

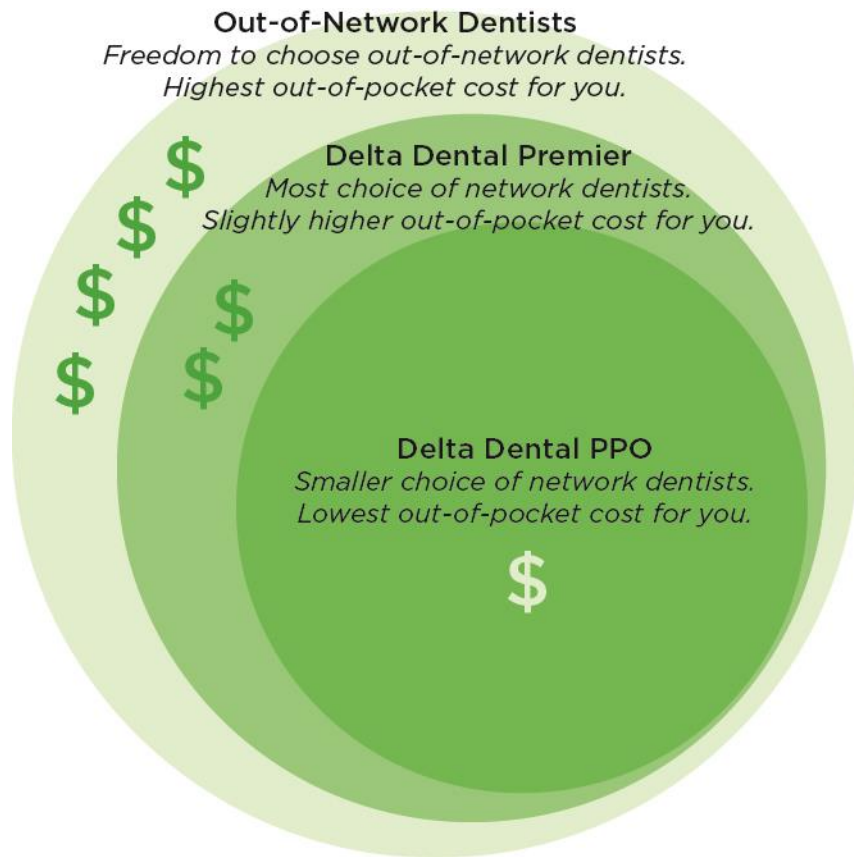
What's New for 2016

Effective January 1, 2017 the SAW Consortium dental plans will change from Delta Dental Premier to Delta Dental PPO Plus Premier.

What does this mean?

- Members will receive deeper discounts if you see a Delta Dental PPO dentist – these dentists have agreed to lower allowable fees for covered services with Delta Dental
- You can continue to see a Delta Dental Premier dentist or Out-of-Network with no change to your benefits.
 - This product change does not negatively impact anyone. Continue to use your same Premier or non-participating provider for no change, or find a PPO dentist to lower your out-of-pocket costs.
- Members can search both the PPO and Premier network listings at www.deltadental.com; or call customer service at 800.237.6060 for more information

Delta Dental PPO plus Premier



Dual-network advantage

- The best of both - enrollees can access the Delta Dental PPO network for maximum savings or the Delta Dental Premier network for maximum provider choice
- Members can seek services from any licensed dentist they choose
- Members receive the highest level of benefit by choosing a participating dentist
 - *No balance billing for either PPO or Premier*
 - *Participating providers file claims for members*

***85% of Virginia dentists participate with
Delta Dental***

PPO Plus Premier – Low Plan

Benefits	PPO	Premier	OON
Dental Plan Year Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Plan Year Maximum Includes PreventionFirst where Diagnostic & Preventive services are excluded from the annual maximum	\$1,000	\$1,000	\$1,000
Preventive Dental Care (routine oral exam and cleaning - twice per calendar year, x-rays, sealants and fluoride for children)	100%	100%	100%
Primary Dental Care (fillings, root canal, simple extractions, periodontic services, etc.)	80% coverage after deductible	80% coverage after deductible	80% coverage after deductible
Major Dental Care (crowns, inlays, onlays, dentures and fixed bridges)	Not Covered	Not Covered	Not Covered
Orthodontic Services	Not Covered	Not Covered	Not Covered

**PPO and Premier dentists have agreed to Delta Dental's negotiated discounts.
Out-of-network providers can balance bill patients anything over the allowable charge**

PPO Plus Premier – High Plan

Benefits	PPO	Premier	Out-of-Network
Dental Plan Year Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Plan Year Maximum Includes PreventionFirst where Diagnostic & Preventive services are excluded from the annual maximum	\$1,250	\$1,250	\$1,250
Preventive Dental Care (routine oral exam and cleaning - twice per calendar year, x-rays, sealants and fluoride for children)	100%	100%	100%
Primary Dental Care (fillings, root canal, simple extractions, periodontic services, etc.)	80% coverage after deductible	80% coverage after deductible	80% coverage after deductible
Major Dental Care (crowns, inlays, onlays, dentures and fixed bridges)	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
Orthodontic Services (for children to age 19)	50% coverage, no deductible, with \$1,250 lifetime maximum	50% coverage, no deductible, with \$1,250 lifetime maximum	50% coverage, no deductible, with \$1,250 lifetime maximum

**PPO and Premier dentists have agreed to Delta Dental’s negotiated discounts.
Out-of-network providers can balance bill patients anything over the allowable charge**

PPO Plus Premier Payment Example*

	PPO Network	Premier Network	Out-of-Network
Dentist Charge	\$100.00	\$100.00	\$100.00
Plan Allowance	\$75.00	\$85.00	\$70.00
Coinsurance Amount	80%	80%	80%
Delta Dental Payment	\$60.00	\$68.00	\$56.00
Patient Payment	\$15.00	\$17.00	\$44.00
Amount Dentists Receives	\$75.00	\$85.00	\$100.00

**Example for illustrative purposes only. Assumes the annual deductible has been met.*