



Delta Dental PPO plans

EMPLOYER-PAID FOR 5-99 EMPLOYEES OR VOLUNTARY (EMPLOYEE-PAID) FOR 5-300 EMPLOYEES

NETWORK	DELTA DENTAL PPO™			
Plan name	Active — Option A*	Active — Option B*	Active — Option C*	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 — No deductible. No benefit waiting period.				
Exams and cleanings	100% 80% 80%	100% 80% 80%	100% 90% 90%	100% 100% 100%
Fluoride applications	100% 80% 80%	100% 80% 80%	100% 90% 90%	100% 100% 100%
Sealants	100% 80% 80%	100% 80% 80%	100% 90% 90%	100% 100% 100%
X-rays	100% 80% 80%	100% 80% 80%	100% 90% 90%	100% 100% 100%
TYPE II — BASIC DENTAL — Deductible applies. No benefit waiting period.				
Amalgam or composite fillings — choice of all teeth or six front only	90% 70% 70%	80% 60% 60%	50% 30% 30%	80% 80% 80%
Simple extractions	90% 70% 70%	80% 60% 60%	50% 30% 30%	80% 80% 80%
Denture repair and recementation of crowns and bridges	90% 70% 70%	80% 60% 60%	50% 30% 30%	80% 80% 80%
Endodontic/periodontic/complex oral surgery***	Choice of 90% 70% 70% or move to Type III 60% 50% 50%	Choice of 80% 60% 60% or move to Type III 50% 30% 30%	50% 30% 30%	Choice of 80% 80% 80% or move to Type III 50% 50% 50%
OPTIONAL TYPE III — MAJOR DENTAL — Deductible applies. Choice of 0-, 6- or 12-month benefit waiting period.				
Crowns	60% 50% 50%	50% 30% 30%	50% 30% 30%	50% 50% 50%
Prosthodontics/dentures/bridges	60% 50% 50%	50% 30% 30%	50% 30% 30%	50% 50% 50%
Implant Coverage	60% 50% 50%	50% 30% 30%	50% 30% 30%	50% 50% 50%
OPTIONAL TYPE IV — ORTHODONTIC BENEFITS[†] — No deductible. Choice of 0-, 6-, or 12-month benefit waiting period for contributory. 12-month waiting period applies for voluntary.				
Orthodontic services	50% 50% 50%			
Lifetime maximum benefit	Matches annual maximum (up to \$2,500)			

OON = Out-of-network

*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. **Voluntary plans do not have the choice of a \$0 deductible. ***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, you have the choice of coverage for dependent children up to age 19, or adults and dependent children.



Delta Dental PPO Plus Premier plans

EMPLOYER PAID 5-99, VOLUNTARY 5-300 EMPLOYEES

NETWORK	DELTA DENTAL PPO PLUS PREMIER™		
Plan name	Passive	Active — Option 1	Active — Option 2
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 — No deductible. No benefit waiting period.			
Exams and cleanings	100% 100% 100%	100% 100% 100%	100% 90% 90%
Fluoride applications	100% 100% 100%	100% 100% 100%	100% 90% 90%
Sealants	100% 100% 100%	100% 100% 100%	100% 90% 90%
X-rays	100% 100% 100%	100% 100% 100%	100% 90% 90%
TYPE II — BASIC DENTAL — 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%
Simple extractions	80% 80% 80%	90% 80% 80%	80% 70% 70%
Denture repair and recementation of crowns and bridges	80% 80% 80%	90% 80% 80%	80% 70% 70%
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%
OPTIONAL TYPE III — MAJOR DENTAL — Deductible applies. Choice of 0-, 6- or 12-month benefit waiting period.			
Crowns	50% 50% 50%	60% 50% 50%	50% 50% 50%
Prosthetics/dentures/bridges	50% 50% 50%	60% 50% 50%	50% 50% 50%
Implants	50% 50% 50%	60% 50% 50%	50% 50% 50%
OPTIONAL TYPE IV — ORTHODONTIC BENEFITS*** — No deductible. Choice of 0-, 6-, or 12-month benefit waiting period for contributory. 12-month waiting period applies for voluntary.			
Orthodontic services	50% 50% 50%		
Lifetime maximum benefit	Match annual max (up to \$2,500)		

OON = Out-of-network

*Voluntary plans do not have the choice of a \$0 deductible. **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, you have the choice of coverage for dependent children up to age 19, or adults and dependent children.



aXcess plans

EMPLOYER PAID FOR 2-49 EMPLOYEES

NETWORK	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 – No deductible. No benefit waiting period.		
Exams and cleanings	100% 100% 100%	
Fluoride applications	100% 100% 100%	
Sealants	100% 100% 100%	
X-rays	100% 100% 100%	
TYPE II – BASIC DENTAL – Deductible applies. No benefit waiting period.		
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 – Deductible applies. No benefit waiting period.		
Endodontic/periodontic/complex oral surgery	25% 25% 25%	50% 50% 50%
Crowns	25% 25% 25%	50% 50% 50%
Prosthodontics/dentures/bridges	25% 25% 25%	50% 50% 50%
Implants	25% 25% 25%	50% 50% 50%
TYPE IV – ORTHODONTIC BENEFITS* – No deductible. No benefit waiting period.		
Orthodontic services	25% 25% 25%	N/A
Lifetime maximum benefit	\$500	N/A

OON = Out-of-network

*aXcess 25 covers orthodontic services for adults and dependent children. **aXcess 50 is only available to groups with two to four eligible employees.