

# 2017 PPO plan designs for 10-99 employees

## Basic PPO Plans

Preventive & Diagnostic  
Basic  
Major  
Deductible (Annual per person / Annual per family)  
Annual Maximum (Per person)

Preventive PPO			Basic PPO			PPO Triple SELECT			PPO High/Low ONE*			PPO High/Low TWO*		
PPO	PREMIER		PPO	PREMIER		PPO	PREMIER	OUT-OF-NETWORK	PPO	PREMIER		PPO	PREMIER	
100%	80%		100%	80%		100%	100%	80%	100%	80%		100%	80%	
	0%		80%	70%		80%	60%	40%	0%	80%	70%	0%	80%	70%
	0%			0%		50%	0%	0%	0%	50%	40%	0%	50%	40%
	---		\$50/\$150			\$50/\$150			---	\$50/\$150		---	\$50/\$150	
	No Max		\$1,000			\$1,000	\$750	\$500	No Max	\$1,000	\$1,000	No Max	\$1,250	\$1,000

## PPO 50 Plans

Preventive & Diagnostic  
Basic  
Major  
Deductible (Annual per person / Annual per family)  
Annual Maximum (Per person)  
Maximum Rollover Benefit  
Child Orthodontic  
Child Orthodontic Lifetime Maximum

PPO 50 - 1000			PPO 50 - 1250			PPO 50 - 1500			PPO 50 - 1750			PPO 50 - 1250 Rollover**			PPO 50 - 1250 Child Orthodontia***		
PPO	PREMIER		PPO	PREMIER		PPO	PREMIER		PPO	PREMIER		PPO	PREMIER		PPO	PREMIER	
100%	80%		100%	80%		100%	80%		100%	80%		100%	80%		100%	80%	
	80%	70%		80%	70%		80%	70%		80%	70%		80%	70%		80%	70%
	50%	40%		50%	40%		50%	40%		50%	40%		50%	40%		50%	40%
	\$50/\$150			\$50/\$150			\$50/\$150			\$50/\$150			\$50/\$150			\$50/\$150	
	\$1,000		\$1,250	\$1,000		\$1,500	\$1,000		\$1,750	\$1,000		\$1,250	\$1,000		\$1,250	\$1,000	
	---			---			---			---		\$3,050**	\$2,500**			---	
	---			---			---			---			---			50%	50%
	---			---			---			---			---		\$1,000	\$1,000	

## PPO 25 Plans

Preventive & Diagnostic  
Basic  
Major  
Deductible (Annual per person / Annual per family)  
Annual Maximum (Per person)  
Maximum Rollover Benefit  
Child Orthodontic  
Child Orthodontic Lifetime Maximum

PPO 25 - 1000			PPO 25 - 1250			PPO 25 - 1500			PPO 25 - 1750			PPO 25 - 1250 Rollover**			PPO 25 - 1250 Child Orthodontia***		
PPO	PREMIER		PPO	PREMIER		PPO	PREMIER		PPO	PREMIER		PPO	PREMIER		PPO	PREMIER	
100%	80%		100%	80%		100%	80%		100%	80%		100%	80%		100%	80%	
	80%	70%		80%	70%		80%	70%		80%	70%		80%	70%		80%	70%
	50%	40%		50%	40%		50%	40%		50%	40%		50%	40%		50%	40%
	\$25/\$75			\$25/\$75			\$25/\$75			\$25/\$75			\$25/\$75			\$25/\$75	
	\$1,000		\$1,250	\$1,000		\$1,500	\$1,000		\$1,750	\$1,000		\$1,250	\$1,000		\$1,250	\$1,000	
	---			---			---			---		\$3,050**	\$2,500**			---	
	---			---			---			---			---			50%	50%
	---			---			---			---			---		\$1,000	\$1,000	

\*High/Low plans available for groups of 25+ eligible employees only. Employer must contribute 100% of the employee premium on the Low plan and all eligible employees must enroll on the Low plan. The High plan can be provided as a voluntary buy-up option.

\*\*PPO 25 or 50 Rollover Max Plans: To receive the \$3,050 maximum rollover, enrollees must obtain ALL dental services from a PPO network dentist. Annual Threshold Amount is \$600 with an Annual Rollover Amount of \$300. If services are provided by a Premier dentist, the rollover maximum is reduced to \$2,500 with an Annual Threshold Amount of \$500 and an Annual Rollover Amount of \$250 per calendar year. If an enrollee obtains service from a nonparticipating dentist at any time in the calendar year, the Annual Rollover Amount will not accrue for that year.

\*\*\*Child orthodontia plans are only available for groups with 10 or more enrolled employees. Rates may vary based on the number of enrolled employees.

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# Underwriting Guidelines

## for Groups of 10-99

1. **Voluntary** plans do not require any employer contribution toward employee dental premiums.
2. Groups must maintain a minimum of **two (2)** enrolled employees.
3. Minimum enrollment of 35% of eligible employees is required.
4. A group must consist of 75% or more of Idaho residents or a surcharge may apply.
5. Companies must be in business at least twelve (12) months.
6. The previous deductible will be honored providing the covered employee has proof of the deductible being taken during the calendar year, and prior to enrollment with Delta Dental.
7. Coverage will terminate for an eligible employee on the last day of the month in which employment terminates.
8. Industry Restrictions: Due to high turnover trends and/or lack of employee/employer relationship, some industries, such as restaurants, gas stations, insurance (commissioned agents), hotel, motel, retail, beauty/barber shops and real estate (commissioned agents), are restricted and may deviate from the eligibility and underwriting requirements.
9. Late Enrollee Provision: Any employee and/or their dependent(s) who do not enroll in the dental plan following completion of the employee's eligibility period will have a 12 month waiting period for Major Services and, if applicable, Orthodontic Services.

## LIMITATIONS AND EXCLUSIONS

In addition to any other limitations & exclusions of the group dental policy, the following apply to dental services:

- Those Benefits excluded by the policies and procedures of Delta Dental.
- Processing Policies may limit treatment. Processing Policies are specific guidelines used in determining benefits, which are developed by Delta Dental and periodically amended. These policies are based on generally accepted standards of dental practice and are used in claims processing. Processing Policies are available upon request.
- Services or appliances started before an individual became eligible under this Contract.
- Delta Dental's obligation for payment for covered services ends on the last day of the month in which coverage is terminated under this Contract.
- Delta Dental is not obligated to pay claims received more than twelve (12) months after the date of rendition of the service.
- Treatment by other than a Dentist, except for services performed by a licensed dental hygienist or denturist within the scope of his or her license.
- Services or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of Delta Dental coverage.
- Services for cosmetic surgery, or dentistry for aesthetic reasons.
- Optional treatment: If the Subscriber or Eligible Dependent selects a more expensive dental service than is customarily provided or for which Delta Dental determines that a valid dental need is not shown, Delta Dental may make an allowance based on the fee for the customarily provided service or to provide service for the necessary Covered Service. The Subscriber is responsible for the difference in cost.
- When services in progress are interrupted and completed later by another Dentist, Delta Dental will review the claim and determine the amount of payment, if any, to each Dentist.
- Services that are covered under a hospital, surgical/medical, or prescription drug program.
- Services for which no valid dental need can be demonstrated, that are specialized techniques, or that are experimental in nature as determined by the standards of generally accepted dental practice.
- Prescription drugs, pre-medications and/or relative analgesia. General anesthesia and/or intravenous sedation other than for covered oral surgery. Charges for hospitalization, laboratory tests, and examinations and any additional fees charged by the dentist for hospital treatment.
- Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular joint (TMJ).
- Myofunctional therapy.
- Preventive control programs, including home care items.
- Charges for failure to keep a scheduled visit with the Dentist.
- Lost, missing, or stolen appliances of any type.
- Services for injuries or conditions payable under Workers' Compensation or Employer's Liability laws. Benefits or services that are available from any government agency, political subdivision, community agency, foundation, or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX Social Security Act, i.e., Medicaid.
- Services or supplies received as a result of defect, or injury due to an act of war, declared or undeclared.

# Descriptions of Services

<b>Preventive &amp; Diagnostic</b> Routine and emergency exams, X-rays, teeth cleanings, sealants
<b>Basic</b> Fillings, periodontal cleaning, root canals, minor oral surgery
<b>Major</b> Crowns, onlays, laminate veneers, bridges, dentures, implants — lifetime implant benefit up to \$1,200 per tooth or plans annual maximum, whichever is less
<b>Deductible</b> Only applies to basic and major services; Maximum of three deductibles per family; Annual per person / family
<b>Maximum Rollover Benefit</b> Cumulative benefit by plan type
<b>Annual Rollover Amount</b> Carry over of unused benefit by plan type
<b>Annual Rollover Threshold</b> Maximum annual benefit paid by plan type