

STATE WHERE COMPANY IS HEADQUARTERED

Pennsylvania Maryland New York
 Delaware District of Columbia West Virginia

SMALL BUSINESS ADVANTAGE GROUP APPLICATION

| | | | |
|---|------------------------------------|---|----------------|
| CLIENT INFORMATION | | | |
| Client name _____ | | | |
| Contact Person _____ | 4-digit SIC Code _____ | Industry Type _____ | |
| Title _____ | Telephone number _____ | Fax number _____ | |
| Street address _____ | City & County _____ | State _____ | ZIP code _____ |
| Billing address (if different) _____ | City & County _____ | State _____ | ZIP code _____ |
| Will you offer dual choice to your employees (choice of more than one dental program)? <input type="checkbox"/> No <input type="checkbox"/> Yes. Delta Dental is carrier for both programs. <input type="checkbox"/> Yes. Our carriers are Delta Dental and _____ | | Will this Delta Dental program replace existing dental coverage your client currently has through another dental plan? <input type="checkbox"/> No <input type="checkbox"/> Yes, name of previous carrier: _____ | |
| Proposed effective date of coverage _____ | Signature of company officer _____ | | Date _____ |
| Name of company officer (PLEASE PRINT) _____ | | Title of company officer (PLEASE PRINT) _____ | |

| | DELTA PREMIER OR DELTA PREFERRED OPTION PROGRAM | | | | | | | |
|---|--|-----------------------------|-----------------------------|-----------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | DELTA PREMIER | | | | DELTA PREFERRED OPTION | | | |
| | Premier 1 | Premier 2 | Premier 3 | Premier 4 | DPO 1 | DPO 2 | DPO 3 | DPO 4 |
| Check one: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnostic & Preventive | 100%* | 100%* | 100%* | 100%* | 100%** | 100%** | 100%** | 100%** |
| Basic Restorative | 50%* | 80%* | 80%* | 80%* | 50%** | 80%** | 80%** | 80%** |
| Oral Surgery | 50%* | 80%* | 80%* | 80%* | 50%** | 80%** | 80%** | 80%** |
| Endodontics | 50%* | 80%* | 80%* | 80%* | 50%** | 80%** | 80%** | 80%** |
| Periodontics | 50%* | 80%* | 80%* | 80%* | 50%** | 80%** | 80%** | 80%** |
| Major Restorative | not a benefit | not a benefit | 50%* | 50%* | not a benefit | not a benefit | 50%** | 50%** |
| Prosthodontics | not a benefit | not a benefit | 50%* | 50%* | not a benefit | not a benefit | 50%** | 50%** |
| Orthodontics \$1000 Lifetime Maximum | not a benefit | not a benefit | not a benefit | 50%* | not a benefit | not a benefit | not a benefit | 50%** |
| Calendar Year Deductible | \$50 Single \$150 Family | \$50 Single \$150 Family | \$50 Single \$150 Family | \$50 Single \$150 Family | \$50 Single \$150 Family | \$50 Single \$150 Family | \$50 Single \$150 Family | \$50 Single \$150 Family |
| Calendar Year Maximum per person | \$500 | \$1500 | \$1500 | \$1500 | \$500 | \$1500 | \$1500 | \$1500 |

Premier 3 and Premier 4 and DPO 3 and DPO 4 (Major Restorative and Prosthodontics) - There is a six-month waiting period on major restorative and prosthodontic services for clients with fewer than 50 employees with no prior coverage.

Premier 4 and DPO 4 (Orthodontics) - Orthodontics is only available for employer sizes of 50 plus employees or employer sizes of 10-49 that have orthodontic coverage with their current carrier.

*The DeltaPremier program makes its payment for both participating and non-participating dentists according to the DeltaPremier Maximum Plan Allowance (DeltaPremier MPA) or fee charged, whichever is less (DeltaPremier Allowed Amount). DeltaPremier participating dentists agree to accept the DeltaPremier Allowed Amount as payment in full. Delta's payment is a percentage of the DeltaPremier Allowed Amount; a subscriber copayment may be required. Deductibles may also apply. Non-participating dentists may balance bill the patient without limit by Delta Dental.

**The DeltaPreferred Option program makes its payments for both participating and non-participating dentists according to the DeltaPreferred Option Maximum Plan Allowances (DPO MPA) or fee charged, whichever is less (DPO Allowed Amount). DeltaPreferred Option participating dentists agree to accept the DeltaPreferred Option Allowed Amount as payment in full. Delta's payment is a percentage of the DPO Allowed Amount; an enrollee copayment may be required. Deductibles may also apply. Dentists who participate in the DeltaPremier network but not the DeltaPreferred Option network may balance bill the patient the difference between the DeltaPremier Allowed Amount and the DPO Allowed Amount. Non-participating dentists may balance bill the patient without limit by Delta Dental.

| | | | |
|--|---|---|---|
| CENSUS DATA (DeltaPremier and DeltaPreferred Option programs) | | <i>This program requires 10 enrollees minimum</i> | |
| Employee Participation | Total number of eligible employees: _____ | Employees _____ % * | *(Minimum 75% employee and 50% dependent participation required.) |
| | Total number of enrollees: _____ | Dependents _____ % * | |
| Distribution by dependency status/Premium | Number of enrollees | Monthly premium rates | Total |
| | Employee Only _____ x | _____ = | _____ |
| | Employee & Family _____ x | _____ = | _____ |
| | | Total | \$ _____ |

DELTACARE PROGRAM

| | |
|-----------------------------------|---|
| Program Design (check one) | Employer Contribution (check one) |
| <input type="checkbox"/> Plan A06 | <input type="checkbox"/> Option A, Totally Voluntary |
| <input type="checkbox"/> Plan A08 | <input type="checkbox"/> Option B, Voluntary Dependents |

CENSUS DATA (DeltaCare program)

Complete the following information if client is applying for DeltaCare (Delta's DHMO administered by Delta's affiliate PMI)
 Total number of eligible employees: _____ Total number of enrollees: _____ (This program requires 5 enrollees minimum)

Distribution by dependency status/Premium

| | Number of enrollees | x | Monthly premium rates | = | Total |
|-------------------|---------------------|---|-----------------------|---|----------|
| Employee only | _____ | x | _____ | = | _____ |
| Employee & Family | _____ | x | _____ | = | _____ |
| Total | | | | | \$ _____ |

EMPLOYEE ELIGIBILITY PERIOD (check one):

Standard: First of month, following _____ days of employment (minimum 30 days)

Custom: As mirrors our medical plan:

1. First of the month following date of hire

2. Date of hire (client must pay dues for entire month of coverage regardless of date of hire)

SUBMIT TO YOUR BROKER:

| | |
|---|---|
| DeltaPremier and DeltaPreferred Option 1) This completed, signed application 2) Completed Enrollment/Change forms for each eligible employee 3) Quarterly Wage Statement identifying all eligible employees 4) A check for your first month's premium made payable to <i>Delta Dental</i> | DeltaCare 1) This completed, signed application 2) Completed Enrollment/Change forms for each enrollee 3) A check for your first month's premium made payable to <i>Delta Dental</i> |
|---|---|

IT IS AGREED THAT PREMIUM AND A CURRENT ELIGIBILITY LIST WILL BE SUBMITTED TO DELTA'S DESIGNATED ADMINISTRATOR BY THE TWENTY-FIFTH OF THE MONTH PRIOR TO THE COVERAGE MONTH.

The program shall become effective only upon issuance of a written agreement executed by a duly authorized officer of Delta Dental or it's licensed affiliate. It is understood and agreed that this application be made a part of such agreement.

Writing Agent's Information

| | | |
|---|--------------------------------------|---|
| Writing Agent's name | Telephone number | Fax number |
| Company name | | |
| Mailing address | City | State ZIP code |
| Writing Agent's signature | Date | |
| (Please furnish one) <input type="checkbox"/> Social Security number: | <input type="checkbox"/> TIN number: | Company is Inc. <input type="checkbox"/> Yes <input type="checkbox"/> No |

Office Use Only

| | |
|-------------------------|------------------------------------|
| GA Company Name | <input type="checkbox"/> Level One |
| GA Sales Representative | <input type="checkbox"/> Level Two |

Pennsylvania/Maryland: Application is herewith made for a dental service contract from Pennsylvania Dental Service Corporation, t/d/b/a Delta Dental of Pennsylvania (Delta). It is understood that this Application is offered as an inducement for issuance of a dental service contract by Delta. Such contract will be based exclusively on the information given to or acquired by Delta from this Application. To that end, the signer of the Application declares that he/she has read the statements and answers above and that to the best of his/her knowledge that the answers are true. No waiver or modification of the Application shall be accepted unless in writing and signed by an authorized officer of Applicant. It is understood that acceptance of this Application shall only be by delivery to Applicant of a dental service contract duly signed by the President of Delta. It is further understood that Delta underwriting criteria for this contract require that 75% of all eligible employees and 50% of all eligible dependents (if such coverage is offered) be enrolled in the DeltaPremier and DeltaPreferred Option programs, and at least five (5) eligible employees in the DeltaCare program. Any variance in this criteria must be approved by Delta prior to acceptance of the program. Applicant understands that, regardless of the effective date above, unless and until 1) this Application is executed by a duly authorized officer of Applicant and returned to and accepted by Delta, 2) the premium is paid, and 3) enrollment procedures are completed, no claims will be paid for Subscribers under the contract. Except as otherwise limited by the Health Insurance Portability and Accountability Act and its administrative simplification regulations ("HIPAA"), Applicant shall provide Delta with Protected Health Information ("PHI") for the proper implementation, administration and management of the group dental service contract for which the Applicant is applying. Delta agrees that the PHI will be held confidential and used or further disclosed only to administer the group dental program as described in the group dental service contract or as permitted or required by law. Delta and Applicant shall comply with all applicable federal and state laws and regulations relating to administrative simplification, security, and privacy of PHI, including the terms of any business associate agreement/addendum that may be required as part of the group dental service contract to be executed between the Applicant and Delta.

Pursuant to law, please be advised that it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

New York: Application is herewith made for a dental service contract from Delta Dental of New York, Inc. (Delta). It is understood that this Application is offered as an inducement for issuance of a dental service contract by Delta. Such contract will be based exclusively on the information given to or acquired by Delta from this Application. To that end, the signer of the Application declares that he/she has read the statements and answers above and that to the best of his/her knowledge that the answers are true. No waiver or modification of the Application shall be accepted unless in writing and signed by an authorized officer of Applicant. It is understood that acceptance of this Application shall only be by delivery to Applicant of a dental service contract duly signed by the President of Delta. It is further understood that Delta underwriting criteria for this contract require that 75% of all eligible employees and 50% of all eligible dependents (if such coverage is offered) be enrolled in the DeltaPremier and DeltaPreferred Option programs and at least five (5) eligible employees in the DeltaCare program. Any variance in this criteria must be approved by Delta prior to acceptance of the program. Applicant understands that, regardless of the effective date above, unless and until 1) this Application is executed by a duly authorized officer of Applicant and returned to and accepted by Delta, 2) the premium is paid, and 3) enrollment procedures are completed, no claims will be paid for Subscribers under the contract. Except as otherwise limited by the Health Insurance Portability and Accountability Act and its administrative simplification regulations ("HIPAA"), Applicant shall provide Delta with Protected Health Information ("PHI") for the proper implementation, administration and management of the group dental service contract for which the Applicant is applying. Delta agrees that the PHI will be held confidential and used or further disclosed only to administer the group dental program as described in the group dental service contract or as permitted or required by law. Delta and Applicant shall comply with all applicable federal and state laws and regulations relating to administrative simplification, security, and privacy of PHI, including the terms of any business associate agreement/addendum that may be required as part of the group dental service contract to be executed between the Applicant and Delta.

Pursuant to law, please be advised that any person who knowingly and with intent to defraud any insurance company or any other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

District of Columbia: Application is herewith made for a dental service contract from Delta Dental Insurance Company (DDIC). It is understood that this Application is offered as an inducement for issuance of a dental service contract by DDIC for Delta. Such contract will be based exclusively on the information given to or acquired by Delta from this Application. To that end, the signer of the Application declares that he/she has read the statements and answers above and that to the best of his/her knowledge that the answers are true. No waiver or modification of the Application shall be accepted unless in writing and signed by an authorized officer of Applicant. It is understood that acceptance of this Application shall only be by delivery to Applicant of a dental service contract duly signed by an authorized representative of DDIC. It is further understood that Delta underwriting criteria for this contract require that 75% of all eligible employees and 50% of all eligible dependents (if such coverage is offered) be enrolled in the DeltaPremier and DeltaPreferred Option programs, and at least five (5) eligible employees in the DeltaCare program be enrolled. Any variance in this criteria must be approved by Delta prior to acceptance of the program. Applicant understands that, regardless of the effective date above,

unless and until 1) this Application is executed by a duly authorized officer of Applicant and returned to and accepted by Delta, 2) the premium is paid, and 3) enrollment procedures are completed, no claims will be paid for Subscribers under the contract. Except as otherwise limited by the Health Insurance Portability and Accountability Act and its administrative simplification regulations ("HIPAA"), Applicant shall provide Delta with Protected Health Information ("PHI") for the proper implementation, administration and management of the group dental service contract for which the Applicant is applying. Delta agrees that the PHI will be held confidential and used or further disclosed only to administer the group dental program as described in the group dental service contract or as permitted or required by law. Delta and Applicant shall comply with all applicable federal and state laws and regulations relating to administrative simplification, security, and privacy of PHI, including the terms of any business associate agreement/addendum that may be required as part of the group dental service contract to be executed between the Applicant and Delta.

Pursuant to law, please be advised that it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Delaware: Application is herewith made for a dental service contract from Delta Dental of Delaware, Inc. (Delta). It is understood that this Application is offered as an inducement for issuance of a dental service contract by Delta. Such contract will be based exclusively on the information given to or acquired by Delta from this Application. To that end, the signer of the Application declares that he/she has read the statements and answers above and that to the best of his/her knowledge that the answers are true. No waiver or modification of the Application shall be accepted unless in writing and signed by an authorized officer of Applicant. It is understood that acceptance of this Application shall only be by delivery to Applicant of a dental service contract duly signed by the President of Delta. It is further understood that Delta underwriting criteria for this contract require that 75% of all eligible employees and 50% of all eligible dependents (if such coverage is offered) be enrolled. Any variance in this criteria must be approved by Delta prior to acceptance of the program. Applicant understands that, regardless of the effective date above, unless and until 1) this Application is executed by a duly authorized officer of Applicant and returned to and accepted by Delta, 2) the premium is paid, and 3) enrollment procedures are completed, no claims will be paid for Subscribers under the contract. Except as otherwise limited by the Health Insurance Portability and Accountability Act and its administrative simplification regulations ("HIPAA"), Applicant shall provide Delta with Protected Health Information ("PHI") for the proper implementation, administration and management of the group dental contract for which the Applicant is applying. Delta agrees that the PHI will be held confidential and used or further disclosed only to administer the group dental service program as described in the group dental service contract or as permitted or required by law. Delta and Applicant shall comply with all applicable federal and state laws and regulations relating to administrative simplification, security, and privacy of PHI, including the terms of any business associate agreement/addendum that may be required as part of the group dental service contract to be executed between the Applicant and Delta.

Pursuant to law, please be advised that it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

West Virginia: Application is herewith made for a dental service contract from Delta Dental Insurance Company (DDIC). It is understood that this Application is offered as an inducement for issuance of a dental service contract by DDIC for Delta. Such contract will be based exclusively on the information given to or acquired by Delta from this Application. To that end, the signer of the Application declares that he/she has read the statements and answers above and that to the best of his/her knowledge that the answers are true. No waiver or modification of the Application shall be accepted unless in writing and signed by an authorized officer of Applicant. It is understood that acceptance of this Application shall only be by delivery to Applicant of a dental service contract duly signed by the President of Delta. It is further understood that Delta underwriting criteria for this contract require that 75% of all eligible employees and 50% of all eligible dependents (if such coverage is offered) be enrolled. Any variance in this criteria must be approved by Delta prior to acceptance of the program. Applicant understands that, regardless of the effective date above, unless and until 1) this Application is executed by a duly authorized officer of Applicant and returned to and accepted by Delta, 2) the premium is paid, and 3) enrollment procedures are completed, no claims will be paid for Subscribers under the contract. Except as otherwise limited by the Health Insurance Portability and Accountability Act and its administrative simplification regulations ("HIPAA"), Applicant shall provide Delta with Protected Health Information ("PHI") for the proper implementation, administration and management of the group dental service contract for which the Applicant is applying. Delta agrees that the PHI will be held confidential and used or further disclosed only to administer the group dental program as described in the group dental service contract or as permitted or required by law. Delta and Applicant shall comply with all applicable federal and state laws and regulations relating to administrative simplification, security, and privacy of PHI, including the terms of any business associate agreement/addendum that may be required as part of the group dental service contract to be executed between the Applicant and Delta.

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