



New in 2022! Small Group Dental Solutions / 2-9 Enrolled Employees

Delta Dental Core Plan + Ortho #7773

| Non-EHB Benefits | Delta Dental PPO | Delta Dental Premier / Nonpar | Covered Services |
|--|------------------|-------------------------------|---|
| Diagnostic & Preventive Services | 100% | 80% | Exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, and sealants |
| Basic Services | 80% | 60% | Radiographs, minor restorative services, periodontal maintenance, simple extractions, relines and repairs |
| Major Services | 50% | 50% | Endodontics, periodontics, other oral surgery, other basic services, major restorative services, prosthodontics, and implants |
| Ortho | 50% | 50% | Available for children up to age 19. Lifetime maximum of \$1,000. |
| Maximum (per person, per calendar year) | | | \$1,000 |
| Deductible (per person / per family, per calendar year) | | | \$50 / \$150 Applies to all services |
| Waiting Period | | | 12 month waiting period for Ortho |

Rates

| | |
|-----------|----------|
| Single | \$34.20 |
| Two Party | \$69.15 |
| Family | \$127.78 |



Now offering two-year rate guarantees*

**Does not apply to EHB-plans*

To enroll, complete the Client Information Form and return to your Account Executive at Delta Dental along with enrollment information and proof of prior dental coverage (if applicable). Questions? Contact your Account Executive.

The Delta Dental PPO Plus Premier™ Network

Rates are only valid for 2022 effective dates and do not include any applicable claims taxes. Rates are for both Non-EHB plans and plans that require the certified low Delta Dental PPO plus Premier™ EHB benefits for members age 18 and under.

*The waiting period can be waived for employees previously enrolled in an equivalent dental plan for the 12 months prior to the client's initial effective date. Proof of prior dental coverage is required with the new Client Information Form for clients who wish to have the waiting periods waived.

*The Delta Dental Enhanced plan pays at the 90th percentile for non-participating providers.

*EHB plans are not eligible for a multi-year rate guarantee.

Industries Not Eligible (The following industry groups are not eligible for coverage; however, they may be eligible for coverage through our individual product offerings. Contact your Delta Dental sales representative for more information): * 1099 Contractors *Beauty/barber shops * Leased employees * Private households * Seasonal work (farming and agricultural labor)

Rates are employer paid, contributory, and voluntary coverage

Non-par benefits are included. Ask your Account Executive for details.

Participation Requirements:

Number Eligible: 2 3 4 5 6 7 8 9 10+

Minimum Insured: 2 3 3 4 4 4 5 5 50%

NOTE: Immediate family members must be enrolled on one application and count as one eligible member. At least 75 percent of the employees must be physically located in the state where the contract is held.

