

Delta Dental Small Group Plans: Patient Freedom 2-49

STANDARD OFFERING	PF 1	PF 2	PF 3	PF 4
PLAN TYPE/FEE BASIS	PPO™ ¹	PPO™ ¹	PPO plus Premier™ ²	PPO plus Premier™ ²
Calendar-year Maximum	\$1,000	\$2,000	\$1,000	\$1,500
COVERED SERVICES				
Diagnostic & Preventive <ul style="list-style-type: none"> Exams Cleanings X-rays Sealants Fluoride Treatments Space Maintainers 	PPO: 100% Premier: 90% Non-Par: 90%	PPO: 100% Premier: 90% Non-Par: 90%	PPO: 100% Premier: 80% Non-Par: 80%	PPO: 100% Premier: 100% Non-Par: 100%
Basic <ul style="list-style-type: none"> Fillings 	80%	80%	80%	80%
Major <ul style="list-style-type: none"> Extractions Oral Surgery Endodontics Periodontics Crowns Dentures 	50%	50%	50%	50%
ENHANCED OFFERING	PF 1	PF 2	PF 3	PF 4
PLAN TYPE/FEE BASIS	PPO ¹	PPO ¹	PPO plus Premier ²	PPO plus Premier ²
Calendar-year Maximum	\$1,000	\$2,000	\$1,000	\$1,500
COVERED SERVICES				
Diagnostic & Preventive <ul style="list-style-type: none"> Exams Cleanings X-rays Sealants Fluoride Treatments Space Maintainers 	PPO: 100% Premier: 90% Non-Par: 90%	PPO: 100% Premier: 90% Non-Par: 90%	PPO: 100% Premier: 80% Non-Par: 80%	PPO: 100% Premier: 100% Non-Par: 100%
	Deductibles do not apply to Diagnostic & Preventive (D&P) services, and D&P services are not applied toward calendar-year maximum ONLY when using a PPO™ or Premier® provider for all services.			
Basic <ul style="list-style-type: none"> Fillings Extractions Oral Surgery Endodontics Periodontics 	80%	80%	80%	80%
Major <ul style="list-style-type: none"> Crowns Implants Dentures 	50%	50%	50%	50%
Deductible	Individual: \$50 Family: \$150 (calendar year)			
Orthodontics	All plans 50% coinsurance w/ \$1,000 lifetime max.			

The enhanced offering includes **Right Start 4 Kids**¹. This product enhancement **covers children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible** (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). **The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance.** If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance.

PLAN NOTES

Non-Par = Non-participating. Provider is not a part of the Delta Dental PPO™ or Delta Dental Premier® networks.

¹Reimbursement for all providers is based on the PPO contracted fee. ²Reimbursement is based on PPO contracted fees for PPO providers, Premier contracted fees for Premier providers, and the plan contract allowance for non-participating providers.

Standard offering benefit feature details:

- Prevention First **not covered**
- Right Start 4 Kids **not covered**
- Class IIIA (oral surgery, endodontics, periodontics) in Major
- Contract E frequencies and limitations
- Posterior composite fillings **not covered**
- Implants (surgical) **not covered**

Enhanced offering benefit feature details:

- Prevention First
- Right Start 4 Kids
- Class IIIA (oral surgery, endodontics, periodontics) in Basic
- Contract E frequencies and limitations
- Posterior composite fillings covered
- Implants (surgical) covered

There is an option to add ortho to a standard or enhanced offering for groups of 10 or more.

Standard broker commission rate for Patient Freedom plans is 10%.

DUAL CHOICE OPTION

Groups of 25–99 enrolled employees may choose to offer a **DUAL OPTION** for their employees, which means that the employer can offer two different plans for their employees to choose from. All plans can be used as dual options, specific limitations and guidelines apply. For questions regarding customization and dual options, please contact your account manager or sales representative.

This is a brief description of services covered under each dental plan. Please refer to employee benefit booklet for full plan details. If differences exist between this summary and benefit booklet, benefit booklet will govern.