



The Benefits
Connection



Smile! With Delta Dental

- Freedom to choose any dentist
- No waiting periods – no pre-existing condition exclusions
- Largest number of participating dentists in Delaware
- One plan with two dentist networks that can limit your out-of-pocket payments

Note: Percentages are based on applicable Delta Dental allowances or dentist's actual fee, whichever is less.

Benefits	Delta Dental Premier [®] Dentist	Delta Dental PPO SM Dentist	Non-Participating Dentist
Diagnostic and Preventive Services <ul style="list-style-type: none"> • Exams and Cleanings (2 per 12-month period) • Bitewing x-rays (2 per 12-month period) • Fluoride treatments (to age 19) • Sealants (to age 14) • Space maintainers (to age 14) • Pregnancy Benefit – includes additional oral exam, and choice of additional cleaning, additional periodontal scaling/root planning up to 4 quadrants, or an additional periodontal maintenance procedure (procedure code 4910) 	100% (no deductible)	100% (no deductible)	100% (no deductible)
Basic Services <ul style="list-style-type: none"> • Basic Restorative (fillings – amalgam “silver” and composite “white” non-molar) • Oral Surgery (extractions) • Endodontics (root canal therapy) • Periodontics (treatment of gum disorders) 	80%	80%	80%
Major Services <ul style="list-style-type: none"> • Major Restorative (crowns, inlays, onlays) • Prosthodontics (bridges, dentures) 	50%	50%	50%
Orthodontic Services <ul style="list-style-type: none"> • Straightening of teeth (adult and dependent children to the end of the month they attain age 19 or to the end of the month they attain age 25 if a full-time student) • \$1,000 lifetime maximum 	50% (no deductible)	50% (no deductible)	50% (no deductible)
Deductible (calendar year) <ul style="list-style-type: none"> • Not applied to diagnostic, preventive, and orthodontic services 	\$50 per person/\$150 per family	\$25 per person / \$75 per family	\$50 per person/\$150 per family
Maximum (calendar year)	\$1,500 per person		

MONTHLY RATES

(Rates guaranteed through 3/31/10)

Employee Only	\$ 53.63
Employee & One Dependent	\$ 100.28
Employee & Family	\$ 163.24

Note: Eligible dependent children are covered to the end of the month they attain age 19, or to the end of the month they attain age 25 if a full-time student.

Delta Dental PPO plus Premier: One Plan – Three Choices

Example	Premier Dentists	PPO Dentists	Non-Participating Dentists
Example of Fee Charged	\$140	\$140	\$140
Delta Dental's Maximum Plan Allowance (Example)	\$125	\$100	\$130
Sample Benefit Program Percentage	80%	80%	80%
Delta Dental Payment	\$100	\$80	\$104
Patient Payment	\$25 ($\$125 - \$100 =$)	\$20 ($\$100 - \$80 =$)	\$36 ($\$140 - \$104 =$)
Patient Savings (Over non-Delta Dental dentist)	\$11	\$16	\$0

Note: These are hypothetical numbers for illustrative purposes only. Assume no maximum or deductibles are applicable.

How do I know if my dentist is participating?

Delta Dental's web site at www.deltadentalins.com features an online dentist directory. You can search for dentists by name, practice name and address. You can get directions and maps to dentists' offices online. You can also call Delta Dental's toll-free number – 1-800-932-0783 – and a customer service representative can tell you if your dentist participates with Delta Dental. Your dentist's office also can tell you if your dentist participates with Delta Dental.