

**DELTA DENTAL INSURANCE COMPANY PRESENTS**

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

**FOR THE EMPLOYEES OF**

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

. Diagnostic & Preventive Services:	100%
. Restorative & Denture Repairs:	80/20
. Basic Services:	80/20
Simple extractions covered under basic	80/20
<i>Major Services:</i>	
. Endodontics:	50/50*
. Oral Surgery:	50/50*
. Periodontics:	50/50*
. Crowns & Prosthodontics:	50/50*

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

**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

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>	\$		\$	
	<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>	\$	\$	\$	

Delta Dentals proposed premiums are based on an enrollment of at least 5 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.

**Agent: Jack Lane**