

# Plans for Small Businesses

**FLORIDA — 2018**

**Delta Dental PPO<sup>SM</sup>  
DeltaCare<sup>®</sup> USA**



# Why choose Delta Dental<sup>1</sup>?

## It's simple, really.

Employees are a small business owner's greatest investment, and it's difficult to balance protecting employee health and managing a budget. That's why we've specially designed a portfolio of dental plans<sup>2</sup> to help small businesses meet their benefits goals — simply. We deliver valuable dental benefits at affordable rates, we eliminate complicated benefit administration and we cover more than the bare minimum with rich plan designs and optional features.

### The Delta Dental Difference<sup>®</sup>

**Our Small Business Program offers rate stability.**

We work hard to keep rates consistent year after year.

Our rates don't include hidden fees or set-up charges, so clients know what to expect from enrollment to claims processing.

We specialize in dental benefits. Our rates reflect the true cost of the plan — no cost shifting to other lines of coverage.

**We design our portfolio of plans to fit any budget.**

We offer the power of choice — contribution, network participation, orthodontics and other optional features to suit any benefits strategy.

Plan options, such as PPO plus Premier or voluntary coverage, are attractive for employers and employees alike.

Our plans are easy to use and designed to fit any budget — employers can offer quality dental benefits at an affordable cost.

**We keep it simple — from claims to customer service.**

Our industry-leading<sup>3</sup> dentist networks make it easy to find network savings.

Our enrollee Online Services offer self-service tools that can answer questions, so small business owners don't have to.

We have dedicated customer service lines, with live representatives to assist enrollees.

We are fast and accurate. Our dental-specific IT platforms process claims with more than 99% accuracy.<sup>4</sup>

**For more information, or to get a client quote, contact your general agent or Delta Dental sales representative today. Go ahead — crunch some numbers!**

**Delta Dental provides DeltaCare USA benefits as a Prepaid Limited Health Service Organization as described in Chapter 636 of the Florida Statutes.**

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

<sup>2</sup> In Florida, Delta Dental PPO and DeltaCare USA are underwritten by Delta Dental Insurance Company.

<sup>3</sup> NetMinder Dental Network Trend Report, March 2017

<sup>4</sup> Delta Dental 2016 Annual Report

# Smiles: A new return on investment

If employees are a small business owner's greatest investment, protecting their smiles could be good for business, since good dental health could mean less expensive dentist visits and missed time at work.<sup>1</sup> But we don't stop at healthy — we've got small businesses covered with key plan features that also make employees happy, which could help in attracting top talent.

## Stand-out features and options<sup>2</sup>

### Delta Dental PPO

Our open network plans combine access with affordability — enrollees can visit any licensed dentist, but usually save the most when visiting a PPO dentist. And, our plans also include attractive benefits like implant coverage and white fillings, plus options and features, like:

#### Flexible Plan Designs

We offer small groups options to choose from — like orthodontic coverage, calendar year deductibles, calendar year maximums and rate tiers — to help create a benefits package for every objective.

#### PPO plus Premier

This feature provides additional network cost protections with our Delta Dental Premier® network. Protections include no unbundling of services or billing above the contracted fee; however, enrollees will usually pay less when visiting a PPO dentist.

#### D&P Maximum Waiver® Option

Many of our PPO plans offer our D&P Maximum Waiver option, which waives the annual maximum for diagnostic and preventive care, and could help encourage regular dentist visits.

### DeltaCare USA

Our copay plans combine convenience with affordability — no deductibles, maximums or claims forms to keep track of. Enrollees pay predefined copayments and we handle the rest. Features include:

#### No Surprise Costs

Clearly set copayments eliminate surprise out-of-pocket costs, and there are no hidden fees to worry about.

#### Ease of Use

Enrollees visit their assigned DeltaCare USA dentist for all general care. If they require specialty care, their DeltaCare USA dentist will coordinate referrals.

#### Orthodontic Treatment-in-Progress Provision

We offer a unique provision that allows patients to continue active treatment<sup>3</sup> with their orthodontist — even if they are not in our provider network.

## Get the best of both with Dual Choice

Want the best of both worlds? Clients who meet underwriting guidelines (see pages 8–9 for details) can choose to offer both a PPO and DeltaCare USA plan to their enrollees, offering a choice of network access and affordability in one great benefits package.

<sup>1</sup> Adult Oral Health Survey, Delta Dental Plans Association, January 2017

<sup>2</sup> Features and options listed may vary by plan. Please contact your general agent or Delta Dental sales representative for complete information.

<sup>3</sup> Active treatment means tooth movement has begun. Enrollees are responsible for all copayments and fees under their prior dental plan.

# Delta Dental PPO Benefit Designs<sup>1</sup>

Open network plans combine savings with access to dentists where enrollees need them.

## Employer-Paid Plans (Employer contribution of 50% or more)

Group Size	2-4 Enrolled Employees	5-299 <sup>2</sup> Enrolled Employees							
		Plan	PPO A	PPO A+	PPO B	PPO D		PPO F	
Coinsurance for	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO	Non-PPO	PPO	Premier	Non-Delta Dental
Diagnostic and Preventive (D&P) Services	100%	100%	100%	100%	100%	80%	100%	100%	50%
Basic Services	80%	80%	100%	80%	80%	60%	80%	80%	50%
Major Services	50%	50%	50%	50%	50%	40%	50%	50%	50%
Endodontics & Periodontics	80%	80%	100%	50%	80%	60%	80%	80%	50%
Oral Surgery	80%	80%	100%	50%	80%	60%	80%	80%	50%
Orthodontics	Not covered	Optional (See below)	Optional (See below)	Optional (See below)	Optional (See below)		Optional (See below)		
Calendar Year Deductible (per enrollee/per family)	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150		\$50/ \$150		
Deductible Waived for D&P?	Yes	Yes	Yes	Yes	Yes		Yes	Yes	No
Calendar Year Maximum (per enrollee)	Optional (See below)	Optional (See below)	Optional (See below)	Optional (See below)	Optional (See below)		\$1,000	\$1,000	\$750
Waiting Period	None	None	None	None	None		None		
Options									
Calendar Year Maximum (choose one)	\$1,000 \$1,500	\$1,000 \$1,500 \$2,000	\$1,000 \$1,500 \$2,000	\$1,000 \$1,500 \$2,000	\$1,000 \$1,500 \$2,000		Not an option		
D&P Maximum Waiver* option <sup>3</sup>	Optional	Optional	Optional	Optional	Optional		Optional		
Orthodontics – Child Only	Not an option	50%	50%	50%	50%		50%		
Orthodontic Lifetime Maximum (choose one)	Not applicable	\$1,000 \$1,500	\$1,000 \$1,500	\$1,000 \$1,500	\$1,000 \$1,500		\$1,000 \$1,500		
Fee Basis (choose one)	PPO <sup>4</sup> or	PPO <sup>4</sup> or	PPO <sup>4</sup> or	PPO <sup>4</sup> or	PPO <sup>4</sup> or		PPO <sup>4</sup> or		
	PPO plus Premier <sup>5</sup>	PPO plus Premier <sup>5</sup>	PPO plus Premier <sup>5</sup>	PPO plus Premier <sup>5</sup>	PPO plus Premier <sup>5</sup>		PPO plus Premier <sup>5</sup>		
Rate Tiers (choose one)	2, 3 or 4 Tier	2, 3 or 4 Tier	2, 3 or 4 Tier	2, 3 or 4 Tier	2, 3 or 4 Tier		2, 3 or 4 Tier		

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

<sup>2</sup> Groups of 5-99 enrolled employees with or without claims experience, and 100-299 enrolled employees without claims experience.

<sup>3</sup> D&P services will not apply toward the enrollee's calendar year maximum.

<sup>4</sup> Reimbursement for all dentists will be based on the PPO contracted fee.

<sup>5</sup> Reimbursement will be based on the PPO contracted fee for PPO dentists, the Premier contracted fee for Premier dentists and the plan contract allowance for non-Delta Dentists.

# Delta Dental PPO Benefit Designs<sup>1</sup>

Open network plans combine savings with access to dentists where enrollees need them.

## Voluntary Plans (Employer contribution of 49% or less)

Group Size	2-4 Enrolled Employees		5-299 <sup>2</sup> Enrolled Employees		
	Plan	PPO Vol 1	PPO Vol 1	PPO Vol 2	PPO Vol 3
Coinsurance for	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO
Diagnostic and Preventive (D&P) Services	100%	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%	80%
Major Services	50%	50%	50%	50%	50%
Endodontics & Periodontics	50%	50%	80%	80%	80%
Oral Surgery	50%	50%	50%	80%	80%
Orthodontics	Not covered	Optional (See below)	Optional (See below)	Optional (See below)	Optional (See below)
Calendar Year Deductible (per enrollee/per family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Deductible Waived for D&P?	Yes	Yes	Yes	Yes	Yes
Calendar Year Maximum (per enrollee)	\$1,000	Optional (See below)	Optional (See below)	Optional (See below)	Optional (See below)
D&P Maximum Waiver <sup>3</sup> option <sup>3</sup>	Not an option	Not an option	Not an option	Not an option	Not an option
Waiting Period	12 months <sup>4</sup>	12 months <sup>4</sup>	12 months <sup>4</sup>	12 months <sup>4</sup>	12 months <sup>5</sup>
Fee Basis	PPO <sup>6</sup>	Optional (See below)	Optional (See below)	Optional (See below)	Optional (See below)
Options					
Calendar Year Maximum (choose one)	Not an option	\$1,000/ \$1,500/\$2,000	\$1,000/ \$1,500/\$2,000	\$1,000/ \$1,500/\$2,000	
Orthodontics — Child Only	Not an option	50%	50%	50%	
Orthodontic Lifetime Maximum	Not applicable	\$1,000 <sup>7</sup>	\$1,000 <sup>7</sup>	\$1,000 <sup>7</sup>	
Fee Basis (choose one)	Not an option	PPO <sup>6</sup> or PPO plus Premier <sup>8</sup>	PPO <sup>6</sup> or PPO plus Premier <sup>8</sup>	PPO <sup>6</sup> or PPO plus Premier <sup>8</sup>	
Rate Tiers (choose one)	2, 3 or 4 Tier	2, 3 or 4 Tier	2, 3 or 4 Tier	2, 3 or 4 Tier	

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

<sup>2</sup> Groups of 5-99 enrolled employees with or without claims experience, and 100-299 enrolled employees without claims experience.

<sup>3</sup> D&P services will not apply toward the enrollee's calendar year maximum.

<sup>4</sup> Applies to major and orthodontic services (if covered). Waiting period may be waived for initial enrollees with proof of prior comprehensive coverage (and no break in coverage).

<sup>5</sup> Applies to endodontics, periodontics, oral surgery, major and orthodontic services (if covered). Waiting period may be waived for initial enrollees with proof of prior comprehensive coverage (and no break in coverage).

<sup>6</sup> Reimbursement for all dentists will be based on the PPO contracted fee.

<sup>7</sup> Orthodontic maximum of \$500 is included in annual maximum. Accruals toward orthodontic maximums also accrue toward calendar year maximum.

<sup>8</sup> Reimbursement will be based on the PPO contracted fee for PPO dentists, the Premier contracted fee for Premier dentists and the plan contract allowance for non-Delta Dentists.

# DeltaCare USA Benefit Designs<sup>1</sup>

Our easy to use copay plans have **set copayments**, no annual deductibles and no maximums for covered benefits. Enrollees will visit their selected DeltaCare USA dentist.

## Employer-Paid Or Voluntary Plans

2-299 Enrolled Employees								
Sample Procedures and Enrollee Copayments	Procedure Code <sup>2</sup>	Plan 13A	Plan 14B	Plan 15B	Plan 15C <sup>3</sup>	Plan 48N	Plan M73 <sup>3</sup>	Plan M74 <sup>3</sup>
Diagnostic								
Periodic oral exam — established patient	D0120	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Complete series of x-rays	D0210	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive								
Prophylaxis (cleaning) — adult	D1110	\$0	\$0	\$5	\$5	\$0	\$0	\$0
Prophylaxis (cleaning) — child	D1120	\$0	\$0	\$5	\$5	\$0	\$0	\$0
Sealant — per tooth	D1351	\$10	\$10	\$15	\$15	\$0	\$15	\$0
Restorative								
Amalgam (silver-colored) filling, 1 surface	D2140	\$0	\$0	\$8	\$8	\$0	\$44	\$0
Resin (tooth-colored) filling								
front tooth, 1 surface	D2330	\$0	\$5	\$22	\$22	\$28	\$40	\$28
back tooth, 1 surface	D2391	\$45	\$55	\$65	\$65	\$65	\$70	\$65
Crown — porcelain and precious metal	D2750	\$355	\$380	\$395	\$395	\$485	\$485	\$485
Crown — precious metal	D2790	\$355	\$380	\$395	\$395	\$485	\$485	\$485
Post and core in addition to crown	D2952	\$95	\$95	\$110	\$110	\$85	\$140	\$85
Endodontics								
Root canal, front tooth	D3310	\$95	\$110	\$125	\$125	\$110	\$300	\$110
Root canal, molar tooth	D3330	\$335	\$350	\$365	\$365	\$245	\$470	\$245
Periodontics								
Periodontal surgery, per quadrant	D4260	\$300	\$345	\$385	\$385	\$360	\$435	\$360
Periodontal scaling and root planing — four or more teeth per quadrant	D4341	\$50	\$55	\$60	\$60	\$50	\$78	\$50
Periodontal maintenance	D4910	\$35	\$40	\$45	\$45	\$50	\$55	\$50
Prosthodontics								
Full upper denture	D5110	\$285	\$335	\$365	\$365	\$510	\$600	\$510
Partial upper denture — cast metal framework with resin denture bases (w/ clasps, rests and teeth)	D5213	\$315	\$365	\$395	\$395	\$610	\$630	\$610
Oral and Maxillofacial Surgery								
Extraction (removal) of a fully exposed tooth	D7140	\$5	\$8	\$14	\$14	\$18	\$70	\$18
Extraction (removal) of fully impacted tooth, completely bony	D7240	\$95	\$110	\$120	\$120	\$80	\$160	\$80
Orthodontics								
Pediatric services	D8070	\$1,900	\$1,900	\$1,900	<sup>4</sup>	\$2,100	<sup>4</sup>	\$2,100
Adult services	D8090	\$2,100	\$2,100	\$2,100	<sup>4</sup>	\$2,250	<sup>4</sup>	\$2,250
Deductible/Annual Lifetime Maximums		None						
Rate Tier Options		2, 3 or 4 tier						

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

<sup>2</sup> 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<sup>®</sup>.

<sup>3</sup> When a contract dentist refers specialized services, the enrollee pays 75% of the dentist's allowed fee, or 75% of the submitted fee, whichever is less.

<sup>4</sup> Enrollee pays 75% of the contract orthodontist's allowed fee, or 75% of the submitted fee, whichever is less.

# Delta Dental PPO

## Limitations & Exclusions

### Limitations

1. Exams and cleanings<sup>1</sup> are limited to twice each calendar year.
2. Bitewing x-rays are limited to twice each calendar year for children (to age 18) and once each calendar year for adults.
3. Full mouth x-rays are limited to once every five years.
4. Topical fluoride is limited to twice each calendar year for children under age 19.
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.
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, such as composite instead of amalgam.

### 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.
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.

<sup>1</sup> Pregnant enrollees may receive an additional exam and either: one additional cleaning; or periodontal scaling or root planing per quadrant in the calendar year they are pregnant.

# DeltaCare USA

## Limitations & Exclusions

### 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. Coverage for treatment provided by a pediatric dentist requires a referral from the enrollee's selected DeltaCare USA contract dentist.
4. 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.
5. 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, has poor prognosis for a successful result and reasonable longevity (or 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.
6. Lost or stolen appliances.
7. Procedures, appliances or restoration to diagnose or treat temporomandibular joint (TMJ) conditions.
8. Implant-supported dental appliances.
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. All related fees for admission, use or stays in a hospital, outpatient surgery center, extended care facility or other similar care facility.
12. Prescription drugs.
13. Changes in orthodontic treatment necessitated by any kind of accident.



# Delta Dental Small Business Program

## Underwriting Guidelines

### Group Size

#### PPO

2–99 eligible employees (plus 100–299 eligible employees without claims experience also eligible)

#### DeltaCare USA

2–299 eligible employees.

### Eligible Industries

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

### Eligible Employees

Full-time, permanent employees. Contract employees (category 1099) are not eligible. Employer must submit documentation 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, if offered by group) and dependent children up to 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.

## Participation Requirements

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

If employer contributes:

#### PPO

0–49% (voluntary) — A minimum of five eligible employees must enroll (two for groups with 2–4 employees).

50–74% — A minimum of 50% of all eligible employees or five (two for groups with 2–4 employees), whichever is greater, must enroll.

75–99% — At least 75% of all eligible employees or five (two for groups with 2–4 employees), whichever is greater, must enroll.

#### DeltaCare USA

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

### Out-of-State Enrollees

#### PPO

2–4 employees — one primary enrollee may reside out-of-state if four eligible employees are enrolled; otherwise, all employees must be located in the contract state.

5–49 employees — no more than 25% of primary enrollees may reside out-of-state.

50–99 employees — if all business locations are located in the contract state, we will allow up to 25%; otherwise, no more than 10% of primary enrollees may reside out-of-state.

100–299 employees — no more than 10% of primary enrollees may reside out-of-state.

#### DeltaCare USA

Services under the DeltaCare USA plan must be provided in the contract state.

### Employer Contribution (used to determine participation requirements)

**PPO and DeltaCare USA:** 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 pre-tax payroll deductions.

### 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.

### Open Enrollment

Employees who contribute toward the cost of coverage for themselves and/or their dependents, using pretax dollars, may enroll, terminate, change dependent status or switch plans, if dual choice is offered.

### Termination

Dental coverage will end on the last day of the month when the primary enrollee is no longer eligible. Dependent coverage ends when a dependent is no longer eligible, 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.

### Waiting Period

Applies only to PPO Voluntary plans:

- VOL 1 and VOL 2 plans: 12-month waiting period for all major and orthodontic services, if covered
- VOL 3 plan: 12-month waiting period for all endodontic, periodontal, oral surgery, major and orthodontic services, if covered.
- Initial primary enrollees and their dependents may have the waiting period waived with proof of coverage in employer's prior comprehensive dental plan with no break in coverage (copy of group's prior EOC and last bill required).
- New hires and their dependents cannot have the waiting period waived.

### DeltaCare USA Plans

No waiting period

### Dual Choice

Groups can offer PPO and DeltaCare USA plans to employees. The following will apply:

- This feature is not available in combination with another carrier.
- PPO plan must meet the Participation Requirement (as stated on the previous page).
- Rate tier selection must be the same for both plans.
- When enrolling less than 5 eligible employees in PPO, use the 2-4 rates.
- Two eligible employees, at minimum, must enroll in the DeltaCare USA plan.
- Services under the DeltaCare USA plan must be provided in the contract state.
- 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:

- Employer can offer a Delta Dental PPO plan to one population and DeltaCare USA plan to another (multiple PPO plans are not allowed).
- Not allowed with another carrier.
- Level 2 rating applies to carve-out groups regardless of industry.
- Employer must provide documented proof identifying the carve-out employees.
- 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.

# Delta Dental PPO

## Eligible Industries

Level One	SIC Code
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	SIC Code
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

## Ineligible Industries

Ineligible Industries	SIC Code
Seasonal Employees (Farm Labor & Mgt., Landscape & Horticultural Services) .....	0761-0783
Beauty and 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 .....	8600-8699
Private Households .....	8811
Misc. Services not elsewhere classified .....	8999
International Affairs .....	9721
Seasonal Employees (Christmas/Part-time help) .....	No SIC
High Turnover <sup>1</sup> .....	No SIC

<sup>1</sup> A business has high turnover if 20% or more of the average number of its employees during the past 12 months were newly hired for reasons other than the growth of the business.

# DeltaCare USA

## Eligible Industries

All except for those identified as ineligible below.

## Ineligible Industries

	<b>SIC Code</b>
Seasonal Employment .....	0761-0783
Legal Firms.....	8100-8199
Membership Organizations/Associations.....	8600-8699
High Turnover <sup>1</sup> .....	No SIC

<sup>1</sup> A business has high turnover if 20% or more of the average number of its employees during the past 12 months were newly hired for reasons other than the growth of the business.



### Delta Dental Insurance Company

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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.