

Group Size: 2-15 Eligible Employees

Delta Dental PPO Plus Premier™	Basic Plan	Standard Plan	Enhanced Plan	Premium Plan**
Annual Maximum	\$1,000	\$1,000	\$1,250	\$1,500
Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Diagnostic & Preventive Services Cleanings, Exams, X-Rays, Sealants, Brush Biopsy	100%	100%	100%	100%
Minor Services Fillings, Extractions, Oral Surgery, Endodontics*, Periodontics*	50%	80%	80%	100%
Major Services Crowns, Prosthodontics, Implants	50%	50%	50%	60%
Monthly Rates (Employer Paid/Voluntary)				
Employee Only	\$20.32 / \$22.26	\$23.26 / \$25.47	\$25.72 / \$28.18	\$30.45
Employee + Spouse	\$40.06 / \$43.87	\$45.81 / \$50.17	\$50.66 / \$55.49	\$59.96
Employee + Child(ren)	\$48.32 / \$52.93	\$56.36 / \$61.73	\$60.96 / \$66.77	\$71.24
Family	\$72.14 / \$79.01	\$82.63 / \$90.50	\$91.44 / \$100.15	\$108.08
Orthodontic Services	50% \$1,000 Lifetime Max	50% \$1,000 Lifetime Max	50% \$1,000 Lifetime Max	50% \$1,500 Lifetime Max
Monthly Rates with Orthodontics (Employer Paid/Voluntary)				
Employee Only	\$20.32 / \$22.26	\$23.26 / \$25.47	\$25.72 / \$28.18	\$30.45
Employee + Spouse	\$40.06 / \$43.87	\$45.81 / \$50.17	\$50.66 / \$55.49	\$59.96
Employee + Child(ren)	\$55.58 / \$60.88	\$63.62 / \$69.68	\$68.22 / \$74.72	\$81.26
Family	\$81.00 / \$88.71	\$90.50 / \$100.20	\$100.30 / \$109.85	\$120.30

Group Size: 16-49 Eligible Employees

Delta Dental PPO Plus Premier™	Basic Plan	Standard Plan	Enhanced Plan	Premium Plan**
Annual Maximum	\$1,000	\$1,000	\$1,250	\$1,500
Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Diagnostic & Preventive Services Cleanings, Exams, X-Rays, Sealants, Brush Biopsy	100%	100%	100%	100%
Minor Services Fillings, Extractions, Oral Surgery, Endodontics*, Periodontics*	50%	80%	80%	100%
Major Services Crowns, Prosthodontics, Implants	50%	50%	50%	60%
Monthly Rates (Employer Paid/Voluntary)				
Employee Only	\$17.83 / \$19.53	\$20.41 / \$22.35	\$22.57 / \$24.73	\$26.72
Employee + Spouse	\$35.15 / \$38.49	\$40.20 / \$44.02	\$44.45 / \$48.69	\$52.61
Employee + Child(ren)	\$42.40 / \$46.44	\$49.45 / \$54.17	\$53.49 / \$58.59	\$62.51
Family	\$63.30 / \$69.33	\$72.50 / \$79.41	\$80.23 / \$87.88	\$94.83
Orthodontic Services	50% \$1,000 Lifetime Max	50% \$1,000 Lifetime Max	50% \$1,000 Lifetime Max	50% \$1,500 Lifetime Max
Monthly Rates with Orthodontics (Employer Paid/Voluntary)				
Employee Only	\$17.83 / \$19.53	\$20.41 / \$22.35	\$22.57 / \$24.73	\$26.72
Employee + Spouse	\$35.15 / \$38.49	\$40.20 / \$44.02	\$44.45 / \$48.69	\$52.61
Employee + Child(ren)	\$48.77 / \$53.42	\$55.82 / \$61.14	\$59.86 / \$65.56	\$71.30
Family	\$71.07 / \$77.84	\$80.27 / \$87.92	\$88.01 / \$96.39	\$105.56

*Endodontics and Periodontics covered under Major Services on the Standard Plan

**Premium plan only available as Employer Paid plan

Group Size: 2-15 Eligible Employees

Delta Dental PPO™	Basic Plan	Standard Plan	Enhanced Plan	Premium Plan**
Annual Maximum	\$1,000	\$1,000	\$1,250	\$1,500
Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Diagnostic & Preventive Services Cleanings, Exams, X-Rays, Sealants, Brush Biopsy	100% / 80%	100% / 80%	100% / 80%	100% / 80%
Minor Services Fillings, Extractions, Oral Surgery, Endodontics*, Periodontics*	50% / 40%	80% / 60%	80% / 60%	100% / 80%
Major Services Crowns, Prosthodontics, Implants	50% / 40%	50% / 40%	50% / 40%	60% / 50%
Monthly Rates (Employer Paid/Voluntary)				
Employee Only	\$18.05 / \$19.77	\$20.59 / \$22.48	\$22.57 / \$24.72	\$27.11
Employee + Spouse	\$35.57 / \$38.95	\$40.56 / \$44.28	\$44.45 / \$48.68	\$53.40
Employee + Child(ren)	\$42.90 / \$46.99	\$50.15 / \$54.43	\$53.47 / \$58.56	\$63.02
Family	\$64.10 / \$70.20	\$73.15 / \$79.88	\$80.18 / \$87.81	\$96.29
Orthodontic Services	50% \$1,000 Lifetime Max	50% \$1,000 Lifetime Max	50% \$1,000 Lifetime Max	50% \$1,500 Lifetime Max
Monthly Rates with Orthodontics (Employer Paid/Voluntary)				
Employee Only	\$18.05 / \$19.77	\$20.59 / \$22.48	\$22.57 / \$24.72	\$27.11
Employee + Spouse	\$35.57 / \$38.95	\$40.56 / \$44.28	\$44.45 / \$48.68	\$53.40
Employee + Child(ren)	\$50.16 / \$54.94	\$57.41 / \$62.38	\$60.73 / \$66.51	\$73.04
Family	\$72.95 / \$79.91	\$82.01 / \$89.58	\$89.03 / \$97.51	\$108.51

Group Size: 16-49 Eligible Employees

Delta Dental PPO™	Basic Plan	Standard Plan	Enhanced Plan	Premium Plan**
Annual Maximum	\$1,000	\$1,000	\$1,250	\$1,500
Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Diagnostic & Preventive Services Cleanings, Exams, X-Rays, Sealants, Brush Biopsy	100% / 80%	100% / 80%	100% / 80%	100% / 80%
Minor Services Fillings, Extractions, Oral Surgery, Endodontics*, Periodontics*	50% / 40%	80% / 60%	80% / 60%	100% / 80%
Major Services Crowns, Prosthodontics, Implants	50% / 40%	50% / 40%	50% / 40%	60% / 50%
Monthly Rates (Employer Paid/Voluntary)				
Employee Only	\$15.84 / \$17.35	\$18.07 / \$19.73	\$19.80 / \$21.69	\$23.79
Employee + Spouse	\$31.21 / \$34.18	\$35.59 / \$38.85	\$39.00 / \$42.71	\$46.86
Employee + Child(ren)	\$37.64 / \$41.23	\$44.00 / \$47.76	\$46.92 / \$51.38	\$55.30
Family	\$56.24 / \$61.60	\$64.19 / \$70.09	\$70.35 / \$77.05	\$84.49
Orthodontic Services	50% \$1,000 Lifetime Max	50% \$1,000 Lifetime Max	50% \$1,000 Lifetime Max	50% \$1,500 Lifetime Max
Monthly Rates with Orthodontics (Employer Paid/Voluntary)				
Employee Only	\$15.84 / \$17.35	\$18.07 / \$19.73	\$19.80 / \$21.69	\$23.79
Employee + Spouse	\$31.21 / \$34.18	\$35.59 / \$38.85	\$39.00 / \$42.71	\$46.86
Employee + Child(ren)	\$44.01 / \$48.21	\$50.37 / \$54.74	\$53.29 / \$58.36	\$64.09
Family	\$64.01 / \$70.12	\$71.96 / \$78.60	\$78.12 / \$85.56	\$95.21

*Endodontics and Periodontics covered under Major Services on the Standard Plan

**Premium plan only available as Employer Paid plan