



**Delta Dental of Colorado
True Group/ Employer Paid Plan Options and Rate Summary for:
2011-12 Rates for Nonprofit Employers Pool**

	Mountain Plan		Valley Plan	
	Delta Dental PPO SM Plus Premier		Delta Dental PPO SM Plus Premier	
	Delta Dental PPO	Delta Dental Premier® or Non-Par Dentists	Delta Dental PPO	Delta Dental Premier® or Non-Par Dentists
Annual Maximum:	\$1,500		\$1,500	
Deductible/Family:	\$50/\$150		\$50/\$150	
Deductible applies to:	Basic and Major	Basic and Major	Basic and Major	All
Type I-Diagnostic & Preventive				
Oral Evaluation and cleanings Fluoride Sealants Space Maintainers Bitewing x-rays Full Mouth/Panoramic x-rays	100%	100%	100%	80%
Type II-Basic Services				
Waiting Periods	Late Entrant Only		Late Entrant Only	
Minor Restorative (fillings) Oral Surgery (extractions) General Anesthesia (with oral surgery only)	80%	70%	80%	50%
Endodontics (root canal therapy) Periodontics (gum treatment)				
Type III-Major Services				
Waiting Periods	Late Entrant Only		Late Entrant Only	
Crowns Dentures Partials Bridges Bridge/Denture Repair Denture Rebase/Reline	50%	50%	50%	50%
Type IV Orthodontics				
Orthodontic Services	Yes		Yes	
Waiting Periods	Late Entrant Only		Late Entrant Only	
Coinurance	50%		50%	
Age Limit	To age 19 only		To age 19 only	
Lifetime Benefit Maximum	\$1,000		\$1,000	
	Mountain Plan Without Ortho (Opt 1)	Mountain Plan With Ortho (For Groups with 25 or more enrolled; Opt 2)	Valley Plan Without Ortho (Opt 3)	Valley Plan With Ortho (For Groups with 25 or more enrolled; Opt 4)
3-Tier Rates				
Employee Only	\$41.79	\$41.79	\$27.10	\$27.10
Employee 1 Dependent	\$70.49	\$73.95	\$45.49	\$48.37
Employee 2 or more Dependents	\$108.53	\$118.43	\$71.08	\$78.65

Underwriting Requirements

Proposed Effective Date: Book Rates in effect from 8/1/2011 through 7/31/2012
 Rate Guarantee: 1-Year rate period or 12 month contract for each employer. Rates are adjusted on each employer's contract anniversary
 Fully Insured Producer Agreement: 5% Flat
 State/Access Rules: Premier-PPO available nationwide
 Out-of-state employee guidelines: Company must be headquartered within the home state. Rates are based on the location of the corporate headquarters. If less than 80% are located in the home state or the location of employees vary significantly within the state, then the quote must be submitted to Delta Dental of Colorado Underwriting. Please contact your Delta Dental Sales Contact to submit a national quote.
 Minimum Employer Contribution: 50% of the employee only premium
 Minimum Enrollment: The greater of 2 enrolled employees or 75% of all eligible employees for each employer enrolled in this pool with a maximum 99 enrolled employees.
 Open Enrollment: Not Available
 Enrollment Type: Late Enrollment
 Late Entrant: 12-month wait for all services except Diagnostic and Preventive
 Billing: Payment by ACH, 10 or less enrolled employees required
 Eligibility: Determined by employer
 Who is eligible: Employee, lawful spouse and unmarried dependent children to age 25. Includes step-children, adopted children and children with permanent physical/mental impairments.
 Prevention First Notes: Promotes Wellness! Diagnostic and Preventive Services do not count against your plan year maximum if you see a Participating PPO or Premier dentist.