

DELTA DENTAL INSURANCE COMPANY PRESENTS

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

FOR THE EMPLOYEES OF

Prospect Name

BENEFITS (Based on Provider Fee Schedule – PPO fee in and out of network)

. 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*
. 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.

Monthly Rates:

	<u>Employee</u>	<u>Family</u>	
Two Year Contract	\$	\$	
	<u>Employee</u>	<u>Employee & One</u>	<u>Employee & Two or More</u>
Two Year Contract	\$	\$	\$

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.