

# DentalandVisionIns.com

The following plans are available to groups of two or more employees.

**We offer a variety of Delta Dental Plans utilizing both the PPO and Premier networks.** On all of our group plans the member has a freedom of choice in the provider they use. The cost to the member will always be less if they utilize a Delta Dental PPO provider.

## **Delta Dental High Option, Premier and Choice Plans**

Employers can take advantage of the savings from the PPO plan while providing employees with expanded access to Delta Dental dentists who can limit their out-of-pocket costs. These plans combine the PPO and Premier networks to maximize opportunities to save money.

PPO dentists accept fees that are more deeply discounted than the fees accepted by dentists who participate in the larger Premier network. Employees who visit a non-PPO dentist can save more by visiting a Premier dentist than they can by visiting a non-Delta Dental dentist. The plans provide maximum network access while offering deeper savings and better benefits within the PPO network and a level of cost protection with the Premier network.

## **PPO Classic Plans**

Under the Classic plans, you may visit any licensed dentist you wish. However, reimbursement will be based on the PPO provider's contracted fee both in and out of network. 69% of California dentists are Delta Dental Preferred Providers.

## **A major benefit that sets us apart from the competition: Composite (resin) fillings on all teeth**

We are your source for Delta Dental plans that cover composite fillings on **all** teeth.

On other administrators' Delta Dental plans direct composite (resin) restorations are only benefits on anterior teeth and the facial surface of bicuspid. (These are the teeth that you see in a mirror when you smile). Any other posterior direct composite (resin) restorations are optional services, and Delta Dental's payment is limited to the cost of the equivalent amalgam restoration, with the difference being paid by the member.

Effective January 1<sup>st</sup> 2014 we changed our contract with Delta Dental to cover direct composite (resin) restorations as benefits available on all teeth. Ask your dentist which filling material they use and recommend.

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# Delta Dental High Option Plans

You have the option of visiting any dentist, but if you visit a Delta PPO Dentist you'll enjoy the maximum benefits with the advantage of prenegotiated fees.

Plan Name.....

No deductible if services are provided by a Delta Dental PPO dentist. If services are provided by other dentists, a calendar year deductible of \$50 per person applies

## Diagnostic and Preventive \*

Emergency treatment for relief of pain  
 Routine Exams, Cleanings (Prophylaxis)  
 Bitewing X-rays, Full Mouth X-rays  
 Fluoride Treatment  
 Space Maintainers

## Basic Dental Services

Restorative - Composite Fillings available on all teeth  
 Sealants  
 Oral Surgery  
 Extractions, Impacted Teeth, Cysts and  
 Neoplasms, Alveolar/Gingival Reconstructions  
 Periodontics  
 Includes treatment for diseases of the gums  
 Endodontics  
 Root canals and Pulpal Therapy

## Major Dental Services

Subject to a 12 month waiting period (See Below)  
 Restorative - Inlays, Implants and Crowns  
 Prosthodontics - Dentures and Partial

**Calendar Year Maximum** (per Individual)

### RATES:

Employee Only  
 Employee + one  
 Employee + two or more

|          | High Option A     |                                 | High Option B     |                                 | High Option C     |                                 |
|----------|-------------------|---------------------------------|-------------------|---------------------------------|-------------------|---------------------------------|
|          | Delta PPO Network | Delta Premier or Out of Network | Delta PPO Network | Delta Premier or Out of Network | Delta PPO Network | Delta Premier or Out of Network |
| 100%     | 100%              | 100%                            | 100%              | 100%                            | 100%              | 100%                            |
| 100%     | 100%              | 100%                            | 100%              | 100%                            | 100%              | 100%                            |
| 100%     | 100%              | 100%                            | 100%              | 100%                            | 100%              | 100%                            |
| 100%     | 100%              | 100%                            | 100%              | 100%                            | 100%              | 100%                            |
| 100%     | 100%              | 100%                            | 100%              | 100%                            | 100%              | 100%                            |
| 90%      | 90%               | 90%                             | 80%               | 90%                             | 80%               | 90%                             |
| 90%      | 90%               | 90%                             | 80%               | 90%                             | 80%               | 90%                             |
| 90%      | 90%               | 90%                             | 80%               | 90%                             | 80%               | 90%                             |
| 90%      | 90%               | 90%                             | 80%               | 90%                             | 80%               | 90%                             |
| 90%      | 90%               | 90%                             | 80%               | 90%                             | 80%               | 90%                             |
| 90%      | 90%               | 90%                             | 80%               | 90%                             | 80%               | 90%                             |
| \$2,500  | \$2,000           | \$2,500                         | \$2,000           | \$2,000                         | \$2,000           | \$2,000                         |
| \$83.50  |                   | \$80.60                         |                   | \$76.40                         |                   |                                 |
| \$159.40 |                   | \$153.90                        |                   | \$145.80                        |                   |                                 |
| \$227.30 |                   | \$219.40                        |                   | \$207.90                        |                   |                                 |
| \$86.90  |                   | \$83.80                         |                   | \$79.40                         |                   |                                 |
| \$165.80 |                   | \$160.00                        |                   | \$151.60                        |                   |                                 |
| \$236.40 |                   | \$228.10                        |                   | \$216.20                        |                   |                                 |

### \*Rates with D&P Maximum waiver

Allows employees to obtain covered diagnostic and preventive dental services without those costs counting toward their annual maximum.

**Optional Orthodontic Benefit : Rates: EE = \$2.80 EE + 1 = \$5.60 EE + 2 or more = \$20.00**

The Orthodontia option pays a co-payment of 50% to a lifetime maximum benefit of \$2000 per patient after a 12 month waiting period for Adults and Children.

### Can the waiting period be waived?

Waiting periods do not apply for groups of 10 or more. For groups under 10 enrolling the 12 month waiting period for Major Dental and Orthodontia Services will be waived on all employees who had continuous Dental and Orthodontia coverage during the preceding 12 months.

### What Providers can be used?

Employees can utilize any provider they wish. To enjoy the maximum benefits of the plan employees should utilize Delta Dental PPO providers. Delta Dental PPO dentists accept fees that are more deeply discounted than the fees accepted by dentists who participate in the larger Delta Premier network. Employees who visit a non-PPO dentist can save more by visiting a Premier dentist than they can by visiting a non-Delta Dental dentist. The High Option plans provide maximum network access while offering deeper savings within the PPO network and a level of cost protection with the Premier network. Delta Dental PPO dentists are in-network and are reimbursed at the lesser of the submitted charge or the PPO provider's contracted fee. Delta Dental Premier dentists are out-of-network and are reimbursed at the lesser of the submitted charge or the Premier provider's contracted fee. Non-contracted dentists are out-of-network and are reimbursed at the lesser of the submitted charge or the fee that satisfies a majority of the dentists with the same training and geographical area.

Groups that enroll From January through June renew in January. Groups that enroll From July through December renew in July.

**Rates shown are valid from July 1, 2019 through June 30, 2020.**

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## Plan Rules

### Eligibility

Employer groups must enroll two or more full-time employees.

### Benefit Selections

We have a large variety of plans available. A group of any size can offer a base plan and a buy-up plan if they wish. Contribution will be based upon the lower cost plan. The group may mix and match plans to suit their needs. If the group selects to have Orthodontia and/or the D&P maximum waiver, they must have the Orthodontia and/or the D&P maximum waiver on all plans being offered and all members must have the benefit(s).

### Contribution/Participation

The employer must contribute a minimum of 50% of the employee premium. 75% of the eligible employees must participate in the plan and 100% must participate if the employer contribution is 100% of the employee premium.

### Employees

All employees of the employer who are performing active work on a full time basis (20 hours a week or over) are eligible for benefits, including corporate officers, owners, and/or partners.

### Dependents

All eligible dependents must enroll on the original effective date.

Dependents can also be added for a later effective date if they are newly eligible or as part of an open enrollment process.

Eligible dependents include legal spouse or domestic partner and dependent children up to age 26. The employer is responsible to report any changes to a dependent's eligibility to Wolfpack Insurance Services, Inc.

Newborn children do not need to enroll until just before their first dental appointment, usually before age 4.

Domestic Partners are defined as same-sex and opposite-sex couples registered with any government agency authorizing such registrations.

Domestic Partners are subject to the same terms and conditions as any other dependent.

### Effective date

When a firm joins the Plan the coverage of its current employees will be effective on the first day of the month following approval of the firm's application to participate. Additions to the plan will be effective the first of the month after the elected probationary period from the employee's date of hire.

### Billing Questions

Invoices are mailed on or about the 10th of the month prior to the coverage month and are due on the 25th of the month prior to the coverage month. Cancellation of the plan will result if premium is not received by the end of the month shown on the invoice as the 'Invoice for' month. Eligibility will not be reported unless premium for the month is fully paid. Return checks are subject to a \$20.00 fee. A monthly administration fee of \$10.00 is charged to all groups of less than 20 enrolled employees. The administration fee is reduced to \$0 if the group enrolls in automatic payment and emailed receipt of monthly invoices.

### Wolfpack Insurance Services, [www.DentalandVisionIns.com](http://www.DentalandVisionIns.com) and the Small Business Benefit Plan Trust.

We are Wolfpack Insurance Services, Inc. Our web site address is [www.DentalandVisionIns.com](http://www.DentalandVisionIns.com) or [www.DVIns.com](http://www.DVIns.com). We have established a small business group pool called the Small Business Benefit Plan Trust. The Trust is fully insured by Delta Dental.

Enrollment materials are available for download at our website, [www.DVIns.com](http://www.DVIns.com).

800-296-0192, Fax: 650-591-4022

### Delta Dental, Services Not Covered

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- Services for injuries or conditions covered under Workers' Compensation or Employer's Liability Laws
- Cosmetic surgery or dentistry or services to correct congenital malformation
- Experimental procedures
- Therapeutic drugs, premedication or pain relievers
- Hospital costs or extra charges for hospital treatment
- Anesthesia (except for general anesthesia for oral surgery)
- Extra-oral grafts
- Treatment related to the temporomandibular joint (TMJ)

This document is not a guarantee of covered benefits, services or payments.

# Delta Dental Premier Plans

You have the option of visiting any dentist, but if you visit a Delta Premier or PPO Dentist you'll enjoy the advantage of prenegotiated fees and convenient claims handling.

Please review our High Option Plans if you are looking for a \$2000 maximum plan utilizing Premier providers.

| Plan Name.....  | 1500                                    | Plan II  | Plan III | Plan IV              |
|---|---|----------|----------|----------------------|
| Calendar Year Deductible  | \$50.00                                 | \$35.00  | \$50.00  | \$50.00              |
| <b>Diagnostic and Preventive *</b>  | No deductible for items covered at 100% |          |          |                      |
| Emergency treatment for relief of pain  | 100%                                    | 80%      | 80%      | 80%                  |
| Routine Exams, Cleanings (Prophylaxis)  | 100%                                    | 80%      | 80%      | 80%                  |
| Bitewing X-rays, Full Mouth X-rays  | 100%                                    | 80%      | 80%      | 80%                  |
| Fluoride Treatment  | 100%                                    | 80%      | 80%      | 80%                  |
| Space Maintainers   | 100%                                    | 80%      | 80%      | 80%                  |
| <b>Basic Dental Services</b>  |   |          |          |                      |
| Restorative - Composite Fillings available on all teeth                             | 80%                                     | 80%      | 80%      | 80%                  |
| Sealants  | 80%                                     | 80%      | 80%      | 80%                  |
| Oral Surgery  |   |          |          |                      |
| Extractions, Impacted Teeth, Cysts and Neoplasms, Alveolar/Gingival Reconstructions | 80%                                     | 80%      | 80%      | 80%                  |
| Periodontics  |   |          |          | Major Service<br>50% |
| Includes treatment for diseases of the gums   | 80%                                     | 80%      | 80%      | 50%                  |
| Endodontics   |   |          |          |                      |
| Root canals and Pulpal Therapy  | 80%                                     | 80%      | 80%      | 50%                  |
| <b>Major Dental Services</b>  |   |          |          |                      |
| Subject to a 12 month waiting period (See Below)                                    |   |          |          |                      |
| Restorative - Inlays, Implants and Crowns   | 50%                                     | 50%      | 50%      | 50%                  |
| Prosthodontics - Dentures and Partial   | 50%                                     | 50%      | 50%      | 50%                  |
| <b>Calendar Year Maximum</b> (per Individual)                                       | \$1,500                                 | \$1,500  | \$1,500  | \$1,000              |
| <b>RATES:</b>   |   |          |          |                      |
| Employee Only   | \$69.40                                 | \$61.20  | \$57.90  | \$46.10              |
| Employee + one  | \$132.80                                | \$116.40 | \$109.80 | \$88.50              |
| Employee + two or more  | \$197.30                                | \$165.20 | \$153.70 | \$128.50             |

|  |          |                                       |
|--|----------|---------------------------------------|
| <b>*Rates with D&amp;P Maximum waiver</b>  | \$73.10  |                                       |
| Allows employees to obtain covered diagnostic and preventive dental services without those costs counting toward their annual maximum. | \$139.90 | Not available on plans II, III and IV |
|  | \$207.90 |                                       |

**Optional Orthodontic Benefit :** Rates: EE = \$2.50 EE + 1 = \$4.00 EE + 2 or more = \$13.80

Plan pays a co-payment of 50% to a lifetime maximum benefit of \$1500 per patient after a 12 month waiting period for Adults and Children. Not available on Plan IV

## Can the waiting period be waived?

Waiting periods do not apply for groups of 10 or more. For groups under 10 enrolling the 12 month waiting period for Major Dental and Orthodontia Services will be waived on all employees who had continuous Dental and Orthodontia coverage during the preceding 12 months.

## What is Delta Dental Premier?

While most indemnity plans are not supported by a dental network, Delta Dental Premier is a network-based indemnity product. This means that enrollees who choose to visit a Premier network dentist will on average have lower out-of-pocket costs than with other carriers' non-network-based indemnity plans. Not only does Delta Dental Premier offer enrollees the freedom to visit any dentist, it also provides meaningful quality and cost protections. Since Delta Dental Premier dentists agree to accept fees that are generally lower than average submitted fees for an area, a Delta Dental Premier plan can potentially provide savings for both employers and employees alike.

**If you are able to use a Delta Dental PPO provider for dental services,** you will have the deductible waived and you can take advantage of the savings from the deeper PPO discounted fees. This means a lower out of pocket cost for your dental services. Search for Delta PPO providers to take advantage of the savings provided by going to a Delta Dental PPO provider.

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## Plan Rules

### Eligibility

Employer groups must enroll two or more full-time employees.

### Benefit Selections

We have a large variety of plans available. A group of any size can offer a base plan and a buy-up plan if they wish. Contribution will be based upon the lower cost plan. The group may mix and match plans to suit their needs. If the group selects to have Orthodontia and/or the D&P maximum waiver, they must have the Orthodontia and/or the D&P maximum waiver on all plans being offered and all members must have the benefit(s).

### Contribution/Participation

The employer must contribute a minimum of 50% of the employee premium. 75% of the eligible employees must participate in the plan and 100% must participate if the employer contribution is 100% of the employee premium.

### Employees

All employees of the employer who are performing active work on a full time basis (20 hours a week or over) are eligible for benefits, including corporate officers, owners, and/or partners.

### Dependents

All eligible dependents must enroll on the original effective date.

Dependents can also be added for a later effective date if they are newly eligible or as part of an open enrollment process.

Eligible dependents include legal spouse or domestic partner and dependent children up to age 26. The employer is responsible to report any changes to a dependent's eligibility to Wolfpack Insurance Services, Inc.

Newborn children do not need to enroll until just before their first dental appointment, usually before age 4.

Domestic Partners are defined as same-sex and opposite-sex couples registered with any government agency authorizing such registrations.

Domestic Partners are subject to the same terms and conditions as any other dependent.

### Effective date

When a firm joins the Plan the coverage of its current employees will be effective on the first day of the month following approval of the firm's application to participate. Additions to the plan will be effective the first of the month after the elected probationary period from the employee's date of hire.

### Billing Questions

Invoices are mailed on or about the 10th of the month prior to the coverage month and are due on the 25th of the month prior to the coverage month. Cancellation of the plan will result if premium is not received by the end of the month shown on the invoice as the 'Invoice for' month. Eligibility will not be reported unless premium for the month is fully paid. Return checks are subject to a \$20.00 fee. A monthly administration fee of \$10.00 is charged to all groups of less than 20 enrolled employees. The administration fee is reduced to \$0 if the group enrolls in automatic payment and emailed receipt of monthly invoices.

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Enrollment materials are available for download at our website, [www.DVIns.com](http://www.DVIns.com).

800-296-0192, Fax: 650-591-4022

### Delta Dental, Services Not Covered

Although your program covers many of the most commonly needed services, some services are not covered. If you are unsure whether a particular procedure is covered, or how much of it is paid for by your program, check with Delta Dental before proceeding. The following are not covered by the program:

- Services for injuries or conditions covered under Workers' Compensation or Employer's Liability Laws
- Cosmetic surgery or dentistry or services to correct congenital malformation
- Experimental procedures
- Therapeutic drugs, premedication or pain relievers
- Hospital costs or extra charges for hospital treatment
- Anesthesia (except for general anesthesia for oral surgery)
- Extra-oral grafts
- Treatment related to the temporomandibular joint (TMJ)

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# Delta Dental Choice Plans

Choose a dentist from the Delta Preferred Option Network or utilize any dental provider, it's your choice

## Plan Name.....

No deductible if services were provided by Delta Dental PPO Dentist. If services are provided by other dentists, a calendar year deductible of \$50.00 applies.

### Diagnostic and Preventive\*

Emergency treatment for relief of pain  
 Routine Exams, Cleanings (Prophylaxis)  
 Bitewing X-rays, Full Mouth X-rays  
 Fluoride Treatment  
 Space Maintainers

### Basic Dental Services

Restorative - Composite Fillings available on all teeth  
 Sealants  
 Oral Surgery  
 Extractions, Impacted Teeth, Cysts and Neoplasms, Alveolar/Gingival Reconstructions  
 Periodontics  
 Includes treatment for diseases of the gums  
 Endodontics  
 Root canals and Pulpal Therapy

### Major Dental Services

Subject to a 12 month waiting period (See Below)  
 Restorative - Inlays, Implants and Crowns  
 Prosthodontics - Dentures and Partials

### Calendar Year Maximum (per Individual)

### RATES:

Employee Only  
 Employee + one  
 Employee + two or more

### \*Rates with D&P Maximum Waiver:

Allows employees to obtain covered diagnostic and preventive dental services without those costs counting toward their annual maximum.

|  | PPO Choice 2000   |                                  | PPO Choice 1500   |                                  | Option II               | Option III              |
|--|-------------------|----------------------------------|-------------------|----------------------------------|-------------------------|-------------------------|
|  | Delta PPO Network | Delta Premier and Out of Network | Delta PPO Network | Delta Premier and Out of Network | In / Out of PPO Network | In / Out of PPO Network |
| Diagnostic and Preventive*   | 100%              | 100%                             | 100%              | 100%                             | 100%/50%                | 100%/50%                |
| Emergency treatment for relief of pain   | 100%              | 100%                             | 100%              | 100%                             | 100%/50%                | 100%/50%                |
| Routine Exams, Cleanings (Prophylaxis)   | 100%              | 100%                             | 100%              | 100%                             | 100%/50%                | 100%/50%                |
| Bitewing X-rays, Full Mouth X-rays   | 100%              | 100%                             | 100%              | 100%                             | 100%/50%                | 100%/50%                |
| Fluoride Treatment   | 100%              | 100%                             | 100%              | 100%                             | 100%/50%                | 100%/50%                |
| Space Maintainers  | 100%              | 100%                             | 100%              | 100%                             | 100%/50%                | 100%/50%                |
| Basic Dental Services  |                   |                                  |                   |                                  |                         |                         |
| Restorative - Composite Fillings available on all teeth  | 80%               | 80%                              | 80%               | 80%                              | 80%/50%                 | 80%/50%                 |
| Sealants   | 80%               | 80%                              | 80%               | 80%                              | 80%/50%                 | 80%/50%                 |
| Oral Surgery   |                   |                                  |                   |                                  |                         |                         |
| Extractions, Impacted Teeth, Cysts and Neoplasms, Alveolar/Gingival Reconstructions  | 80%               | 80%                              | 80%               | 80%                              | 80%/50%                 | 80%/50%                 |
| Periodontics   |                   |                                  |                   |                                  |                         |                         |
| Includes treatment for diseases of the gums  | 80%               | 80%                              | 80%               | 80%                              | 80%/50%                 | 80%/50%                 |
| Endodontics  |                   |                                  |                   |                                  |                         |                         |
| Root canals and Pulpal Therapy   | 80%               | 80%                              | 80%               | 80%                              | 80%/50%                 | 80%/50%                 |
| Major Dental Services  |                   |                                  |                   |                                  |                         |                         |
| Restorative - Inlays, Implants and Crowns  | 50%               | 50%                              | 50%               | 50%                              | 50%                     | 50%                     |
| Prosthodontics - Dentures and Partials   | 50%               | 50%                              | 50%               | 50%                              | 50%                     | 50%                     |
| Calendar Year Maximum (per Individual)   | \$2,000           | \$1,500                          | \$1,500           | \$1,000                          | \$1,500                 | \$1,000                 |
| RATES:   |                   |                                  |                   |                                  |                         |                         |
| Employee Only  | \$69.30           |                                  | \$57.70           |                                  | \$48.10                 | \$39.00                 |
| Employee + one   | \$133.00          |                                  | \$112.10          |                                  | \$92.00                 | \$75.60                 |
| Employee + two or more   | \$196.90          |                                  | \$170.60          |                                  | \$130.80                | \$111.20                |
| *Rates with D&P Maximum Waiver:  | \$72.30           |                                  | \$62.50           |                                  | \$50.00                 | \$42.00                 |
| Allows employees to obtain covered diagnostic and preventive dental services without those costs counting toward their annual maximum. | \$138.70          |                                  | \$121.30          |                                  | \$95.30                 | \$81.30                 |
|  | \$205.50          |                                  | \$184.70          |                                  | \$135.40                | \$119.50                |

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### What Providers can I use?

Employees can take advantage of the savings from the Delta Dental PPO plan while providing expanded access to Delta Dental dentists who can limit their out-of-pocket costs. Choice plans combine the PPO and Premier networks to maximize opportunities to save money. PPO dentists accept fees that are more deeply discounted than the fees accepted by dentists who participate in the larger Premier network. Employees who visit a non-PPO dentist can save more by visiting a Premier dentist than they can by visiting a non-Delta Dental dentist. PPO plus Premier provides maximum network access while offering deeper savings within the PPO network and a level of cost protection with the Premier network.

Delta Dental PPO dentists are in-network and are reimbursed at the lesser of the submitted charge or the PPO provider's contracted fee. Delta Dental Premier dentists are out-of-network and are reimbursed at the lesser of the submitted charge or the Premier provider's contracted fee. Non-contracted dentists are out-of-network and are reimbursed at the lesser of the submitted charge or the fee that satisfies a majority of the dentists with the same training and geographical area.

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- Anesthesia (except for general anesthesia for oral surgery)
- Extra-oral grafts
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# Delta Dental Classic Plans

Choose a dentist from the Delta Preferred Option Network to maximize your benefits.

| Plan Name.....  | PPO Classic<br>1500                      |                   | PPO Classic<br>1500<br>With Orthodontia               |                   | PPO Classic<br>1000 |                   |
|---|--|-------------------|---|-------------------|---------------------|-------------------|
| No deductible if services were provided by Delta Dental PPO Dentist.<br>If services are provided by other dentists, a calendar year deductible<br>of \$50.00 applies to non Preventive and Diagnostic benefits. | In PPO<br>Network                        | Out of<br>Network | In PPO<br>Network                                     | Out of<br>Network | In PPO<br>Network   | Out of<br>Network |
| <b>Diagnostic and Preventive*</b>   |  |                   |   |                   |                     |                   |
| Emergency treatment for relief of pain  | 100%                                     | 80%               | 100%  | 80%               | 100%                | 80%               |
| Routine Exams, Cleanings (Prophylaxis)  | 100%                                     | 80%               | 100%  | 80%               | 100%                | 80%               |
| Bitewing X-rays, Full Mouth X-rays  | 100%                                     | 80%               | 100%  | 80%               | 100%                | 80%               |
| Fluoride Treatment  | 100%                                     | 80%               | 100%  | 80%               | 100%                | 80%               |
| Space Maintainers   | 100%                                     | 80%               | 100%  | 80%               | 100%                | 80%               |
| <b>Basic Dental Services</b>  |  |                   |   |                   |                     |                   |
| Restorative - Composite Fillings available on all teeth   | 80%                                      | 50%               | 80%   | 50%               | 80%                 | 50%               |
| Sealants  | 80%                                      | 50%               | 80%   | 50%               | 80%                 | 50%               |
| Oral Surgery  |  |                   |   |                   |                     |                   |
| Extractions, Impacted Teeth, Cysts and<br>Neoplasms, Alveolar/Gingival Reconstructions  | 80%                                      | 50%               | 80%   | 50%               | 80%                 | 50%               |
| Periodontics  |  |                   |   |                   |                     |                   |
| Includes treatment for diseases of the gums   | 80%                                      | 50%               | 80%   | 50%               | 80%                 | 50%               |
| Endodontics   |  |                   |   |                   |                     |                   |
| Root canals and Pulpal Therapy  | 80%                                      | 50%               | 80%   | 50%               | 80%                 | 50%               |
| <b>Major Dental Services</b>  |  |                   |   |                   |                     |                   |
| Subject to a 12 month waiting period (See Below)  |  |                   |   |                   |                     |                   |
| Restorative - Inlays, Implants and Crowns   | 50%                                      | 50%               | 50%   | 50%               | 50%                 | 50%               |
| Prosthodontics - Dentures and Partials  | 50%                                      | 50%               | 50%   | 50%               | 50%                 | 50%               |
| <b>Calendar Year Maximum</b> (per Individual)   | \$1,500                                  |                   | \$1,500   |                   | \$1,000             |                   |
| <b>Orthodontic Benefit</b>  |  |                   |   |                   |                     |                   |
| Subject to a 12 month waiting period (See Below)  | see PPO Classic 1500 with<br>Orthodontia |                   | 50% to a lifetime<br>maximum of \$1500<br>per patient |                   | not available       |                   |
| <b>RATES:</b>   |  |                   |   |                   |                     |                   |
| Employee Only   | \$49.80                                  |                   | \$52.30   |                   | \$38.00             |                   |
| Employee + one  | \$95.60                                  |                   | \$99.60   |                   | \$73.80             |                   |
| Employee + two or more  | \$140.40                                 |                   | \$154.20  |                   | \$110.00            |                   |
| <b>*Rates with D&amp;P Maximum waiver</b>   | \$51.80                                  |                   | \$54.30   |                   | \$40.50             |                   |
| Allows employees to obtain covered diagnostic and preventive dental<br>services without those costs counting toward their annual maximum.   | \$99.40                                  |                   | \$103.40  |                   | \$77.80             |                   |
| Applies only where D&P is covered at 100%.  | \$145.90                                 |                   | \$159.70  |                   | \$123.80            |                   |

## Can the waiting period be waived?

Waiting periods do not apply for groups of 10 or more. For groups under 10 enrolling the 12 month waiting period for Major Dental and Orthodontia Services will be waived on all employees who had continuous Dental and Orthodontia coverage during the preceding 12 months.

## What is Delta PPO?

Delta Dental PPO is Delta Dental's preferred provider organization program. The program provides the maximum benefit when you visit a PPO Dentist. PPO dentists are Delta dentists who have agreed to charge PPO patients reduced fees. Under the PPO program, you may visit any licensed dentist you wish. However, reimbursement will be based on the PPO provider's contracted fee both in and out of network. 69% of California dentists are Delta Dental Preferred Providers.

To use the PPO program, just call the dental office of your choice and make an appointment. The quickest and easiest way to search for a PPO dentist in your area is to visit the Delta Dental online directory via their web site at [www.deltadentalins.com](http://www.deltadentalins.com).

Groups that enroll From January through June renew in January. Groups that enroll From July through December renew in July.

**Rates shown are valid from January 1, 2019 through June 30, 2020**

## Plan Rules

### Eligibility

Employer groups must enroll two or more full-time employees.

### Benefit Selections

We have a large variety of plans available. A group of any size can offer a base plan and a buy-up plan if they wish. Contribution will be based upon the lower cost plan. The group may mix and match plans to suit their needs. If the group selects to have Orthodontia and/or the D&P maximum waiver, they must have the Orthodontia and/or the D&P maximum waiver on all plans being offered and all members must have the benefit(s).

### Contribution/Participation

The employer must contribute a minimum of 50% of the employee premium. 75% of the eligible employees must participate in the plan and 100% must participate if the employer contribution is 100% of the employee premium.

### Employees

All employees of the employer who are performing active work on a full time basis (20 hours a week or over) are eligible for benefits, including corporate officers, owners, and/or partners.

### Dependents

All eligible dependents must enroll on the original effective date.

Dependents can also be added for a later effective date if they are newly eligible or as part of an open enrollment process.

Eligible dependents include legal spouse or domestic partner and dependent children up to age 26. The employer is responsible to report any changes to a dependent's eligibility to Wolfpack Insurance Services, Inc.

Newborn children do not need to enroll until just before their first dental appointment, usually before age 4.

Domestic Partners are defined as same-sex and opposite-sex couples registered with any government agency authorizing such registrations. Domestic Partners are subject to the same terms and conditions as any other dependent.

### Effective date

When a firm joins the Plan the coverage of its current employees will be effective on the first day of the month following approval of the firm's application to participate. Additions to the plan will be effective the first of the month after the elected probationary period from the employee's date of hire.

### Billing Questions

Invoices are mailed on or about the 10th of the month prior to the coverage month and are due on the 25th of the month prior to the coverage month. Cancellation of the plan will result if premium is not received by the end of the month shown on the invoice as the 'Invoice for' month. Eligibility will not be reported unless premium for the month is fully paid. Return checks are subject to a \$20.00 fee. A monthly administration fee of \$10.00 is charged to all groups of less than 20 enrolled employees. The administration fee is reduced to \$0 if the group enrolls in automatic payment and emailed receipt of monthly invoices.

### Wolfpack Insurance Services, [www.DentalandVisionIns.com](http://www.DentalandVisionIns.com) and the Small Business Benefit Plan Trust.

We are Wolfpack Insurance Services, Inc. Our web site address is [www.DentalandVisionIns.com](http://www.DentalandVisionIns.com) or [www.DVIns.com](http://www.DVIns.com). We have established a small business group pool called the Small Business Benefit Plan Trust. The Trust is fully insured by Delta Dental.

Enrollment materials are available for download at our website, [www.DVIns.com](http://www.DVIns.com).

800-296-0192, Fax: 650-591-4022

### Delta Dental, Services Not Covered

Although your program covers many of the most commonly needed services, some services are not covered. If you are unsure whether a particular procedure is covered, or how much of it is paid for by your program, check with Delta Dental before proceeding.

The following are not covered by the program:

- Services for injuries or conditions covered under Workers' Compensation or Employer's Liability Laws
- Cosmetic surgery or dentistry or services to correct congenital malformation
- Experimental procedures
- Therapeutic drugs, premedication or pain relievers
- Hospital costs or extra charges for hospital treatment
- Anesthesia (except for general anesthesia for oral surgery)
- Extra-oral grafts
- Treatment related to the temporomandibular joint (TMJ)

This document is not a guarantee of covered benefits, services or payments.