



Small Business Plans

Groups with 10-50 employees

CONNECTICUT — 2022

Delta Dental PPO™

Why choose Delta Dental¹?

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 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[®]

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-leading² 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.³

**For more information, or to get a client quote, contact
Small Group Market Sales, (844) 442-0014.
Go ahead — crunch some numbers!**

¹ Delta Dental of New Jersey, Inc., Delta Dental of Connecticut, and its affiliated companies, which are members, or affiliates of members, of the Delta Dental Plans Association.

² Netminder and Zelis - DDPA Industry Trends Report June 2020.

³ Delta Dental Fact Sheet 2020.

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.¹ 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 options²

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 additional options and features.

Flexible plans

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

PPO Plus Premier

This feature provides additional cost protections with our Delta Dental Premier® network. Protections include reduced out of pocket expenses because of the larger network, no unbundling of services or billing above the contracted fee. Enrollees shall have the option to access our lowest cost PPO dentists.

¹ Adult Oral Health Survey, Delta Dental Plans Association, January 2017.

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

Delta Dental PPO benefit designs¹

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

Employer-paid plans (employer contributes at least 50% of the cost of the plan)

Group size	10-50 enrolled employees					
Plan	PPO 1 P&D Only		PPO 2		PPO 3	
Coinsurance for	PPO	Premier & OON	PPO	Premier & OON	PPO	Premier & OON
Preventive and Diagnostic (P&D) Services (additional cleaning during pregnancy)	100%		100%		100%	
Basic Services	Not covered		80%		80%	
Major Services (including implants)	Not covered		Not covered		50%	
Endodontics and Periodontics	Not covered		80%		80%	
Oral Surgery	Not covered		80%		80%	
Orthodontics (Children to age 19)	Not covered		Not covered		Not covered	
Orthodontic Lifetime Maximum	Not applicable		Not applicable		Not applicable	
Calendar Year Deductible (per enrollee/per family)	\$0		\$50/\$150		\$50/\$150	
Deductible Waived for P&D	Yes		Yes		Yes	
Calendar Year Maximum (per enrollee)	Choice: A - \$500 B - \$750		Choice: A - \$1,000 B - \$1,250		Choice: A - \$1,500 B - \$2,000 C - \$5,000	
Fee Basis	PPO ²		PPO ²		PPO ²	
Waiting Period	None		None		None	
Rate Tier	3 tier		3 tier		3 tier	

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

² Reimbursement for all dentists is based on the PPO contracted fee.

Delta Dental PPO benefit designs¹

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

Employer-paid plans (employer contributes at least 50% of the cost of the plan)

Group size	10-50 enrolled employees							
	PPO 4		PPO 5		PPO 6		PPO 7	
Plan								
Coinsurance for	PPO	Premier & OON	PPO	Premier & OON	PPO	Premier & OON	PPO	Premier & OON
Preventive and Diagnostic (P&D) Services (additional cleaning during pregnancy)	100%		100%		100%		100%	
Basic Services	80%		100%		100%		50%	
Major Services (including implants)	50%		60%		60%		50%	
Endodontics and Periodontics	80%		100%		100%		50%	
Oral Surgery	80%		100%		100%		50%	
Orthodontics (Children to age 19)	50%		Not covered		50%		Not covered	
Orthodontic Lifetime Maximum	\$1,000		Not applicable		\$1,000		Not applicable	
Calendar Year Deductible (per enrollee/per family)	\$50/\$150		A: \$50/\$150 or B: \$75/\$225		A: \$50/\$150 or B: \$75/\$225		\$50/\$150	
Deductible Waived for P&D	Yes		Yes		Yes		Yes	
Calendar Year Maximum (per enrollee)	Choice: A - \$1,500 B - \$2,000		Choice: A - \$1,500 B - \$2,000 C - \$5,000		Choice: A - \$1,500 B - \$2,000		Choice: A - \$1,000 B - \$1,500 C - \$2,000	
Fee Basis	PPO ²		PPO ²		PPO ²		PPO ²	
Waiting Period	None		None		None		None	
Rate Tier	3 tier		3 tier		3 tier		3 tier	

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

² Reimbursement for all dentists is based on the PPO contracted fee.

Delta Dental PPO benefit designs¹

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

Benefits differ for PPO versus Premier & Out-of-Network Dentists.

Employer-paid plans (employer contributes at least 50% of the cost of the plan)

Group size	10-50 enrolled employees							
Plan	PPO A		PPO B		PPO C		PPO D	
Coinsurance for	PPO	Premier & Out-of-Network	PPO	Premier & Out-of-Network	PPO	Premier & Out-of-Network	PPO	Premier & Out-of-Network
Preventive and Diagnostic (P&D) Services (additional cleaning during pregnancy)	100%	80%	100%	80%	100%	100%	100%	100%
Basic Services	80%	60%	80%	60%	100%	80%	100%	80%
Major Services (including implants)	50%	50%	50%	50%	60%	50%	60%	50%
Endodontics and Periodontics	80%	60%	80%	60%	100%	80%	100%	80%
Oral Surgery	80%	60%	80%	60%	100%	80%	100%	80%
Orthodontics (Children to age 19)	Not covered		50%	50%	Not covered		50%	50%
Orthodontic Lifetime Maximum	Not applicable		\$1,000		Not applicable		\$1,000	
Calendar Year Deductible (per enrollee/per family)	\$50/\$150	\$75/\$225	\$50/\$150	\$75/\$225	\$50/\$150	\$75/\$225	\$50/\$150	\$75/\$225
Deductible Waived for P&D	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Calendar Year Maximum (per enrollee)	Choice: A - \$1,000 B - \$1,500 C - \$2,000		Choice: A - \$1,000 B - \$1,500 C - \$2,000		Choice: A - \$2,000 B - \$2,500		Choice: A - \$2,000 B - \$2,500	
Fee Basis	PPO ²		PPO ²		PPO ²		PPO ²	
Waiting Period	None		None		None		None	
Rate Tier	3 tier		3 tier		3 tier		3 tier	

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

² Reimbursement for all dentists is based on the PPO contracted fee.

Delta Dental PPO Plus Premier benefit designs¹

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

Benefits differ for PPO versus Premier & Out-of-Network Dentists.

Employer-paid plans (employer contributes at least 50% of the cost of the plan)

Group size	10-50 enrolled employees							
Plan	PPO Plus Premier 1 P&D Only		PPO Plus Premier 2		PPO Plus Premier 3		PPO Plus Premier 4	
Coinsurance for	PPO	Premier & OON	PPO	Premier & OON	PPO	Premier & OON	PPO	Premier & OON
Preventive and Diagnostic (P&D) Services (additional cleaning during pregnancy)	100%		100%		100%		100%	
Basic Services	Not covered		80%		80%		80%	
Major Services (including implants)	Not covered		Not covered		50%		50%	
Endodontics and Periodontics	Not covered		80%		80%		80%	
Oral Surgery	Not covered		80%		80%		80%	
Orthodontics (Children to age 19)	Not covered		Not covered		Not covered		50%	
Orthodontic Lifetime Maximum	Not applicable		Not applicable		Not applicable		\$1,000	
Calendar Year Deductible (per enrollee/per family)	\$0		\$50/\$150		\$50/\$150		\$50/\$150	
Deductible Waived for P&D	Yes		Yes		Yes		Yes	
Calendar Year Maximum ² (per enrollee)	Choice: A - \$750/\$500 B - \$1,000/\$750		Choice: A - \$1,000/\$750 B - \$1,250/\$1,000		Choice: A - \$2,000/\$1,500 B - \$3,000/\$2,500 C - \$5,000/\$4,500		Choice: A - \$2,000/\$1,500 B - \$3,000/\$2,500	
Fee Basis	PPO Plus Premier ³		PPO Plus Premier ³		PPO Plus Premier ³		PPO Plus Premier ³	
Waiting Period	None		None		None		None	
Rate Tier	3 tier		3 tier		3 tier		3 tier	

¹This 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.

²Calendar year maximum is a single combined maximum amount; in- and out-of-network services do not accrue separately. The calendar year maximum will be higher for enrollees who visit a PPO provider.

³Reimbursement 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.

Delta Dental PPO Plus Premier benefit designs¹

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

Benefits differ for PPO versus Premier & Out-of-Network Dentists.

Employer-paid plans (employer contributes at least 50% of the cost of the plan)

Group size	10-50 enrolled employees							
Plan	PPO Plus Premier 5		PPO Plus Premier 6		PPO Plus Premier 7		PPO Plus Premier 90 ⁴	
Coinsurance for	PPO	Premier & Out-of-Network	PPO	Premier & Out-of-Network	PPO	Premier & OON	PPO	Premier & OON
Preventive and Diagnostic (P&D) Services (additional cleaning during pregnancy)	100%		100%		100%		100%	
Basic Services	100%		100%		50%		80%	
Major Services (including implants)	60%		60%		50%		50%	
Endodontics and Periodontics	100%		100%		50%		80%	
Oral Surgery	100%		100%		50%		80%	
Orthodontics (Children to age 19)	Not covered		50%		Not covered		Not covered	
Orthodontic Lifetime Maximum	Not applicable		\$1,000		Not applicable		Not applicable	
Calendar Year Deductible (per enrollee/per family)	A: \$50/\$150 or B: \$75/\$225		A: \$50/\$150 or B: \$75/\$225		\$50/\$150		\$50/\$150	
Deductible Waived for P&D	Yes		Yes		Yes		Yes	
Calendar Year Maximum ² (per enrollee)	Choice: A - \$1,500/\$1,000 B - \$2,000/\$1,500 C - \$5,000/\$4,500		Choice: A - \$1,500/\$1,000 B - \$2,000/\$1,500		Choice: A - \$1,000/\$750 B - \$1,500/\$1,000 C - \$2,000/\$1,500		Choice: A - \$2,000/\$1,500 B - \$3,000/\$2,500 C - \$5,000/\$4,500	
Fee Basis	PPO Plus Premier ³		PPO Plus Premier ³		PPO Plus Premier ³		PPO Plus Premier ⁴	
Waiting Period	None		None		None		None	
Rate Tier	3 tier		3 tier		3 tier		3 tier	

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

² Calendar year maximum is a single combined maximum amount; in- and out-of-network services do not accrue separately. The calendar year maximum will be higher for enrollees who visit a PPO provider.

³ 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.

⁴ Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists, and up to the 90th percentile of the UCR for dentists that are not in the Delta Dental Network.

Delta Dental PPO Plus Premier benefit designs¹

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

Benefits differ for PPO versus Premier & Out-of-Network Dentists.

Employer-paid plans (employer contributes at least 50% of the cost of the plan)

Group size	10-50 enrolled employees							
Plan	PPO Plus Premier A		PPO Plus Premier B		PPO Plus Premier C		PPO Plus Premier D	
Coinsurance for	PPO	Premier & Out-of-Network	PPO	Premier & Out-of-Network	PPO	Premier & Out-of-Network	PPO	Premier & Out-of-Network
Preventive and Diagnostic (P&D) Services (additional cleaning during pregnancy)	100%	80%	100%	80%	100%	100%	100%	100%
Basic Services	80%	60%	80%	60%	100%	80%	100%	80%
Major Services (including implants)	50%	50%	50%	50%	60%	50%	60%	50%
Endodontics and Periodontics	80%	60%	80%	60%	100%	80%	100%	80%
Oral Surgery	80%	60%	80%	60%	100%	80%	100%	80%
Orthodontics (Children to age 19)	Not covered		50%	50%	Not covered		50%	50%
Orthodontic Lifetime Maximum	Not applicable		\$1,000		Not applicable		\$1,000	
Calendar Year Deductible (per enrollee/per family)	\$50/\$150	\$75/\$225	\$50/\$150	\$75/\$225	\$50/\$150	\$75/\$225	\$50/\$150	\$75/\$225
Deductible Waived for P&D	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Calendar Year Maximum ² (per enrollee)	Choice: A - \$1,500/\$1,000 B - \$2,000/\$1,500 C - \$3,000/\$2,500		Choice: A - \$1,500/\$1,000 B - \$2,000/\$1,500 C - \$3,000/\$2,500		Choice: A - \$1,500/\$1,000 B - \$2,000/\$1,500 C - \$2,500/\$2,000		Choice: A - \$1,500/\$1,000 B - \$2,000/\$1,500 C - \$2,500/\$2,000	
Fee Basis	PPO Plus Premier ³		PPO Plus Premier ³		PPO Plus Premier ³		PPO Plus Premier ³	
Waiting Period	None		None		None		None	
Rate Tier	3 tier		3 tier		3 tier		3 tier	

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

² Calendar year maximum is a single combined maximum amount; in- and out-of-network services do not accrue separately. The calendar year maximum will be higher for enrollees who visit a PPO provider.

³ 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.

Delta Dental PPO and PPO Plus Premier benefit designs¹

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

Voluntary plans (employer contributes less than 50% of the cost of the plan)

Group size	10-50 enrolled employees					
Plan	PPO V1		PPO V2		PPO V3 No Waiting Period	
Coinsurance for	PPO	Premier & OON	PPO	Premier & OON	PPO	Premier & OON
Preventive and Diagnostic (P&D) Services (additional cleaning during pregnancy)	100%		100%		100%	
Basic Services	Not covered		80%		80%	
Major Services ² (including implants)	Not covered		50%		50%	
Endodontics and Periodontics ³	Not covered		80%		80%	
Oral Surgery ³	Not covered		80%		80%	
Orthodontics (Children to age 19)	Not covered		Not covered		Not covered	
Orthodontic Lifetime Maximum	Not applicable		Not applicable		Not applicable	
Calendar Year Deductible (per enrollee/per family)	\$0		\$50/\$150		\$50/\$150	
Deductible Waived for P&D	Not applicable		Yes		Yes	
Calendar Year Maximum (per enrollee)	Choice: A - \$500 B - \$750		Choice: A - \$1,000 B - \$1,500 C - \$2,000		Choice: A - \$1,000 B - \$1,500 C - \$2,000	
Fee Basis	PPO ⁴		PPO ⁴		PPO ⁴	
Waiting Period	None		12 months ² 6 months ³		None	
Rate Tier	3 tier		3 tier		3 tier	

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

² There is a 12-month waiting period for all major services and orthodontics, if covered. The waiting period may be waived for groups with proof of prior comprehensive group dental coverage with no break in coverage.

³ There is a six-month waiting period for all oral surgery, endodontic and periodontic services. The waiting period may be waived for groups with proof of prior comprehensive group dental coverage with no break in coverage.

⁴ Reimbursement for all dentists is based on the PPO contracted fee.

Delta Dental PPO and PPO Plus Premier benefit designs¹

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

Voluntary plans (employer contributes less than 50% of the cost of the plan)

Group size	10-50 enrolled employees					
Plan	PPO V4 With Ortho		PPO V5		PPO V6	
Coinsurance for	PPO	Premier & OON	PPO	Premier & OON	PPO	Premier & OON
Preventive and Diagnostic (P&D) Services (additional cleaning during pregnancy)	100%		100%		100%	
Basic Services	80%		50%		80%	
Major Services ² (including implants)	50%		50%		Not covered	
Endodontics and Periodontics ³	80%		50%		80%	
Oral Surgery ³	80%		50%		80%	
Orthodontics (Children to age 19)	50%		Not covered		Not covered	
Orthodontic Lifetime Maximum	\$1,000		Not applicable		Not applicable	
Calendar Year Deductible (per enrollee/per family)	\$50/\$150		\$50/\$150		\$50/\$150	
Deductible Waived for P&D	Yes		Yes		Yes	
Calendar Year Maximum (per enrollee)	Choice: C - \$2,000		Choice: A - \$1,000 B - \$1,500 C - \$2,000		Choice: A - \$1,000 B - \$1,250	
Fee Basis	PPO ⁴		PPO ⁴		PPO ⁴	
Waiting Period	12 months ² 6 months ³		12 months ² 6 months ³		6 months ³	
Rate Tier	3 tier		3 tier		3 tier	

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

² There is a 12-month waiting period for all major services and orthodontics, if covered. The waiting period may be waived for groups with proof of prior comprehensive group dental coverage with no break in coverage.

³ There is a six-month waiting period for all oral surgery, endodontic and periodontic services. The waiting period may be waived for groups with proof of prior comprehensive group dental coverage with no break in coverage.

⁴ Reimbursement for all dentists is based on the PPO contracted fee.

Delta Dental PPO and PPO Plus Premier benefit designs¹

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

Voluntary plans (employer contributes less than 50% of the cost of the plan)

Group size	10-50 enrolled employees									
Plan	PPO Plus Premier V1 P&D Only		PPO Plus Premier V2		PPO Plus Premier V3 No Waiting Period		PPO Plus Premier V5		PPO Plus Premier V6	
Coinsurance for	PPO	Premier & OON	PPO	Premier & OON	PPO	Premier & OON	PPO	Premier & OON	PPO	Premier & OON
Preventive and Diagnostic (P&D) Services (additional cleaning during pregnancy)	100%		100%		100%		100%		100%	
Basic Services	Not covered		80%		80%		50%		80%	
Major Services ² (including implants)	Not covered		50%		50%		50%		Not covered	
Endodontics and Periodontics ³	Not covered		80%		80%		50%		80%	
Oral Surgery ³	Not covered		80%		80%		50%		80%	
Orthodontics (Children to age 19)	Not covered		Not covered		Not covered		Not covered		Not covered	
Orthodontic Lifetime Maximum	Not applicable		Not applicable		Not applicable		Not applicable		Not applicable	
Calendar Year Deductible (per enrollee/per family)	\$0		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
Deductible Waived for P&D	Not applicable		Yes		Yes		Yes		Yes	
Calendar Year Maximum ⁴ (per enrollee)	Choice: A - \$500 B - \$750		Choice: A - \$1,500/\$1,000 B - \$2,000/\$1,500		Choice: A - \$1,500/\$1,000 B - \$2,000/\$1,500		Choice: A - \$1,000/\$750 B - \$1,500/\$1,000 C - \$2,000/\$1,500		Choice: A - \$1,000/\$750 B - \$1,250/\$1,000	
Fee Basis	PPO Plus Premier ⁵		PPO Plus Premier ⁵		PPO Plus Premier ⁵		PPO Plus Premier ⁵		PPO Plus Premier ⁵	
Waiting Period	None		12 months ² , 6 months ³		None		12 months ² , 6 months ³		6 months ³	
Rate Tiers	3 tier		3 tier		3 tier		3 tier		3 tier	

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

² There is a 12-month waiting period for all major services and orthodontics, if covered. The waiting period may be waived for groups with proof of prior comprehensive group dental coverage with no break in coverage.

³ There is a six-month waiting period for all oral surgery, endodontic and periodontic services. The waiting period may be waived for groups with proof of prior comprehensive group dental coverage with no break in coverage.

⁴ Calendar year maximum is a single combined dollar amount; in- and out-of-network services will not accrue separately. The calendar year maximum will be higher for enrollees who visit an in-network provider.

⁵ 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.

Delta Dental PPO

Limitations and exclusions

Limitations

1. Exams and cleanings¹ are limited to twice each calendar year.
2. Bitewing x-rays are limited to once per benefit period for persons age 19 and over, twice for persons age 18 and under.
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.

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.
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 a enrollee's effective eligibility date.
8. Prescription drugs, pre-medication and relative analgesia.
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.

Please see the client contract and explanation of coverage for a complete list of limitations and exclusions.

¹ 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.

Delta Dental Small Business Program

Underwriting guidelines

Group size

10–50 enrolled 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 27. Orthodontic treatment, if applicable, covers dependent children to age 19. 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 employee contribution is identical for both plans. Coverage must be available to all retirees.

Participation requirements

All plans — If employer contributes 100% of the cost, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% of the cost for dependents, all eligible dependents must be enrolled.

If employer contributes:

0–49% (Voluntary) — At least 25% of all eligible employees must enroll.

50–99% (Employer-Paid) — At least 75% of eligible employees or 10 employees, whichever is greater. At least 50% of employees with dependents must enroll their dependents.

Out-of-state enrollees

Eligible employees residing out-of-state may receive care from any licensed dentist, regardless of location.

Employer contribution (used to determine participation requirements)

Employee contribution must be paid through pre-tax payroll deductions.

Employer-paid

Employer contributes at least 50% of the cost of the plan.

Voluntary

Employer contributes less than 50% of the cost of the plan (employee may contribute up to 100% toward the cost of the plan).

Underwriting guidelines (continued)

Waiving coverage

Employees who contribute towards the cost of the premium for themselves and/or their dependents and employees/dependents with coverage elsewhere may have coverage waived.

Open enrollment

Employees who contribute towards the cost of coverage for themselves and/or their dependents, using pretax dollars, may enroll, terminate or change dependents status.

Changing benefits

Groups can only change benefits at the policy anniversary (renewal).

Waiting periods

The below waiting periods may be waived if the group can provide proof of prior comprehensive group dental coverage with no break in coverage and a copy of the most recent invoice or statement from the previous carrier.

Employer-paid plans

Groups with 10-50: No waiting period

Voluntary plans

If applicable to the selected plan, there is a six-month waiting period for all oral surgery, endodontic and periodontic services, if covered.

If applicable to the selected plan, there is a 12-month waiting period for all major services, if covered.

Eligible/ineligible industries¹

Eligible industries	SIC code
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 and Publishing	2700-2799
Manufacturing (except Jewelry Manufacturing #3911-3915)	2800-3999
Jewelry Manufacturing	3911-3915
Transportation	4000-4799
Communication (Radio, Telephone, TV/Radio Broadcasting)	4800-4899
Utilities	4900-4999
Wholesale Trade	5000-5199
Auto Dealerships	5511-5599
Restaurants	5800-5899
Retail	5200-5510, 5610-5699, 5712-5736, 5912-5999
Finance (Banks, Securities, Credit Agencies)	6000-6299
Insurance Carriers/Brokers	6300-6499
Real Estate	6500-6799
Services	7000-7099, 7221, 7291-7299, 7319, 7631
Beauty and Barber Shops	7231-7241
Services	7100-7220, 7222-7230, 7242-7290, 7300-7318, 7320-7388, 7390-7630, 7632-7799
Employment Agencies (Management and Administrative Staff only)	7361-7363
Amusement, Recreation and Entertainment	7800-7999
Hospitals	8062-8069
Medical Labs and Dental Labs	8071, 8072
Medical Group	8000-8059 & 8082-8099
Legal	8100-8199
Private Schools (Elementary and High School)	8200-8299
Community Service Organizations/Social Services/Government Funded Group	8300-8399
Museums, Art Galleries & Gardens	8400-8499
Membership/Organizations/Associations (Management and Administrative Staff only)	8600-8699
Engineering, Accounting, Research, Management and Related Services	8700-8799
International Affairs	9721
Management Carve-out (regardless of industry)	9999

Ineligible industries	SIC code
Seasonal Employees (Farm Labor and Management, Landscape and Horticultural Services)	0761-0783
Staff Placed By Employment Agencies	7361-7363
Miscellaneous Business Services	7389
Dentist Offices	8021
Public Schools (Elementary and High School) ²	8200-8299
Members of Membership Organizations/Associations	8600-8699
Private Households	8811
Miscellaneous Services not elsewhere classified	8999
Public Administration (Cities, Counties, Police, etc.) ²	9000-9720, 9722-9998
Seasonal Employees (Christmas/Part-time Help)	No SIC
High Turnover ³	Varies

¹ SIC rate level cannot change for renewing business.

² Public Sector Groups are an eligible industry with Delta Dental NJ/CT; they are excluded under the Small Business Program.

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



Delta Dental of Connecticut

148 Eastern Blvd.
Suite 310
Glastonbury, CT 06033

Carin Hep
Small Group and Individual Programs Sales Director
(973) 944-4519
chep@deltadentalnj.com

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.

Need help?



Visit DeltaDentalCT.com to find a participating dentist or DeltaDentalCT.com/MySmile to print your ID card



For benefits or claims questions, call **800-452-9310**

