

## SMALL BUSINESS PROGRAM VOLUNTARY PROGRAM

BENEFITS	PPO V1	PPO V2
<b>Diagnostic (deductible waived)</b> ↘ Exams (2 per 12-month period) ↘ Bitewing x-rays (2 per 12-month period)	<b>100%*</b>	<b>100%*</b>
<b>Preventive (deductible waived)</b> ↘ Prophylaxis (cleaning) (2 per 12-month period) ↘ Fluoride treatments (to age 19) ↘ Sealants (to age 14) ↘ Space maintainers (to age 14)	<b>100%*</b>	<b>100%*</b>
<b>Basic Restorative</b> ↘ Fillings (amalgam “silver” and composite “white” non-molar)	<b>80%*</b>	<b>80%*</b>
<b>Oral Surgery</b> ↘ Extraction and oral surgery procedures, including pre- and post-operative care ↘ General anesthesia is covered when used in conjunction with covered oral surgical procedures	<b>80%*</b>	<b>80%*</b>
<b>Endodontics</b> ↘ Pulpal therapy ↘ Root canal filling	<b>80%*</b>	<b>80%*</b>
<b>Periodontics</b> ↘ Treatment to the gums and supporting structures of the teeth	<b>80%*</b>	<b>80%*</b>
<b>Major Restorative</b> ↘ Inlays ↘ Onlays ↘ Crowns	<b>not a benefit</b>	<b>50%*</b>
<b>Prosthodontics</b> ↘ Procedures for replacement of missing teeth by construction or repair of bridges and partial or complete dentures	<b>not a benefit</b>	<b>50%*</b>
<b>Orthodontics</b>	<b>not a benefit</b>	<b>not a benefit</b>
<b>Calendar year deductibles</b>	<b>\$50 Single \$150 Family</b>	<b>\$50 Single \$150 Family</b>
<b>Calendar year maximum per person</b>	<b>\$1,000</b>	<b>\$1,000</b>

**Oral Surgery, Endodontic and Periodontic services.** There is a six-month waiting period on all oral surgery, endodontic and periodontic services. Waiting periods will be waived for groups having prior coverage which included these services.

**Major Restorative and Prosthodontic services.** There is a twelve-month waiting period on all major restorative and prosthodontic services. Waiting periods will be waived for groups having prior coverage which included these services.

\*The Delta Dental PPO program makes its payments for both participating and non-participating dentists based on the Delta Dental PPO Maximum Plan Allowances (PPO MPA) or the dentist’s charged fee, whichever is less (PPO Allowed Amount). Delta Dental PPO participating dentists agree to accept the PPO Allowed Amount as payment in full. Delta Dental’s benefit is a percentage of the PPO Allowed Amount; an enrollee copayment may be required. Deductibles may also apply. Dentists who participate in the Delta Dental Premier<sup>®</sup> network but not the Delta Dental PPO network may also charge the patient the difference between the PPO Allowed Amount and the Delta Dental Premier Allowed Amount. Non-participating dentists may balance bill the patient without limit by Delta Dental.

This information highlights coverage for the PPO V1 and PPO V2 dental programs; this highlight sheet is not intended to be a complete list or complete description of benefits. Exclusions and limitations may apply.

The benefit explanations contained herein are subject to all provisions of the Group Dental Service Contract, and do not modify such contract in any way, nor shall the subscriber accrue any rights because of any statement in or omission from this highlight sheet.

## SMALL BUSINESS PROGRAM

Monthly Rates Valid for Effective Dates of April 1, 2007 through December 1, 2007\*

### LEVEL ONE RATES (VOLUNTARY) - (See Underwriting Policies and Requirements for eligible industries based on SIC codes)

PENNSYLVANIA		
<b>PA AREA 1: EASTERN REGION</b> (Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton and Philadelphia counties)		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$24.00	\$35.65
Employee & Family	\$63.00	\$84.50
<b>PA AREA 2: CENTRAL/NORTHEASTERN/WESTERN REGIONS</b>		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$21.50	\$32.00
Employee & Family	\$56.45	\$75.75

MARYLAND		
<b>MD AREA 1: EASTERN METRO REGION</b> (Anne Arundel, Baltimore, Charles, Howard, Montgomery, Prince George's and St. Mary's counties)		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$26.70	\$39.80
Employee & 1 Dep.	\$48.25	\$68.80
Employee & Family	\$79.45	\$105.70
<b>MD AREA 2: SOUTHERN / WESTERN REGIONS</b>		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$20.30	\$30.25
Employee & 1 Dep.	\$36.65	\$52.20
Employee & Family	\$60.30	\$80.20

DISTRICT OF COLUMBIA		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$29.65	\$44.20
Employee & 1 Dep.	\$54.95	\$78.35
Employee & Family	\$90.45	\$120.40

NEW YORK		
<b>NY AREA 1: NEW YORK COUNTY</b>		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$35.65	\$52.15
Employee & 1 Dep.	\$78.05	\$111.00
Employee & Family	\$119.95	\$154.55
<b>NY AREA 2: GREATER NEW YORK REGION</b> (Bronx, King, Nassau, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Westchester counties)		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$29.25	\$42.75
Employee & 1 Dep.	\$64.00	\$91.00
Employee & Family	\$98.35	\$126.75
<b>NY AREA 3: UPSTATE REGION</b>		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$21.60	\$31.65
Employee & Family	\$57.00	\$75.50

DELAWARE		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$28.40	\$42.30
Employee & 1 Dep.	\$51.30	\$73.15
Employee & Family	\$84.50	\$112.35

WEST VIRGINIA		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$16.50	\$24.65
Employee & 1 Dep.	\$30.90	\$43.95
Employee & Family	\$50.85	\$67.60

**Participation Requirements:**

Minimum enrollment of 25% of eligible employees or 5 enrolled employees, whichever is greater. See Underwriting Policies and Requirements for additional information.

\*Rates guaranteed for 12 months from the effective date. Monthly rates are based on the location of the group's headquarters. Employer must provide payroll deduction.



### SMALL BUSINESS PROGRAM

Monthly Rates Valid for Effective Dates of April 1, 2007 through December 1, 2007\*

#### LEVEL TWO RATES (VOLUNTARY) - (See Underwriting Policies and Requirements for eligible industries based on SIC codes)

PENNSYLVANIA		
<b>PA AREA 1: EASTERN REGION</b> (Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton and Philadelphia counties)		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$28.85	\$42.80
Employee & Family	\$75.60	\$101.35
<b>PA AREA 2: CENTRAL/NORTHEASTERN/WESTERN REGIONS</b>		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$25.75	\$38.40
Employee & Family	\$67.80	\$90.95

MARYLAND		
<b>MD AREA 1: EASTERN METRO REGION</b> (Anne Arundel, Baltimore, Charles, Howard, Montgomery, Prince George's and St. Mary's counties)		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$32.05	\$47.75
Employee & 1 Dep.	\$57.90	\$82.55
Employee & Family	\$95.35	\$126.90
<b>MD AREA 2: SOUTHERN / WESTERN REGIONS</b>		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$24.35	\$36.30
Employee & 1 Dep.	\$43.95	\$62.60
Employee & Family	\$72.35	\$96.15

DISTRICT OF COLUMBIA		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$35.55	\$53.00
Employee & 1 Dep.	\$65.95	\$94.05
Employee & Family	\$108.60	\$144.55

NEW YORK		
<b>NY AREA 1: NEW YORK COUNTY</b>		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$42.80	\$62.55
Employee & 1 Dep.	\$93.65	\$133.20
Employee & Family	\$143.95	\$185.45
<b>NY AREA 2: GREATER NEW YORK REGION</b> (Bronx, King, Nassau, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Westchester counties)		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$35.15	\$51.25
Employee & 1 Dep.	\$76.80	\$109.20
Employee & Family	\$118.00	\$152.05
<b>NY AREA 3: UPSTATE REGION</b>		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$25.90	\$38.00
Employee & Family	\$68.00	\$90.00

DELAWARE		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$34.10	\$50.75
Employee & 1 Dep.	\$61.60	\$87.75
Employee & Family	\$101.40	\$134.80

WEST VIRGINIA		
TIER STRUCTURE	PPO V1	PPO V2
Employee Only	\$19.90	\$29.55
Employee & 1 Dep.	\$36.95	\$52.75
Employee & Family	\$60.85	\$81.00

**Participation Requirements:**

Minimum enrollment of 25% of eligible employees or 5 enrolled employees, whichever is greater. See Underwriting Policies and Requirements for additional information.

\*Rates guaranteed for 12 months from the effective date. Monthly rates are based on the location of the group's headquarters. Employer must provide payroll deduction.

# **SMALL BUSINESS PROGRAM**

## **Underwriting Policies and Requirements**

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### **Participation Requirements for Delta Dental PPO Voluntary Dental Plan**

- Minimum enrollment of 25% of eligible employees or 5 enrolled employees, whichever is greater.
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### **Benefit Limitations**

- Dependents are covered to age 19, full-time students to age 23.
- There is a six-month waiting period for Oral Surgery, Endodontic and Periodontic services. Waiting periods will be waived for groups having prior coverage which included these services.
- There is a twelve-month waiting period for Major Restorative and Prosthodontic services. Waiting periods will be waived for groups having prior coverage which included these services.

**SMALL BUSINESS PROGRAM  
DELTA DENTAL PPO  
VOLUNTARY DENTAL PLAN  
Underwriting Policies and Requirements**

Most businesses qualify for Level One rates. However, please consult the following listing to see if your business qualifies for Level One or Level Two rates.

**Eligible Industries**

<b>Level One</b>	<b>SIC Code</b>
Advertising (except Misc. not classified #7319)	7311-7313
Agriculture, Forestry, Fishing (except seasonal employees)	0100-0999
Auto Rental Agencies	7513-7519
Building Maintenance/Equipment Rental	7349-7359
Collection Agencies & Credit Reporting Services	7322-7323
Communication (Radio, Telephone, TV/Radio Broadcasting)	4800-4899
Disinfecting & Pest Control Services	7342
Education (except Private Schools)	8200-8299
Electrical Repair (Radio, TV, A/C, Refrigerator)	7622-7629
Finance (Banks, Securities, Credit Agencies)	6000-6299
Funeral Services & Crematories	7261
Furniture Repair/Upholstery	7641
Hospitals	8062-8069
Independent Auto Repair & Services	7532-7599
Laundry/Garment Services/ Shoe Repair Shops	7211-7219/7251
Manufacturing (except Jewelry Manufacturing)	2000-3999
Mining, Oil and Gas Extraction	1000-1499
News Syndicates	7383
Printing & Publishing	2700-2799
Public Administration (Cities, Counties, Police, etc.)	9000-9999
Retail	5200-5510, 5600-5999
Transportation	4000-4799
Utilities	4900-4999
Wholesale Trade	5000-5199
<b>Level Two</b>	<b>SIC Code</b>
Auto Dealerships	5511-5599
Automobile Parking Services	7521
Computer Programming & Related Services	7370-7379
Construction Contractors	1500-1799
Direct Mailing, Reproductions, Secretarial Services	7331-7338

<b>Level Two Continued</b>	<b>SIC Code</b>
Engineering & Management Services	8700-8799
Hotels	7000-7099
Insurance Carriers/Brokers	6300-6499
Legal	8100-8199
Medical Groups	8000-8059 & 8071-8099
Misc. Computer Services	7379
Misc. Repair (Welding, etc.)	7692-7699
Photofinishing Labs	7384
Photographic Studios	7221
Private Schools (Elementary & High School)	8211
Restaurants	5800-5899
Security Systems, Detectives, Armored Cars	7381-7382
Tax Return Preparation Services/ Misc. Personal Services	7291-7299

<b>Ineligible Industries</b>	<b>SIC Code</b>
Advertising, Misc. not classified	7319
Amusement, Recreation & Entertainment	7800-7999
Associations and Trusts	8600-8699
Beauty & Barber Shops	7231-7241
Community Service Organizations	8300-8499
Dental Offices, Dental Labs and Medical Labs	8021, 8071, 8072
Employment Agencies	7361-7363
Government-funded Groups	8300-8499
Groups with high turnover	Varies
Jewelry Manufacturing	3911-3915
Misc. Business Services	7389
Misc. Services not elsewhere classified	8999
Partnerships	no SIC
Professional Employee Organizations (PEO)	7361
Real Estate	6500-6799
Religious Organizations	no SIC
Seasonal Employees (Christmas, Part-time help)	no SIC
Seasonal Employees (Agriculture)	0761-0783
Watch, Clock & Jewelry Repair	7631

## Delta Dental PPO Voluntary Plan Limitations and Exclusions

1. Services or supplies which are provided to patient by any federal or state government agency or by any municipality, county, or other political subdivision.
2. Charges for which benefits or services are provided to the patient by any hospital, medical or dental service corporation, any group insurance, franchise, or other prepayment plan for which an employer, union, trust or association makes contributions or payroll deductions (unless the coordination of benefit provisions provide otherwise).
3. Procedures to correct congenital or developmental malformations except for children eligible at birth.
4. Treatments or devices that increase the vertical dimension of an occlusion, restore an occlusion to normal, replace tooth structure lost by attrition or erosion, or otherwise.
5. Treatments or supplies primarily for cosmetic purposes.
6. Services provided or supplies furnished or devices started prior to the effective eligibility date of a patient.
7. Preventive plaque control programs, including oral hygiene programs.
8. Periodontal splinting, equilibration and gnathological recordings.
9. Myofunctional therapy.
10. Temporomandibular joint dysfunction, unless covered under the group contract.
11. Implants
12. Prescription drugs, pre-medication, and relative analgesias.
13. Treatment or supplies for which the patient would have no legal obligation to pay in the absence of this or any other similar coverage.
14. Experimental procedures.
15. General Anesthesia, except with oral surgery.
16. Major Restorative services, inlays, onlays and crowns are not a benefit under PPO V1.
17. Prosthodontic services, including bridges and dentures, are not a benefit under PPO V1.
18. Orthodontics.
19. Prophylaxis and exams are a benefit twice in any twelve (12) month period.
20. Bitewing x-rays are a benefit twice in any twelve (12) month period.
21. Full mouth x-rays are a benefit once in any three (3) year period.
22. Sealants are a benefit, limited to age fourteen (14), once in any thirty-six (36) month period on unfilled permanent first and second molars.
23. Episodes of surgical periodontal treatment must be separated by a period of no less than five (5) years to qualify the patient for additional periodontal benefits.
24. Substandard work until corrected.