

Delta Dental PPO™

For groups with 10 to 50 enrolled employees

Plan Year 2022

Rates — Connecticut

Monthly rates valid for effective dates of January 1, 2022 through December 31, 2022. **Rate guarantee:** One year for groups enrolling on or before December 31, 2022. Rates are guaranteed from the effective date. Monthly rates are based on the location of the group's headquarters.

PPO ¹ Plans — 50% to 100% Employer Contribution							
Area 1 — Litchfield, Middlesex, New London, Windham							
Plan	PPO 1	PPO 2	PPO 3	PPO 4	PPO 5	PPO 6	PPO 7
Deductible/Maximum	A	A	A	A	AA	AA	A
Employee Only	\$8.82	\$20.79	\$34.25	\$34.25	\$35.83	\$35.83	\$29.80
Employee & 1 Dependent	\$16.94	\$39.91	\$65.76	\$69.97	\$68.79	\$73.00	\$57.22
Employee & Family	\$28.78	\$67.81	\$111.72	\$118.27	\$116.87	\$123.42	\$97.22
Deductible/Maximum	B	B	B	B	AB	AB	B
Employee Only	\$10.50	\$21.83	\$35.41	\$35.41	\$37.05	\$37.05	\$32.05
Employee & 1 Dependent	\$20.16	\$41.92	\$67.99	\$72.21	\$71.14	\$75.36	\$61.53
Employee & Family	\$34.26	\$71.23	\$115.52	\$122.06	\$120.88	\$127.42	\$104.55
Deductible/Maximum			C		AC		C
Employee Only			\$36.95		\$38.66		\$33.13
Employee & 1 Dependent			\$70.94		\$74.23		\$63.62
Employee & Family			\$120.52		\$126.12		\$108.09
Deductible/Maximum					BA	BA	
Employee Only					\$34.34	\$34.34	
Employee & 1 Dependent					\$65.93	\$70.14	
Employee & Family					\$112.02	\$118.56	
Deductible/Maximum					BB	BB	
Employee Only					\$35.51	\$35.51	
Employee & 1 Dependent					\$68.18	\$72.40	
Employee & Family					\$115.84	\$122.39	
Deductible/Maximum					BC		
Employee Only					\$37.05		
Employee & 1 Dependent					\$71.14		
Employee & Family					\$120.88		

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 50-99% (Employer-Paid) — at least 75% of eligible employees or 10 primary enrollees, whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

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PPO ¹ Plans — 50% to 100% Employer Contribution							
Area 2 — Fairfield, Hartford, New Haven, Tolland							
Plan	PPO 1	PPO 2	PPO 3	PPO 4	PPO 5	PPO 6	PPO 7
Deductible/Maximum	A	A	A	A	AA	AA	A
Employee Only	\$9.44	\$22.24	\$36.64	\$36.64	\$38.33	\$38.33	\$31.88
Employee & 1 Dependent	\$18.12	\$42.70	\$70.35	\$74.86	\$73.59	\$78.10	\$61.21
Employee & Family	\$30.79	\$72.55	\$119.53	\$126.53	\$125.04	\$132.04	\$104.00
Deductible/Maximum	B	B	B	B	AB	AB	B
Employee Only	\$11.24	\$23.36	\$37.88	\$37.88	\$39.64	\$39.64	\$34.28
Employee & 1 Dependent	\$21.57	\$44.85	\$72.74	\$77.25	\$76.11	\$80.62	\$65.83
Employee & Family	\$36.65	\$76.20	\$123.59	\$130.59	\$129.32	\$136.32	\$111.84
Deductible/Maximum			C		AC		C
Employee Only			\$39.53		\$41.36		\$35.44
Employee & 1 Dependent			\$75.89		\$79.41		\$68.05
Employee & Family			\$128.94		\$134.92		\$115.63
Deductible/Maximum					BA	BA	
Employee Only					\$36.74	\$36.74	
Employee & 1 Dependent					\$70.53	\$75.04	
Employee & Family					\$119.84	\$126.84	
Deductible/Maximum					BB	BB	
Employee Only					\$37.99	\$37.99	
Employee & 1 Dependent					\$72.94	\$77.45	
Employee & Family					\$123.93	\$130.93	
Deductible/Maximum					BC		
Employee Only					\$39.64		
Employee & 1 Dependent					\$76.11		
Employee & Family					\$129.32		

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 50-99% (Employer-Paid) — at least 75% of eligible employees or 10 primary enrollees, whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

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PPO ¹ Plans — 50% to 100% Employer Contribution				
Area 1 — Litchfield, Middlesex, New London, Windham				
Plan	PPO A	PPO B	PPO C	PPO D
Deductible/Maximum	A	A	A	A
Employee Only	\$27.68	\$27.68	\$35.49	\$35.49
Employee & 1 Dependent	\$53.15	\$57.36	\$68.15	\$72.36
Employee & Family	\$90.30	\$96.84	\$115.79	\$122.33
Deductible/Maximum	B	B	B	B
Employee Only	\$30.18	\$30.18	\$36.03	\$36.03
Employee & 1 Dependent	\$57.94	\$62.16	\$69.19	\$73.40
Employee & Family	\$98.45	\$104.99	\$117.55	\$124.09
Deductible/Maximum	C	C		
Employee Only	\$31.69	\$31.69		
Employee & 1 Dependent	\$60.84	\$65.05		
Employee & Family	\$103.37	\$109.91		
Area 2 — Fairfield, Hartford, New Haven, Tolland				
Plan	PPO A	PPO B	PPO C	PPO D
Deductible/Maximum	A	A	A	A
Employee Only	\$29.61	\$29.61	\$37.97	\$37.97
Employee & 1 Dependent	\$56.86	\$61.37	\$72.91	\$77.42
Employee & Family	\$96.60	\$103.60	\$123.87	\$130.87
Deductible/Maximum	B	B	B	B
Employee Only	\$32.29	\$32.29	\$38.55	\$38.55
Employee & 1 Dependent	\$61.99	\$66.50	\$74.02	\$78.53
Employee & Family	\$105.33	\$112.32	\$125.76	\$132.76
Deductible/Maximum	C	C		
Employee Only	\$33.90	\$33.90		
Employee & 1 Dependent	\$65.09	\$69.59		
Employee & Family	\$110.58	\$117.58		

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 50-99% (Employer-Paid) — at least 75% of eligible employees or 10 primary enrollees, whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

Delta Dental PPO Plus Premier™

For groups with 10 to 50 enrolled employees

Plan Year 2022

Rates — Connecticut

Monthly rates valid for effective dates of January 1, 2022 through December 31, 2022. **Rate guarantee:** One year for groups enrolling on or before December 31, 2022. Rates are guaranteed from the effective date. Monthly rates are based on the location of the group's headquarters.

PPO Plus Premier ² Plans - 50% - 100% Employer Contribution				
Area 1 — Litchfield, Middlesex, New London, Windham				
Plan	PPO Plus Premier 1 P&D Only	PPO Plus Premier 2	PPO Plus Premier 3	PPO Plus Premier 4
Deductible/Maximum	A	A	A	A
Employee Only	\$10.76	\$23.60	\$41.79	\$41.79
Employee & 1 Dependent	\$20.67	\$45.32	\$80.23	\$84.45
Employee & Family	\$35.11	\$77.00	\$136.32	\$142.86
Deductible/Maximum	B	B	B	B
Employee Only	\$12.50	\$25.46	\$43.62	\$43.62
Employee & 1 Dependent	\$23.99	\$48.88	\$83.75	\$87.96
Employee & Family	\$40.76	\$83.06	\$142.29	\$148.83
Deductible/Maximum			C	
Employee Only			\$44.46	
Employee & 1 Dependent			\$85.36	
Employee & Family			\$145.02	
Area 2 — Fairfield, Hartford, New Haven, Tolland				
Plan	PPO Plus Premier 1 P&D Only	PPO Plus Premier 2	PPO Plus Premier 3	PPO Plus Premier 4
Deductible/Maximum	A	A	A	A
Employee Only	\$11.52	\$25.25	\$44.71	\$44.71
Employee & 1 Dependent	\$22.11	\$48.48	\$85.83	\$90.34
Employee & Family	\$37.56	\$82.38	\$145.84	\$152.84
Deductible/Maximum	B	B	B	B
Employee Only	\$13.37	\$27.24	\$46.66	\$46.66
Employee & 1 Dependent	\$25.67	\$52.30	\$89.60	\$94.11
Employee & Family	\$43.61	\$88.86	\$152.23	\$159.23
Deductible/Maximum			C	
Employee Only			\$47.56	
Employee & 1 Dependent			\$91.32	
Employee & Family			\$155.15	

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 50-99% (Employer-Paid) — at least 75% of eligible employees or 10 primary enrollees, whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

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PPO Plus Premier ² Plans - 50% - 100% Employer Contribution				
Area 1 — Litchfield, Middlesex, New London, Windham				
Plan	PPO Plus Premier 5	PPO Plus Premier 6	PPO Plus Premier 7	PPO Plus Premier 90 ³
Deductible/Maximum	AA	AA	A	A
Employee Only	\$40.64	\$40.64	\$35.13	\$45.21
Employee & 1 Dependent	\$78.04	\$82.25	\$67.44	\$86.81
Employee & Family	\$132.59	\$139.13	\$114.59	\$147.50
Deductible/Maximum	AB	AB	B	B
Employee Only	\$43.71	\$43.71	\$37.77	\$47.20
Employee & 1 Dependent	\$83.92	\$88.14	\$72.52	\$90.62
Employee & Family	\$142.59	\$149.13	\$123.22	\$153.97
Deductible/Maximum	AC		C	C
Employee Only	\$46.49		\$39.10	\$48.11
Employee & 1 Dependent	\$89.27		\$75.08	\$92.36
Employee & Family	\$151.68		\$127.56	\$156.93
Deductible/Maximum	BA	BA		
Employee Only	\$38.96	\$38.96		
Employee & 1 Dependent	\$74.80	\$79.01		
Employee & Family	\$127.08	\$133.62		
Deductible/Maximum	BB	BB		
Employee Only	\$41.89	\$41.89		
Employee & 1 Dependent	\$80.44	\$84.65		
Employee & Family	\$136.67	\$143.21		
Deductible/Maximum	BC			
Employee Only	\$44.56			
Employee & 1 Dependent	\$85.56			
Employee & Family	\$145.37			

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 50-99% (Employer-Paid) — at least 75% of eligible employees or 10 primary enrollees, whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

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PPO Plus Premier ² Plans - 50% - 100% Employer Contribution				
Area 2 — Fairfield, Hartford, New Haven, Tolland				
Plan	PPO Plus Premier 5	PPO Plus Premier 6	PPO Plus Premier 7	PPO Plus Premier 90 ³
Deductible/Maximum	AA	AA	A	A
Employee Only	\$43.48	\$43.48	\$37.58	\$48.37
Employee & 1 Dependent	\$83.49	\$88.00	\$72.15	\$92.87
Employee & Family	\$141.85	\$148.85	\$122.59	\$157.80
Deductible/Maximum	AB	AB	B	B
Employee Only	\$46.76	\$46.76	\$40.41	\$50.49
Employee & 1 Dependent	\$89.78	\$94.29	\$77.59	\$96.95
Employee & Family	\$152.55	\$159.55	\$131.83	\$164.72
Deductible/Maximum	AC		C	C
Employee Only	\$49.74		\$41.83	\$51.47
Employee & 1 Dependent	\$95.50		\$80.32	\$98.81
Employee & Family	\$162.27		\$136.47	\$167.89
Deductible/Maximum	BA	BA		
Employee Only	\$41.68	\$41.68		
Employee & 1 Dependent	\$80.02	\$84.53		
Employee & Family	\$135.96	\$142.96		
Deductible/Maximum	BB	BB		
Employee Only	\$44.82	\$44.82		
Employee & 1 Dependent	\$86.05	\$90.56		
Employee & Family	\$146.21	\$153.21		
Deductible/Maximum	BC			
Employee Only	\$47.68			
Employee & 1 Dependent	\$91.54			
Employee & Family	\$155.53			

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 50-99% (Employer-Paid) — at least 75% of eligible employees or 10 primary enrollees, whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

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PPO Plus Premier ² Plans - 50% - 100% Employer Contribution				
Area 1 — Litchfield, Middlesex, New London, Windham				
Plan	PPO Plus Premier A	PPO Plus Premier B	PPO Plus Premier C	PPO Plus Premier D
Deductible/Maximum	A	A	A	A
Employee Only	\$32.07	\$32.07	\$38.14	\$38.14
Employee & 1 Dependent	\$61.57	\$65.78	\$73.23	\$77.45
Employee & Family	\$104.60	\$111.15	\$124.43	\$130.97
Deductible/Maximum	B	B	B	B
Employee Only	\$34.38	\$34.38	\$40.98	\$40.98
Employee & 1 Dependent	\$66.01	\$70.23	\$78.69	\$82.91
Employee & Family	\$112.16	\$118.70	\$133.70	\$140.24
Deductible/Maximum	C	C	C	C
Employee Only	\$35.85	\$35.85	\$42.16	\$42.16
Employee & 1 Dependent	\$68.83	\$73.05	\$80.95	\$85.17
Employee & Family	\$116.95	\$123.49	\$137.54	\$144.08
Area 2 — Fairfield, Hartford, New Haven, Tolland				
Plan	PPO Plus Premier A	PPO Plus Premier B	PPO Plus Premier C	PPO Plus Premier D
Deductible/Maximum	A	A	A	A
Employee Only	\$34.31	\$34.31	\$40.81	\$40.81
Employee & 1 Dependent	\$65.87	\$70.37	\$78.35	\$82.86
Employee & Family	\$111.91	\$118.91	\$133.12	\$140.11
Deductible/Maximum	B	B	B	B
Employee Only	\$36.78	\$36.78	\$43.85	\$43.85
Employee & 1 Dependent	\$70.62	\$75.13	\$84.19	\$88.70
Employee & Family	\$119.99	\$126.99	\$143.04	\$150.04
Deductible/Maximum	C	C	C	C
Employee Only	\$38.35	\$38.35	\$45.11	\$45.11
Employee & 1 Dependent	\$73.64	\$78.15	\$86.61	\$91.11
Employee & Family	\$125.12	\$132.12	\$147.15	\$154.15

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 50-99% (Employer-Paid) — at least 75% of eligible employees or 10 primary enrollees, whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

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PPO ¹ Plans - 0% - 49% Employer Contribution						
Area 1 — Litchfield, Middlesex, New London, Windham						
Plan	PPO V1 P&D Only	PPO V2	PPO V3	PPO V4	PPO V5	PPO V6
Deductible/Maximum	A	A	A		A	A
Employee Only	\$10.48	\$37.32	\$37.88		\$35.40	\$24.69
Employee & 1 Dependent	\$20.13	\$71.65	\$72.73		\$67.97	\$47.41
Employee & Family	\$34.20	\$121.73	\$123.57		\$115.49	\$80.56
Deductible/Maximum	B	B	B		B	B
Employee Only	\$12.47	\$40.68	\$41.29		\$38.07	\$25.94
Employee & 1 Dependent	\$23.94	\$78.11	\$79.28		\$73.10	\$49.80
Employee & Family	\$40.67	\$132.71	\$134.70		\$124.20	\$84.62
Deductible/Maximum		C	C	C	C	
Employee Only		\$42.06	\$42.69	\$42.06	\$39.36	
Employee & 1 Dependent		\$80.76	\$81.97	\$85.76	\$75.58	
Employee & Family		\$137.21	\$139.27	\$144.98	\$128.41	
Area 2 — Fairfield, Hartford, New Haven, Tolland						
Plan	PPO V1 P&D Only	PPO V2	PPO V3	PPO V4	PPO V5	PPO V6
Deductible/Maximum	A	A	A		A	A
Employee Only	\$11.22	\$39.92	\$40.52		\$37.87	\$26.42
Employee & 1 Dependent	\$21.53	\$76.65	\$77.80		\$72.72	\$50.73
Employee & Family	\$36.59	\$130.23	\$132.18		\$123.55	\$86.19
Deductible/Maximum	B	B	B		B	B
Employee Only	\$13.34	\$43.52	\$44.17		\$40.73	\$27.75
Employee & 1 Dependent	\$25.61	\$83.56	\$84.81		\$78.20	\$53.28
Employee & Family	\$43.52	\$141.98	\$144.10		\$132.87	\$90.53
Deductible/Maximum		C	C	C	C	
Employee Only		\$45.00	\$45.67	\$45.00	\$42.11	
Employee & 1 Dependent		\$86.40	\$87.69	\$91.75	\$80.85	
Employee & Family		\$146.79	\$149.00	\$155.11	\$137.36	

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 0-49% (Voluntary) — At least 25% of all eligible employees must enroll.

Delta Dental PPO Plus Premier

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PPO Plus Premier ² Plans - 0% - 49% Employer Contribution					
Area 1 — Litchfield, Middlesex, New London, Windham					
Plan	PPO Plus Premier V1 P&D Only	PPO Plus Premier V2	PPO Plus Premier V3	PPO Plus Premier V5	PPO Plus Premier V6
Deductible/Maximum	A	A	A	A	A
Employee Only	\$12.78	\$46.16	\$46.85	\$41.73	\$28.04
Employee & 1 Dependent	\$24.55	\$88.62	\$89.96	\$80.12	\$53.84
Employee & Family	\$41.71	\$150.57	\$152.84	\$136.13	\$91.48
Deductible/Maximum	B	B	B	B	B
Employee Only	\$14.84	\$49.64	\$50.38	\$44.87	\$30.25
Employee & 1 Dependent	\$28.49	\$95.30	\$96.73	\$86.16	\$58.07
Employee & Family	\$48.41	\$161.93	\$164.35	\$146.39	\$98.67
Deductible/Maximum				C	
Employee Only				\$46.45	
Employee & 1 Dependent				\$89.19	
Employee & Family				\$151.54	
Area 2 — Fairfield, Hartford, New Haven, Tolland					
Plan	PPO Plus Premier V1 P&D Only	PPO Plus Premier V2	PPO Plus Premier V3	PPO Plus Premier V5	PPO Plus Premier V6
Deductible/Maximum	A	A	A	A	A
Employee Only	\$13.68	\$49.38	\$50.12	\$44.64	\$30.00
Employee & 1 Dependent	\$26.26	\$94.81	\$96.24	\$85.71	\$57.60
Employee & Family	\$44.62	\$161.08	\$163.52	\$145.64	\$97.86
Deductible/Maximum	B	B	B	B	B
Employee Only	\$15.88	\$53.10	\$53.90	\$48.01	\$32.36
Employee & 1 Dependent	\$30.48	\$101.96	\$103.49	\$92.18	\$62.13
Employee & Family	\$51.80	\$173.24	\$175.83	\$156.62	\$105.56
Deductible/Maximum				C	
Employee Only				\$49.70	
Employee & 1 Dependent				\$95.42	
Employee & Family				\$162.13	

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 0-49% (Voluntary) — At least 25% of all eligible employees must enroll.

¹ Reimbursement for all dentists is based on the PPO contracted fee.

² 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.

³ Reimbursement for covered services 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.

Deductible/Maximum Key: Single Letter = Maximum, Double Letter = Deductible/Maximum



Delta Dental PPO™

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 and 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.