80% | 80% | 80% | 80% |

### 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% |
| Prosthodontics/ dentures/bridges | 50% | 50% | 50% | 60% | 50% | 50% | 50% | 50% | 50% | 50% |
| Implants | 50% | 50% | 50% | 60% | 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% | 50% | 50% |
| Lifetime maximum benefit | Match annual max (up to $2,500) |

OON = Out-of-Network

NOTE: See plan provisions for exclusions and limitations. \textsuperscript{*} 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. \textsuperscript{**} Orthodontic coverage is available to groups with ten or more employees enrolled. If orthodontic benefits are selected, adults and dependent children are covered.
## 2017 Small Group Plans
### Voluntary (Employee-Paid) for 5-300 Employees

<table>
<thead>
<tr>
<th>Network Name</th>
<th>Delta Dental PPO&lt;sup&gt;SM&lt;/sup&gt; plus Premier</th>
<th>Delta Dental PPO&lt;sup&gt;SM&lt;/sup&gt; Premier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan name</td>
<td>Passive</td>
<td>Active – Option 1</td>
</tr>
<tr>
<td>Deductible Choice of $25 or $50 annual per person; limited to three per family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual maximum benefit Choice of $1,000, $1,250, $1,500, $2,000, $2,500 or $5,000 per person</td>
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</tr>
<tr>
<td>Networks PPO</td>
<td>Premier</td>
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### Type I – Diagnostic and Preventive Care - No deductible. No benefit waiting period.

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental PPO&lt;sup&gt;SM&lt;/sup&gt; plus Premier</th>
<th>Delta Dental PPO&lt;sup&gt;SM&lt;/sup&gt; Premier</th>
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</tr>
<tr>
<td>Fluoride applications</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Sealants</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>X-rays</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Type II – Basic Dental Care - Deductible applies. No benefit waiting period.

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental PPO&lt;sup&gt;SM&lt;/sup&gt; plus Premier</th>
<th>Delta Dental PPO&lt;sup&gt;SM&lt;/sup&gt; Premier</th>
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<td>80%</td>
</tr>
<tr>
<td>Endodontic/ periodontic/complex oral surgery*</td>
<td>Choice of 80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

### Optional Type III – Major Dental Care - Deductible applies. Choice of 6 or 12 month benefit waiting period.

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental PPO&lt;sup&gt;SM&lt;/sup&gt; plus Premier</th>
<th>Delta Dental PPO&lt;sup&gt;SM&lt;/sup&gt; Premier</th>
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<tbody>
<tr>
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<td>50%</td>
</tr>
<tr>
<td>Prosthodontics/ dentures/bridges</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Implants</td>
<td>50%</td>
<td>50%</td>
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</tbody>
</table>

### Optional Type IV – Orthodontic Benefits** - No deductible. 12 month benefit waiting period.

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental PPO&lt;sup&gt;SM&lt;/sup&gt; plus Premier</th>
<th>Delta Dental PPO&lt;sup&gt;SM&lt;/sup&gt; Premier</th>
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</thead>
<tbody>
<tr>
<td>Orthodontic services</td>
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<td>50%</td>
</tr>
<tr>
<td>Lifetime maximum benefit</td>
<td>Match annual max (up to $2,500)</td>
<td></td>
</tr>
</tbody>
</table>

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.
# 2017 Small Group Exchange-Certified Pediatric Plans

**Employer-Paid or Voluntary (Employee-Paid) for 2-99 Employees**

<table>
<thead>
<tr>
<th>Network Name</th>
<th>Delta Dental PPO&lt;sup&gt;SM&lt;/sup&gt; plus Premier</th>
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<tbody>
<tr>
<td>Plan name</td>
<td>Preferred*</td>
</tr>
<tr>
<td>Annual deductible</td>
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</tr>
<tr>
<td>Annual benefit maximum</td>
<td>Unlimited per person</td>
</tr>
<tr>
<td>Annual maximum out-of-pocket</td>
<td>$350 - individual $700 - family</td>
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<tr>
<td>Benefit waiting periods</td>
<td>None</td>
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<td>PPO</td>
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### Type I – Diagnostic and Preventive Care

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Preferred*</th>
<th>Basic</th>
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</tr>
<tr>
<td>Fluoride applications</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Sealants</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>X-rays</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Type II – Basic Dental Care

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Preferred*</th>
<th>Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amalgam or composite fillings – all teeth</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Simple extractions</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Denture repair and recementation of crowns and bridges</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

### Type III – Major Dental Care

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Preferred*</th>
<th>Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endodontic/periodontic/complex oral surgery</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Crowns</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Prosthodontics/dentures/bridges</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Type IV – Orthodontic Benefits

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Preferred*</th>
<th>Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically-necessary orthodontic services</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic lifetime maximum benefit</td>
<td>Unlimited</td>
<td></td>
</tr>
</tbody>
</table>

OON = Out-of-Network

**NOTE:** See plan provisions for exclusions and limitations. *The Exchange-Certified Pediatric Preferred benefits are available to amend any traditional plan if needed. See page 5 for details.
Preventive Care is Better Care

Delta Dental has two valuable services that focus strictly on preventive care. By taking advantage of these features, employers can help employees make the connection between oral and overall health.

**MaxOver**® - emphasizes the importance of preventive dental care by rewarding members with the rollover of a portion of their annual maximum for future use.

**Healthy Smile, Healthy You**® - supports the connection between oral health and overall health with additional preventive benefits for members with certain health conditions.

**Here’s how it works:**

Members with natural teeth must have at least one preventive exam and cleaning, and members who have no natural teeth must have at least one preventive exam during their benefit period. In addition, for all members, claims paid during the benefit period must be less than the MaxOver claims threshold. Then, the appropriate MaxOver amount will be carried forward for use at a future time (the annual MaxOver amount is based on the plan’s annual maximum benefit allowance). That means the level of coverage to which members have access can actually increase over time. The MaxOver account limit can never exceed the annual maximum benefit allowance.

**Example:**

Plan’s annual maximum benefit allowance...... $1,500
Submit claims up to ..................................................$750
Annual MaxOver amount added to next benefit period ...........................................................$375
Total annual maximum benefit for the next benefit period .........................................................$1,875

For more information on MaxOver annual claims thresholds, rollover and account limits, visit the Broker section at DeltaDentalVA.com.

**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 become eligible for one additional cleaning and exam beyond the plan limitations per benefit period. For pregnant members, the additional service will be during the term of their pregnancy. Cancer patients will also be eligible for an additional fluoride application beyond the age limit specified by their plan.

Delta Dental can provide employers with materials to inform employees about the program.

Preventive care features reward employees and help make the connection between oral and overall health.
Quoting Made Easy

Delta Dental makes quoting simple with our quoting tool on the Broker section at DeltaDentalVA.com. Quotes are generated in a PDF format and contain a comparison of the plans you are proposing. You can save, print or email the quote directly to your client.

Everything you need to present Delta Dental benefit plans to your clients can be found in the Broker section at DeltaDentalVA.com:

- Product information
- Instructions on enrolling groups
- Underwriting guidelines, plan exclusions and limitations
- Commonly-requested forms
- Oral health educational materials
- Delta Dental news

After the sale, use the Broker section at DeltaDentalVA.com to manage your book of business. Log into your secure Broker account to view group coverage information. Once permission is obtained from your client, the secure site allows you to run reports, manage eligibility and view bills. We'll provide you with the tools you need to confidently recommend and then manage your Delta Dental business.

Quote. Sell. Manage your book of business. All from the secure Broker site at DeltaDentalVA.com.
Once your client is ready to enroll, you will need to provide Delta Dental with the following information at least 15 days prior to the first day of the month the coverage is to be effective:

- The Small Group Dental Insurance Application (SGApp#01.2017), completed and signed by the group administrator and broker, if applicable, with the NAICS Code provided on the application;
- The Web Authorization, (section 10 of the group application), completed and signed by the group administrator;
- For groups under ten employees, a copy of the group’s most recent Virginia Employment Commission Employer’s Quarterly Tax Report (FC-20) and Employee Quarterly Payroll Report (FC-21); or in lieu of the Employee Quarterly Payroll Report (FC-21), we will accept a list that includes each employee name, SSN, and total wage;
- If using a third party vendor, a Quarterly Wage Report listing each employee name, SSN, and total wages, as well as a summary of the total wages and tax amounts paid;
- Completed enrollment forms for all employees electing coverage;
- 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 local Delta Dental representative. To find your representative, visit DeltaDentalVA.com.

Once forms and payment are received, a welcome kit will be mailed to the group that includes ID cards for each subscriber.

A postcard will be sent to each subscriber with instructions on how to access their evidence of coverage booklet.

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

From introduction to implementation, Delta Dental makes it easy to enroll and manage your groups’ dental benefits plans.
Underwriting Guidelines – Traditional and Exchange-Certified Products

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. For all plans except Choice, 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.

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

4. All plans except the Exchange-Certified Pediatric Plans utilize a four-tier rating structure consisting of Employee, Employee/Spouse, Employee/Child(ren), and Employee/Family. The Exchange-Certified Pediatric plan utilizes a per enrollee rate structure. No other rating structures are available.

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

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. Benefit waiting period options:

   Employer-Paid Plans – Major services and non-medically necessary orthodontic services

   - Choice of none, six months, or 12 months (no benefit waiting periods apply to aXcess™ plans).

   Voluntary Plans – Major services

   - Choice of six months or 12 months. Non-medically necessary orthodontic services include a 12-month waiting period.

   No benefit waiting periods apply to medically-necessary orthodontic services.

   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.

   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.

   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.

   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.

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

9. Children are eligible for coverage until the end of the month following their 26th birthday under the Family plans.

10. Only enrollees under the age of 19 are eligible for coverage under the Essential Health Pediatric Dental Benefit Amendment and the Exchange-Certified Pediatric Plans.

11. Groups enrolling 50-99 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 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 50 percent of those enrolling elect the High Plan. 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. 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.

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 for eligible employees are below:

<table>
<thead>
<tr>
<th>Employer-Paid Plans (Except Choice)</th>
<th>Eligible Employees</th>
<th>Minimum Participation Requirement</th>
<th>Minimum Employer Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-4</td>
<td>100%</td>
<td>25%</td>
<td>&gt;0%</td>
</tr>
<tr>
<td>5-9</td>
<td>80%</td>
<td>25%</td>
<td>&gt;0%</td>
</tr>
<tr>
<td>10-49</td>
<td>75%</td>
<td>25%</td>
<td>&gt;0%</td>
</tr>
<tr>
<td>50-99</td>
<td>75%</td>
<td>25%</td>
<td>&gt;0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Voluntary Plans (Except Choice)</th>
<th>Eligible Employees</th>
<th>Minimum Participation Requirement</th>
<th>Minimum Employer Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum 5 employees or 25% of eligibles, whichever is greater</td>
<td>0%</td>
<td>None</td>
</tr>
</tbody>
</table>

Choice Plan

<table>
<thead>
<tr>
<th>Eligible Employees</th>
<th>Minimum Participation Requirement</th>
<th>Minimum Employer Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-99</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
Plan Provisions – Traditional Products
(If amended to include exchange-certified pediatric benefits, the exchange-certified plan provisions apply to enrollees under age 19).

Delta Dental Limitations
The following benefits have limitations as indicated.
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.

Diagnostic and Preventive Care (Type I), Standard Coverage – No Deductible
• 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 (panellipse) 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 per 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.

Basic Dental Care (Type II), Standard Coverage – Deductible Applies
• Amalgam and composite filings: 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.

Major Dental Care (Type III), If Applicable – Deductible Applies (Requires Diagnostic and Preventive/Basic Coverage)

Major services are optional coverage for all Delta Dental products except aXcess and Choice.

• 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 tooth 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 (Type IV), If Applicable – No Deductible (Requires Diagnostic and Preventive/Basic and Major Coverage)

Orthodontic Benefits are optional for all Delta Dental products except aXcess™ 10 and aXcess™ 25. Orthodontic Benefits are not covered under aXcess™ 50 and Choice.

• Minimum of 10 enrolled (minimum of two for aXcess).

• Orthodontic benefits are available to all enrollees on Employer-Paid plans. Voluntary (Employee-Paid) plans cover dependent children up to age 19 only. Orthodontic Benefits are limited to enrollees age five and older.

MaxOver® Benefit
Eligibility for MaxOver benefits are 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 benefits 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 conditions for which you are eligible for coverage under your hospital, medical/surgical, or major medical plan.

CONTINUED ON NEXT PAGE
Plan Provisions – Traditional Products

(If amended to include exchange-certified pediatric benefits, the exchange-certified plan provisions apply to enrollees under age 19).

Delta Dental Exclusions (continued)

- 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 their 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.
Plan Provisions – Exchange-Certified Pediatric Products

**Delta Dental Limitations**

The following benefits have limitations as indicated.

**Diagnostic and Preventive Care (Type I), Preferred Plan**
- **No Deductible.**

- **Basic Plan – Deductible Applies**
  - **Oral exams** (includes periodic exams for patients under three years of age, comprehensive, detailed and extensive evaluation and exam): twice in a 12-month period.
  - **Emergency exams (limited-problem focused):** twice in a 12-month period.
  - **Bitewing X-rays (including vertical bitewings):** one set in a 12-month period.
  - **Intraoral-periapical X-rays:** six films in a six-month period.
  - **Intraoral-occlusal X-rays:** twice in a 12-month period.
  - **Complete full mouth X-rays** (intraoral-complete series and panoramic): once in a 60-month period.
  - **Pulp vitality tests:** twice in a 12-month period.
  - **Diagnostic casts covered for non-orthodontic procedures.**
  - **Cleanings:** twice in a 12-month period, subject to benefit limitation for periodontal maintenance.
  - **Fluoride applications:** twice in a 12-month period.
  - **Sealants and preventive resin restorations not allowed when placed over restorations.**
  - **Space maintainers:** one per quadrant or arch in a 24-month period.
  - **Removal of fixed space maintainers not allowed by Dentist or dental office that placed space maintainers.**
  - **Full mouth debridement:** once in a 12-month period.
  - **Four periodontal maintenance (cleanings) in a 12-month period, subject to the benefit limitation for regular cleanings.**
  - **Palliative (emergency) treatment of dental pain:** not allowed on same day with any procedure except X-rays and exam.
  - **Removal of lateral exostosis, torus, palatinius, torus mandibularis, including general anesthesia:** once in a 60-month period.
  - **Maxillary sinusotomy for removal of tooth fragment or foreign body, including general anesthesia:** once in a 12-month period.
  - **Frenulectomy and frenuoplasty, including general anesthesia:** once in a lifetime.
  - **Excision of hyperplastic tissue, including general anesthesia:** once in a 60-month period.
  - **Excision of pericoronal gingiva, including general anesthesia:** once in a 36-month period.
  - **Excision of pericoronal gingiva:** once in a 36-month period.

**Major Dental Care (Type III) – Deductible Applies**
- **Onlays and single crowns:** once every 60 months when the tooth damaged by decay or fracture cannot be restored by amalgam or composite restoration.
  - **Temporary crowns limited to a fractured tooth.** Not to be used as a temporary crown during crown fabrication.
  - **Labial veneers:** once every 60 months when the tooth damaged by decay or fracture cannot be restored by amalgam or composite restoration.
  - **Cast and prefabricated post and core in addition to crown, core buildup, and crown repair:** once every 60 months.
  - **Re-cement or re-bond fixed partial denture; re-cement or re-bond implant/abutment supported fixed partial denture:** once in a 12-month period after six months from initial placement of partial denture.
  - **Repairs to complete and partial dentures:** once in a 12-month period after six months from initial placement of complete or partial denture.

**Medically-Necessary Orthodontic Benefits (Type IV)**
- **No Deductible**
  - **Treatment necessary for the proper alignment of teeth.** Members must have a severe, dysfunctional, handicapping malocclusion. In order to qualify as medically necessary, a minimum score of 25 points using Salzmann Index criteria is required. Handicapping esthetic diagnoses (crooked, crowded or protruding teeth) due to appearance are not considered part of the determination.

CONTINUED ON NEXT PAGE
Plan Provisions – Exchange-Certified Pediatric Products

**Delta Dental Exclusions**

The following are not Covered Benefits unless specifically identified as a Covered Benefit in the Schedule of Benefits:

- Services or supplies that are not Dental Services; also services not specifically listed as covered in the 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 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 for illnesses, injuries or other conditions you are eligible for coverage under your hospital, medical/surgical or major medical plan.
- Dental Services provided before the date you enrolled under the plan.
- 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 drugs, 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.
- Charges for inpatient or outpatient hospital services; 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 by phone or by other electronic means.
- Charges for radiographic image (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 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 or supplies, as well as services and/or procedures due to complications thereof. Experimental or investigative procedures, services or supplies are those 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.
- 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 Plan Allowance for the more comprehensive code, not on the Plan Allowance 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 its payment on its determination of the more accurate Dental Service code.
- Amounts that exceed the Plan Allowance as agreed to by the dentist for covered benefits.
- Non-medically necessary orthodontic treatment, unless included as a covered benefit on the Traditional plan that has been amended to include the Pediatric Exchange-Certified Amendment.
1 2015 Benefits Selling Reader’s Choice Awards.
2 Delta Dental of Virginia, March 2016.