

2019 Dental and Vision Rates

EMPLOYER CHOICE PPO plus PREMIER PRIME DENTAL PLANS

PPO plus PREMIER PLAN A PRIME

# of Enrolled EEs*	Per-Person Rates			Four-Tier Rates					
	Adult	Child	Child with Ortho	Single	Employee/Spouse	Employee/Child(ren)	Family	Employee/Child(ren) with Ortho	Family with Ortho
Base Rate/1-9	\$23.92	\$22.68	\$32.02	\$27.08	\$55.24	\$47.42	\$81.50	\$57.92	\$95.94
10-25	\$22.80	\$21.60	\$30.50	\$25.58	\$52.20	\$44.80	\$77.02	\$54.72	\$90.66
26-50	\$21.66	\$20.56	\$29.04	\$24.38	\$49.76	\$44.26	\$72.76	\$52.70	\$86.42

PPO plus PREMIER PLAN B PRIME

# of Enrolled EEs*	Per-Person Rates			Four-Tier Rates					
	Adult	Child	Child with Ortho	Single	Employee/Spouse	Employee/Child(ren)	Family	Employee/Child(ren) with Ortho	Family with Ortho
Base Rate/1-9	\$31.86	\$30.26	\$39.58	\$37.00	\$75.46	\$67.88	\$112.60	\$80.74	\$131.08
10-25	\$30.36	\$28.84	\$37.70	\$34.58	\$70.54	\$63.46	\$105.26	\$75.48	\$122.54
26-50	\$28.88	\$27.42	\$35.88	\$32.72	\$66.70	\$59.54	\$100.48	\$72.74	\$115.88

PPO plus PREMIER PLAN C PRIME

# of Enrolled EEs*	Per-Person Rates			Four-Tier Rates					
	Adult	Child	Child with Ortho	Single	Employee/Spouse	Employee/Child(ren)	Family	Employee/Child(ren) with Ortho	Family with Ortho
Base Rate/1-9	\$28.46	\$27.04	\$36.36	\$32.66	\$66.64	\$59.96	\$99.48	\$71.26	\$113.62
10-25	\$27.12	\$25.74	\$34.64	\$30.52	\$62.26	\$56.02	\$92.96	\$66.58	\$106.16
26-50	\$25.78	\$24.48	\$32.96	\$28.86	\$58.86	\$52.58	\$88.68	\$64.30	\$100.40

EMPLOYER CHOICE PREMIER PRIME DENTAL PLANS

PREMIER PLAN A PRIME

# of Enrolled EEs*	Per-Person Rates			Four-Tier Rates					
	Adult	Child	Child with Ortho	Single	Employee/Spouse	Employee/Child(ren)	Family	Employee/Child(ren) with Ortho	Family with Ortho
Base Rate/1-9	\$27.30	\$27.04	\$36.36	\$31.60	\$64.42	\$55.28	\$95.04	\$67.54	\$111.88
10-25	\$26.00	\$25.74	\$34.64	\$30.48	\$62.12	\$53.32	\$91.66	\$65.14	\$107.90
26-50	\$25.26	\$24.48	\$32.96	\$29.04	\$59.18	\$52.70	\$86.56	\$62.72	\$102.86

PREMIER PLAN B PRIME

# of Enrolled EEs*	Per-Person Rates			Four-Tier Rates					
	Adult	Child	Child with Ortho	Single	Employee/Spouse	Employee/Child(ren)	Family	Employee/Child(ren) with Ortho	Family with Ortho
Base Rate/1-9	\$37.92	\$36.00	\$45.34	\$42.94	\$87.58	\$78.86	\$130.82	\$93.76	\$152.26
10-25	\$36.14	\$34.30	\$43.20	\$40.90	\$83.42	\$75.10	\$124.60	\$89.30	\$145.02
26-50	\$34.36	\$32.62	\$41.10	\$38.68	\$78.92	\$70.42	\$118.92	\$86.08	\$137.12

PREMIER PLAN C PRIME

# of Enrolled EEs*	Per-Person Rates			Four-Tier Rates					
	Adult	Child	Child with Ortho	Single	Employee/Spouse	Employee/Child(ren)	Family	Employee/Child(ren) with Ortho	Family with Ortho
Base Rate/1-9	\$32.64	\$31.02	\$40.32	\$38.32	\$78.16	\$70.34	\$116.70	\$83.54	\$133.32
10-25	\$31.10	\$29.54	\$38.42	\$36.50	\$74.46	\$67.00	\$111.16	\$79.58	\$127.00
26-50	\$29.58	\$28.06	\$36.52	\$34.50	\$70.40	\$62.86	\$106.06	\$76.92	\$120.10

EMPLOYER CHOICE PLUS™ DENTAL PLANS

PPO plus PREMIER PLAN B PLUS

# of Enrolled EEs*	Per-Person Rates		
	Adult	Child	Child with Ortho
Base Rate/1-9	\$30.56	\$35.06	\$41.92
10-25	\$29.12	\$35.06	\$41.56
26-50	\$28.24	\$35.06	\$41.40

PREMIER PLAN B PLUS

# of Enrolled EEs*	Per-Person Rates		
	Adult	Child	Child with Ortho
Base Rate/1-9	\$36.38	\$35.06	\$41.92
10-25	\$34.66	\$35.06	\$41.56
26-50	\$33.64	\$35.06	\$41.40

*For groups who contribute to premiums (contributory plans), and have a participation level of 50 percent or greater, rates are based on the number of enrolled employees. For all other groups, the base rate applies.
 ** Delta Dental Employer Choice Plus Plans include the Affordable Care Act (ACA) pediatric dental essential health benefits (EHB).

EMPLOYEE CHOICE DENTAL PLANS

Plan	Adult (21 and older)	Child (up to age 21)
Preventive Prime	\$15.24	\$14.74
Preventive Plus	\$15.24	\$29.70
Preferred Prime	\$30.22	\$23.18
Preferred Plus	\$30.22	\$35.42
Platinum Prime	\$37.76	\$28.96
Platinum Plus	\$37.76	\$35.42

VOLUNTARY VISION PLANS

Vision rates are effective until June 30, 2019.

Monthly Rates	DeltaVision Preferred Access		DeltaVision Preferred Insight	Materials Only
	\$10 Lens Copay	\$25 Lens Copay	\$10 Lens Copay	\$10 Lens Copay
Four-Tier				
Single	\$9.04	\$8.30	\$7.38	\$5.90
Employee/Spouse	\$17.18	\$15.78	\$14.04	\$11.22
Employee/Child(ren)	\$19.44	\$17.84	\$15.84	\$12.70
Family	\$25.68	\$23.56	\$20.94	\$16.78
Three-Tier				
Single	\$9.04	\$8.30	\$7.38	\$5.90
Two Person	\$17.18	\$15.78	\$14.04	\$11.22
Family	\$25.32	\$23.22	\$20.62	\$16.52
Two-Tier				
Single	\$9.04	\$8.30	\$7.38	\$5.90
Family	\$23.04	\$21.16	\$18.80	\$15.06

CONTRIBUTORY VISION PLANS

Vision rates are effective until June 30, 2019.

Monthly Rates	DeltaVision Preferred Access		DeltaVision Preferred Insight	Materials Only
	\$10 Lens Copay	\$25 Lens Copay	\$10 Lens Copay	\$10 Lens Copay
Four-Tier				
Single	\$6.72	\$6.12	\$5.62	\$4.42
Employee/Spouse	\$12.78	\$11.64	\$10.70	\$8.34
Employee/Child(ren)	\$14.42	\$13.16	\$12.08	\$9.46
Family	\$19.08	\$17.38	\$15.98	\$12.46
Three-Tier				
Single	\$6.72	\$6.12	\$5.62	\$4.42
Two Person	\$12.78	\$11.64	\$10.70	\$8.34
Family	\$18.80	\$17.12	\$15.74	\$12.28
Two-Tier				
Single	\$6.72	\$6.12	\$5.62	\$4.42
Family	\$17.12	\$15.60	\$14.34	\$11.20

Dental rates are effective January 1, 2019 through December 31, 2019 and are subject to Iowa Insurance Division approval and Delta Dental's underwriting guidelines. Adult coverage is 21 and older. Child coverage is up to age 21 as of the group's effective/renewal date. After paying to insure three children up to the age of 21, Delta Dental will not charge for additional children (up to the age of 21) included on the policy.

Vision rates are effective until June 30, 2019. Four-tier rates are not available for groups with less than ten eligible employees. Contributory plans are subject to underwriting guidelines and requires 50 percent participation. DeltaVision is underwritten by Veratus Benefit Solutions, Inc., a wholly owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care Access and Insight networks.

