

# Plans for Small Businesses

CALIFORNIA — 2018

**Delta Dental PPO<sup>SM</sup>**



# 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 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!**

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

<sup>2</sup> In California, Delta Dental PPO and DeltaCare USA are underwritten by Delta Dental of California.

<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 Plans

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 page 9-10 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 75% or more)

Group Size	Classic											
	2-4 Enrolled Employees				5-99 Enrolled Employees							
Plan	PPO		PPO Plus Premier		PPO				PPO plus Premier			
	Value		Enhanced		Value		Enhanced		Value		Enhanced	
Coinsurance for	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
	Diagnostic and Preventive (D&P) Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%
Basic Services	80%	80%	80%	80%	80%	80%	90%	80%	90%	60%	80%	80%
Major Services	50%	50%	60%	50%	50%	50%	60%	50%	60%	50%	60%	50%
Endodontics & Periodontics	80%	80%	80%	80%	80%	80%	90%	80%	90%	60%	80%	80%
Oral Surgery	80%	80%	80%	80%	80%	80%	90%	80%	90%	60%	80%	80%
Orthodontics	Not covered		Not covered		Optional (See below)		Optional (See below)		Optional (See below)		Optional (See below)	
Calendar Year Deductible (per enrollee)	\$50		\$25	\$50	\$50		\$50		\$50		\$25	\$50
Deductible Waived for D&P?	Yes		Yes		Yes		Yes		Yes		Yes	
Calendar Year Maximum (per enrollee)	Optional (See below)		Optional (See below)		Optional (See below)		Optional (See below)		Optional (See below)		Optional (See below)	
Waiting Period	None		None		None		None		None		None	
Fee Basis	PPO <sup>2</sup>		PPO plus Premier <sup>3</sup>		PPO <sup>2</sup>		PPO <sup>2</sup>		PPO plus Premier <sup>3</sup>		PPO plus Premier <sup>3</sup>	
Rate Tier	3 Tier		3 Tier		3 Tier		3 Tier		3 Tier		3 Tier	
Optional Benefits												
Calendar Year Maximum (choose one)	\$1,000 \$1,500		\$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	
D&P Maximum Waiver <sup>4</sup> option <sup>4</sup>	Optional		Optional		Optional		Optional		Optional		Optional	
Orthodontics (Child only; requires 10 primary enrollees)	Not an option		Not an option		50%		50%		50%		50%	
Orthodontic Lifetime Maximum (choose one)	Not Applicable		Not Applicable		\$1,000 \$1,500		\$1,000 \$1,500		\$1,000 \$1,500		\$1,000 \$1,500	

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

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

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

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

# 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 75% or more)

Group Size	Options					
	50-99 Eligible Employees					
Plan	PPO 1		PPO 2		PPO 3	
Coinsurance for	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Diagnostic and Preventive (D&P) Services	100%	100%	100%	80%	100%	100%
Basic Services	90%	80%	80%	80%	80%	80%
Major Services	60%	50%	50%	50%	50%	50%
Endodontics & Periodontics	Optional (See below)		Optional (See below)		Optional (See below)	
Oral Surgery	90%	80%	80%	80%	80%	80%
Orthodontics	Optional (See below)		Optional (See below)		Optional (See below)	
Calendar Year Deductible (per enrollee)	Optional (See below)		Optional (See below)		Optional (See below)	
Deductible Waived for D&P?	Yes		Yes		Yes	
Calendar Year Maximum (per enrollee)	Optional (See below)		Optional (See below)		Optional (See below)	
Waiting Period	None		None		None	
Fee Basis	PPO plus Premier <sup>2</sup>		PPO plus Premier <sup>2</sup>		PPO plus Premier <sup>2</sup>	
Rate Tiers	Optional (See below)		Optional (See below)		Optional (See below)	
Optional Benefits						
Endodontics & Periodontic (choose one)	90%	80%	80%	80%	80%	80%
	60%	50%	50%	50%	50%	50%
Calendar Year Deductible (per enrollee/per family)	\$25/\$75		\$25/\$75		No deductible	\$25/\$75
	\$50/\$150		\$50/\$150		\$40/\$120	\$50/\$150
Calendar Year Maximum (choose one)	\$1,000		\$1,000		\$1,000	
	\$1,500		\$1,500		\$1,500	
	\$2,000		\$2,000		\$2,000	
D&P Maximum Waiver <sup>3</sup> option <sup>3</sup>	Optional		Optional		Optional	
Orthodontics (choose one)	50% — Children to age 26		50% — Children to age 26		50% — Children to age 26	
	50% — Adults and children		50% — Adults and children		50% — Adults and children	
Orthodontic Lifetime Maximum (choose one)	\$1,000		\$1,000		\$1,000	
	\$1,500		\$1,500		\$1,500	
Rate Tiers (choose one)	3 or 4 Tier		3 or 4 Tier		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> Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the plan contract allowance for non-Delta Dental dentists.

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

# 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 74% or less)

Group Size	Voluntary			
	2-4 Enrolled Employees		5-99 Enrolled Employees	
Plan	PPO Vol		PPO Vol	
Coinsurance for	PPO	Non-PPO	PPO	Non-PPO
Diagnostic and Preventive (D&P) Services	100%		100%	
Basic Services	80%		80%	
Major Services	50%		50%	
Endodontics & Periodontics	50%		50%	
Oral Surgery	50%		50%	
Orthodontics	Not covered		Optional (See below)	
Dental Accident (Lifetime maximum of \$1,000 per enrollee)	100%		100%	
Calendar Year Deductible (per enrollee)	\$50		\$50	
Deductible Waived for D&P?	Yes		Yes	
Calendar Year Maximum (per enrollee)	\$1,000		Optional (See below)	
D&P Maximum Waiver* option <sup>2</sup>	Not an option		Not an option	
Waiting Period	12 months <sup>3</sup>		12 months <sup>3</sup>	
Fee Basis	PPO <sup>4</sup>		PPO <sup>4</sup>	
Rate Tier	4 tier		4 tier	
Optional Benefits				
Calendar Year Maximum (choose one)	Not an option		\$1,000 \$1,500	
Orthodontics — Child Only (Requires a minimum of 25 primary enrollees)	Not covered		50%	
Orthodontic Lifetime Maximum	Not Applicable		\$1,000	

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

<sup>2</sup> D&P services will not apply toward the enrollee's calendar year maximum.

<sup>3</sup> There is a 12-month waiting period for all covered services except D&P, sealants, simple restorations, simple extractions and dental accident. The waiting period may be waived for initial employees and eligible dependents with proof of coverage in their employer's prior comprehensive group dental coverage with no break in coverage. New hires and their dependents are subject to 12-month waiting period regardless of previous coverage.

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

# 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

2-99 Enrolled Employees						
Sample Procedures and Enrollee Copayments	Procedure Code <sup>2</sup>	Plan 10A	Plan 11A	Plan 12A	Plan 15B	Plan 48N
Diagnostic						
Periodic oral exam — established patient	D0120	\$0	\$0	\$0	\$0	\$0
Complete series of x-rays	D0210	\$0	\$0	\$0	\$0	\$0
Preventive						
Prophylaxis (cleaning) — adult	D1110	\$0	\$0	\$0	\$5	\$0
Prophylaxis (cleaning) — child	D1120	\$0	\$0	\$0	\$5	\$0
Sealant — per tooth	D1351	\$5	\$10	\$10	\$15	\$0
Restorative						
Amalgam (silver-colored) filling, 1 surface	D2140	\$0	\$0	\$5	\$8	\$0
Resin (tooth-colored) filling						
front tooth, 1 surface	D2330	\$0	\$0	\$22	\$22	\$28
back tooth, 1 surface	D2391	\$45	\$55	\$65	\$65	\$65
Crown — porcelain and precious metal	D2750	\$195	\$240	\$295	\$395	\$485
Crown — precious metal	D2790	\$170	\$210	\$260	\$395	\$485
Post and core in addition to crown	D2952	\$0	\$35	\$60	\$110	\$85
Endodontics						
Root canal, front tooth	D3310	\$45	\$55	\$85	\$125	\$110
Root canal, molar tooth	D3330	\$205	\$250	\$280	\$365	\$245
Periodontics						
Periodontal surgery, per quadrant	D4260	\$175	\$280	\$300	\$385	\$360
Periodontal scaling and root planing — four or more teeth per quadrant	D4341	\$0	\$25	\$40	\$60	\$50
Periodontal maintenance	D4910	\$0	\$15	\$30	\$45	\$50
Prosthodontics						
Full upper denture	D5110	\$100	\$145	\$215	\$365	\$510
Partial upper denture — cast metal framework with resin denture bases (w/ clasps, rests and teeth)	D5213	\$120	\$160	\$240	\$395	\$610
Oral and Maxillofacial Surgery						
Extraction (removal) of a fully exposed tooth	D7140	\$0	\$5	\$8	\$14	\$18
Extraction (removal) of fully impacted tooth, completely bony	D7240	\$70	\$90	\$95	\$120	\$80
Orthodontics						
Pediatric services	D8070	\$1,700	\$1,700	\$1,700	\$1,900	\$2,100
Adult services	D8090	\$1,900	\$1,900	\$1,900	\$2,100	\$2,250
Deductible/Annual Lifetime Maximums		None				
Rate Tier Options		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.

# 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.
3. Full mouth x-rays are limited to once every five years.
4. Topical fluoride is limited to twice each 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.
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 and DeltaCare USA**

2–99 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 a DE-9C to verify employer/employee relationship. A group of two cannot be comprised of a dependent relationship (e.g., husband and wife).

### Eligible Dependents

Spouse, domestic partner and dependent children up to age 26. Dependents in military service are not eligible. Children under the age of 4 may be enrolled up to the open enrollment following their 4th birthday.

### 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 (unless covered elsewhere)

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 employee selects dependent coverage, regardless of contribution, all eligible dependents must be enrolled (unless covered by another plan).

If employer contributes:

#### **PPO**

0–74% (voluntary) — A minimum of five eligible employees must enroll (two for groups with 2–4 employees). When enrolling less than 5, use 2–4 rates. Orthodontic services require a minimum of 25 primary enrollees.

75–99% — The greater of 75% of all eligible employees or the minimum enrollment (as stated below) must be enrolled.

- PPO Classic Plans — minimum of five primary enrollees (two for groups of 2–4); Orthodontic services require a minimum of 10 primary enrollees
- PPO Options Plans — minimum of 35 primary enrollees

#### **DeltaCare USA**

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

### Out-of-State Enrollees

#### **PPO**

2–3 employees — all primary enrollees must be located in the contract state

4 employees — one primary enrollee may reside out-of-state

5+ employees — no more than 50% 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**

Employer may choose to pay 75–100% of the premium under the employer-paid plans, or 0–74% for voluntary plan selection. Employee contribution must be paid through payroll deductions.

#### **DeltaCare USA**

Refer to the rate sheet for more details on contribution options.

### 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.

### 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:

- 12-month waiting period applies for all covered services except D&P, sealants, simple restorations, simple extractions and dental accident.
- Can be waived for initial primary enrollees and their dependents with proof of coverage in this 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 waive waiting period.

### 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.
- Rate tier selection must be the same for both plans.
- Employer contribution percentage must be identical for both plans.
- PPO plan must meet the Participation Requirement
- **PPO Classic:**
  - 10 or more primary enrollees — minimum of 2 enrolled in one plan with remainder in other plan.
  - Less than 10 primary enrollees - minimum of 2 enrolled in one plan and the remainder in the other plan. When enrolling less than 5 in PPO, use the 2-4 rates.
- **PPO Options:** Minimum of 50 primary enrollees. At least 10 enrolled in one plan and remainder in other plan.
- **PPO Voluntary:** Minimum of 5 primary enrollees in PPO plan and 5 in DeltaCare USA plan. Minimum of 25 primary enrollees in PPO for orthodontic coverage.
  - 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

## Underwriting Guidelines

### Eligible Industries<sup>1</sup>

<b>Level One</b>	<b>SIC Code</b>
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 . . . . .	8300-8499
Museum Art Galleries & Gardens . . . . .	8400-8499
Engineering, Accounting, Research, Management & Related Services . . . . .	8700-8799
Public Administration (excluding International Affairs #9721) . . . . .	9000-9998
<b>Level Two</b> . . . . .	<b>SIC Code</b>
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

### Ineligible Industries

### SIC Code

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

### Voluntary PPO Eligible Industries

All

# DeltaCare USA

## Eligible Industries

All except for those identified as ineligible below.

## Ineligible Industries

Legal firms and associations  
Seasonal employment  
High Turnover<sup>3</sup>

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

<sup>2</sup> Management and the Administrative staff of Associations and Trusts are eligible under Level two. Use SIC Code 9999.

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



**Delta Dental of California**  
100 First Street  
San Francisco, CA 94105

**Regional Sales Contacts**

**Northern California Sales**  
100 First Street  
San Francisco, CA 94105

415-972-8300  
ncasales@delta.org

**Southern California Sales**  
17871 Park Plaza Drive, Suite 200  
Cerritos, CA 90703

562-403-4040  
scasales@delta.org

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.

