



Shine with small business plans from Delta Dental

Delta Dental PPO™
DeltaCare® USA
DeltaVision®



SMALL BUSINESS PROGRAM

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What's new

- Higher annual maximums
- Expanded access to orthodontics
- Posterior white resin fillings
- Expanded voluntary choice options
- Expanded choices for groups of 2-4
- Dual choice and Core/Buy-Up PPO plans
- SmileWay® Wellness Benefits
- DeltaVision

Delta Dental's¹ Small Business Program

Delta Dental 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 comprehensive coverage and easy access to quality care and savings from our large dentist 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. Find contact information and more at deltadentalins.com/brokers/small-business.html.

Four reasons your small business clients should offer dental coverage

1. **88%** of employees say that they **consider** health, dental and vision **benefits** when they choose a job.²
2. Providing 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**.³
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.⁴

¹ Delta Dental of California and its affiliated companies, which are members, or affiliates of members, of the Delta Dental Plans Association.

² "Employee Benefits Study: The Cost and Value of Employee Perks," Fractl. 2020 <https://www.fractl.com/employee-benefits-study/>

³ "Oral Health Basics," Centers for Disease Control and Prevention, 2019 <https://www.cdc.gov/oralhealth/basics/index.html>

⁴ "Health and Economic Costs of Chronic Diseases," National Center for Chronic Disease Prevention and Health Promotion, 2019 <https://www.cdc.gov/chronicdisease/about/costs/index.htm#ref10>

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 80 million people rely on Delta Dental as their dental insurance provider.⁵



Flexibility

Offer your clients choices with our robust portfolio of 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 plan — no hidden fees or set-up 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.⁶ We provide exceptional service that your clients will want to return to.

⁵ Delta Dental Plans Association enrollment statistics, 2019.

⁶ Delta Dental Social Impact Report, 2019, for enterprise.

Small Business Program dental portfolio

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

Delta Dental PPO

Our PPO product offers industry-leading network savings for enrollees⁷ backed by the nation's largest dentist network.⁸ With our PPO plans, enrollees 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 5.

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. Enrollees have no surprise out-of-pocket costs or unexpected fees when they visit their selected primary care network dentist. Learn more about our [DeltaCare USA plans](#) on page 12.

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 15.

⁷ Delta Dental's PPO plan delivers the industry's best effective discount, averaging 26.5% nationally. Dental Actuarial Analytics' (formerly Ruark Consulting LLC) 2018 Dental PPO Network Study.

⁸ NetMinder Dental Network Trend Report, March 2020. Delta Dental Premier is the largest dentist network nationwide, based on total unique dentists.

The benefits of Delta Dental PPO dental plans

Clients get the following competitive benefits with all our Delta Dental PPO plans:

- Broad range of coverage, including basic and major services in all plan types
- Diagnostic and preventive services covered at 100% with a Delta Dental PPO dentist and waived from deductible
- 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
- Extended SmileWay® Wellness Benefits for additional cleaning or gum care services available for enrollees with qualifying medical conditions (such as heart disease, diabetes, stroke, HIV/AIDS and rheumatoid arthritis)

D&P Maximum Waiver®

The D&P Maximum Waiver extends the plan's annual maximum and promotes oral health and preventive care. When selected with employer-paid plans, all diagnostic and preventive services (D&P) are waived from accumulating to the annual maximum. This means more benefit dollars are available when needed most.

Value-added features: LASIK, hearing and virtual dentistry

Available to all Delta Dental PPO enrollees

Your clients' employees now have access* to **LASIK** and **hearing aid** discounts with QualSight and Amplifon Hearing Health Care. Delta Dental also offers two **virtual dentistry** options, Toothpic and Virtual Consult.

Ask your general agent or Delta Dental sales representative for more details.

* The Vision Corrective Services and hearing health care services are not insured benefits. Delta Dental makes the Vision Corrective Services program available to enrollees to provide access to the preferred pricing for LASIK surgery. Delta Dental makes the hearing health care services program available to enrollees to provide access to the preferred pricing for hearing aids and other hearing health services.

Delta Dental PPO dental networks

80% of dentists nationwide are Delta Dental dentists: **50%** are in the PPO network, and an additional **30%** are in the Delta Dental Premier® network.

Our two networks give enrollees more opportunities to save: they'll save the most with a PPO dentist, but get a safety net which provides them with greater savings than going out of network when they visit a dentist in the Premier network.

Delta Dental PPO and PPO Plus Premier™

We offer two fee options, PPO or PPO Plus Premier. With our PPO plans, Delta Dental reimburses both PPO and Premier dentists based on the PPO fees. With PPO Plus Premier, Delta Dental reimburses Premier dentists at the higher contracted Premier fee, meaning that enrollees will never get balanced billed for the difference between the lower PPO and the higher Premier fee when they visit a Premier dentist.



Comparing PPO and PPO Plus Premier

Enrollees 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. In both types, enrollees 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
Coinsurance	60%	60%	60%
Plan pays	\$420	\$420	\$420
Enrollee pays	\$280 (\$700 - \$420)	\$480 (\$900 - \$420)	\$780 (\$1,200 - \$420)

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
Coinsurance	60%	60%	60%
Plan pays	\$420	\$540	\$480
Enrollee pays	\$280 (\$700 - \$420)	\$360 (\$900 - \$540)	\$720 (\$1,200 - \$480)

* 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 for in- and out-of-network treatment are the same.

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	Advantage	Core
Richer benefits for companies and lower out-of-pocket costs and more options for their employees.	Our most popular plan designs, with increased choice and flexibility.	Delta Dental quality at a lower cost than our other options, all with our large PPO network.
Low cost	Lower cost	Lowest cost
Three plan designs	Four plan designs	Two plan designs



Deluxe dental plans

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

Plan ⁹	Deluxe 100		Deluxe 200		Deluxe 300	
Network/fee basis	PPO Plus Premier		PPO Plus Premier		PPO	
Coinsurance for:	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Diagnostic and preventive (D&P) services	100%		100%		100%	
Basic services	100%	80%	90%	80%	90%	80%
Endodontics/periodontics/oral surgery	100%	80%	90%	80%	90%	80%
Major services	60%	50%	60%	50%	60%	50%
Calendar year deductible	\$50 per enrollee/\$150 per family					
Calendar year maximum	\$1,500, \$2,000, \$2,500 or \$3,000 per enrollee					
D&P Maximum Waiver	Optional. Available to employer-paid groups only					
Orthodontics	Optional. Available as child-only or adult/child at 50%					
Orthodontic lifetime maximum	\$1,500 per enrollee					

Underwriting information

- Deluxe 100 plan 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 employer-paid groups of 5-24 and voluntary groups of 5-49.
- Endodontics, Periodontics, Orthodontics, Oral Surgery and Major Services subject to a 12-month waiting period for voluntary groups. Waived for all initial employees on groups with proof of prior comprehensive dental coverage.

⁹ 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.

Advantage dental plans

Our most popular plan designs with increased choice and flexibility

Plan ¹⁰	Advantage 100		Advantage 200		Advantage 300		Advantage 400	
Network/fee basis	PPO Plus Premier		PPO Plus Premier		PPO Plus Premier		PPO	
Coinsurance for:	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Diagnostic and preventive (D&P) services	100%		100%		100%	80%	100%	
Basic services	80%		80%		80%	60%	80%	
Endodontics/periodontics/oral surgery	80%		80%		80%	60%	80%	
Major services	60%	50%	50%		50%		50%	
Calendar year deductible	\$50 per enrollee/\$150 per family							
Calendar year maximum	\$1,000, \$1,500, \$2,000 or \$2,500 per enrollee							
D&P Maximum Waiver	Optional. Available to employer-paid groups only							
Orthodontics	Optional. Available as child-only at 50%							
Orthodontic lifetime maximum	\$1,000 or \$1,500 per enrollee							

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 option is not available for group sizes of 2-4.
- Endodontics, Periodontics, Orthodontics, Oral Surgery and Major Services subject to a 12-month waiting period for voluntary groups. Waived for all initial employees on groups with proof of prior comprehensive dental coverage.

¹⁰ 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 ¹¹	Core 100		Core 200	
Network/fee basis	PPO		PPO	
Coinsurance for:	PPO	Non-PPO	PPO	Non-PPO
Diagnostic and preventive (D&P) services	100%		100%	
Basic services	80%		50%	
Endodontics/periodontics/oral surgery	50%		50%	
Major services	50%		50%	
Calendar year deductible	\$50 per enrollee/\$150 per family			
Calendar year maximum per enrollee	\$1,000 or \$1,500		\$1,000	
D&P Maximum Waiver	Not available			
Orthodontics				

Underwriting information

- Endodontics, Periodontics, Oral Surgery and Major Services subject to a 12-month waiting period for voluntary groups. Waived for all initial employees on groups with proof of prior comprehensive dental coverage.

¹¹ 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 a set cost

Your clients can choose from three popular copay plans that provide coverage for more than 400 procedures. Set copayments, with no deductibles, annual maximums or waiting periods.

These plans offer quality care from our DeltaCare USA network of dentists. Enrollees can select their primary care dentist or we can select one for them.



DeltaCare USA offers standout features:

- Coverage for teeth whitening
- Additional cleanings available at reduced copays
- A seamless, no-loss/no-gain transition for orthodontic treatment-in-progress¹²
- Coverage for white resin fillings for all teeth
- No lab fees or other hidden fees
- No additional charges for high metals, 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

Value-added features: LASIK, hearing and virtual dentistry

Available to all DeltaCare USA enrollees

Your clients' employees now have access* to **LASIK** and **hearing aid** discounts with QualSight and Amplifon Hearing Health Care. Delta Dental also offers two **virtual dentistry** options, Toothpic and Virtual Consult.

Ask your general agent or Delta Dental sales representative for more details.

* The Vision Corrective Services and hearing health care services are not insured benefits. Delta Dental makes the Vision Corrective Services program available to enrollees to provide access to the preferred pricing for LASIK surgery. Delta Dental makes the hearing health care services program available to enrollees to provide access to the preferred pricing for hearing aids and other hearing health services.

¹² Patients in active treatment (tooth movement has begun) can continue treatment with their current orthodontist — even if the provider is not in our dental network.

DeltaCare USA plans

Quality care at a set cost

Plan ¹³	Procedure code	Deluxe 11A	Advantage 15B	Core 17B
Sample procedures and copayments¹⁴		Enrollee copayment	Enrollee copayment	Enrollee copayment
Diagnostic				
Periodic oral exam — established patient	D0120	\$0	\$0	\$0
Complete series of x-rays	D0210	\$0	\$0	\$0
Preventive				
Cleaning — adult	D1110	\$0	\$5	\$0
Cleaning — child	D1120	\$0	\$5	\$0
Sealant — per tooth	D1351	\$10	\$15	\$17
Restorative				
Amalgam (silver-colored) filling, 1 surface	D2140	\$0	\$8	\$17
Resin (tooth-colored) filling				
front tooth, 1 surface	D2330	\$0	\$22	\$22
back tooth, 1 surface	D2391	\$55	\$65	\$47
Crown — porcelain and precious metal	D2750	\$240	\$395	\$470
Crown — precious metal	D2790	\$210	\$395	\$480
Post and core with crown	D2952	\$35	\$110	\$165

¹³ 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.

¹⁴ 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 plans

Quality care at a set cost

Plan ¹⁵	Procedure code	Deluxe 11A	Advantage 15B	Core 17B
Sample procedures and copayments ¹⁶		Enrollee copayment	Enrollee copayment	Enrollee copayment
Endodontics				
Root Canal, front tooth	D3310	\$55	\$125	\$330
Root Canal, molar tooth	D3330	\$250	\$365	\$530
Periodontics				
Periodontal surgery, per quadrant	D4260	\$280	\$385	\$595
Periodontal scaling and planing, per quadrant	D4341	\$25	\$60	\$115
Periodontal maintenance	D4910	\$15	\$45	\$78
Prosthodontics				
Full upper denture	D5110	\$145	\$365	\$575
Partial upper denture	D5213	\$160	\$395	\$670
Oral and maxillofacial surgery				
Extraction of a fully exposed tooth	D7140	\$5	\$14	\$53
Extraction of a fully impacted tooth	D7240	\$90	\$120	\$230
Orthodontics				
Pediatric services	D8070	\$1,700	\$1,900	\$1,530
Adult services	D8090	\$1,900	\$2,100	\$2,000
Deductible	None			

¹⁵ 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.

¹⁶ 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*.

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 plan.** Choose any one PPO plan and any one DeltaCare USA plan.
- **Dual choice 2: Matching premiums.** Offer two 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.
- **Dual choice 3: Differing premiums.** Offer both a high and a low PPO plan 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.
- **Core/Buy-Up.** Your clients have a way to control costs with a set contribution, while still giving their employees the option to purchase more coverage.



Dual choice 2: Matching premiums

Plan ¹⁷	PPO Plus Premier		PPO	
Network/fee basis	PPO Plus Premier		PPO	
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	\$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	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			

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.
- Endodontics, Periodontics, Orthodontics, Oral Surgery and Major Services subject to a 12-month waiting period for voluntary groups. Waived for all initial employees on groups with proof of prior comprehensive dental coverage.

¹⁷ 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 ¹⁸	High		Low	
Network/fee basis	PPO Plus Premier			
Coinsurance for:	PPO	Non-PPO	PPO	Non-PPO
Diagnostic and preventive (D&P) services	100%		100%	
Basic services	90%	80%	80%	
Endodontics/periodontics/oral surgery	90%	80%	80%	
Major services	60%	50%	50%	
Calendar year deductible	\$50 per enrollee/\$150 per family			
Calendar year maximum per enrollee (choose one set)				
Option 1	\$1,500		\$1,000	
Option 2	\$2,500		\$1,500	
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 enrollee	\$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 \$1,500/\$1,000.
- D&P Maximum Waiver is not available for voluntary groups.
- Endodontics, Periodontics, Orthodontics, Oral Surgery and Major Services subject to a 12-month waiting period for voluntary groups. Waived for all initial employees on groups with proof of prior comprehensive dental coverage.

¹⁸ 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 Core/Buy-Up plans

Empower groups to offer their employees more choice and more control of their benefits, with a Core plan and the ability to buy into a higher level of benefits.

Plan ¹⁹	Core		Buy-Up	
Network/fee basis	May choose either PPO or PPO Plus Premier		May choose either PPO or PPO Plus Premier (must match the network choice for Core)	
Coinsurance for:	PPO	Non-PPO	PPO	Non-PPO
Diagnostic and preventive (D&P) services	100%		100%	
Basic services	50%		80%	
Endodontics/periodontics/oral surgery	50%		80%	
Major services	50%		60%	50%
Calendar year deductible	\$50 per enrollee/\$150 per family		\$50 per enrollee/\$150 per family	
Calendar year maximum per enrollee	\$1,000		\$1,500 or \$2,000	
D&P Maximum Waiver	Not available		Not available	
Orthodontics (selection of orthodontics for Buy-Up must match selection for Core)	Optional. Child-only available at 50%		Optional. Child-only available at 50%	
Orthodontic lifetime maximum per enrollee	\$1,000		\$1,500	

Underwriting information

- Core/Buy-Up is available to employer-paid groups only (50-100% contribution).
- Core/Buy-Up is not available to groups with 2-4 enrolled employees.

¹⁹ 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.

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[®] to create DeltaVision and administer it through Allied Administrators. Through this partnership, enrollees will get a pair of plans that offer 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, the number one choice in vision plans for consumers.²⁰



Large network, easy access

Trusted VSP doctors

- Up to 98,000 access points including popular retail chains²⁰
- 86% of VSP network doctors offer extended hours
- Freedom to choose any provider
- Members can contact 800-877-7195 or vsp.com to obtain in-network providers



Smarter vision care

Quality care for enrollees

- Comprehensive WellVision[®] exam
- VSP Diabetic Eyecare Plus ProgramSM
- 99% member satisfaction²⁰



Low out-of-pocket costs

Big savings where it matters

- Lowest 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

Delta Dental and VSP have partnered to bring you DeltaVision: the best choice in vision coverage

Save with DeltaVision coverage²¹

	Without DeltaVision coverage ²²	With DeltaVision coverage ²²
Eye exam	\$181	\$10 Copay
Frame	\$150	\$25 Copay
Lens (Bifocal)	\$150	
Premium progressive lenses (e.g., Varilux Physio)	\$159	\$105
Total	\$640	\$140

Total savings with DeltaVision: \$500

²¹ Comparison based on national averages for comprehensive eye exams and most commonly purchased brands. This chart represents typical savings for DeltaVision enrollees. Benefits are subject to the terms of the Contract including limitations and exclusions.

²² Based on DeltaVision plan with \$150 Frame allowance.



DeltaVision vision plans are now available for Small Business Program clients. Delta Dental has partnered with VSP® to offer five simple plans offering flexibility for groups' budgets and needs, including voluntary or employer-paid options.²³ Together, you'll get a great package of dental and vision plans in a single convenient application and invoice.

All DeltaVision plans feature:

- Low out-of-pocket costs
- Coverage for a comprehensive eye exam and lenses annually
- Generous frame and contact lens allowance options²⁴
- Access to VSP's nationwide network
- Additional wellness benefits for people with diabetes

	DeltaVision Easy Options	DeltaVision Deluxe	DeltaVision Advantage	DeltaVision Core	DeltaVision Value
Exam Copay	\$10	\$10	\$10	\$10	\$10
Materials Copay	\$25	\$10	\$25	\$25	\$25
Exams/Lenses/Frame or Elective Contact Lens ²⁵ Allowance (months)	12/12/12	12/12/12	12/12/12	12/12/24	12/12/24
Frame allowance	\$150/\$230 ²⁶	\$200	\$150	\$150	\$130
Elective contact lens allowance ²⁵	\$150/\$230 ²⁶	\$200	\$150	\$150	\$130
Necessary contact lenses ²⁵	Covered in full after materials copay				
VSP Provider					
Examination	Covered in full after exam copay				
Contact lens exam (fitting & evaluation)	(15% savings on the contact lens exam) Covered in full after copay up to \$60				
Lenses					
Various standard lenses	Covered in full after material copay				
Lens enhancements					
Applies to all plans	Various options available, contact your Account Executive for more information				

²³ DeltaVision is not available as a standalone product and must be purchased with a Delta Dental Small Business Program dental plan.

²⁴ Contact lenses are available in place of frames and lenses.

²⁵ Contact lenses are in lieu of prescription glasses.

²⁶ Members may choose to upgrade to one of the following: higher frame or contact lens allowance (\$230), premium progressive lens coverage at no additional cost, anti-reflective coating, or photochromic lens coverage at no additional cost.

Delta Dental PPO

Dental 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. Exams and cleanings²⁷ are limited to twice each calendar year.
2. Bitewing x-rays are limited to twice each calendar year.
3. Full mouth x-rays are limited to once every five years.
4. Topical application of fluoride solutions is limited to enrollees to age 19 and no more than twice in a calendar year.
5. Space maintainers are limited to the initial appliance for children to age 14.
6. Sealants will be replaced only after two years have elapsed following any prior provision. Age limitations may vary.
7. Periodontal scaling and root planing in the same quadrant are limited to once every two years.²⁷
8. Crowns, inlays/onlays and prosthodontic appliances (bridges, dentures and implants) are limited to every five years.

9. 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.
10. 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.
5. Services for congenital (hereditary) or developmental (following birth) malformations.
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.

²⁷ Pregnant enrollees and enrollees with certain qualifying medical conditions may be eligible for additional services. See plan contract for more details.

Delta Dental PPO

Dental limitations and exclusions

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.

DeltaCare USA

Dental 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. Any combination of more than six crowns, bridge pontics and/or bridge retainers may result in additional charges.
2. General anesthesia and/or IV sedation are limited to treatment by a contracted oral surgeon and in conjunction with an approved referral.
3. 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.
4. Coverage for treatment provided by a pediatric dentist requires a referral from the enrollee's selected DeltaCare USA contract dentist.
5. 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.

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 program.

Exclusions

1. Any procedure not listed under the plan's 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.
5. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures for children under age 16.

DeltaCare USA

Dental limitations and exclusions

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 and related specialized appliances; and/or
 - e. personalization and characterization of complete and partial dentures.
7. Lost or stolen appliances.
8. Procedures, appliances or restoration to diagnose or treat temporomandibular joint (TMJ) conditions.
9. 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.
10. Consultations for non-covered benefits.
11. 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.
12. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. 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.
13. All related fees for admission, use or stays in a hospital, outpatient surgery center, extended care facility or other similar care facility.
14. Prescription drugs.
15. Changes in orthodontic treatment necessitated by any kind of accident.
16. Composite or ceramic brackets, lingual adaptation of orthodontic bands, Invisalign, or other specialized or cosmetic appliances to standard fixed and removable orthodontic appliances. Self-administered orthodontics are not covered.
17. Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.

DeltaVision

Vision 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. Plano (non-prescription) lenses.
6. Non-prescription sunglasses.
7. Two pair of glasses in lieu of bifocals.
8. Services rendered before the date an enrollee is enrolled for benefits.
9. 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.
10. Cosmetic lens options or personalized eyewear unless specifically listed in the Schedule of Benefits.
11. Novelty or costume contact lenses.
12. Corrective vision treatment of an experimental nature.

DeltaVision

Vision limitations and exclusions

Special Ophthalmological Services: Qualified Diabetic Eye Care Plus ("DEP Plus"):

Limitations:

1. The Diabetic Eyecare Plus 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.

Exclusions:

1. Surgery of any type, and any pre- or post-operative services and/or supplies.
2. Treatment for any pathological conditions.
3. Insulin or any medications or supplies of any type.

Dental 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 DE-9C 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.

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.

Dental underwriting guidelines

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).

50-74% — The greater of 50% or five must enroll (two for groups with 2-4 eligible employees).

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

100% — All eligible employees must enroll.

All — If enrolling less than 5 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 primary care dentist listed as a DeltaCare USA participating dentist in the contract state.

Dental underwriting guidelines

Waiting period

Applies only to PPO Voluntary plans:

- 12-month waiting period applies to endodontics, periodontics, oral surgery, major services and orthodontics if covered.
- Can be waived for all initial primary enrollees and their dependents when there is no break in coverage. Proof of group's prior comprehensive dental coverage is required (copy of group's prior EOC and last bill).
- New hires and their dependents are subject to the waiting period.

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 2 enrolled in each plan.
- When enrolling less than 5 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 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.

Dental underwriting guidelines

- 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.
 - 50-74% 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.
- 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.

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 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.

Transferring into the Small Business Program

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

DeltaVision 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 sold 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.
- All plans based on 12 month contracts for group effective dates beginning 1/1/2022 through 12/1/2022.
- These rates are available to both new and renewing Delta Dental Small Business Program groups.
- Groups that have an existing VSP plan through the Allied Benefit Suite can opt into a DeltaVision plan at these rates when their current plan contract ends.
- 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.

Delta Dental PPO

Eligible/ineligible industries²⁸

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

²⁸ SIC rate level cannot change for renewing business.

Delta Dental PPO

Eligible/ineligible industries²⁹

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 ³⁰	8600-8699
Private Households	8811
Misc. Services not elsewhere classified.....	8999
International Affairs	9721
Seasonal Employees (Christmas/Part-time help)	No SIC
High Turnover ³¹	Varies

²⁹ SIC rate level cannot change for renewing business.

³⁰ Management and the Administrative staff of Associations, Trusts & Religious Organizations are eligible under Level Two. Use SIC Code 9999.

³¹ 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

Eligible/ineligible industries

Eligible industries

All except for those identified as ineligible below.

Ineligible industries

Legal firms and associations
Seasonal employment
High turnover³²

³² 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.

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 (DE-9C) 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.

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-business.html. 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.html.

Name:

Title:

Phone number:

Email:

Delta Dental PPO and DeltaCare USA are underwritten by Delta Dental of California, a member of the Delta Dental Plans Association.

In California DeltaVision is underwritten by Delta Dental of California. Benefits are subject to the terms of the Contract including limitations and exclusions. DeltaVision is administered by Vision Service Plan (VSP).

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This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Limitations and/or waiting periods may apply for some benefits; some services and procedures may be excluded from the plan. Contact your general agent or consult proposal/solicitation materials for complete information.