

SMALL BUSINESS PROGRAM

For Group Size 5-99 Eligible Employees

BENEFITS	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Diagnostic (deductible waived) ➤ Exams (2 per 12-month period) ➤ Bitewing x-rays (2 per 12-month period)	100%*	100%*	100%*	100%*
Preventive (deductible waived) ➤ Prophylaxis (cleaning) (2 per 12-month period) ➤ Fluoride treatments (to age 19) ➤ Sealants (to age 14) ➤ Space maintainers (to age 14)	100%*	100%*	100%*	100%*
Basic Restorative ➤ Fillings (amalgam “silver” and composite “white” non-molar)	50%*	80%*	80%*	80%*
Oral Surgery ➤ Extraction and oral surgery procedures, including pre- and post-operative care ➤ General anesthesia is covered when used in conjunction with covered oral surgical procedures	50%*	80%*	80%*	80%*
Endodontics ➤ Pulpal therapy ➤ Root canal	50%*	80%*	80%*	80%*
Periodontics ➤ Treatment to the gums and supporting structures of the teeth	50%*	80%*	80%*	80%*
Major Restorative ➤ Inlays ➤ Onlays ➤ Crowns	not a benefit	not a benefit	50%*	50%*
Prosthodontics ➤ Procedures for replacement of missing teeth by construction or repair of bridges and partial or complete dentures	not a benefit	not a benefit	50%*	50%*
Orthodontics ➤ Straightening of teeth (dependent children to age 19) ➤ \$1,000 lifetime maximum	not a benefit	not a benefit	not a benefit	50%*
Calendar year deductibles	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family
Calendar year maximum per person	\$1,000	\$1,500	\$1,500	\$1,500

Premier 3 and Premier 4 (Major Restorative and Prosthodontics) – There is a six-month waiting period on major restorative and prosthodontic services for groups with fewer than 50 employees with no prior coverage.

Premier 4 (Orthodontics) – Orthodontics is available for groups with 50 or more enrolled employees. For a group with 5-49 enrolled employees, orthodontics is available if it has coverage with its current carrier, or after it has been enrolled with Delta for one year.

*The Delta Dental Premier program makes its payments for both participating and non-participating dentists based on the Delta Dental Premier Maximum Plan Allowances (Delta Dental Premier MPA) or the dentists charged fee, whichever is less (Delta Dental Premier Allowed Amount). Delta Dental Premier participating dentists agree to accept the Delta Dental Premier Allowed Amount as payment in full. Delta’s benefit is a percentage of the Delta Dental Premier Allowed Amount; an enrollee copayment may be required. Deductibles may also apply. Non-participating dentists may balance bill the patient without limit by Delta Dental.

This information highlights coverage for the Premier 1, Premier 2, Premier 3 and Premier 4 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 Contract, and do not modify such contract in any way, nor shall the enrollee accrue any rights because of any statement in or omission from this highlight sheet.

SMALL BUSINESS PROGRAM For Group Size 5-99 Eligible Employees

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

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

PENNSYLVANIA				
PA AREA 1: EASTERN REGION (Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton and Philadelphia counties)				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$15.10	\$20.05	\$29.80	\$29.80
Employee & Family	\$40.55	\$52.55	\$70.55	\$75.10
PA AREA 2: CENTRAL/NORTHEASTERN/ WESTERN REGIONS				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$13.35	\$17.65	\$26.40	\$26.40
Employee & Family	\$35.90	\$46.50	\$62.40	\$66.45

MARYLAND				
MD AREA 1: EASTERN METRO REGION (Anne Arundel, Baltimore, Charles, Howard, Montgomery, Prince George's and St. Mary's counties)				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$18.55	\$25.85	\$37.75	\$37.75
Employee & 1 Dep.	\$36.50	\$49.40	\$72.50	\$74.10
Employee & Family	\$60.10	\$75.90	\$100.95	\$108.10
MD AREA 2: SOUTHERN / WESTERN REGIONS				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$12.65	\$17.25	\$25.25	\$25.25
Employee & 1 Dep.	\$24.30	\$33.05	\$48.45	\$49.60
Employee & Family	\$40.00	\$50.80	\$67.45	\$72.35

DISTRICT OF COLUMBIA				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$18.55	\$25.85	\$37.75	\$37.75
Employee & 1 Dep.	\$36.50	\$49.40	\$72.50	\$74.10
Employee & Family	\$60.10	\$75.90	\$100.95	\$108.10

NEW YORK				
NY AREA 1: NEW YORK COUNTY				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$23.20	\$31.00	\$45.30	\$45.30
Employee & 1 Dep.	\$51.10	\$67.95	\$96.50	\$99.15
Employee & Family	\$84.10	\$104.45	\$134.40	\$144.65
NY AREA 2: GREATER NEW YORK REGION (Bronx, King, Nassau, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester counties)				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$19.00	\$25.40	\$37.15	\$37.15
Employee & 1 Dep.	\$41.90	\$55.70	\$79.15	\$81.30
Employee & Family	\$68.95	\$85.65	\$110.20	\$118.60
NY AREA 3: UPSTATE REGION				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$15.00	\$20.10	\$28.50	\$28.50
Employee & Family	\$39.85	\$50.40	\$67.95	\$72.20

DELAWARE				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$17.85	\$24.30	\$35.50	\$35.50
Employee & 1 Dep.	\$34.20	\$46.55	\$68.35	\$69.90
Employee & Family	\$56.35	\$71.55	\$95.15	\$101.95

WEST VIRGINIA				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$10.20	\$13.90	\$20.35	\$20.35
Employee & 1 Dep.	\$19.55	\$26.65	\$39.30	\$40.20
Employee & Family	\$32.25	\$40.95	\$54.75	\$58.65

Group Contribution and Participation Requirements:

Rates require that the employer will contribute at least 50% of the cost of the Plan (no more than 50% contribution by employee) and that there will be no less than 75% enrollment of all eligible employees and no less than 50% enrollment of their dependents. Rates are based on a minimum enrollment of 5 employees.

* Rates guaranteed for 12 months from the effective date. Monthly rates are based on the location of the group's headquarters.

SMALL BUSINESS PROGRAM For Group Size 5-99 Eligible Employees

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

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

PENNSYLVANIA				
PA AREA 1: EASTERN REGION (Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton and Philadelphia counties)				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$18.15	\$24.05	\$35.75	\$35.75
Employee & Family	\$48.65	\$63.10	\$84.70	\$90.15
PA AREA 2: CENTRAL/NORTHEASTERN/ WESTERN REGIONS				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$16.00	\$21.20	\$31.65	\$31.65
Employee & Family	\$43.05	\$55.80	\$74.90	\$79.75

MARYLAND				
MD AREA 1: EASTERN METRO REGION (Anne Arundel, Baltimore, Charles, Howard, Montgomery, Prince George's and St. Mary's counties)				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$22.30	\$31.00	\$45.25	\$45.25
Employee & 1 Dep.	\$43.75	\$59.30	\$87.05	\$88.95
Employee & Family	\$72.10	\$91.10	\$121.20	\$129.75
MD AREA 2: SOUTHERN / WESTERN REGIONS				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$15.15	\$20.70	\$30.30	\$30.30
Employee & 1 Dep.	\$29.15	\$39.70	\$58.10	\$59.50
Employee & Family	\$48.00	\$61.00	\$80.95	\$86.80

DISTRICT OF COLUMBIA				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$22.30	\$31.00	\$45.25	\$45.25
Employee & 1 Dep.	\$43.75	\$59.30	\$87.05	\$88.95
Employee & Family	\$72.10	\$91.10	\$121.20	\$129.75

NEW YORK				
NY AREA 1: NEW YORK COUNTY				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$27.85	\$37.20	\$54.35	\$54.35
Employee & 1 Dep.	\$61.30	\$81.55	\$115.80	\$119.00
Employee & Family	\$100.90	\$125.35	\$161.30	\$173.60
NY AREA 2: GREATER NEW YORK REGION (Bronx, King, Nassau, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester counties)				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$22.80	\$30.50	\$44.60	\$44.60
Employee & 1 Dep.	\$50.30	\$66.85	\$95.00	\$97.55
Employee & Family	\$82.75	\$102.80	\$132.25	\$142.30
NY AREA 3: UPSTATE REGION				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$18.00	\$24.10	\$34.25	\$34.25
Employee & Family	\$47.80	\$60.50	\$80.95	\$86.05

DELAWARE				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$21.40	\$29.15	\$42.60	\$42.60
Employee & 1 Dep.	\$41.05	\$55.90	\$81.95	\$83.85
Employee & Family	\$67.60	\$85.85	\$114.15	\$122.35

WEST VIRGINIA				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$12.20	\$16.65	\$24.40	\$24.40
Employee & 1 Dep.	\$23.55	\$32.05	\$47.25	\$48.30
Employee & Family	\$38.75	\$49.25	\$65.70	\$70.45

Group Contribution and Participation Requirements:

Rates require that the employer will contribute at least 50% of the cost of the Plan (no more than 50% contribution by employee) and that there will be no less than 75% enrollment of all eligible employees and no less than 50% enrollment of their dependents. Rates are based on a minimum enrollment of 5 employees.

* Rates guaranteed for 12 months from the effective date. Monthly rates are based on the location of the group's headquarters.

SMALL BUSINESS PROGRAM

Underwriting Policies and Requirements

Contribution and Participation Requirements for Delta Dental Premier® and Delta Dental PPO

- ✦ Rates require that the employer will contribute at least 50% of the cost of the plan (no more than 50% contribution by employee) and that there will be no less than 75% enrollment of all eligible employees and no less than 50% enrollment of their dependents.
 - ✦ Rates require a minimum enrollment of 5 employees.
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Benefit Limitations

- Dependents are covered to age 19, full-time students to age 23
- For Premier 4 and PPO 4 programs: Standard benefit of \$1,000 lifetime maximum for Orthodontic services may be reduced by any amounts benefited for orthodontic services under previous dental plans.

For groups with 5 to 49 primary enrollees:

- New groups of 5 to 49 subscribers are subject to a 6-month waiting period from the group's effective date for Major Restorative and Prosthodontic benefits. The waiting period will be waived for groups with proof of prior Major Restorative and Prosthodontic coverage.
- Orthodontic benefits are not available to new groups of 5 to 49 enrollees without proof of prior Orthodontic coverage.
- Orthodontic benefits may be purchased under Plan 4 by groups with 5 to 49 lives that have been enrolled in the Small Business Program for at least one year.

For groups with 50 to 99 primary enrollees:

- New groups of 50 to 99 enrollees are not subject to the 6-month waiting period for Major Restorative, Prosthodontic, or Orthodontic benefits.

SMALL BUSINESS PROGRAM

Underwriting Policies and Requirements

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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

Level One	SIC Code
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
Level Two	SIC Code
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

Level Two Continued	SIC Code
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

Ineligible Industries	SIC Code
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 Premier[®] and Delta Dental PPO 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 Premier 1, Premier 2, PPO 1 and PPO 2.
17. Prosthodontic services, including bridges and dentures, are not a benefit under Premier 1, Premier 2, PPO 1 and PPO 2.
18. Orthodontic services, including tooth guide appliances, are not a benefit under Premier 1, Premier 2, Premier 3, PPO 1, PPO 2 and PPO 3.
19. Adult Orthodontics.
20. Prophylaxis and exams are a benefit twice in any twelve (12) month period.
21. Bitewing x-rays are a benefit twice in any twelve (12) month period.
22. Full mouth x-rays are a benefit once in any three (3) year period.
23. Sealants are a benefit, limited to age fourteen (14), once in any thirty-six (36) month period on unfilled permanent first and second molars.
24. 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.
25. Substandard work until corrected.