DELTA DENTAL®

2026

Shine with small business plans from Delta Dental

Small Business Program

Delta Dental PPO™
DeltaCare® USA
DeltaVision®

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Delta Dental's Small Business Program

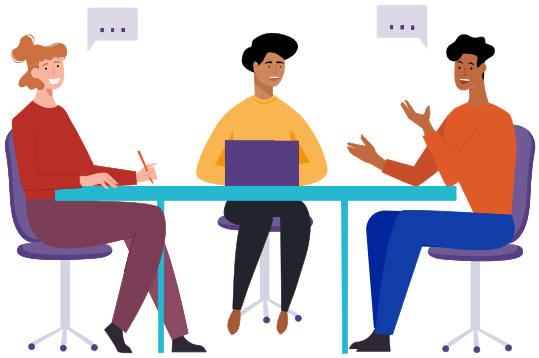
Delta Dental[1] delivers benefits that small businesses can trust. Thanks to decades of industry-leading experience, we've designed plans specifically with small business owners and their employees in mind.

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 > Small businesses.**



What's new

- For DHMO plans, we removed the referral requirement for dependent children through age 13 to visit a pediatric dentist.
- Pediatric dentists can now refer patients to other specialists, such as orthodontists.
- For EasyOptions and Deluxe plans, we added LightCare to DeltaVision. LightCare gives members the option to choose ready-made, non-prescription sunglasses or blue light filtering glasses instead of prescription glasses or contacts from their VSP doctor or eyeconic.com, using their plan frame allowance.[2]

[1] Delta Dental Insurance Company and its affiliated companies, which are members, or affiliates of members, of the Delta Dental Plans Association.
[2] This benefit cannot be used at Walmart or Sam's Club.

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.[1]

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

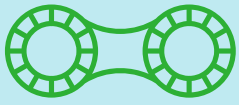
Our easy-to-choose plans are affordable for your clients and their employees. And our rates reflect the true cost of the plans — no hidden fees or setup charges.

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.[2] We provide exceptional service that your clients will want to return to.

Vision coverage

Easily add a vision plan to a client's dental benefit package with DeltaVision. See **page 34** for more details.



[1] Delta Dental Plans Association enrollment statistics, 2021.
[2] 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[1]

Our PPO product offers industry-leading network savings for members[2] backed by the nation's largest dentist network.[3] 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 clients' needs. Learn more about our PPO plans on **page 9**.

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 annual maximums for covered benefits. Members have no surprise out-of-pocket costs when they visit a general dentist in the DeltaCare USA network. Learn more about our DeltaCare USA plans on page 19.

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 22**.

[1] In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.
[2] 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.
[3] NetMinder Dental Network Trend Report, March 2023. 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.[1]
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**.[2]
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.[3]

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

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

[3] "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
- Comprehensive implant coverage including surgical guides for precision placement[1]
- Cone beam CT capture and interpretation for more precise and effective care[1,2]
- 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[1]
- No lifetime maximum on implants

[1] Excludes Core 201, Dual Choice 4 Low, and Core/Buy-Up Core plans.
[2] This benefit is not covered in MT and NY.

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.

Wellness benefits

Get the benefits that members value most with SmileWay® Wellness Benefits[1] and virtual dentistry.

SmileWay Wellness Benefits

SmileWay Wellness Benefits provide extra benefits to PPO members[2] who need them most. In addition to members' standard coverage, SmileWay Wellness Benefits provide additional cleanings and procedures 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 virtual and secure access to Delta Dental dentists to address dental concerns through photo submissions or video visits — anytime and anywhere. Learn more about using virtual dentistry to manage oral health at **www1.deltadentalins.com/members/virtual-dentistry.html.**

[1] Known as SmileWay Enhanced Benefits in Texas.
[2] SmileWay Wellness Benefits included with all Small Business Program dental plans except Core 201, Dual Choice 4 Low, and Core/Buy-Up Core plan.

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.

Delta Dental's 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, travel and entertainment.

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

Members get preferred pricing and personalized, modern LASIK vision services as well as hearing care through our partners, QualSight and Amplifon Hearing Health Care. Plus, significant savings on hearing aids.[1]

The Healthcare Spending Card[2] through Lane Health gives Delta Dental members exclusive access to 12-month, 0% financing[3] for dental expenses and more.

Learn more about Delta Dental's Member perks at **www1.deltadentalins.com/memberperks.html** or ask your general agent or Delta Dental sales representative for more details.

[1] 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.

[2] Lane Health is a financial technology company, not a bank. The Healthcare Spending Card is issued by Lead Bank pursuant to a license from Visa USA Inc.

[3] Subject to credit line approval. Lane Health does not charge interest on, or an annual fee for, the Healthcare Spending Card. "0% financing" pertains to repayment options that do not charge interest (0% interest) nor fees ($0 fees). Each Advance can be repaid in full, 4-month term or 12-month term (with a minimum $3 due each payment period). Transactions other than qualified dental or hospital expenses (based on merchant category code) will be charged an origination fee of 5% and periodic finance fees. Late fees apply. You can review the fee table at **lanehealth.com/hsc-lb-dd-fees**.

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 who 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 who 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 with PPO Plus Premier plans typically have lower out-of-pocket costs at Delta Dental Premier dentists because Premier dentists are reimbursed at the higher contracted Premier fee. Under both types of fee option, members save the most at a PPO dentist.

Delta Dental PPO[1,2]

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%
Plan pays	$420	$420	$420
Member pays	$280 ($700 - $420)	$480 ($900 - $420)	$780 ($1,200 - $420)

Delta Dental PPO Plus Premier[1]

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%
Plan pays	$420	$540	$480
Member pays	$280 ($700 - $420)	$360 ($900 - $540)	$720 ($1,200 - $480)

[1] 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.

[2] In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan

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, 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
Four plan designs**

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

* Two plan designs available in TX and LA

** Three plan designs available in TX and LA

Deluxe dental plans

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

These Deluxe plans are available in Alabama, California, District of Colombia, Delaware, Florida, Georgia, Maryland, Montana, Nevada, New York, Pennsylvania, Utah and West Virginia						
Plan[1]	**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%

These Deluxe plans are available in Louisiana and Texas				
Plan	**Deluxe 100**		**Deluxe 200**	
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	90%		90%	
Endodontics, periodontics and oral surgery	90%		90%	
Major services	60%		60%	

Applicable to both plans	
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

Deluxe dental plans (continued)

Underwriting information
In Alabama, California, District of Columbia, Delaware, Florida, Georgia, Maryland, Montana, Nevada, New York, Pennsylvania, Utah and West Virginia, 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. 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.[2]

[1] 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.

[2] There are no waiting periods in Texas.

Advantage dental plans

Our most popular plan designs with increased choice and flexibility

These Advantage plans are available in Alabama, California, District of Colombia, Delaware, Florida, Georgia, Maryland, Montana, Nevada, New York, Pennsylvania, Utah and West Virginia.

Plan[1]	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%	80%	80%	
Endodontics, periodontics and oral surgery	80%		80%		80%	60%	80%	
Major services	60%	50%	50%		50%		50%	

These Advantage plans are available in Louisiana and Texas.

Plan	Advantage 100		Advantage 200		Advantage 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	80%		80%		80%	
Endodontics, periodontics and oral surgery	80%		80%		80%	
Major services	60%		50%		50%	

Applicable to both plans	
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 for AL, CA, DC, DE, FL, GA, MA, MO, NV, NY, PA, UT and WV and on Advantage 200 and 300 for LA and TX.)
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%. Orthodontics for both adults and children are available only on Advantage 200 and 400 for AL, CA, DC, DE, FL, GA, MA, MO, NV, NY, PA, UT and WV and on Advantage 200 and 300 for LA and TX.)
Orthodontic lifetime maximum	$1,000 or $1,500 per member

Advantage dental plans (continued)

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.[2]

[1] 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.

[2] There are no waiting periods in Texas.

Core dental plans

Quality plans at an affordable cost

These Advantage plans are available in Alabama, California, District of Colombia, Delaware, Florida, Georgia, Louisiana, Maryland, Montana, Nevada, New York, Pennsylvania, Texas, Utah and West Virginia.

Plan[1]	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, 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.[2]

[1] 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.

[2] There are no waiting periods in Texas.

Delta Dental PPO Copay plan (Utah only)

Quality care at a set cost

The PPO Coplay plan is only available in Utah.

Plan[1]		PPO dentist	Non-PPO dentist
Sample procedures and copayments[2]	**Procedure code**	**Enrollee copayment**	**Deltal Dental pays**
Diagnostic			
Periodic oral evaluation — established patient	**D0120**	$0	$25
Complete series of x-rays	**D0210**	$0	$72
Preventive			
Cleaning — adult	**D1110**	$0	$47
Cleaning — child	**D1120**	$0	$35
Sealant — per tooth	**D1351**	$14	$26
Restorative			
Amalgam (silver-colored) filing, 1 surface	**D2140**	$31	$29
Resin (tooth-colored) filling			
back tooth, 1 surface	**D2391**	$40	$36
back tooth, 2 surfaces	**D2392**	$40	$44
Crown — porcelain fused to high noble metal	**D2750**	$465	$150
Crown — full cast high noble metal	**D2790**	$400	$140
Post and core with crown	**D2952**	$143	$0
Endodontics			
Root canal, front tooth	**D3310**	$265	$85
Root canal, molar tooth	**D3330**	$399	$126

[1] 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.

[2] 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®.

Delta Dental PPO Copay Plan (continued)

Quality care at a set cost

Plan[1]		PPO dentist	Non-PPO dentist
Sample procedures and copayments[2]	**Procedure code**	**Enrollee copayment**	**Delta Dental pays**
Periodontics			
Periodontal surgery, per quadrant	**D4260**	$423	$0
Periodontal scaling and root planing, four or more teeth per quadrant	**D4341**	$81	$24
Periodontal maintenance	**D4910**	$58	$17
Prosthodontics			
Full upper denture	**D5110**	$550	$200
Partial upper denture	**D5213**	$539	$161
Oral and maxillofacial surgery			
Extraction of a fully exposed tooth	**D7140**	$34	$36
Extraction of a fully impacted tooth	**D7240**	$96	$89
Deductible		**None**	**$50/$150**
Deductible waived for D&P		N/A	Yes
Maximums		None	
Underwriting information			
Available from 0–100% contribution. Voluntary: 0–49.9% employer contribution. Employer-paid: 50–100% contribution			
Group size restrictions			
2–99 Voluntary	D&P Maximum Waiver not available		

DeltaCare USA dental plans

Quality care at set costs

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

These plans offer quality care from our DeltaCare USA network of dentists. Members select their general dentist and that dentist coordinates specialist referrals if needed.

DeltaCare USA offers standout features:

- Comprehensive orthodontic treatment for children and adults including clear aligner therapy (e.g. Invisalign™ and Sure Smile™) at no additional cost to the patient[1]
- Coverage for teeth whitening
- Additional cleanings available at reduced copays
- A seamless, no-loss/no-gain transition for orthodontic treatment-in-progress[2]
- Coverage for white resin fillings for all teeth
- No additional lab fees
- No additional charges for noble metals or porcelain
- Low or no copays for most preventive services
- Coverage for orthodontic extractions
- No missing tooth exclusions for teeth lost prior to this coverage
- No need for a referral from a general dentist for dependent children through age 13 to visit a pediatric dentist. Pediatric dentists can refer patients to additional specialists such as orthodontists.

[1] DeltaCare USA providers cannot balance bill for clear aligners and other specialized alternatives.
[2] Patients in active treatment (tooth movement has begun) can continue treatment with their current orthodontist — even if the orthodontist is not in network.

DELTA DENTAL®

DeltaCare® USA plans

Quality care at set costs

Your clients can choose from three popular plans that provide coverage for more than 350 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.

These DeltaCare USA plans are available in Alabama, California, District of Columbia, Florida, Georgia, Maryland, Nevada, New York, Pennsylvania, Texas and West Virginia.

Plan[1,2]	Member copayment		
Sample procedures and copayments[3]	**Deluxe 11A**	**Advantage 15B**	**Core 17B**
Diagnostic			
Periodic oral exam — established patient	$0	$0	$0
Complete series of x-rays	$0	$0	$0
Preventive			
Cleaning — adult	$0	$5	$0
Cleaning — child	$0	$5	$0
Sealant — per tooth	$10	$15	$17
Restorative			
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 11A**	**Advantage 15B**	**Core 17B**
Endodontics			
Root canal, front tooth	$55	$125	$330
Root canal, molar tooth	$250	$365	$530
Periodontics			
Periodontal surgery, per quadrant	$280	$385	$595
Periodontal scaling and planing, per quadrant	$25	$60	$115
Periodontal maintenance	$15	$45	$78
Prosthodontics			
Full upper denture	$145	$365	$575
Partial upper denture	$160	$395	$670
Oral and maxillofacial surgery			
Extraction of a fully exposed tooth	$5	$14	$53
Extraction of a fully impacted tooth	$90	$120	$230
Orthodontics			
Pediatric comprehensive treatment	$1,700	$1,900	$1,750
Adult comprehensive treatment	$1,900	$2,100	$2,000

[1] 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.
[2] In Nevada, group size is 2-50.
[3] 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.

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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.[1]
- **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.

[1] In Utah, Dual Choice 1 consists of the UT Copay Plan paired with any one PPO plan. Dual Choice 1 is not available in DE, LA, and MT.

Delta Dental PPO™ Dual Choice 2 plan

These Dual Choice 2 plans are available in Alabama, California, District of Columbia, Delaware, Florida, Georgia, Louisiana, Maryland, Montana, Nevada, New York, Pennsylvania, Texas, Utah and West Virginia.

Plan[1]	PPO Plus Premier		PPO	
Network/fee basis	**PPO Plus Premier[2]**		**PPO[3]**	
Coinsurance for:	**PPO**	**Non-PPO**	**PPO**	**Non-PPO**
Diagnostic and preventive (D&P) services	100%		100%	
Basic services	80%		100%	
Endodontics, periodontics, oral surgery	80%		100%	
Major services	50%		60%	
Calendar year deductible (waived for D&P)	$50 per enrollee/$150 per family			
Calendar year maximum per enrollee	$1,500 or $2000. Must be the same for both plans			
D&P Maximum Waiver[4]	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 enrollee	$1,000			

[1] 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.
[2] 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.
[3] Reimbursement for all dentists will be based on the PPO contracted fee.
[4] D&P services will not apply toward the enrollee's calendar year maximum.

DELTA DENTAL®

Delta Dental PPO Plus Premier™ Dual Choice 3 plan

These Delta Dental PPO Plus Premier Dual Choice 3 plans are available in Alabama, California, District of Columbia, Delaware, Florida, Georgia, Maryland Montana, Nevada, New York, Pennsylvania, Utah and West Virginia.

Plan[1]	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 (waived for D&P)	$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[3]	Optional (if chosen, add to both plans or high plan only)			
Orthodontics	Optional (if chosen, add to both plans or high plan only)			
Orthodontic lifetime maximum per member	$1,500		$1,000	

[1] 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.

[2] 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.

[3] D&P services will not apply toward the enrollee's calendar year maximum.

DELTA DENTAL®

Delta Dental PPO Plus Premier™ Dual Choice 3 plan

These Delta Dental PPO Plus Premier Dual Choice 3 plans are available in Louisiana and Texas.

Plan[1]	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%	
Endodontics, periodontics and oral surgery	90%		80%	
Major services	60%		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[3]	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	

[1] 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™ Dual Choice 4 plan

Plan[1]	High		Low	
Network/fee basis	**PPO Plus Premier[2]**		**PPO[3]**	
Coinsurance for:	**PPO**	**Non-PPO**	**PPO**	**Non-PPO**
Diagnostic and preventive (D&P) services	100%		100%	
Basic services	80%		80%	
Endodontics, periodontics, oral surgery	80%		0%	
Major services	50%		0%	
Calendar year deductible (waived for D&P)	$50 per enrollee/$150 per family			
Calendar year maximum per enrollee (choose one set)				
Option 1	$1,500		$750	
Option 2	$2,000		$1,000	
D&P Maximum Waiver[4]	Optional		Not available	
Orthodontics	Optional. Child only available at 50%		Not available	
Orthodontic lifetime maximum per enrollee	$1,500		Not available	

[1] 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.
[2] 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.
[3] Reimbursement for all dentists will be based on the PPO contracted fee.
[4] D&P services will not apply toward the enrollee's calendar year maximum.

Dual Choice plan underwriting information

This underwriting information applies to Dual Choice plans 1, 2, 3 & 4.	
Employer contribution percentage for both plans must be the same. Available from 0–100% contribution. Voluntary: 0–49.9% employer contribution. Employer-paid: 50–100% contribution	
Group size restrictions	
2–4 (Employer-paid or Voluntary)	Not available
5–49 Voluntary	Annual maximum is limited to $1,500/$750
2–99 Voluntary	No D&P Maximum Waiver
Voluntary waiting periods	
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. Refer to Underwriting Guidelines for more information.[1]	

[1] There are no waiting periods in Texas.

Delta Dental PPO™ Core/Buy-Up

These Core/Buy-Up plans are available in Alabama, California, District of Columbia, Delaware, Florida, Georgia, Maryland, Montana, Nevada, New York, Pennsylvania, Utah and West Virginia

Plan[1]	Core		Buy-Up	
Network/fee basis	**May choose either PPO[2] or PPO Plus Premier[3], 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[4]	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	

[1] 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.
[2] Reimbursement for all dentists is based on the PPO contracted fee.
[3] 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.
[4] D&P services will not apply toward the enrollee's calendar year maximum.

Delta Dental PPO™ Core/Buy-Up (continued)

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

Delta Dental PPO™ is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In Texas, Delta Dental PPO provides a dental provider organization (DPO) plan.

Delta Dental PPO™ Core/Buy-Up

These Core/Buy Up plans are available in Louisiana and Texas.

Plan[1]	Core		Buy-Up	
Network/fee basis	**May choose either PPO[2] or PPO Plus Premier[3], 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[4]	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	

[1] 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.
[2] Reimbursement for all dentists is based on the PPO contracted fee.
[3] 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.
[4] D&P services will not apply toward the enrollee's calendar year maximum.

Delta Dental PPO™ Core/Buy-Up (continued)

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

Delta Dental PPO™ is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In Texas, Delta Dental PPO provides a dental provider organization (DPO) plan.

DELTA DENTAL®

DeltaVision®

Smarter vision care

Delta Dental is committed to more than just smiles. We care about the total health and wellness of our enrollees. That's why we've partnered with VSP® Vision Care to create DeltaVision with Small Business Program groups, administered through Allied Administrators. Now enrollees will be offered dental and vision coverage with one application and one invoice at great rates.

DeltaVision plans include low out-of-pocket costs, a wide selection of frames and a large nationwide network from VSP, a top choice in vision plans for consumers.[1, 2]

Large network, easy access

Trusted VSP network doctors

- 137,000 access points including popular retail chains
- Most VSP network doctors offer extended hours
- Freedom to choose any provider[3]
- Members can contact **800-877-7195** or go to **vsp.com** to obtain in-network providers

Smarter vision care

Quality care for enrollees

- Comprehensive WellVision® exam
- VSP Essential Medical Eye Care program
- 99% enrollee satisfaction[2]
- LightCare offered with select plans[4]

Low out-of-pocket costs

Big savings where it matters

- Low out-of-pocket costs
- Best choice in eye care providers and eyewear
- Wholesale frame pricing guarantee
- Exclusive savings on the widest selection and brands of lens enhancements

[1] DeltaVision is administered by Vision Service Plan (VSP).

[2] Patient Satisfaction Study, VSP VisionTM, 2024.

[3] In Maryland, DeltaVision is offered as an Exclusive Provider Benefit Plan. Out-of-network services are not available.

[4] Members can use their frame and lens benefit to get non-prescription sunglasses or blue light filtering glasses. LightCare is included in Deluxe and EasyOptions plans.

#370640 (05/25)

Delta Dental and VSP team up to bring you DeltaVision — the best choice in vision coverage

Save with DeltaVision coverage[4]

	Without DeltaVision coverage[5]	With DeltaVision coverage[5]
Eye exam	$194	$10 copay
Frame	$150	$25 copay
Lens (bifocal)	$158	
Premium progressive lenses (e.g., Varilux Physio)	$163	$105
Total	**$665**	**$140**

Total savings with DeltaVision: $525

[4]Comparison based on national averages for comprehensive eye exams and most commonly purchased brands. This chart represent typical savings for DeltaVision enrollees. Benefits are subject to the terms of the Contract including limitations and exclusions.
[5]Based on DeltaVision plans with $150 Frame allowance.

In CA, DeltaVision is underwritten by Delta Dental of California. In AL, DE, DC, FL, GA, LA, MD, MT, NV, NY, PA, TX, UT and WV, DeltaVision is underwritten by Delta Dental Insurance Company. DeltaVision is administered by Vision Service Plan (VSP).
Delta Dental and DeltaVision are a registered trademarks of Delta Dental Plans Association.
VSP, VSP Choice Plan, eyeconic.com, and WellVision Exam are registered trademarks and Smarter Vision Care and VSP Vision is a trademark of Vision Service Plan.

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DeltaVision plans[1]

	EasyOptions	DeltaVision Deluxe	DeltaVision Advantage	DeltaVision Core	DeltaVision Value
Benefit frequency (in months) Exam/lenses/frames	12/12/12	12/12/12	12/12/12	12/12/24	12/12/24
Exam copay	$10	$10	$10	$10	$10
Materials copay	$25	$10	$25	$25	$25
Frame allowance	$150/$230[3]	$200	$150	$150	$130
Elective contact lens allowance[2]	$150/$230[3]	$200	$150	$150	$130
Visually necessary contact lenses[2,4]	Covered in full after materials copay				
LightCare[5]	Included		Not Included		
Essential Medical EyeCare	Retinal imaging for members with diabetes covered in full. Additional exams and services beyond routine care to treat immediate issues or monitor ongoing conditions, copay of $20.				
VSP provider					
WellVision Exam®	$10 copay				
Elective contact lens exam (fitting & evaluation)	Covered in full after copay up to $60				
Lenses					
Single vision, lined bifocals, lined trifocals and lenticular lenses	Covered in full after material copay				
Lens enhancements					
Applies to all plans	Various options available, including covered in full standard progressive lenses and impact-resistant lenses for children; contact your Account Executive for more information				

[1] DeltaVision is not available as a standalone product and must be purchased with a Delta Dental Small Business Program dental plan.
[2] Contact lenses are instead of prescription glasses.
[3] EasyOptions Plan: Members may choose to upgrade to one of the following during their VSP provider appointment: higher frame or contact lens allowance ($230), premium progressive lens coverage at no additional cost, anti-reflective coating, or light-reactive lens coverage at no additional cost.
[4] Visually necessary contact lenses are covered in full when benefit criteria are met and verified by a VSP network doctor for eye conditions that would prohibit the use of glasses. The conditions covered include aphakia, aniridia, anisometropia, corneal transplant, high ametropia, nystagmus, keratoconus, heredity corneal dystrophies and other eye conditions that make contact lenses necessary.
[5] Frame allowance can be used for ready-made, non-prescription sunglasses or blue light filtering glasses instead of prescription glasses or contacts.

DELTA DENTAL®

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.[1]
2. Bitewing images are limited to twice each calendar year for enrollees under the age of 18, and once each calendar year for enrollees ages 18 and over.
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. (This benefit is not covered in MT and NY.)
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.[1]
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 (Not applicable in NY)

1. Treatment of injuries or illness covered by workers' compensation.
2. Cosmetic surgery or procedures for purely cosmetic reasons.

Limitations and exclusions (continued)

3. Maxillofacial prosthetics.
4. Provisional and/or temporary restorations for children 16 years of age or younger.
5. Services for congenital (hereditary) or developmental (following birth) malformations. (Not applicable in California).
6. 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.
7. Services provided, supplies furnished or devices started prior to an enrollee's effective eligibility date.
8. Prescription drugs, pre-medication and relative analgesias.
9. 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.
10. Experimental procedures.
11. Extraoral grafts.
12. Lab-processed crowns for children under age 12.
13. Fixed bridges and removable partials for children under age 16.
14. Indirectly fabricated resin-based inlays/onlays.
15. 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.
16. Missed and/or canceled appointments.
17. Services or supplies for sleep apnea.

[1] Pregnant enrollees and enrollees with certain qualifying medical conditions may be eligible for additional services. See plan contract for more details.

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DELTA DENTAL®

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 is limited to children through age 13. Your child may visit a DeltaCare USA pediatric dentist without a referral. After age 14, dependent children must receive treatment from a DeltaCare USA general dentist.
6. 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. (Not applicable in NY).
7. If for any reason an enrollee's orthodontic coverage under this plan ends prior to the member's completion of orthodontic treatment, the member will be responsible for payment of the remaining treatment based on the contract orthodontist's original fee, The enrollee pays the contract orthodontist as arranged.
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. (Not applicable in NY).
9. Coverage for orthodontic treatment is limited to conventional orthodontic services, which includes clear aligner therapy (e.g., Invisalign™ and Sure Smile™).
10. X-ray Limitations:
    - When the frequencies for the comprehensive radiographic images and panoramic images differ, the least restrictive frequency will apply.
    - Panoramic images are not considered part of a comprehensive intraoral series.

#318359.01 (rev. 04/25)

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

Exclusions (Not applicable in NY)

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 tooth or teeth and/or surrounding structures; or
   b. is inconsistent with generally accepted standards for dentistry.
3. Cosmetic surgery or procedures for purely cosmetic reasons (except external bleaching for home application).
4. Services for congenital (hereditary) or developmental (following birth) malformations except for treatment of newborn children. (Not applicable in CA).
5. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures for children under age 16.
6. 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.
7. 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).
8. Procedures, appliances or restoration to diagnose or treat temporomandibular joint (TMJ) conditions.
9. Consultations for non-covered benefits.
10. 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.
11. 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.
12. All related fees for admission, use or stays in a hospital, outpatient surgery center, extended care facility or other similar care facility.
13. Prescription drugs.

#318359.01 (rev. 04/25)

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

14. Changes in orthodontic treatment necessitated by an accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies.
16. Composite or ceramic brackets and lingual adaptation of orthodontic bands. Orthodontic treatment must be provided by a licensed dentist.
17. Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.
18. Services or supplies for sleep apnea.

DELTA DENTAL®

Delta Dental Small Business Program

DeltaVision limitations and exclusions

Limitations and exclusions

This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Plan contract terms and conditions should be read carefully. Please contact your Delta Dental representative or general agent for complete contract information.

Limitations

1. Fees charged by a provider for services other than a covered benefit as shown in the Schedule of Benefits must be paid in full by the enrollee to the provider. Such fees or materials are not covered under the contract.
2. Certain brands of spectacle frames may be unavailable for purchase as benefits and may be subject to additional costs.

Exclusions

No benefits will be paid for services or materials connected with or charges arising from:

1. Orthoptic or vision training, subnormal vision aids and associated supplemental testing; aniseikonic lenses
2. Medical and/or surgical treatment of the eye, eyes or supporting structures
3. Any vision examination, or any corrective eyewear required as a condition of employment
4. Services provided as a result of any workers' compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
5. Lab-fabricated plano (non-prescription) lenses
6. Two pairs of glasses
7. Services rendered before the date an enrollee is enrolled for benefits
8. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next benefit frequency when Vision materials would next become available
9. Cosmetic lens options or personalized eyewear unless specifically listed in the Schedule of Benefits
10. Novelty or costume contact lenses
11. Corrective vision treatment of an experimental nature

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#370700 (rev. 04/25)

DeltaVision limitations and exclusions (continued)

Special Ophthalmological Services: Qualified Essential Medical Eye Care ("EMEC")

Limitations:

1. The Essential Medical Eyecare Program provides coverage for limited, vision-related medical services. Additional services such as retinal screenings and additional eye exams will be made available to enrollees with this benefit. The frequency at which these services may be provided is dependent upon the specific service and the diagnosis associated with such service. EMEC benefits are available only after benefits under enrollee's medical plan have been exhausted, or when enrollee is not covered under a medical plan.

Exclusions:

1. Surgery of any type, and any pre- or post-operative services and/or supplies
2. Services and/or materials not specifically included as covered plan benefits
3. Prescription medication or supplies of any type

For questions, please contact your General Agent or your Delta Dental Sales Account Executive.

[1] In California, DeltaVision is underwritten by Delta Dental of California. In Alabama, Delaware, District of Columbia, Florida, Georgia, Louisiana, Maryland, Mississippi, Montana, Nevada, New York, Pennsylvania, Texas, Utah and West Virginia, DeltaVision is underwritten by Delta Dental Insurance Company. Benefits are subject to the terms of the Contract including limitations and exclusions. DeltaVision is administered by Vision Service Plan (VSP).

#370700 (rev. 04/25)

Delta Dental's Small Business Program

Underwriting guidelines

Group size

PPO[1]

2-99 eligible employees

DeltaCare USA[2]

2-99 eligible employees

In Nevada, 2-50 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

Services under the DeltaCare USA plan must be provided in the contract state except for emergency services. In Pennsylvania and New York, DeltaCare USA enrollees may receive services from their selected dentist in New Jersey, New York, or Pennsylvania. 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. Voluntary plans are referred to as a Minimum Participation Base (MPB) plans in New York. Employee contribution must be paid through payroll deductions. Employee contributions for voluntary plans (MPB plans in New York) must use pre-tax deductions. Contribution options may vary by plan.

#314400 (rev. 4/25)

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.

Participation requirements (unless covered elsewhere)

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

If employer contributes:

PPO (in all states except New York)

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.

50–74% — The greater of 50% or five must enroll (two for groups with 2-4 eligible employees). In Delaware, the District of Columbia, Maryland, Pennsylvania and West Virginia: The greater of 75% or five must enroll (two for groups with 2-4 eligible employees).

75–99% — 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.

PPO (in New York only)

0–49% (Minimum Participation Base (MPB) — At least 50% of eligible employees or two must enroll. 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.

For groups with 2 – 9 eligible employees: Enrollment may not be less than the greater of the percentage listed above or 2 primary enrollees.

For groups with 10-24 eligible employees: Enrollment may not be less than the greater of the percentage listed above or 10 primary enrollees.

For groups with 25 – 49 eligible employees: Enrollment may not be less than the greater of the percentage listed above or 25 primary enrollees.

For groups with 50 – 99 eligible employees: Enrollment may not be less than the greater of the percentage listed above or 50 primary enrollees.

DeltaCare USA[2]

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

Open enrollment is available to switch plans when dual choice is offered. In addition, when employees contribute toward the cost of coverage for themselves and/or their dependents using pretax dollars, employees may enroll, terminate, or change status for themselves and/or their dependents during open enrollment.

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 the contract state.[4] In Pennsylvania and New York, enrollees must select and obtain treatment from, a general dentist listed as a DeltaCare USA network general dentist in Pennsylvania, New Jersey, or New York.

Waiting period

Applies only to PPO voluntary plans (MPB in New York). There are no waiting periods in Texas. There are no waiting periods in DeltaCare USA 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 plan description, and a screenshot of the prior carrier's website showing continuous coverage).

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[2]

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 can be 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 plans with different premiums, employer contribution can be 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.

Regardless of which dual choice or Core/Buy-Up plan is chosen; participation requirements are as follows in all states except New York:

- 0-49% contribution (N/A for Core/Buy-Up): Minimum of five enrolled.
- 50-74% contribution: The greater of 50% of eligible employees or five.
- 75-99% 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.

Dual choice PPO and PPO Copay plan[3]

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

- PPO plan must meet the Participation Requirement.
- Two eligible employees, at a minimum, must enroll in the PPO Copay plan.
- When enrolling less than five in the PPO Copay plan, use the 2-4 rates.
- 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 b**oth plans.**

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 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.

[1] In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan

[2] Available in all states except DE, LA, MT, and UT

[3] Available in Utah only

[4] Dependent children under the age of 14 may obtain covered care from an in-network pediatric dentist without referral from a general dentist. Pediatric dentists may directly refer the member to another specialist, like an orthodontist.

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.

#314400 (rev. 4/25)

Delta Dental Small Business Program

DeltaVision[1] underwriting guidelines

- Available to Small Business Program group clients, domiciled in the situs state with a group size of 2-99 primary enrollees.
- Must be purchased and maintained with a Delta Dental Small Business Program's dental plan.
- Employer paid plans require at least 50% employer contribution towards single vision rate. Employee contribution must be made through payroll deduction.
- These rates are available to both new and renewing Delta Dental Small Business Program groups.
- Rate tiers must align with dental rate tier selection.
- Vision membership must match dental if employer contribution is 100%.
- Vision membership matching dental membership is not required for plans where employer contribution is less than 100%.
- Primary enrollee participation required to enroll dependent for vision coverage.
- Vision employer contribution matching dental employer contribution is not required.

In California, DeltaVision is underwritten by Delta Dental of California. In Alabama, Delaware, District of Columbia, Florida, Georgia, Louisiana, Maryland, Mississippi, Montana, Nevada, New York, Pennsylvania, Texas, Utah and West Virginia, DeltaVision is underwritten by Delta Dental Insurance Company. Benefits are subject to the terms of the Contract including limitations and exclusions. DeltaVision is administered by Vision Service Plan (VSP).

DELTA DENTAL®

Delta Dental PPO™[1]

Eligible/ineligible industries[2]

These eligible and ineligible Industries are applicable to Alabama, Florida, Georgia, Louisiana, Montana, Nevada, Texas and Utah.

Eligible industries	SIC code
Level one	
Agriculture, Forestry, Fishing	0100-0999
Mining, Oil and Gas Extraction	1000-1499
Construction Contractors	1500-1799
Manufacturing (except Jewelry Manufacturing 3911)	2000-3999
Transportation	4000-4799
Communication (Radio, Telephone, TV/ Radio Broadcasting)	4800-4899
Utilities	4900-4999
Wholesale Trade	5000-5199
Retail Trade (Bldg. Materials, Hardware, Mobile Homes)	5200-5499
Retail (Apparel, Accessories, Home Furnishings)	5600-5799
Miscellaneous Retail	5900-5999
Public Administration (Cities, Counties, Police)	9000-9999
Level two	
Jewelry Manufacturing	3911
Auto Dealerships (New & Used) and Service Stations	5500-5599
Restaurants	5800-5899
Finance (Banks, Securities, Credit Agencies)	6000-6299
Insurance Carriers/Brokers	6300-6499
Real Estate	6500-6799
Services	7000-7899
Amusement Recreation & Entertainment	7900-7999
Health Services (except Dental offices and clinics 8021 & Dental Labs 8072)	8000-8099
Legal Firms	8100-8199
Public and Private Schools	8200-8299
Social Services	8300-8399
Museums, Art Galleries, Botanical and Zoological Gardens	8400-8499
Engineering, Accounting, Research, Management & Related Services	8700-8799

Delta Dental PPO

Eligible/ineligible industries[2]

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[3]	8600-8699
Private Households	8811
Misc. Services not elsewhere classified	8999
International Affairs	9721
Seasonal Employees (Christmas/Part-time help)	No SIC
High Turnover[4]	No SIC

1 In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.
2 SIC rate level cannot change for renewing business.
3 Management and the Administrative staff of Associations, Trusts & Religious Organizations are eligible under Level Two. Use SIC Code 8741.
4 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.

Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc.

DeltaCare® USA[1]

Eligible/ineligible industries

These eligible and ineligible industries are applicable to Alabama, Florida, Georgia, Nevada and Texas.

Eligible industries

All except for those identified as ineligible below

Ineligible industries

Legal firms
Seasonal employment
Membership Organizations/Associations[2]
High turnover[3]

[1] DeltaCare USA is not available in LA, MT or UT.
[2] Management and the Administrative staff of Associations, Trusts & Religious Organizations are eligible. Use SIC Code 8741.
[3] 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 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®

Delta Dental PPO™

Eligible/ineligible industries[1]

These eligible and ineligible Industries are applicable to California, the District of Columbia, Delaware, Maryland, New York, Pennsylvania and West Virginia.

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/ 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

Delta Dental PPO

Eligible/ineligible industries[1]

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[2]	8600-8699
Private Households	8811
Misc. Services not elsewhere classified	8999
International Affairs	9721
Seasonal Employees (Christmas/Part-time help)	No SIC
High Turnover[3]	Varies

[1] SIC rate level cannot change for renewing business.
[2] Management and the Administrative staff of Associations, Trusts & Religious Organizations are eligible under Level Two. Use SIC Code 9999.
[3] 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.

Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In TX, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

DeltaCare® USA[1]

Eligible/ineligible industries

These eligible and ineligible industries are applicable to California, the District of Columbia, Maryland, New York, Pennsylvania and West Virginia.

Eligible industries

All except for those identified as ineligible below.

Ineligible industries

Legal firms
Seasonal employment
Membership Organizations/Associations[2]
High Turnover[3]

[1] DeltaCare USA is not available in DE.

[2] Management and the Administrative staff of Associations, Trusts & Religious Organizations are eligible. Use SIC Code 9999.

[3] 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 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.

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. If you are adding vision to an existing group, use our new dental and vision application.
- **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 purchasing dental and vision, submit Partial Payment Designation form.

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.[1]

[1] There are no waiting periods in Texas.

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** > **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 > small-business.**

Name:

Title:

Phone number:

Email: