



# Shine with small business plans from Delta Dental

Small Business Program

**Delta Dental PPO™**  
**DeltaCare® USA**

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# Delta Dental's Small Business Program

Delta Dental<sup>1</sup> delivers benefits that small businesses can trust. Thanks to decades of industry-leading experience, we've designed plans specifically with small business owners and their employees in mind.

Our Small Business Program offers a wide variety of plans and options, all with easy access to quality care and savings from our large networks.

Keep employees healthy and happy — at predictable rates that a small business budget can count on.

**We're here to help you shine.**

Contact your general agent or Delta Dental sales representative for more information or to get a quote. Visit [deltadentalins.com/brokers](https://deltadentalins.com/brokers) > **Small businesses.**



## What's new

- Delta Dental PPO plans now cover cone beam CT scans.<sup>2</sup>
- We increased the age which children can see a pediatric specialist to through age 13.
- The addition of the Healthcare Spending Card from Lane Health - no-fee financing options for dental and healthcare expenses.
- We will waive the waiting period for new hires in voluntary groups if there is no break in coverage.<sup>3</sup>

<sup>1</sup> Delta Dental Insurance Company and its affiliated companies, which are members, or affiliates of members, of the Delta Dental Plans Association.

<sup>2</sup> Excludes Core 201, Dual Choice 4 Low, and Core/Buy-Up Core plans.

<sup>3</sup> Proof of prior comprehensive dental coverage is required. Refer to Underwriting Guidelines for more information.

# We're here to help you shine

**Your success is our highest priority.** You get the resources to make it easier for your clients to buy — and stay — with Delta Dental. Our intuitive plans are easy to explain, compare and quote. You can take advantage of dedicated education, sales support and broker services.



## Trust

Delta Dental is a name your clients can count on for high-quality care. Today more than 85 million people rely on Delta Dental as their insurance provider.<sup>1</sup>



## Flexibility

Offer your clients choices with our robust portfolio of dental plans, including choice of annual maximums, voluntary, dual choice, and Core/Buy-Up plans as well as the option to add orthodontic coverage and more.



## Affordability

Our easy-to-choose plans are affordable for your clients and their employees. And our rates reflect the true cost of the plans — no hidden fees or setup charges.



## Customer service

Our customer service team and online tools answer questions so you and your clients don't have to. We process more than 40 million dental claims annually with 99.8% accuracy.<sup>2</sup> We provide exceptional service that your clients will want to return to.

<sup>1</sup> Delta Dental Plans Association enrollment statistics, 2021.

<sup>2</sup> Delta Dental Social Impact Report, 2020, for Delta Dental of California and affiliated companies.

# Small Business Program dental portfolio

Get quality plans with Delta Dental's Small Business Program dental portfolio. You'll find a range of coverage and price points for group sizes ranging from 2-99 covered employees.

## Delta Dental PPO

Our PPO product offers industry-leading network savings for members<sup>1</sup> backed by the nation's largest dentist network.<sup>2</sup> With our PPO plans, members get the most choice. They can visit any dentist, but they'll save the most with a PPO network dentist. Choose from a range of plan designs with different coinsurance levels and available options to fit your client. Learn more about our [PPO plans](#) on page 6.

## DeltaCare USA

Our dental HMO-type plans also offer comprehensive coverage including orthodontics, teeth whitening, and more, but at a lower monthly price. These plans have set all-inclusive copayments, no waiting periods, no annual deductibles and no maximums for covered benefits. Members have no surprise out-of-pocket costs or unexpected fees when they visit a general dentist in the DeltaCare USA network. Learn more about our [DeltaCare USA plans](#) on page 15.

## Dual choice and Core/Buy-Up plans

Delta Dental offers several choices to help both employers and employees manage their costs and control their expenses. Each plan allows clients to offer their employees a choice of two plan designs. Your clients can choose the plan design that best suits their business needs and contribution. Their employees can choose the plan that best meets their family's dental needs. Learn more about [dual choice and Core/Buy-Up plans](#) on page 18.

<sup>1</sup> Delta Dental's PPO plan delivers the industry's best effective discount, averaging 30.4% nationally. Milliman 2021 DAA PPO Network Study Delta Dental Plans Association.

<sup>2</sup> NetMinder Dental Network Trend Report, March 2021. Delta Dental Premier is the largest dentist network nationwide, based on total unique dentists.



# Small Business Program dental portfolio

## 4 reasons your small business clients should offer dental coverage

1. About **88%** of employees say that they **consider** health, dental and vision **benefits** when they choose a job.<sup>1</sup>
2. Dental coverage can improve employees' overall wellness. Poor oral health has been linked to serious health conditions such as **diabetes, heart disease and certain cancers**.<sup>2</sup>
3. Avoiding or delaying dental care can make dental issues worse — which can lead to **costly care and absent employees**.
4. More than **\$45B in productivity is lost** each year due to dental issues.<sup>3</sup>

<sup>1</sup> "What Employees Want," Society for Human Resource Management, 2022 <https://www.shrm.org/hr-today/news/all-things-work/pages/what-employees-want.aspx>

<sup>2</sup> "Oral Health Basics," Centers for Disease Control and Prevention, 2023 <https://www.cdc.gov/oralhealth/basics/index.html>

<sup>3</sup> "Health and Economic Costs of Chronic Diseases," National Center for Chronic Disease Prevention and Health Promotion, 2023 <https://www.cdc.gov/chronicdisease/about/costs/index.htm#ref10>



# The benefits of Delta Dental PPO dental plans

## Clients get these competitive benefits with our Delta Dental PPO plans:

- Broad range of coverage, from comprehensive benefits to leaner plans with no major services
- Diagnostic and preventive services covered at 100% with a Delta Dental PPO dentist and deductible waived
- Coverage for white resin fillings for all teeth
- Implant coverage with no separate implant maximum\*
- No missing tooth exclusions for teeth lost prior to this coverage\*
- Extra dental exam and cleaning or gum care covered during pregnancy
- SmileWay Wellness Benefits with additional cleaning or gum care services covered for members with qualifying medical conditions\*

\* Excludes Core 201, Dual Choice 4 Low, and Core/Buy-Up Core plans.

## D&P Maximum Waiver®

The D&P Maximum Waiver promotes oral health and preventive care by letting members stretch their annual maximum further. When selected with employer-paid plans, this feature waives all diagnostic and preventive services (D&P) from counting toward the annual maximum. This means more benefit dollars are available when needed most.



# Member perks

Wellness is about more than just oral health. That's why Delta Dental offers members exclusive product discounts and resources to support a healthy lifestyle.

With BrushSmart™, members get instant access to discounts on the latest oral health care home products from Oral-B and Philips Sonicare.

Members also get preferred access to pricing on LASIK vision services through QualSight LASIK, and they can even save big on hearing care and hearing aids through Amplifon Hearing Health Care.<sup>1</sup>

Delta Dental's new LifePerks program has thousands of local and national offers and discounts at no extra cost to the member or group. Members can save big on childcare, pet insurance, gym memberships, meal delivery services and travel and entertainment.

Visit **LifePerksSB.lifemart.com** for easy registration and access to discounts and offers from anywhere on any device with 24/7 email customer support.



Learn more about Delta Dental's Member perks at [www1.deltadentalins.com/memberperks.html](http://www1.deltadentalins.com/memberperks.html) or ask your general agent or Delta Dental sales representative for more details.

<sup>1</sup> LASIK vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health services program available to Delta Dental members to provide access to the preferred pricing for LASIK vision services and for hearing aids and other hearing health services.





# Wellness benefits

Get the benefits that members value most with SmileWay® Wellness Benefits and virtual dentistry.

## SmileWay Wellness Benefits

SmileWay Wellness Benefits provide extra benefits to PPO members\* who need them most. In addition to members' standard coverage, SmileWay Wellness Benefits provide expanded coverage for members diagnosed with qualifying medical conditions, including:

- Diabetes
- Heart disease
- HIV/AIDS
- Rheumatoid arthritis
- Cancer
- Chronic kidney disease
- Head and neck cancer radiation
- Joint replacement
- Sjogren's syndrome
- Lupus
- Parkinson's disease
- Amyotrophic lateral sclerosis (ALS)
- Huntington's disease
- Opioid misuse and addiction

## Virtual dentistry

For members who don't have the time or ability to see the dentist in person, virtual dentistry (also known as teledentistry) can help. This technology gives members access virtual and secure to Delta Dental dentists to address dental concerns through photo submissions or scheduled video visits — anytime and anywhere. Learn more about using virtual dentistry to manage oral health at [www1.deltadentalins.com/members/virtual-dentistry.html](http://www1.deltadentalins.com/members/virtual-dentistry.html).

\* SmileWay Wellness Benefits included with all Small Business Program dental plans except Core 201, Dual Choice 4 Low, and Core/Buy-Up Core plan.



## Dental networks under Delta Dental PPO

About **57%** of dentists nationwide are in the Delta Dental PPO network. When combined with the Delta Dental Premier® network, **76%** of dentists are Delta Dental dentists.

Our two networks give members more opportunities to save: They'll save the most with a PPO dentist but get a safety net through the Premier network, which provides them with greater savings than going out to a non-Delta Dental dentist.

### **How our network interacts with our PPO plans**

With our PPO plans, Delta Dental reimburses all dentists based on PPO fees. This means that members that visit a PPO dentist are covered at PPO fees. If a PPO member chooses to visit a Premier dentist, they are still covered, and can be balance billed up to but not more than the dentist's Premier fee. If the member goes to a non-Delta Dental dentist, the dentist can balance bill up to their own fee.

With our PPO Plus Premier plans, Delta Dental reimburses PPO dentists based on their PPO fee, and Premier dentists based on their Premier fee. This means that members that visit PPO or Premier dentists cannot get balance billed for any amounts above the agreed upon fee (which will be a PPO fee for a PPO dentist, or a Premier fee for a Premier dentist). If the member goes to a non-Delta Dental dentist, the dentist can balance bill up to their own fee.

# Comparing PPO and PPO Plus Premier

Members typically have lower out-of-pocket costs at Delta Dental Premier dentists with PPO Plus Premier, which reimburses Premier dentists at the higher contracted Premier fee. Under both types of fee option, members save the most at a PPO dentist.

## Delta Dental PPO\*

| Dental network             | Delta Dental PPO                 | Delta Dental Premier             | Non-Delta Dental dentist           |
|----------------------------|----------------------------------|----------------------------------|------------------------------------|
| Dentist charge for a crown | \$1,200                          | \$1,200                          | \$1,200                            |
| Plan allowance             | \$700                            | \$900                            | \$700                              |
| Plan coinsurance           | 60%                              | 60%                              | 60%                                |
| <b>Plan pays</b>           | <b>\$420</b>                     | <b>\$420</b>                     | <b>\$420</b>                       |
| <b>Member pays</b>         | <b>\$280<br/>(\$700 - \$420)</b> | <b>\$480<br/>(\$900 - \$420)</b> | <b>\$780<br/>(\$1,200 - \$420)</b> |

## Delta Dental PPO Plus Premier\*

| Dental network             | Delta Dental PPO                 | Delta Dental Premier             | Non-Delta Dental dentist           |
|----------------------------|----------------------------------|----------------------------------|------------------------------------|
| Dentist charge for a crown | \$1,200                          | \$1,200                          | \$1,200                            |
| Plan allowance             | \$700                            | \$900                            | \$800                              |
| Plan coinsurance           | 60%                              | 60%                              | 60%                                |
| <b>Plan pays</b>           | <b>\$420</b>                     | <b>\$540</b>                     | <b>\$480</b>                       |
| <b>Member pays</b>         | <b>\$280<br/>(\$700 - \$420)</b> | <b>\$360<br/>(\$900 - \$540)</b> | <b>\$720<br/>(\$1,200 - \$480)</b> |

\* Hypothetical example for illustrative purposes assumes that the plan's deductible has been previously satisfied, the annual maximum has not been reached and the benefit levels treatment are the same regardless of dentist network.



# PPO dental plan designs

With three levels of plan designs, your clients can find the perfect solution to meet their needs. Start with the coverage range your clients want, select a plan and then choose your options.

| Deluxe   |
|--|
| Richer benefits for companies and lower out-of-pocket costs and more options for their employees |
| Low cost   |
| Three plan designs   |

| Advantage  |
|--|
| Our most popular plan designs, with increased choice and flexibility |
| Lower cost than Deluxe   |
| Four plan designs  |

| Core  |
|---|
| Delta Dental quality at a lower cost than our other options, all with our large PPO network |
| Lowest cost than Advantage  |
| Two plan designs  |

# Deluxe dental plans

Coverage with the lowest out-of-pocket costs for members

| Plan <sup>1</sup>                          | Deluxe 100  |         | Deluxe 200       |         | Deluxe 300 |         |
|--|---|---------|------------------|---------|------------|---------|
| Network/fee basis                          | PPO Plus Premier  |         | PPO Plus Premier |         | PPO        |         |
| Plan coinsurance for:                      | PPO   | Non-PPO | PPO              | Non-PPO | PPO        | Non-PPO |
| Diagnostic and preventive services (D&P)   | 100%  |         | 100%             |         | 100%       |         |
| Basic services                             | 100%  | 80%     | 90%              | 80%     | 90%        | 80%     |
| Endodontics, periodontics and oral surgery | 100%  | 80%     | 90%              | 80%     | 90%        | 80%     |
| Major services                             | 60%   | 50%     | 60%              | 50%     | 60%        | 50%     |
| Calendar year deductible                   | \$50 per member/\$150 per family  |         |                  |         |            |         |
| Calendar year maximum                      | \$1,500, \$2,000, \$2,500 or \$3,000 per member                           |         |                  |         |            |         |
| D&P Maximum Waiver                         | Optional (available to employer-paid groups only)                         |         |                  |         |            |         |
| Orthodontics                               | Optional (available as child-only or for both adults and children at 50%) |         |                  |         |            |         |
| Orthodontic lifetime maximum               | \$1,500 per member  |         |                  |         |            |         |

## Underwriting information

- Deluxe 100 plan is not available for groups of 2-4.
- For employer-paid groups of 2-4 and voluntary groups of 2-49, annual maximum option is limited to \$1,500.
- Orthodontics options are not available for group sizes of 2-4. Adult orthodontics is not available to voluntary groups of 5-49.
- Endodontics, periodontics, orthodontics, oral surgery and major services are subject to a 12-month waiting period for voluntary groups. New hires and their dependents are subject to the waiting period. The waiting period can be waived for all primary enrollees and their dependents when there is no break in coverage. Proof of prior comprehensive dental coverage is required.

<sup>1</sup> This benefit information is only a summary and not intended to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

# Advantage dental plans



Our most popular plan designs with increased choice and flexibility

| Plan <sup>1</sup>                          | Advantage 100  |         | Advantage 200    |         | Advantage 300    |         | Advantage 400 |         |
|--|--|---------|------------------|---------|------------------|---------|---------------|---------|
| Network/fee basis                          | PPO Plus Premier   |         | PPO Plus Premier |         | PPO Plus Premier |         | PPO           |         |
| Plan coinsurance for:                      | PPO  | Non-PPO | PPO              | Non-PPO | PPO              | Non-PPO | PPO           | Non-PPO |
| Diagnostic and preventive services (D&P)   | 100%   |         | 100%             |         | 100%             | 80%     | 100%          |         |
| Basic services                             | 80%  |         | 80%              |         | 80%              | 60%     | 80%           |         |
| Endodontics, periodontics and oral surgery | 80%  |         | 80%              |         | 80%              | 60%     | 80%           |         |
| Major services                             | 60%  | 50%     | 50%              |         | 50%              |         | 50%           |         |
| Calendar year deductible                   | \$50 per member/\$150 per family   |         |                  |         |                  |         |               |         |
| Calendar year maximum                      | \$1,000, \$1,500, \$2,000,\$2,500 or \$3,000 per member (\$3,000 option available only on Advantage 200 and 400)   |         |                  |         |                  |         |               |         |
| D&P Maximum Waiver                         | Optional<br>(available to employer-paid groups only)   |         |                  |         |                  |         |               |         |
| Orthodontics                               | Optional<br>(available as child-only or for both adults and children at 50%. Orthodontics for both adults and children are available only on Advantage 200 and 400.) |         |                  |         |                  |         |               |         |
| Orthodontic lifetime maximum               | \$1,000 or \$1,500 per member  |         |                  |         |                  |         |               |         |

## Underwriting information

- For employer-paid group sizes of 2-4 and voluntary group sizes of 2-49, annual maximum options include \$1,000 or \$1,500 only.
- Orthodontics is not available for group sizes of 2-4. Orthodontics for adults is not available to voluntary groups of 5-49.
- Endodontics, periodontics, orthodontics, oral surgery and major services are subject to a 12-month waiting period for voluntary groups. New hires and their dependents are subject to the waiting period. The waiting period can be waived for all primary enrollees and their dependents when there is no break in coverage. Proof of prior comprehensive dental coverage is required.

<sup>1</sup> This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

# Core dental plans

Quality plans at an affordable cost

| Plan <sup>1</sup>                          | Core 100                         |         | Core 201 |         |
|--|----------------------------------|---------|----------|---------|
| Network/fee basis                          | PPO                              |         | PPO      |         |
| Plan coinsurance for:                      | PPO                              | Non-PPO | PPO      | Non-PPO |
| Diagnostic and preventive services (D&P)   | 100%                             |         | 100%     |         |
| Basic services                             | 80%                              |         | 80%      |         |
| Endodontics, periodontics and oral surgery | 50%                              |         | 0%       |         |
| Major services                             | 50%                              |         | 0%       |         |
| Calendar year deductible                   | \$50 per member/\$150 per family |         |          |         |
| Calendar year maximum per member           | \$1,000 or \$1,500               |         | \$750    |         |
| D&P Maximum Waiver                         | Not available                    |         |          |         |
| Orthodontics                               |                                  |         |          |         |

## Underwriting information

- Endodontics, periodontics, orthodontics, oral surgery and major services are subject to a 12-month waiting period for voluntary groups. New hires and their dependents are subject to the waiting period. The waiting period can be waived for all primary enrollees and their dependents when there is no break in coverage. Proof of prior comprehensive dental coverage is required.

<sup>1</sup> This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.



# DeltaCare USA dental plans

Quality care at set costs

Your clients can choose from three popular copay plans that provide coverage for more than 350 procedures and feature set copayments, with no deductibles, annual maximums, waiting periods or claim forms to complete.

These plans offer quality care from our DeltaCare USA network of dentists. Members select their primary care dentist. The general dentist that a member visits will coordinate specialist referrals if needed.



## DeltaCare USA offers standout features:

- Clear aligner therapy (such as Invisalign and Sure Smile) at no additional cost to the patient<sup>1</sup>
- Coverage for teeth whitening
- Additional cleanings available at reduced copays
- A seamless, no-loss/no-gain transition for orthodontic treatment-in-progress<sup>2</sup>
- Coverage for white resin fillings for all teeth
- No lab fees or other hidden fees
- No additional charges for noble or high noble metals, or porcelain
- No waiting periods for covered services
- Coverage for orthodontic extractions
- No missing tooth exclusions for teeth lost prior to this coverage
- Coverage of all three phases of orthodontics: limited, interceptive and comprehensive

<sup>1</sup> DeltaCare USA providers cannot balance bill for clear aligners and other specialized alternatives.

<sup>2</sup> Patients in active treatment (tooth movement has begun) can continue treatment with their current orthodontist — even if the orthodontist is not in network.






# DeltaCare<sup>®</sup> USA plans

## Quality care at set costs

Your clients can choose from three popular copay plans that provide coverage for more than 400 procedures. These plans feature set copayments with no deductibles, annual maximums, waiting periods or claim forms. Members get quality care from our network of DeltaCare USA dentists.

| Plan <sup>1,2</sup>                           | Member copayment |                  |             |
|---|------------------|------------------|-------------|
| Sample procedures and copayments <sup>3</sup> | Deluxe<br>11A    | Advantage<br>15B | Core<br>17B |
| <b>Diagnostic</b>                             |                  |                  |             |
| Periodic oral exam — established patient      | \$0              | \$0              | \$0         |
| Complete series of x-rays                     | \$0              | \$0              | \$0         |
| <b>Preventive</b>                             |                  |                  |             |
| Cleaning — adult                              | \$0              | \$5              | \$0         |
| Cleaning — child                              | \$0              | \$5              | \$0         |
| Sealant — per tooth                           | \$10             | \$15             | \$17        |
| <b>Restorative</b>                            |                  |                  |             |
| Amalgam (silver-colored) filling, 1 surface   | \$0              | \$8              | \$17        |
| Resin (tooth-colored) filling                 |                  |                  |             |
| Front tooth, 1 surface                        | \$0              | \$22             | \$22        |
| Back tooth, 1 surface                         | \$55             | \$65             | \$47        |
| Crown — porcelain and precious metal          | \$240            | \$395            | \$470       |
| Crown — precious metal                        | \$210            | \$395            | \$480       |
| Core buildup                                  | \$15             | \$80             | \$105       |





| Plan  | Member copayment |                  |             |
|---|------------------|------------------|-------------|
| Sample procedures and copayments              | Deluxe<br>11A    | Advantage<br>15B | Core<br>17B |
| <b>Endodontics</b>                            |                  |                  |             |
| Root canal, front tooth                       | \$55             | \$125            | \$330       |
| Root canal, molar tooth                       | \$250            | \$365            | \$530       |
| <b>Periodontics</b>                           |                  |                  |             |
| Periodontal surgery, per quadrant             | \$280            | \$385            | \$595       |
| Periodontal scaling and planing, per quadrant | \$25             | \$60             | \$115       |
| Periodontal maintenance                       | \$15             | \$45             | \$78        |
| <b>Prosthodontics</b>                         |                  |                  |             |
| Full upper denture                            | \$145            | \$365            | \$575       |
| Partial upper denture                         | \$160            | \$395            | \$670       |
| <b>Oral and maxillofacial surgery</b>         |                  |                  |             |
| Extraction of a fully exposed tooth           | \$5              | \$14             | \$53        |
| Extraction of a fully impacted tooth          | \$90             | \$120            | \$230       |
| <b>Orthodontics</b>                           |                  |                  |             |
| Pediatric comprehensive treatment             | \$1,700          | \$1,900          | \$1,750     |
| Adult comprehensive treatment                 | \$1,900          | \$2,100          | \$2,000     |

<sup>1</sup> This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

<sup>2</sup> In Nevada, group size is 2-50.

<sup>3</sup> Copayments and procedure descriptions referenced above are intended to clarify the delivery of benefits under the Delta Dental plan and are not to be interpreted as CDT descriptors or nomenclature, which are under copyright by the American Dental Association\*.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; CA — Delta Dental of California; DC, FL, GA, WV — Delta Dental Insurance Company; MD and TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.



## Dual choice and Core/ Buy-Up dental plans

**It's your choice:** These plans enable your clients to control their dental plan costs and increase their employees' satisfaction through greater choice. Your clients can choose the plan design that best suits their needs and decide their level of contribution. Groups can offer side-by-side:

- **Dual choice 1: Build your own.** Choose any one PPO plan and any one DeltaCare USA plan. Clients have the freedom to choose the plans that work best for them.
- **Dual choice 2: Matching premiums.** Offer these same-priced plans with differing coverage, so employees can decide what works best for them: a PPO plan with higher coverage or a PPO Plus Premier plan with greater dentist choice. This choice keeps rates consistent regardless of which plan the employee selects.
- **Dual choice 3: Differing premiums.** Offer these high and low PPO plans with different prices and coverage amounts, so employees can decide what works best for them: more coverage at a higher price or less coverage for a lower price. This option ensures employees can choose the coverage they need, but also gives employers the opportunity to save with a low plan.
- **Dual choice 4: Lowest cost option with differing premiums.** Offer both a high plan with comprehensive coverage that will suit most employees' needs and a low plan with leaner coverage at a price point budget-sensitive employees will appreciate. This option ensures employees can choose the coverage they need, but also gives employers an opportunity to save with our lowest cost plan.
- **Core/Buy-Up.** Your clients can control costs with a set employer contribution, while still giving their employees the option to purchase more coverage.

# Dual choice 2: Matching premiums

| Plan <sup>1</sup>                          | PPO Plus Premier  |         | PPO  |         |
|--|---|---------|------|---------|
| Network/fee basis                          | PPO Plus Premier  |         | PPO  |         |
| Plan coinsurance for:                      | PPO   | Non-PPO | PPO  | Non-PPO |
| Diagnostic and preventive services (D&P)   | 100%  |         | 100% |         |
| Basic services                             | 80%   |         | 100% |         |
| Endodontics, periodontics and oral surgery | 80%   |         | 100% |         |
| Major services                             | 50%   |         | 60%  |         |
| Calendar year deductible                   | \$50 per member/\$150 per family  |         |      |         |
| Calendar year maximum per member           | \$1,500 or \$2000 (must be the same for both plans)                     |         |      |         |
| D&P Maximum Waiver                         | Optional (must be the same for both plans)                              |         |      |         |
| Orthodontics                               | Optional (must be the same for both plans; child-only available at 50%) |         |      |         |
| Orthodontic lifetime maximum per member    | \$1,000   |         |      |         |

## Underwriting information

- Dual choice 2 is not available for groups with 2-4 enrolled employees.
- Employer contribution percentage for both plans must be the same. Available from 0-100% contribution.
- For voluntary group sizes of 5-49, annual maximum is limited to \$1,500.
- D&P Maximum Waiver is not available for voluntary groups.
- 12-month waiting period applies to endodontics, periodontics, oral surgery, major, and orthodontic services if covered. New hires and their dependents are subject to the waiting period. The waiting period can be waived for all primary enrollees and their dependents when there is no break in coverage. Proof of prior comprehensive dental coverage is required.

<sup>1</sup> This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

# Dual choice 3: Differing premiums



| Plan <sup>1</sup>                          | High  |         | Low     |         |
|--|---|---------|---------|---------|
| Network/fee basis                          | PPO Plus Premier  |         |         |         |
| Plan coinsurance for:                      | PPO   | Non-PPO | PPO     | Non-PPO |
| Diagnostic and preventive services (D&P)   | 100%  |         | 100%    |         |
| Basic services                             | 90%   | 80%     | 80%     |         |
| Endodontics, periodontics and oral surgery | 90%   | 80%     | 80%     |         |
| Major services                             | 60%   | 50%     | 50%     |         |
| Calendar year deductible                   | \$50 per member/\$150 per family  |         |         |         |
| Calendar year maximum per member           | Choose one set:   |         |         |         |
| Option 1                                   | \$1,500   |         | \$1,000 |         |
| Option 2                                   | \$2,500   |         | \$1,500 |         |
| D&P Maximum Waiver                         | Optional (if chosen, add to both plans or high plan only)               |         |         |         |
| Orthodontics                               | Optional (child-only available at 50% for both plans or high plan only) |         |         |         |
| Orthodontic lifetime maximum per member    | \$1,500   |         | \$1,000 |         |

## Underwriting information

- Dual choice 3 is not available for groups with 2-4 enrolled employees.
- Employer contribution percentage for both plans must be the same. Available from 0-100% contribution.
- For voluntary group sizes of 5-49, annual maximum is limited to Option 1.
- D&P Maximum Waiver is not available for voluntary groups.
- 12-month waiting period applies to endodontics, periodontics, oral surgery, major, and orthodontic services if covered. New hires and their dependents are subject to the waiting period. The waiting period can be waived for all primary enrollees and their dependents when there is no break in coverage. Proof of prior comprehensive dental coverage is required.

<sup>1</sup> This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

# Dual choice 4: Differing premiums



| Plan <sup>1</sup>   | High                                   |         | Low           |         |
|---|--|---------|---------------|---------|
| Network/fee basis   | PPO Plus Premier                       |         | PPO           |         |
| Plan coinsurance for:   | PPO                                    | Non-PPO | PPO           | Non-PPO |
| Diagnostic and preventive services (D&P)  | 100%                                   |         | 100%          |         |
| Basic services  | 80%                                    |         | 80%           |         |
| Endodontics, periodontics and oral surgery  | 80%                                    |         | 0%            |         |
| Major services  | 50%                                    |         | 0%            |         |
| Calendar year deductible  | \$50 per member/\$150 per family       |         |               |         |
| Calendar year maximum per member  | Choose one set:                        |         |               |         |
| Option 1  | \$1,500                                |         | \$750         |         |
| Option 2  | \$2,000                                |         | \$1,000       |         |
| D&P Maximum Waiver  | Optional                               |         | Not available |         |
| Orthodontics (selection of orthodontics for Buy-Up must match selection for Core) | Optional (child-only available at 50%) |         | Not available |         |
| Orthodontic lifetime maximum per member   | \$1,500                                |         | Not available |         |

## Underwriting information

- Dual choice 4 is not available for groups with 2-4 enrolled employees.
- Employer contribution percentage for both plans must be the same. Available from 0-100% contribution.
- For voluntary group sizes of 5-49, annual maximum is limited to Option 1.
- D&P Maximum Waiver is not available for voluntary groups.
- 12-month waiting period applies to endodontics, periodontics, oral surgery, major, and orthodontic services if covered. New hires and their dependents are subject to the waiting period. The waiting period can be waived for all primary enrollees and their dependents when there is no break in coverage. Proof of prior comprehensive dental coverage is required.

<sup>1</sup> This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

# Delta Dental PPO™ Core/Buy-Up

| Plan <sup>1</sup>                                   | Core   |         | Buy-Up  |         |
|---|--|---------|---------|---------|
| Network/fee basis                                   | May choose either PPO <sup>2</sup> or PPO Plus Premier <sup>3</sup> , both plans must match. |         |         |         |
| Coinsurance for:                                    | PPO  | Non-PPO | PPO     | Non-PPO |
| Diagnostic and preventive (D&P) services            | 100%   |         | 100%    |         |
| Basic services                                      | 80%  |         | 80%     |         |
| Endodontics, periodontics, oral surgery             | 0%   |         | 80%     |         |
| Major services                                      | 0%   |         | 60%     |         |
| Calendar year deductible (waived for D&P)           | \$50 per enrollee/\$150 per family   |         |         |         |
| Calendar year maximum per enrollee (choose one set) |  |         |         |         |
| Option 1  | \$750  |         | \$1,500 |         |
| Option 2  | \$1,000  |         | \$2,000 |         |
| D&P Maximum Waiver <sup>4</sup>                     | Optional. If chosen, add to Buy-Up plan only.  |         |         |         |
| Orthodontics  | Optional. Child-only available at 50% for high plan only.                                    |         |         |         |
| Orthodontic lifetime maximum per enrollee           | Not available  |         | \$1,500 |         |

<sup>1</sup> This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

<sup>2</sup> Reimbursement for all dentists is based on the PPO contracted fee.

<sup>3</sup> Reimbursement is based on the PPO contracted fee for PPO dentists, the Premier contracted fee for Premier dentists and the plan contract allowance for non-Delta Dental dentists.

<sup>4</sup> D&P services will not apply toward the enrollee's calendar year maximum.

## Underwriting information

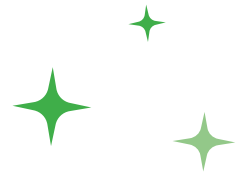
Contribution for both plans must be the same (50%-100%). 50%-100% of dollar amount from Core is contributed to Buy-Up; employee pays difference for Buy-Up

### Group size restrictions

|                                  |               |
|----------------------------------|---------------|
| 2-4 (Employer-paid or Voluntary) | Not available |
| 2-99 Voluntary                   | Not available |

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# Delta Dental PPO™

## Limitations and exclusions

This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent for complete contract information.

### Limitations

1. Exams and cleanings are limited to twice each calendar year.<sup>1</sup>
2. Bitewing images are limited to twice each calendar year.
3. Full mouth or panoramic images are limited to once every five years.
4. Cone beam CT capture and interpretation are limited to once in a 12-month period.
5. Topical application of fluoride solutions is limited to enrollees to age 19 and no more than twice in a calendar year.
6. Space maintainers are limited to the initial appliance for children to age 14.
7. Sealants will be replaced only after two years have elapsed following any prior provision. Age limitations may vary.
8. Periodontal scaling and root planing in the same quadrant are limited to once every two years.<sup>1</sup>
9. Crowns, inlays/onlays and prosthodontic appliances (bridges, dentures and implants) are limited to every five years.
10. The orthodontic maximum amount is a lifetime maximum. Benefits are not paid to repair or replace any orthodontic appliance received under a Delta Dental plan.
11. All orthodontic services, including direct to consumer orthodontics, must be provided by a licensed dentist authorized to deliver care in your state. Claims for benefits that are not provided by a dentist are not eligible for reimbursement.
12. Delta Dental will base payment for optional services on the contract allowance for the covered procedure. Optional services are those elected by the enrollee in lieu of lower-cost conventional services.

### Exclusions

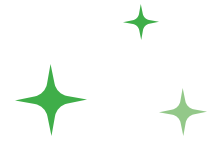
1. Treatment of injuries or illness covered by workers' compensation.
2. Cosmetic surgery or procedures for purely cosmetic reasons.
3. Maxillofacial prosthetics.
4. Provisional and/or temporary restorations for children 16 years of age or younger.

<sup>1</sup> Pregnant enrollees and enrollees with certain qualifying medical conditions may be eligible for additional services. See plan contract for more details.

## Limitations and exclusions (continued)

1. Services for congenital (hereditary) or developmental (following birth) malformations.
2. Treatments or devices that increase the vertical dimension of an occlusion, restore an occlusion to normal, replace tooth structure lost by abrasion or erosion, or otherwise.
3. Services provided, supplies furnished or devices started prior to an enrollee's effective eligibility date.
4. Prescription drugs, pre-medication and relative analgesias.
5. Charges for anesthesia, other than general anesthesia or IV sedation, administered by a provider in connection with covered oral surgery or selected endodontic and periodontal surgery.
6. Experimental procedures.
7. Extraoral grafts.
8. Lab-processed crowns for children under age 12.
9. Fixed bridges and removable partials for children under age 16.
10. Indirectly fabricated resin-based inlays/onlays.
11. Services for any disturbance of the temporomandibular (jaw) joints (TMJ) or associated musculature, nerves and tissue except as provided under the TMJ benefit section, if applicable.
12. Missed and/or canceled appointments.
13. Services or supplies for sleep apnea.

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# DeltaCare® USA

## Limitations and exclusions – 11A, 15B and 17B

This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent for complete contract information.

### Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.
2. Any combination of more than six crowns, bridge pontics and/or bridge retainers may result in additional charges.
3. General anesthesia and/or IV sedation are limited to treatment by a contracted oral surgeon and in conjunction with an approved referral.
4. Contract Dentists may offer services that utilize brand or trade names at an additional fee when recommending covered crown(s), bridge pontic(s) and/or bridge retainers.
5. Coverage for treatment provided by a pediatric Dentist are limited to children through age 13 and upon prior authorization by the Plan, less applicable Copayments. If your child has not been assigned a general dentist, they can visit a DeltaCare USA pediatric dentist without a referral. If your child already has a general dentist assigned, they will need to obtain a referral to a DeltaCare USA pediatric dentist from their assigned general dentist.
6. Orthodontic treatment costs for enrollees whose coverage has been terminated or canceled will be based on the contract orthodontist's usual fee for treatment. The contract orthodontist will prorate the amount for the number of months remaining to complete treatment. The enrollee pays the contract orthodontist as arranged.
7. Orthodontic treatment in progress is limited to new DeltaCare USA enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA plan.
8. Teledentistry services provided by a Dentist other than Your Contract Dentist are considered Out-of-Network and may result in an out-of-pocket cost to you.

### Exclusions

1. Any procedure not listed under Description of Benefits and Copayments.
2. Any procedure that in the professional opinion of the Contract Dentist:
  - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the

## Limitations and exclusions – 11A, 15B and 17B (continued)

- a. tooth or teeth and/or surrounding structures; or
  - b. is inconsistent with generally accepted standards for dentistry.
1. Cosmetic surgery or procedures for purely cosmetic reasons (except external bleaching for home application).
2. Services for congenital (hereditary) or developmental (following birth) malformations except for treatment of newborn children.
3. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures for children under age 16.
4. Procedures that may include:
  - a. precious metal for removable appliances;
  - b. metallic or permanent soft bases for complete dentures;
  - c. porcelain denture teeth;
  - d. precision abutments for removable partials or fixed partial dentures including but not limited to overlays, implants and related specialized appliances; and/or
  - e. personalization and characterization of complete and partial dentures.
5. Lost, stolen or broken orthodontic appliances or replacement of lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns, fixed partial dentures (bridges).
6. Procedures, appliances or restoration to diagnose or treat temporomandibular joint (TMJ) conditions.
7. Procedures that may include:
  - a. pre-implant diagnostic and therapeutic services, which are solely done to facilitate the placement of a dental implant including cone beam CT capture and interpretation, bone grafts and/or sinus augmentation;
  - b. post-implant maintenance, osseous surgeries and/or bone grafts; and/or
  - c. removal of a dental implant and all other services associated with a dental implant, unless listed as a covered benefit.
8. Consultations for non-covered benefits.
9. Dental services received from any dental facility other than the assigned contract dentist or a preauthorized dental specialist, except for emergency services as described in the contract and/or evidence of coverage.
10. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.<sup>1</sup>

## Limitations and exclusions – 11A, 15B and 17B (continued)

1. All related fees for admission, use or stays in a hospital, outpatient surgery center, extended care facility or other similar care facility.
2. Prescription drugs.
3. Changes in orthodontic treatment necessitated by an accident of any kind.
4. Myofunctional and parafunctional appliances and/or therapies.
5. Composite or ceramic brackets and lingual adaptation of orthodontic. Orthodontic treatment must be provided by a licensed dentist.
6. Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.<sup>2</sup>

<sup>1</sup> Exclusion does not apply in Pennsylvania.

<sup>2</sup> Exclusion does not apply in Maryland.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; CA — Delta Dental of California; DC, FL, GA, WV — Delta Dental Insurance Company; MD and TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

# Delta Dental's Small Business Program

## Underwriting guidelines

### **Group size**

#### **PPO and DeltaCare USA**

2–99 eligible employees

### **Eligible industries**

See Eligible Industries pages for a complete list of eligible/ineligible industries.

### **Eligible employees**

Full-time, permanent employees. Contract employees (category 1099) are not eligible. Employer must submit either a state wage report or a complete census of eligible employees in order to verify employer/employee relationship. A group of two cannot be comprised of a dependent relationship (e.g., husband and wife).

### **Eligible dependents**

Spouse (or domestic partner) and dependent children to the end of month when they turn age 26. Dependents in military service are not eligible.

### **Eligible retirees**

Retiree coverage is available in an active employee plan if there is no break in coverage and employer contribution is identical. Coverage must be available to all retirees.

### **Out-of-state enrollees**

#### **PPO**

No restrictions for enrollees seeking treatment out of the contract state.

#### **DeltaCare USA**

Pennsylvania DeltaCare USA enrollees may receive services from their selected dentist in New York, Pennsylvania or New Jersey. Services outside of these states are limited to emergencies.

### **Employer contribution (used to determine participation requirements)**

#### **PPO**

Employer may choose to pay 50–100% of the premium under the employer paid plans or 0–49% for voluntary plan selection. Employee contribution must be paid through payroll deductions. Employee contributions for voluntary plans must use pre-tax deductions. Contribution options may vary by plan.

#### **DeltaCare USA**

Option A — At least 75% employer paid for employees and dependents.

Option B — At least 75% employer paid for employees.

Option C — Less than 75% employer paid for employees.

# Underwriting guidelines

(continued)

## **Participation requirements (unless covered elsewhere)**

All plans — If employer contributes 100% of the cost, all eligible employees must enroll.

If employer contributes:

### **PPO**

0-49% (voluntary) — A minimum of five eligible employees must enroll (two for groups with 2-4 eligible employees). A minimum of 50 eligible employees must enroll for the \$2,000, \$2,500 or \$3,000 maximum and/or adult orthodontics.

50-99% — The greater of 75% or five must enroll (two for groups with 2-4 eligible employees).

100% — All eligible employees must enroll.

All — If enrolling less than five use the 2-4 rates.

### **DeltaCare USA**

0-99% — A minimum of two eligible employees must enroll.

### **Waiving coverage**

Employees who contribute toward the cost of the premium for themselves and/or their dependents and employees/dependents with coverage elsewhere can waive coverage. Employees who do not contribute toward the cost of coverage (100% employer-paid plans) cannot waive coverage — even if they are covered elsewhere.

## **Open enrollment**

Employees who contribute toward the cost of coverage for themselves and/or their dependents, using pretax dollars, may enroll, terminate or change status for themselves and/or all dependents during open enrollment. If pretax dollars are not used, there is no open enrollment allowance, except to switch plans if dual choice is offered.

### **Binder check**

Either a paper binder check for the first month's premium or an Automated Clearing House (ACH) authorization is required.

### **Termination**

Dental coverage will end on the last day of the month when the primary enrollee is no longer eligible. Dependent coverage ends at the end of the month when the dependent turns age 26, or when the primary enrollee's coverage ends.

### **Changing benefits**

Groups can only change benefits at the policy anniversary (renewal).

### **DeltaCare USA dentist**

Enrollees must select, and obtain treatment from, a general dentist listed as a DeltaCare USA network general dentist in New York, Pennsylvania or New Jersey.



# Underwriting guidelines

(continued)

## Waiting period

Applies only to PPO Voluntary plans:

- 12-month waiting period applies to endodontics, periodontics, oral surgery, major, and orthodontic services if covered.
- New hires and their dependents are subject to the waiting period.

The waiting period can be waived for all primary enrollees and their dependents when there is no break in coverage. Proof of prior comprehensive dental coverage is required (copy of group's prior EOC and last bill). For new hires, proof of prior employer's comprehensive dental coverage is required (copy of enrollee/dependent ID card, summary of plan description, and a screenshot of the prior carrier's website showing continuous coverage).

## DeltaCare USA plans

No waiting period

## Dual choice

- This feature is not available in combination with another carrier.
- Rate tier selection must be the same for both plans.

### Dual choice PPO and DeltaCare USA

Groups can offer their employees a choice between a PPO and a DeltaCare USA plan. The following will apply:

PPO plan must meet the Participation Requirement:

- Minimum of two enrolled in each plan.
- When enrolling less than five in PPO, use the 2-4 rates.
- Minimum of five primary enrollees in PPO for orthodontic coverage.
- Employer contribution percentage must be identical for both plans.

## Dual choice PPO plans and Core/Buy-Up

Groups can offer their employees a choice between two PPO plans. The following will apply:

- For the Dual Choice 2 plan with matching premiums, employer contribution is 0-100% of the employee rate. Employer contribution percentage must be identical regardless of which plan is chosen.
- For the Dual Choice 3 and Dual Choice 4 plan with different premiums, employer contribution is 0-100% of the employee rate. Employer contribution percentage must be identical regardless of which plan is chosen.
- For Core/Buy-Up, employer contribution for both plans must be no less than 50% of the employee rate on the Core plan.



# Underwriting guidelines

(continued)

- Regardless of which dual choice or core/buy-up plan is chosen; participation requirements are as follows:

- 0-49% contribution (N/A for Core/Buy-Up): Minimum of five enrolled.
- 50-99% contribution: The greater of 75% of eligible employees or five.
- 100% contribution: All eligible employees must enroll.

Primary enrollees and their dependents can switch plans only during open enrollment. Dependents cannot switch independently of the primary enrollee.

## Employee class carve-out

Employers can carve out employee classes (e.g., management/non-management, union/non-union and hourly/salaried employees). The following will apply:

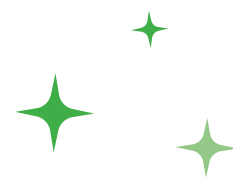
- Stand alone PPO, DeltaCare USA or Dual Choice PPO plans may be offered, but must adhere to all underwriting guidelines and requirements on the carve out population.

- Employer can offer a Delta Dental PPO plan to one population and DeltaCare USA plan to the other population. Underwriting guidelines apply to each of the carve out plans.
- When offering Delta Dental coverage for a carve out class of employees, the other population cannot have coverage through another carrier.
- Level 2 rating applies to carve-out groups regardless of industry.
- Employer must provide documented proof identifying the carve-out employees.

## Transferring into the Small Business Program

Existing Delta Dental clients, outside of the Small Business Program, cannot transfer into the Small Business Program.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.



# Delta Dental PPO™

## Eligible/ineligible industries<sup>1</sup>

### Eligible industries

### SIC code

#### Level one

|  |  |
|--|--|
| Agriculture, Forestry, Fishing (except seasonal employees #0761-0783) .....      | 0100-0999  |
| Mining, Oil and Gas Extraction .....   | 1000-1499  |
| Construction Contractors .....   | 1500-1799  |
| Manufacturing .....  | 2000-2699  |
| Printing & Publishing .....  | 2700-2799  |
| Manufacturing (except Jewelry Manufacturing #3911-3915).....                     | 2800-3999  |
| Transportation .....   | 4000-4799  |
| Communication (Radio, Telephone, TV/Radio Broadcasting) .....                    | 4800-4899  |
| Utilities .....  | 4900-4999  |
| Wholesale Trade .....  | 5000-5199  |
| Retail .....   | 5200-5510, 5610-5699, 5712-5736, 5912-5999   |
| Finance (Banks, Securities, Credit Agencies) .....                               | 6000-6299  |
| Services.....  | 7100-7220, 7222-7230, 7242-7290, 7300-7318, 7320-7360, 7364-7388, 7390-7630, 7632-7799 |
| Hospitals.....   | 8062-8069  |
| Public and Private Schools.....  | 8200-8299  |
| Community Service Organizations/Social Services/<br>Government Funded Group..... | 8300-8399  |
| Museums, Art Galleries & Gardens.....  | 8400-8499  |
| Engineering, Accounting, Research, Management & Related Services .....           | 8700-8799  |
| Public Administration (excluding International Affairs #9721) .....              | 9000-9998  |

#### Level two

|  |  |
|--|--|
| Jewelry Manufacturing.....                         | 3911-3915                              |
| Auto Dealerships .....                             | 5511-5599                              |
| Restaurants .....                                  | 5800-5899                              |
| Insurance Carriers/Brokers .....                   | 6300-6499                              |
| Real Estate.....                                   | 6500-6799                              |
| Services.....                                      | 7000-7099, 7221, 7291-7299, 7319, 7631 |
| Amusement, Recreation & Entertainment.....         | 7800-7999                              |
| Medical Groups .....                               | 8000-8059, 8082-8099                   |
| Legal .....  | 8100-8199                              |
| Management Carve-out (regardless of industry)..... | 9999                                   |

<sup>1</sup> SIC rate level cannot change for renewing business.

# Delta Dental PPO

## Eligible/ineligible industries<sup>1</sup>

| Ineligible industries  | SIC code         |
|--|------------------|
| Seasonal Employees (Farm Labor & Mgt, Landscape and Horticultural Services)..... | 0761-0783        |
| Beauty & Barber Shops .....  | 7231-7241        |
| Employment Agencies.....   | 7361-7363        |
| Misc. Business Services.....   | 7389             |
| Dentist offices, Dental Labs and Medical Labs .....                              | 8021, 8071, 8072 |
| Membership Organizations/Associations <sup>2</sup> .....                         | 8600-8699        |
| Private Households .....   | 8811             |
| Misc. Services not elsewhere classified.....                                     | 8999             |
| International Affairs .....  | 9721             |
| Seasonal Employees (Christmas/Part-time help) .....                              | No SIC           |
| High Turnover <sup>3</sup> .....   | Varies           |

<sup>1</sup> SIC rate level cannot change for renewing business.

<sup>2</sup> Management and the Administrative staff of Associations, Trusts & Religious Organizations are eligible under Level Two. Use SIC Code 9999.

<sup>3</sup> A business has high turnover if 20% or more of the average number of its employees during the past 12 months were newly hired for reasons other than the growth of the business.

# DeltaCare<sup>®</sup> USA

## Eligible/ineligible industries<sup>1</sup>

### Eligible industries

All except for those identified as ineligible below.

### Ineligible industries

Legal firms and associations

Seasonal employment

High turnover<sup>2</sup>

<sup>1</sup> SIC rate level cannot change for renewing business.

<sup>2</sup> A business has high turnover if 20% or more of the average number of its employees during the past 12 months were newly hired for reasons other than the growth of the business.

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# New group submission checklist

After you've received and presented a proposal for one of our Small Business Program plans, the last step is to have the group select a plan and submit all the information necessary to get contracted.

## Group application

The first step in the new group submission process is to ensure that the application is completed properly. You must provide the following information:

- **Applicant information.** A completed group application, including the name of the company applying for coverage, contact at the company, tax and legal details including tax ID number and contract situs.
- **Benefits.** Product selection, plan design and any optional features (options are designated, so simply select options the group has chosen that meet the underwriting guidelines).
- **Contribution and participation.** Rates and contribution level(s).
- **Rates and enrollment, as well as eligibility information.** Number of eligible and enrolled employees, type(s) of eligible employees and dependents, and eligibility period selection.
- **Broker and general agent information.** A completed broker section, including contact, license and commissions details.
- **Electronic delivery of documents.** Ensure that your client consents to receiving electronic documents.

# New group submission checklist

The application must be signed and dated, include the location where it was signed and the complete broker or agent information, and be submitted to the general agent. After the general agent confirms that the group meets the criteria, the rates are correct, and all the necessary information has been provided, the general agent will sign their section of the application. The packet of group information is then sent to a third-party administrator (TPA) for new group processing and implementation.

## **Additional required forms and documentation**

When you submit an application, you must also submit this information:

- Enrollment forms or census enrollment (if applicable)
- Copy of binder check from the group, or the group's ACH authorization for initial payment
- State-required quarterly wage report or complete census of eligible employees for proof of employer/employee relationship

If your group is applying for a voluntary plan, provide a copy of the last invoice and Evidence of Coverage booklet from the previous carrier. These will determine whether the benefit waiting period can be waived.

# For more information

Delta Dental's Small Business Program is here to help you shine. We provide specialized support and dedicated contacts for small business service and sales.

To learn more, visit our broker small business site at **[deltadentalins.com/brokers](https://deltadentalins.com/brokers)** > **Small businesses**. Here you'll find information about selling, resources, commissions, and more.

## Contact us

Contact your general agent or Delta Dental sales representative for more information, or to get a quote. Find contact information and more at **[deltadentalins.com/brokers](https://deltadentalins.com/brokers)** > **Small businesses**.

Name:

Title:

Phone number:

Email:

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