

## 2020 Small Group Plans — Employer-Paid for 5-99 Employees

Network Name	Delta Dental PPO plus Premier™			Delta Dental PPO™
Plan name	Passive	Active - Option 1	Active - Option 2	Passive <sup>†</sup>
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			
<b>Type I — Diagnostic and Preventive Care — No deductible. No benefit waiting period.</b>				
Exams and cleanings	100%   100%   100%	100%   100%   100%	100%   90%   90%	100%   100%   100%
Fluoride applications	100%   100%   100%	100%   100%   100%	100%   90%   90%	100%   100%   100%
Sealants	100%   100%   100%	100%   100%   100%	100%   90%   90%	100%   100%   100%
X-rays	100%   100%   100%	100%   100%   100%	100%   90%   90%	100%   100%   100%
<b>Type II — Basic Dental Care — Deductible applies. No benefit waiting period.</b>				
Amalgam or composite fillings — choice of all teeth or six front only	80%   80%   80%	90%   80%   80%	80%   70%   70%	80%   80%   80%
Simple extractions	80%   80%   80%	90%   80%   80%	80%   70%   70%	80%   80%   80%
Denture repair and recementation of crowns and bridges	80%   80%   80%	90%   80%   80%	80%   70%   70%	80%   80%   80%
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%	Choice of 80%   80%   80% or move to Type III 50%   50%   50%
<b>Optional Type III — Major Dental Care — Deductible applies. Choice of 0, 6 or 12 month benefit waiting period.</b>				
Crowns	50%   50%   50%	60%   50%   50%	50%   50%   50%	50%   50%   50%
Prosthodontics/dentures/bridges	50%   50%   50%	60%   50%   50%	50%   50%   50%	50%   50%   50%
Implants	50%   50%   50%	60%   50%   50%	50%   50%   50%	50%   50%   50%
<b>Optional Type IV — Orthodontic Benefits** — No deductible. Choice of 0, 6 or 12 month benefit waiting period.</b>				
Orthodontic services	50%   50%   50%			
Lifetime maximum benefit	Match annual max (up to \$2,500)			

OON = Out-of-Network

NOTE: See plan provisions for exclusions and limitations. <sup>†</sup>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. \*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, adults and dependent children are covered.

## 2020 Small Group Plans — Employer-Paid for 2-99 Employees

Network Name	Delta Dental PPO plus Premier™	
Plan name	aXcess™ 25 <sup>†</sup>	aXcess™ 50*
Deductible	\$50 lifetime, per person	
Annual maximum benefit	\$2,000 per person	
Networks	PPO   Premier   OON	
<b>Type I – Diagnostic and Preventive Care – No deductible. No benefit waiting period.</b>		
Exams and cleanings	100%   100%   100%	
Fluoride applications	100%   100%   100%	
Sealants	100%   100%   100%	
X-rays	100%   100%   100%	
<b>Type II – Basic Dental Care – Deductible applies. No benefit waiting period.</b>		
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%	
<b>Type III – Major Dental Care – Deductible applies. No benefit waiting period.</b>		
Endodontic/periodontic/complex oral surgery	25%   25%   25%	50%   50%   50%
Crowns	25%   25%   25%	50%   50%   50%
Prosthetics/dentures/bridges	25%   25%   25%	50%   50%   50%
Implants	25%   25%   25%	50%   50%   50%
<b>Type IV – Orthodontic Benefits<sup>†</sup> – No deductible. No benefit waiting period.</b>		
Orthodontic services	25%   25%   25%	N/A
Lifetime maximum benefit	\$500	N/A

OON = Out-of-Network

NOTE: See plan provisions for exclusions and limitations. \*aXcess 50 is only available to groups with two to four eligible employees. †aXcess 25 covers orthodontic services for adults and dependent children.

## 2020 Small Group Plans — Voluntary (Employee-Paid) for 5-300 Employees

Network Name	Delta Dental PPO plus Premier™			Delta Dental PPO™
Plan name	Passive	Active - Option 1	Active - Option 2	Passive†
Deductible	Choice of \$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			
<b>Type I — Diagnostic and Preventive Care — No deductible. No benefit waiting period.</b>				
Exams and cleanings	100%   100%   100%	100%   100%   100%	100%   90%   90%	100%   100%   100%
Fluoride applications	100%   100%   100%	100%   100%   100%	100%   90%   90%	100%   100%   100%
Sealants	100%   100%   100%	100%   100%   100%	100%   90%   90%	100%   100%   100%
X-rays	100%   100%   100%	100%   100%   100%	100%   90%   90%	100%   100%   100%
<b>Type II — Basic Dental Care — Deductible applies. No benefit waiting period.</b>				
Amalgam or composite fillings — choice of all teeth or six front only	80%   80%   80%	90%   80%   80%	80%   70%   70%	80%   80%   80%
Simple extractions	80%   80%   80%	90%   80%   80%	80%   70%   70%	80%   80%   80%
Denture repair and recementation of crowns and bridges	80%   80%   80%	90%   80%   80%	80%   70%   70%	80%   80%   80%
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%	Choice of 80%   80%   80% or move to Type III 50%   50%   50%
<b>Optional Type III — Major Dental Care — Deductible applies. Choice of 6 or 12 month benefit waiting period.</b>				
Crowns	50%   50%   50%	60%   50%   50%	50%   50%   50%	50%   50%   50%
Prostodontics/dentures/bridges	50%   50%   50%	60%   50%   50%	50%   50%   50%	50%   50%   50%
Implants	50%   50%   50%	60%   50%   50%	50%   50%   50%	50%   50%   50%
<b>Optional Type IV — Orthodontic Benefits** — No deductible. 12 month benefit waiting period.</b>				
Orthodontic services	50%   50%   50%			
Lifetime maximum benefit	Match annual max (up to \$2,500)			

OON = Out-of-Network

NOTE: See plan provisions for exclusions and limitations. †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. \*If moved to Type III, benefit waiting period applies. \*\*Orthodontic coverage is available to groups with 10 or more employees enrolled. If orthodontic benefits are selected, dependent children up to age 19 are covered.

## 2020 Small Group PPO Plans — Employer-Paid for 5–99 Employees or Voluntary (Employee-Paid) for 5–300 Employees

	Employer-Paid	Voluntary
<b>Network Name</b>	<b>Delta Dental PPO™</b>	
Plan name	Active <sup>†</sup>	
Deductible	Choice of \$0, \$25 or \$50 annual per person; limited to three per family	Choice of \$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	
<b>Type I — Diagnostic and Preventive Care</b>	<i>No deductible. No benefit waiting period.</i>	<i>No deductible. No benefit waiting period.</i>
Exams and cleanings	100%   80%   80%	
Fluoride applications	100%   80%   80%	
Sealants	100%   80%   80%	
X-rays	100%   80%   80%	
<b>Type II — Basic Dental Care</b>	<i>Deductible applies. No benefit waiting period.</i>	<i>Deductible applies. No benefit waiting period.</i>
Amalgam or composite fillings — choice of all teeth or six front only	90%   70%   70%	
Simple extractions	90%   70%   70%	
Denture repair and recementation of crowns and bridges	90%   70%   70%	
Endodontic/periodontic/complex oral surgery*	Choice of 90%   70%   70% or move to Type III 60%   50%   50%	
<b>Optional Type III — Major Dental Care</b>	<i>Deductible applies. Choice of 0, 6, or 12 month benefit waiting period.</i>	<i>Deductible applies. Choice of 6 or 12 month benefit waiting period.</i>
Crowns	60%   50%   50%	
Prosthodontics/dentures/bridges	60%   50%   50%	
Implant Coverage	60%   50%   50%	
<b>Optional Type IV — Orthodontic Benefits**</b>	<i>No deductible. Choice of 0, 6, or 12 month benefit waiting period.</i>	<i>No deductible. 12 Month benefit waiting period.</i>
Orthodontic services	50%   50%   50%	
Lifetime maximum benefit	Matches annual maximum (up to \$2,500)	

OON = Out-of-Network

NOTE: See plan provisions for exclusions and limitations. <sup>†</sup>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.\*If moved to Type III, selected benefit waiting period applies. <sup>\*\*</sup>Orthodontic coverage is available to groups with 10 or more employees enrolled. EMPLOYER-PAID: if orthodontic benefits are selected, adults and dependent children are covered. VOLUNTARY: if orthodontic benefits are selected, dependent children up to age 19 are covered.

## 2020 Small Group Delta Dental PPO™ – EPO Plan Design

### Employer-Paid for 5-99 Employees or Voluntary for 5-300 Employees

Network Name	Delta Dental PPO – EPO Plan Design	
Plan name	CP360	CP140
Annual deductible	No deductible	
Annual benefit maximum	\$3,000	\$2,000
Networks	PPO only – no OON benefit	
<b>Type I – Diagnostic and Preventive Care – No benefit waiting period.</b>		
Exams and cleanings	No cost	No cost
Fluoride applications	No cost	No cost
Sealants	\$10	\$15
X-rays	No cost	No cost
<b>Type II – Basic Dental Care – No benefit waiting period.</b>		
Amalgam or composite fillings	Fixed copayment*	
Simple extractions		
Endodontic/periodontic/ complex oral surgery		
<b>Type III – Major Dental Care – No benefit waiting period.</b>		
Denture repair and recementation of crowns and bridges	Fixed copayment*	
Crowns		
Prostodontics/dentures/bridges		
<b>Type IV – Orthodontic Benefits** – No benefit waiting period.</b>		
Orthodontic services	50%	
Lifetime maximum benefit	\$2,000 per person	

OON = Out-of-Network

NOTE: The Delta Dental PPO – EPO Plan Design does not include out-of-network benefits. You must visit a Delta Dental PPO provider. Refer to your plan provisions for exclusions and limitations for information.

\*Reference the copayment schedule in the Broker Section at [DeltaDentalVA.com](http://DeltaDentalVA.com) for a complete listing of covered benefits.

\*\*Orthodontic coverage for adult and dependent children is included for all groups.