

SMALL BUSINESS PROGRAM

For Group Size 5-99 Eligible Employees

BENEFITS	PPO PLUS PREMIER 1	PPO PLUS PREMIER 2	PPO PLUS PREMIER 3	PPO PLUS PREMIER 4
Diagnostic (deductible waived) <ul style="list-style-type: none"> ➤ Exams (2 per calendar year) ➤ Bitewing x-rays (2 per calendar year) 	100%*	100%*	100%*	100%*
Preventive (deductible waived) <ul style="list-style-type: none"> ➤ Prophylaxis (cleaning) (2 per calendar year) ➤ Fluoride treatments (to age 19) ➤ Sealants (to age 14) ➤ Space maintainers (to age 14) ➤ Pregnancy benefit (additional oral evaluation and choice of periodontal scaling, root planing or prophylaxis, or additional periodontal maintenance procedure) 	100%*	100%*	100%*	100%*
Basic Restorative <ul style="list-style-type: none"> ➤ Fillings (amalgam "silver" and composite "white" non-molar) 	50%*	80%*	80%*	80%*
Oral Surgery <ul style="list-style-type: none"> ➤ Extraction and oral surgery procedures, including pre- and post-operative care ➤ General anesthesia is covered when used in conjunction with covered oral surgical procedures 	not a benefit	80%*	80%*	80%*
Endodontics <ul style="list-style-type: none"> ➤ Pulpal therapy ➤ Root canal 	not a benefit	80%*	80%*	80%*
Periodontics <ul style="list-style-type: none"> ➤ Treatment to the gums and supporting structures of the teeth 	not a benefit	80%*	80%*	80%*
Major Restorative <ul style="list-style-type: none"> ➤ Inlays ➤ Onlays ➤ Crowns 	not a benefit	not a benefit	50%*	50%*
Prostodontics <ul style="list-style-type: none"> ➤ 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%*
Implants	not a benefit	not a benefit	50%*	50%*
Orthodontics <ul style="list-style-type: none"> ➤ 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	\$25 Single \$75 Family	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family
Calendar year maximum per person (Services provided by PPO provider)	\$1,500	\$2,000	\$2,000	\$2,000
Calendar year maximum per person (Services provided by Premier or Non-Participating provider)	\$1,000	\$1,500	\$1,500	\$1,500

Major Restorative, Prostodontics, Implants and Orthodontics – There is a six-month waiting period on major restorative, prostodontic, implant and orthodontic services for groups with fewer than 25 employees and no prior coverage.

* Percentage based on Delta Dental's applicable Maximum Plan Allowance or the dentist's actual fee, whichever is less. This is known as the Allowed Amount. Delta Dental makes payments for covered services to dentists who participate in the Delta Dental PPO program based on the Delta Dental PPO Maximum Plan Allowance (PPO MPA) or the dentist's charged fee, whichever is less (PPO Allowed Amount). Delta Dental makes payments for covered services to dentists who participate in only the Delta Dental Premier[®] program based on the Delta Dental Premier Maximum Plan Allowance (Premier MPA) or the dentist's charged fee, whichever is less (Premier Allowed Amount). Delta Dental participating dentists agree to accept the applicable Allowed Amount as payment in full. Delta Dental's benefit is a percentage of the applicable Allowed Amount; an enrollee copayment may be required. Deductibles may also apply. The enrollee is responsible for paying the full fee for services provided by non-participating dentists. Delta Dental will reimburse the enrollee for its percentage of the Delta Dental Premier Allowed Amount. Non-participating dentists may balance bill the enrollee without limit by Delta Dental.

This information highlights coverage for the PPO plus Premier 1, PPO plus Premier 2, PPO plus Premier 3 and PPO plus 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

Rates for Group Size 5-99 Eligible Employees

Monthly Rates Valid for Effective Dates of January 1, 2012 through December 1, 2012*
See Underwriting Policies and Requirements for eligible industries based on SIC code

PA AREA 1: EASTERN REGION (Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton and Philadelphia counties)								
TIER STRUCTURE	PPO + PREMIER 1		PPO + PREMIER 2		PPO + PREMIER 3		PPO + PREMIER 4	
	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
Employee Only	\$15.43	\$17.74	\$23.94	\$27.53	\$35.58	\$40.92	\$35.58	\$40.92
Employee & Family	\$42.30	\$48.65	\$64.14	\$73.76	\$86.15	\$99.07	\$91.67	\$105.42
PA AREA 2: CENTRAL/NORTHEASTERN/WESTERN REGIONS								
TIER STRUCTURE	PPO + PREMIER 1		PPO + PREMIER 2		PPO + PREMIER 3		PPO + PREMIER 4	
	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
Employee Only	\$13.89	\$15.97	\$21.49	\$24.71	\$32.14	\$36.96	\$32.14	\$36.96
Employee & Family	\$38.19	\$43.92	\$57.87	\$66.55	\$77.69	\$89.34	\$82.70	\$95.11

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

Group Contribution and Participation Requirements for Delta Dental PPO plus Premier:

- 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.
- Employer can offer PPO plus Premier with DeltaCare[®] USA as a Dual Choice, requiring a total enrollment of 10 employees – at least five enrolled in each plan.

Benefit Limitations:

- Dependents are covered to age 26.
- For PPO plus Premier 4 program: 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 24 primary enrollees:

- New groups of 5 to 24 subscribers are subject to a 6-month waiting period from the group's effective date for Major Restorative, Prosthodontic, Implant and Orthodontic benefits. The waiting period will be waived for groups with proof of prior Major Restorative, Prosthodontic, Implant and Orthodontic coverage.

For groups with 25 to 99 primary enrollees:

- New groups of 25 to 99 enrollees are not subject to the 6-month waiting period for Major Restorative, Prosthodontic, Implant or Orthodontic benefits.

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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
Automobile Parking Services	7521
Building Maintenance/Equipment Rental	7349-7359
Collection Agencies & Credit Reporting Services	7322-7323
Communication (Radio, Telephone, TV/Radio Broadcasting)	4800-4899
Community Service Organizations/Social Services	8300-8499
Computer Programming & Related Services	7371-7379
Construction Contractors	1500-1799
Direct Mailing, Reproductions, Secretarial Services	7331-7338
Disinfecting & Pest Control Services	7342
Electrical Repair (Radio, TV, A/C, Refrigerator)	7622-7629
Engineering & Management Services	8711-8748
Finance (Banks, Securities, Credit Agencies)	6000-6299
Funeral Services & Crematories	7261
Furniture Repair/Reupholstery	7641
Government-Funded Groups	8300-8499
Hospitals	8062-8069
Independent Auto Repair & Services	7532-7599
Laundry/Garment Services/ Shoe Repair Shops	7211-7219/7251
Manufacturing (except Jewelry Manufacturing)	2000-2699
Manufacturing (Chemicals, Allied and Other Products)	2810-3999
Mining, Oil and Gas Extraction	1000-1499
Misc. Computer Services	7379
Misc. Repair (Welding, etc.)	7692-7699
Museum Art Galleries & Gardens	8412, 8422
News Syndicates	7384, 7383
Photofinishing Labs	7384
Printing & Publishing	2700-2799
Public & Private Schools (Elementary & High School)	8200-8299
Public Administration (Cities, Counties, Police, etc.)	9000-9720, 9722-9998
Retail	5200-5510, 5610-5699, 5712-5736, 5912-5999
Security Systems, Detectives, Armored Cars	7381-7382
Transportation	4000-4799

Level One Continued	SIC Code
Utilities	4900-4999
Wholesale Trade	5000-5199

Level Two	SIC Code
Advertising, Misc. not classified	7319
Amusement, Recreation & Entertainment	7800-7999
Auto Dealerships	5511-5599
Hotels	7000-7099
Insurance Carriers/Brokers	6300-6499
Jewelry Manufacturing	3911-3915
Legal	8100-8199
Management Carve-out (regardless of industry)	9999
Medical Groups	8000-8059 & 8082-8099
Photographic Studios	7221
Real Estate	6500-6799
Religious Organizations	8661
Restaurants	5800-5899
Tax Return Preparation Services/ Misc. Personal Services	7291-7299
Watch, Clock & Jewelry Repair	7631

Ineligible Industries	SIC Code
Associations and Trusts ¹ (except #8661)	8600-8699
Beauty & Barber Shops	7231-7241
Dental Offices, Dental Labs and Medical Labs	8021, 8071, 8072
Employment Agencies	7361-7363
High Turnover ²	Varies
International Affairs	9721
Misc. Business Services	7389
Misc. Services not elsewhere classified	8999
Partnerships	no SIC
Private Households	811
Seasonal Employees (Christmas, Part-time help)	no SIC
Seasonal Employees (Agriculture)	0761-0783

¹ Management and the Administrative staff of Associations and Trusts are eligible under Level 1. Use SIC Code 8741.

² A business has "high turnover" if 20% or more of the average number of its employees during the past 12 months were newly hired for reasons other than the growth of the business.

Delta Dental PPOSM plus 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. Implant services are not a benefit under PPO plus Premier 1, PPO plus Premier 2, PPO 1 and PPO 2.
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 and IV sedation are benefitted with all covered oral surgery procedures and with select endodontic and periodontal surgeries.
16. Major Restorative services, inlays, onlays and crowns are not a benefit under PPO plus Premier 1, PPO plus Premier 2, PPO 1 and PPO 2.
17. Prosthodontic services, including bridges and dentures, are not a benefit under PPO plus Premier 1, PPO plus Premier 2, PPO 1 and PPO 2.
18. Orthodontic services, including tooth guide appliances, are not a benefit under PPO plus Premier 1, PPO plus Premier 2, PPO plus Premier 3, PPO 1, PPO 2 and PPO 3.
19. Oral Surgery services, including extractions, are not a benefit under PPO plus Premier 1 and PPO 1.
20. Endodontic services, including pulp therapy and root canals, are not a benefit under PPO plus Premier 1 and PPO 1.
21. Periodontic services, including treatment to the gums, are not a benefit under PPO plus Premier 1 and PPO 1.
22. Adult Orthodontics.
23. Prophylaxis and exams are a benefit twice in any calendar year period.
24. Bitewing x-rays are a benefit twice in any calendar year period.
25. Full mouth x-rays are a benefit once in any three (3) year period.
26. Sealants are a benefit, limited to age fourteen (14), once in any thirty-six (36) month period on unfilled permanent first and second molars.
27. 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.
28. Substandard work until corrected.