



Delta Dental Product Overview

Delta Dental provides a portfolio of dental plans designed to best meet the needs of your clients. Our products are flexible — allowing for customized plans with a choice of deductibles, annual maximums, coinsurance or copayment options and network access.

Delta Dental PPOSM

Our Delta Dental PPO product provides members with a unique combination of price and benefit. With PPO, members will receive the best discount when they visit a PPO dentist. However, they still have access to one of the largest networks in the nation — the Delta Dental Premier network.¹ If a member visits a Premier or out-of-network provider they can be balance-billed. They will not be balance-billed when visiting a PPO dentist.

Delta Dental PPO plus Premier

The Delta Dental PPO plus Premier product also provides members with an outstanding value and an abundance of options. We offer a variety of plan options in the Delta Dental PPO plus Premier design, allowing groups to choose the plan that best suits their needs. Additionally, members will not be balance-billed when they see a PPO or Premier dentist. They may be balance-billed when visiting an out-of-network provider.

Delta Dental Premier[®]

The Delta Dental Premier product gives members access to one of the largest networks in the nation. With nearly 7,000 participating Premier dentists in Virginia alone¹, there won't be any shortage of provider options. As with the Delta Dental PPO and the Delta Dental PPO plus Premier, members can be balance-billed for visiting an out-of-network provider.

Delta Dental PPOSM — EPO Plan Design

The Delta Dental PPO — EPO Plan Design is a new product offering for 2018 that is replacing DeltaCare. It is a fixed copay-style plan that uses our PPO network exclusively, which is more than seven times larger than the DeltaCare network.² One of the greatest benefits of a copay-style plan is that members will know their cost before they see the dentist. So there are no surprises.

The following pages of this brochure will provide benefit summaries for our small group plans, as well as Underwriting Guidelines, Plan Provisions and instructions on enrolling a group.

If you have any questions, do not hesitate to call your Delta Dental sales representative or 888-335-8216.

¹Delta Dental Plans Association, 2017

²Delta Dental Plans Association, March 2017

Delta Dental's Network Advantage

More choice...more savings

Delta Dental PPOSM and Delta Dental Premier[®] give employees a dual network advantage because so many dentists participate in these plans. It's likely that your employees' current dentists are already in-network, but to make sure they receive the most savings, it's recommended your employees check that their dentist participates in the network(s) covered by their plan before their next appointment.

With Delta Dental, you have the flexibility of two network options:

Delta Dental PPO is our preferred provider organization. Delta Dental PPO may provide employees lower out-of-pocket costs because dentists who participate in the PPO network have agreed to accept lower reimbursements for services. More than 53 percent of all dentists in Virginia and 54 percent nationally participate in the Delta Dental PPO network.²

Delta Dental Premier is one of the largest dental networks in the nation, with nearly 7,000 participating dentist locations in Virginia and more than 339,000 nationwide.² Delta Dental Premier gives employees a wide selection of dentists at a slightly higher out-of-pocket cost than our PPO network. More than 83 percent of all dentists in Virginia and 79 percent nationally participate in the Delta Dental Premier network.²

Most plans give employees the option to visit any licensed dentist; however, their out-of-pocket costs will likely be lower when they select a Delta Dental PPO or Delta Dental Premier participating dentist than when they select a non-participating dentist. Dentists in both networks have also agreed to Delta Dental's treatment policies, which helps ensure that employees' dental care is delivered in a cost-efficient manner.

We're offering a new plan this year called the **Delta Dental PPOSM — EPO Plan Design (EPO Plan)**. This plan uses our PPO network exclusively. Only PPO doctors are considered in-network. The EPO Plan is a fixed copayment plan which means you'll know your cost before you visit your dentist — so there are no surprises. In addition, you'll have access to a network of thoroughly-credentialed dentists that is more than seven times larger than the DeltaCare network³. The EPO Plan includes dozens of "no cost" procedures and won't require a referral to see a specialist.

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



Choose In-Network and Save

Depending on the plan, the type of network dentist your employees choose can impact their out-of-pocket costs. Refer to the charts below for examples of how in-network dentist visits can result in better cost savings.

Delta Dental PPOSM plus Premier Plan

	Delta Dental PPO	Delta Dental Premier	Out-of-Network
Dentist charge for covered procedure	\$215	\$215	\$215
Network allowance (the maximum amount Delta Dental will pay)	\$126	\$169	\$113
The percent Delta Dental pays after any deductible	80%	80%	80%
Plan Payment (what Delta Dental pays)	\$100.80	\$135.20	\$90.40
Patient payment	\$25.20	\$33.80	\$124.60

Delta Dental PPOSM Plan

	Delta Dental PPO	Delta Dental Premier*	Out-of-Network
Dentist charge for covered procedure	\$215	\$215	\$215
Network allowance (the maximum amount Delta Dental will pay)	\$126	\$126	\$126
The percent Delta Dental pays after any deductible	80%	80%	80%
Premier network allowance	N/A	\$169	N/A
Plan payment (what Delta Dental pays)	\$100.80	\$100.80	\$100.80
Patient payment	\$25.20	\$68.20	\$114.20

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

Delta Dental PPOSM — EPO Plan Design

	Delta Dental PPO	Delta Dental Premier	Out-of-Network
Dentist charge for covered procedure	\$215	\$215	\$215
Network allowance (the maximum amount Delta Dental will pay)	\$150	\$0	\$0
Procedure copayment amount	\$50	Not covered	Not covered
Plan payment (what Delta Dental pays)	\$100	\$0	\$0
Patient payment (same as procedure copayment amount)	\$50	\$215	\$215

Delta Dental Premier[®] Plan

	Delta Dental Premier	Out-of-Network
Dentist charge for covered procedure	\$215	\$215
Network allowance (the maximum amount Delta Dental will pay)	\$169	\$113
The percent Delta Dental pays after any deductible	80%	80%
Plan payment (what Delta Dental pays)	\$135.20	\$90.40
Patient payment	\$33.80	\$124.60

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

Preventive Care is Better Care — MaxOver®

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.

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 DeltaDentalVA.com.

MaxOver annual rollover limits

MaxOver annual rollover amounts are based on a percentage of the annual maximum benefit. The following chart represents Delta Dental's annual maximum benefit and the correlating MaxOver amounts:

Annual Maximum Benefit	Claims Threshold	Annual MaxOver Amount	MaxOver Account Limit
\$1,000	\$500	\$250	\$1,000
\$1,250	\$625	\$300	\$1,250
\$1,500	\$750	\$375	\$1,500
\$2,000	\$1,000	\$500	\$2,000
\$2,500	\$1,250	\$625	\$2,500
\$5,000	\$2,500	\$1,250	\$5,000

Group Administrators of the plan will receive a summary report of qualifying members who have a MaxOver balance in their accounts that they can use toward future dental services.



Preventive Care is Better Care — *Healthy Smile, Healthy You®*

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 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.

