

Mississippi

**DELTA DENTAL INSURANCE COMPANY PRESENTS**

**Program W-1: Small Group Pool - Groups Without Prior Dental Coverage**

**FOR THE EMPLOYEES OF**

**XXXXXXXXXXXXXX**

**BENEFITS: DPO / (Usual, Customary & Reasonable Fee Concept)**

. Diagnostic & Preventive Services:	100%
. Restorative & Denture Repairs:	80/20
. Basic Services:	80/20

*Major Services:*

. Endodontics:	50/50*
. Oral Surgery:	50/50*
. Periodontics:	50/50*
. Crowns & Prosthodontics:	50/50*
. Orthodontics:	50/50*#

\* 12 month waiting period on Major Services and Orthodontic Services for all enrollees.

# Orthodontic benefit year maximum of \$350 (not to exceed \$1,000 lifetime maximum)

**(Orthodontics for dependent children to age 19 only)**

**Deductible (Annual Aggregate):**

\$50 per member per year

\$150 family maximum per year

Deductible not applied to Diagnostic & Preventive Services.

**Maximum Benefit Amount (Each Year):**

For each Eligible Person: \$1,000 (including orthodontic benefit)

Note: Teeth extracted prior to the effective date are NOT covered benefits.

<b>Monthly Rates:</b>	<b><u>Employee</u></b>	<b><u>Family</u></b>
<b>Two Year Contract</b>	\$19.76	\$ 52.84

	<b><u>Employee</u></b>	<b><u>Employee &amp; One</u></b>	<b><u>Employee &amp; Two or More</u></b>
<b>Two Year Contract</b>	\$19.76	\$40.20	\$60.30

Delta Dental's proposed premiums are based on an indemnity enrollment of at least 10 primary enrollees.

Section 125 required. Coverage may not be dropped or changed other than during an Open Enrollment Period or because of a qualifying status change.

Above rates and benefit levels are based on group having no prior dental coverage.

**Rates are valid for groups effective through 06-30-2006**