

DeltaCare for Small Businesses

Coinsurance Schedule

DeltaCare®, our quality managed care dental plan, is now available to groups with five to 99 employees. Choose from three different plan designs, depending on the number of employees in your group. We offer 100 percent coverage after coinsurance amounts have been satisfied. Select from two coinsurance levels for diagnostic and preventive services — zero or \$10.

Here is a sample of the DeltaCare schedule of benefits, with the coinsurance amounts shown for each plan design.

Category	Code	Procedure	DeltaCare Charter 10	DeltaCare Standard 10	DeltaCare Standard 30
			Coinsurance Amounts		
			0/\$10	0/\$10	0/\$10
Diagnostic & Preventive	D0120	Periodic oral examination	\$0	\$0	\$3
	D0150	Comprehensive oral evaluation	\$0	\$0	\$4
	D0274	Bitewings — four films	\$0	\$0	\$3
	D1110	Prophylaxis — adult	\$0	\$0	\$6
	D1120	Prophylaxis — child	\$0	\$0	\$4
	D1351	Sealant — per tooth	\$5	\$5	\$5
Restorative	D2140	Amalgam — one surface, primary or permanent	\$0	\$0	\$19
	D2330	Resin composite — one surface, anterior	\$0	\$0	\$23
Crowns	D2710	Crown — resin (laboratory)	\$35	\$210	\$315
	D2740	Crown — porcelain/ceramic substrate	\$195	\$237	\$356
	D2750	Crown — porcelain fused to high noble metal	\$195	\$ 238/Optional	\$ 356/Optional
	D2792	Crown — full cast noble metal	\$110	\$ 224/Optional	\$ 336/Optional
	D1120	Prophylaxis — child	\$0	\$0	\$4
	D1351	Sealant — per tooth	\$5	\$5	\$5
Endodontics	D3310	Root canal therapy — anterior	\$45	\$100	\$150
	D3320	Root canal therapy — bicuspid	\$90	\$125	\$175
	D3330	Root canal therapy — molar	\$205	\$0	\$237
Periodontics	D4341	Periodontal root planing — Four or more contiguous teeth or bounded teeth spaces per quadrant	\$0	\$35	\$50
	D4342	Periodontal root planing — one to three teeth per quadrant	\$0	\$10	\$20
	D4910	Periodontal maintenance following active therapy	\$0	\$35	\$50
Prosthodontics, Removable	D5110	Complete denture — maxillary	\$100	\$305	\$458
	D5120	Complete denture — mandibular	\$100	\$305	\$458
Prosthodontics, Fixed	D6251	Pontic — resin with predominantly base metal	\$55	\$70	\$105
	D6751	Crown — porcelain fused to predominantly base metal	\$95	\$213	\$319
Oral Surgery	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0	\$30	\$40
Adjunctive General Services	D9110	Palliative treatment	\$5	\$10	\$18

See reverse side for underwriting guidelines.

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Underwriting Guidelines

Group Size: Five to 99 Enrolled Employees			
Plan Type	Financial Requirement	Employee Participation	Dependent Participation
DeltaCare – Standalone	Employer must pay at least 50 percent of the employee premium. Employees may pay up to 100 percent of dependent premium.	Tied to company's medical plan. (100% of all employees enrolled in the group-sponsored medical plan must be enrolled in the employer-sponsored dental benefits plan.)	Same as the employee
Group Size: 10 to 99 Enrolled Employees			
Plan Type	Financial Requirement	Employee Participation	Dependent Participation
DeltaCare – Dual Choice	Employer must pay at least 50 percent of the employee premium. Employees may pay up to 100 percent of dependent premium.	75 percent enrollment of all eligible employees, or Tied to company's medical plan. (100% of all employees enrolled in the group-sponsored medical plan must be enrolled in the employer-sponsored dental benefits plan.) Either option must total at least five eligible employees enrolled in DeltaCare, as well as five enrolled in Delta Dental PPO, for total minimum of 10 employees.	50 percent enrollment of all eligible dependents
DeltaCare – Standalone	Employer must pay at least 50 percent of the employee premium. Employees may pay up to 100 percent of dependent premium.	75 percent enrollment of all eligible employees, or Tied to company's medical plan. (100% of all employees enrolled in the group-sponsored medical plan must be enrolled in the employer-sponsored dental benefits plan.)	50 percent enrollment of all eligible dependents