

2020 Dental and Vision Solutions for Small Businesses

More Choices. Better Health.



Wellness Matters

When it comes to having happier, healthier and more productive employees, the benefits you offer make a difference — and dental and vision care are essential to that package.

Dental and vision benefits encourage preventive visits that can help diagnose medical problems before other symptoms appear and become more serious issues. It's an important way you can contribute to your employees' overall health and well-being, and you can count on Delta Dental of Iowa to make dental and vision coverage easy.



Enhance employee wellness.

DENTAL

A routine dental exam can identify the signs and symptoms of **over 120 diseases** early, before they can become more difficult to treat.¹

VISION

In addition, an **eye exam can reveal** conditions such as high blood pressure, high cholesterol, diabetes and more.

1 Dental Management of the Medically Compromised Patient (7th ed.), 2008.



Improve employees' productivity.

DENTAL

Among adults, more than **164 million work hours** are lost each year because of dental problems.²

VISION

And eye care delivers a **\$7,800 increase in productivity** per employee.³

2 Oral Health in America: A Report of the Surgeon General, 2000.
3 The Vision Council 2015 Digital Eye Strain Report.



Increase job satisfaction.

DENTAL

Four in five Americans (79 percent) consider dental benefits to be "extremely important."⁴

VISION

Plus, **87 percent of employers** offer vision benefits as a key component of recruitment.⁵

4 Delta Dental Children's Oral Health Survey, 2009.
5 SHRM 2016 Employee Benefits Survey 2016.

COMMITTED TO YOUR EMPLOYEES' HEALTH AND WELLNESS

When you choose Delta Dental of Iowa, you gain added peace of mind by working with a company that not only provides outstanding dental and vision benefits, but also supports health care through advancements in dentistry, community health programs and events, and education. As part of our mission to improve the health and smiles of the people we serve, here's what we offer you:

- **Expert solutions.** Delta Dental of Iowa was established in 1970, offering over 45 years of experience.
- **Reliable, local service.** We are Iowa's most experienced and largest dental carrier.
- **Providers wherever you are.** Save time and money with our extensive national network.
- **High standards for care.** 100 percent of our participating dental and vision care providers meet national credentialing standards.
- **Simple online enrollment.** The easy-to-use InsuranceMenu platform eliminates paperwork hassles.
- **Confidence in your choice.** Over 3,500 Iowa employers choose Delta Dental.
- **Investment in your community.** Delta Dental of Iowa has provided more than \$30 million to support the oral and overall health of underserved Iowans through the Delta Dental of Iowa Foundation and Public Benefit Program.

Table of Contents

■ PRODUCTS FOR SMALL BUSINESSES LIKE YOURS	4
■ EMPLOYER CHOICE PLANS	5-13
Additional Benefits	5
Choose Your Company's Plan in Four Easy Steps	6-7
Prime	8-11
Delta Dental Premier® Plans	8-9
Delta Dental PPO plus Premier™ Plans	10-11
Plus	12-13
Delta Dental Premier® Plans	12
Delta Dental PPO plus Premier™ Plans	13
■ EMPLOYEE CHOICE PLANS	14-15
■ DELTAVISION®	16-17
Fully Insured Plans	
■ GROUP DENTAL AND VISION UNDERWRITING GUIDELINES	18-19

PRODUCTS FOR SMALL BUSINESSES LIKE YOURS



FLEXIBLE PLANS THAT MEET YOUR NEEDS — AND THOSE OF YOUR EMPLOYEES

For small businesses, Delta Dental of Iowa offers choice and flexibility for your benefits package. Choose from a selection of basic low-cost plans to comprehensive plans with added benefits. Plus, you'll say goodbye to paperwork hassles with our easy-to-use online platform.

DELTA DENTAL PRODUCTS AT A GLANCE

The chart below provides an overview of dental benefits and products for small businesses. See the following pages for more plan details and descriptions.

- **Employer Choice Plans**
 - Delta Dental's traditional dental plans.
 - Employer chooses one plan to offer to all employees.
 - Plans can be offered as employer contribution or voluntary.
- **Employee Choice Plans**
 - Employees choose the plan that meets their needs.
 - Monthly premiums are deducted via payroll through the employer.
 - Voluntary benefit only.

91%

of small businesses choose Delta Dental's Employer Choice plans for their employees.

	Employer Choice Plans (See page 5-13)	Voluntary Employee Choice Plans (See page 14-15)
Employer contributes to premium cost	optional	none
Preventive care — check-ups, cleanings, X-rays	✓	✓
Routine and restorative services	✓	✓
Major restorative services	✓	✓*
Pediatric dental services that meet ACA requirements	optional	optional
No waiting periods for services	✓	✓
To Go SM — Annual Maximum Carryover	✓	
Enhanced Benefits Program — additional dental benefits based on medical conditions	✓	
Optional corrective orthodontia coverage	✓	
Employee chooses dental benefit plan		✓

*Coverage available with most plans.

Employer Choice Plans

Delta Dental’s Employer Choice plans are traditional group dental plans, which can be offered as a contributory or voluntary plan. Coverage includes dental exams, cleanings, cavity repair, dentures, bridges, crowns and more.

ADDITIONAL BENEFITS INCLUDED WITH ALL EMPLOYER CHOICE PLANS

To GoSM – Annual Maximum Carryover

Delta Dental’s To Go benefit helps your employees rollover their coverage by carrying over unused benefits to the next year, potentially doubling their Annual Benefit Maximum. The table below shows an example of how To Go works:



Year 1		Year 2		Year 3	
Annual Benefit Maximum	\$1,500	Annual Benefit Maximum (\$1,500 + \$1,000 carryover)	\$2,500	Annual Benefit Maximum (\$1,500 + \$1,500 carryover)	\$3,000
Eligible Benefit Used	\$500	Eligible Benefit Used	\$500	Eligible Benefit Used	\$1,500
Unused Annual Benefit Maximum	\$1,000	Unused Annual Benefit Maximum	\$2,000	Unused Annual Benefit Maximum	\$1,500
To Go – Annual Maximum Carryover (for use in year 2)	\$1,000	To Go – Annual Maximum Carryover (for use in year 3)	\$1,500*	To Go – Annual Maximum Carryover (for use in year 4)	\$1,500*

* The To Go – Annual Maximum Carryover amount cannot exceed the annual benefit maximum. To Go applies to adult and child benefits on the Prime plans and adults on the Plus plans.

Enhanced Benefits Program

Certain medical conditions can improve when taking extra care of your dental health. The Enhanced Benefits Program complements your wellness program by encouraging employees to get additional dental services if they have any of the following medical conditions:

- Pregnancy
- High-risk cardiac conditions
- Suppressed immune systems
- Diabetes
- Periodontal disease
- Cancer, chemotherapy and/or radiation
- Kidney failure or dialysis



To help you pick the best plan for you and your employees, follow the four easy steps starting on the following page.



Coverage Made Easy

CHOOSE YOUR COMPANY'S DENTAL PLAN IN FOUR EASY STEPS

1

Pick a plan.

Delta Dental's Employer Choice plans offer flexibility when it comes to what your employees will pay when they go to the dentist. The available Employer Choice Plans include:



- Plan A Prime
- Plan B Prime
- Plan C Prime

Prime Plans have the same coinsurance and deductible for adults and children.



- Plan B Plus

Plus Plans include the Affordable Care Act (ACA) pediatric dental essential health benefits (EHB). Plan B Plus will have different benefit coinsurance and deductible for adults and children.

The chart below illustrates the different coinsurance, deductibles and annual benefit maximums that a member pays when they see a Delta Dental Premier or Delta Dental PPO dentist.

PLAN COMPARISON

	Plan A	Plan B	Plan C
Annual Benefit Maximum with To Go SM per person	\$1,500	\$2,000	\$1,000
Deductible per person	\$25-50	\$25-50	\$50-75
Diagnostic and Preventive (i.e., exams, cleanings, X-rays)	20-30%	0-10%	0-10%
Routine and Restorative Services (i.e., cavity repair, extractions)	50%	20-30%	20-30%
Major Services (i.e., root canal, bridges, crowns, implants)	50-60%	50-60%	50-60%
Monthly Premium	\$	\$\$\$	\$\$

2

Choose a Delta Dental Network.

Delta Dental offers two different networks — **Delta Dental Premier[®]** and **Delta Dental PPO plus Premier[™]**. Of course, employees are always free to see any dentist they wish, but they'll have the greatest benefit and lowest out-of-pocket costs by going to a Delta Dental PPO dentist. In addition, participating dentists have agreed to accept Delta Dental fees as payment in full and cannot balance bill the member for covered services.

DELTA DENTAL PREMIER[®] NETWORK

- Provides employees the widest choice of dentists — 90% of Iowa dentists and 80% of dentists nationwide.¹
- For plan details, go to pages 8-9 and 12.

DELTA DENTAL PPO PLUS PREMIER NETWORK

- Employees have access to two networks — Delta Dental PPO and Delta Dental Premier networks.
- Provides employees the lowest out-of-pocket costs when they see a Delta Dental PPO network dentist.
- For plan details, go to pages 10-11 and 13.

3

Select whether to offer corrective orthodontia coverage for children.

Delta Dental allows employers to add corrective orthodontia (up to age 19) to their group plans. Corrective orthodontia is a popular and valued employee benefit. Corrective orthodontia fixes an improper alignment of upper and lower teeth, including crooked or crowded teeth, crossbites, overbites or underbites.

Delta Dental **Employer Choice Plan B Plus** includes medically necessary orthodontia that is required by the ACA. Medically necessary orthodontia requires prior approval and is for individuals (up to age 21) with designated syndromes or genetic disorders such as cleft palate. Corrective orthodontia can be added to Plan B Plus to expand orthodontia coverage.

4

Pick employer contribution and rate structure.

You can choose to cover 100% of the plan cost, 0% or somewhere in between. When enrolling you'll choose your contribution amount (contributory or voluntary), as well as your rate structure.

RATE STRUCTURE OPTIONS:

Per-Person Rates:

- Adult
- Child

Four-Tier Rates:

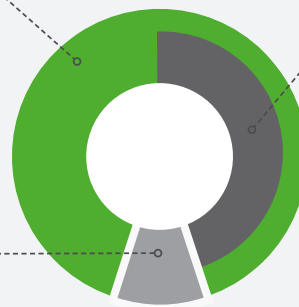
- Single
- Employee/spouse
- Employee/child(ren)
- Family

See following pages for plan rates.

DELTA DENTAL NETWORK

DELTA DENTAL PREMIER[®] DENTISTS

Includes 90 percent of Iowa dentists¹, with **lower** out-of-pocket costs and reduced benefits.



DELTA DENTAL PPOSM DENTISTS

Includes 40 percent of Iowa dentists¹, with the **lowest** out-of-pocket costs and best benefits.

OUT-OF-NETWORK DENTISTS

Allows you to see an out-of-network dentist at higher out-of-pocket costs with reduced benefits.

¹ NetMinder, 2018.



PLAN A PRIME

SUMMARY OF COVERAGE

Deductible
per person per calendar year

Diagnostic and Preventive Care
(exams, cleanings, X-rays, periodontal maintenance therapy)

Routine and Restorative Services
(cavity repair, tooth extractions, routine oral surgery)

Posterior Composites
(tooth-colored filling on back teeth)

Major Restorative Services
(root canals, gum and bone disease, crowns, inlays/onlays, bridges, partial and complete dentures)

Implants

Annual Benefit Maximum
per person per calendar year

Corrective Orthodontia
(optional add-on benefit up to age 19)

2020 Monthly Premiums
(contributory rates are based on number of eligible employees and employer contribution**)

**Deductible is waived for all diagnostic and preventive care.*

***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 eligible employees. For all other groups, the base rate applies.*

****For per-person rates, 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.*

Adult coverage is 21 and older. Child coverage is up to age 21 as of the group's effective/renewal date. Prime policies do not include the pediatric dental services as required under the Affordable Care Act (ACA). For a detailed description of specific benefits and benefit limitations, see the Benefit Certificate. Percentages shown are what the member pays. For example, if the member's coinsurance is 20%, Delta Dental pays 80%.

Delta Dental Premier Network Dentist	Out-of-Network Dentist
\$25*	\$50
Coinsurance paid by member	
20%	40%
50%	60%
60%	70%
50%	60%
60%	70%
\$1,500	

50% coinsurance and \$1,500 lifetime maximum

Per-Person Rates***

# of Eligible EEs	Adult	Child	Child with Ortho
Base Rate/1-9	\$28.86	\$18.74	\$20.40
10-50	\$26.72	\$16.96	\$18.50

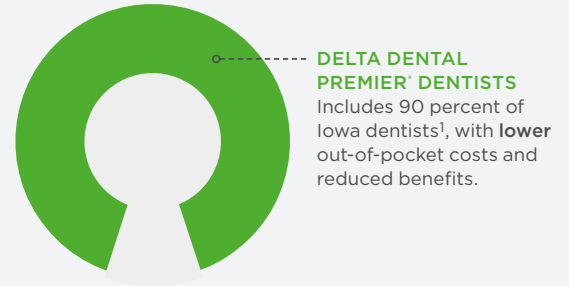
Four-Tier Rates

# of Eligible EEs	Single	Employee/Spouse	Employee/Child(ren)	Family	Employee/Child(ren) with Ortho	Family with Ortho
Base Rate/1-9	\$27.70	\$58.96	\$52.22	\$83.90	\$62.62	\$98.46
10-50	\$26.72	\$56.86	\$50.38	\$80.92	\$60.40	\$94.96

Delta Dental Premier Prime Plans Feature

- Access to the broadest network of dentists.
- The same benefits for children and adults.
- Option to add coverage for braces.

Delta Dental Premier Network



PLAN B PRIME

Delta Dental Premier Network Dentist	Out-of-Network Dentist
\$25*	\$50
Coinsurance paid by member	
0%	20%
20%	40%
50%	60%
50%	60%
60%	70%
\$2,000	

50% coinsurance and \$1,500 lifetime maximum

Per-Person Rates***

# of Eligible EEs	Adult	Child	Child with Ortho
Base Rate/1-9	\$42.90	\$29.94	\$33.56
10-50	\$38.86	\$27.12	\$30.42

Four-Tier Rates

# of Eligible EEs	Single	Employee/Spouse	Employee/Child(ren)	Family	Employee/Child(ren) with Ortho	Family with Ortho
Base Rate/1-9	\$40.82	\$83.06	\$74.12	\$117.02	\$90.58	\$140.04
10-50	\$38.86	\$79.10	\$70.60	\$111.46	\$86.26	\$133.40

PLAN C PRIME

Delta Dental Premier Network Dentist	Out-of-Network Dentist
\$50*	\$75
Coinsurance paid by member	
0%	20%
20%	40%
50%	60%
50%	60%
60%	70%
\$1,000	

50% coinsurance and \$1,500 lifetime maximum

Per-Person Rates***

# of Eligible EEs	Adult	Child	Child with Ortho
Base Rate/1-9	\$36.92	\$25.80	\$29.84
10-50	\$33.46	\$23.34	\$27.02

Four-Tier Rates

# of Eligible EEs	Single	Employee/Spouse	Employee/Child(ren)	Family	Employee/Child(ren) with Ortho	Family with Ortho
Base Rate/1-9	\$35.12	\$72.80	\$64.90	\$103.20	\$79.66	\$123.86
10-50	\$33.46	\$69.36	\$61.82	\$98.30	\$75.88	\$117.98

Rates are effective January 1, 2020 through December 31, 2020, and are subject to Iowa Insurance Division approval and Delta Dental's underwriting guidelines. For new groups, these rates are good for 24 months from initial enrollment as long as your plan does not change.

1 NetMinder, 2018.



PLAN **A** PRIME

SUMMARY OF COVERAGE

Deductible
per person per calendar year

Diagnostic and Preventive Care
(exams, cleanings, X-rays, periodontal maintenance therapy)

Routine and Restorative Services
(cavity repair, tooth extractions, routine oral surgery)

Posterior Composites
(tooth-colored filling on back teeth)

Major Restorative Services
(root canals, gum and bone disease, crowns, inlays/onlays, bridges, partial and complete dentures)

Implants

Annual Benefit Maximum
per person per calendar year

Corrective Orthodontia
(optional add-on benefit up to age 19)

2020 Monthly Premiums
(contributory rates are based on number of eligible employees and employer contribution**)

**Deductible is waived for all diagnostic and preventive care.*

***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 eligible employees. For all other groups, the base rate applies.*

****For per-person rates, 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.*

Adult coverage is 21 and older. Child coverage is up to age 21 as of the group's effective/renewal date. Prime policies do not include the pediatric dental services as required under the Affordable Care Act (ACA). For a detailed description of specific benefits and benefit limitations, see the Benefit Certificate. Percentages shown are what the member pays. For example, if the member's coinsurance is 20%, Delta Dental pays 80%.

Delta Dental PPO Network Dentist	Delta Dental Premier Network Dentist	Out-of-Network Dentist
\$25*	\$50	\$50
Coinsurance paid by member		
20%	30%	50%
50%	50%	60%
60%	70%	80%
50%	50%	60%
60%	60%	70%
\$1,500		

50% coinsurance and \$1,500 lifetime maximum

Per-Person Rates***

# of Eligible EEs	Adult	Child	Child with Ortho
Base Rate/1-9	\$25.30	\$15.72	\$17.98
10-50	\$22.90	\$14.24	\$16.30

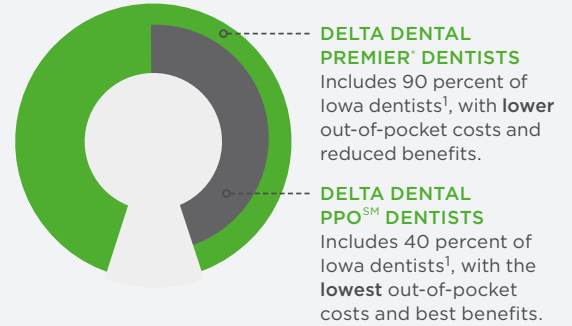
Four-Tier Rates

# of Eligible EEs	Single	Employee/Spouse	Employee/Child(ren)	Family	Employee/Child(ren) with Ortho	Family with Ortho
Base Rate/1-9	\$23.74	\$49.54	\$43.88	\$70.50	\$52.62	\$82.72
10-50	\$22.42	\$47.74	\$42.36	\$68.04	\$50.78	\$79.78

Delta Dental PPO plus Premier Plans Feature

- Access to two networks with lower monthly premiums.
- Greatest network discounts when seeing a Delta Dental PPO dentist.
- The same benefits for children and adults.
- Option to add coverage for braces.

Delta Dental PPO plus Premier Network



PLAN B PRIME

Delta Dental PPO Network Dentist	Delta Dental Premier Network Dentist	Out-of-Network Dentist
\$25*	\$50	\$50
Coinsurance paid by member		
0%	10%	30%
20%	30%	50%
50%	60%	70%
50%	50%	60%
60%	60%	70%
\$2,000		

50% coinsurance and \$1,500 lifetime maximum

Per-Person Rates***

# of Eligible EEs	Adult	Child	Child with Ortho
Base Rate/1-9	\$32.78	\$21.18	\$24.80
10-50	\$29.72	\$19.18	\$22.48

Four-Tier Rates

# of Eligible EEs	Single	Employee/Spouse	Employee/Child(ren)	Family	Employee/Child(ren) with Ortho	Family with Ortho
Base Rate/1-9	\$31.78	\$68.14	\$60.48	\$97.42	\$74.60	\$117.20
10-50	\$29.72	\$63.70	\$56.54	\$91.04	\$69.74	\$109.52

PLAN C PRIME

Delta Dental PPO Network Dentist	Delta Dental Premier Network Dentist	Out-of-Network Dentist
\$50*	\$75	\$75
Coinsurance paid by member		
0%	10%	30%
20%	30%	50%
50%	60%	70%
50%	50%	60%
60%	60%	70%
\$1,000		

50% coinsurance and \$1,500 lifetime maximum

Per-Person Rates***

# of Eligible EEs	Adult	Child	Child with Ortho
Base Rate/1-9	\$28.46	\$22.48	\$26.54
10-50	\$25.78	\$20.36	\$24.06

Four-Tier Rates

# of Eligible EEs	Single	Employee/Spouse	Employee/Child(ren)	Family	Employee/Child(ren) with Ortho	Family with Ortho
Base Rate/1-9	\$27.60	\$59.70	\$52.98	\$85.60	\$65.52	\$103.16
10-50	\$25.78	\$55.78	\$49.50	\$80.00	\$61.22	\$96.40

Rates are effective January 1, 2020 through December 31, 2020, and are subject to Iowa Insurance Division approval and Delta Dental's underwriting guidelines. For new groups, these rates are good for 24 months from initial enrollment as long as your plan does not change.

¹ NetMinder, 2018.

Delta Dental Premier Plus Plans Feature

- Rich dental benefits with the broadest network of dentists.
- The ACA required benefits for children.
- Different benefits for children and adults.

Delta Dental Premier Network



DELTA DENTAL PREMIER[®] DENTISTS
Includes 90 percent of Iowa dentists¹, with **lower** out-of-pocket costs and reduced benefits.

SUMMARY OF COVERAGE

Deductible
per person per calendar year

Diagnostic and Preventive Care
(exams, cleanings, X-rays, periodontal maintenance therapy)

Routine and Restorative Services
(cavity repair, tooth extractions, routine oral surgery)

Posterior Composites
(tooth-colored filling on back teeth)

Major Restorative Services
(root canals, gum and bone disease, crowns, inlays/onlays, bridges, partial and complete dentures)

Implants

Medically Necessary Orthodontia

Adult Annual Benefit Maximum
per person per calendar year

Child Annual Out-of-Pocket Limit
(only applies to in-network)

Corrective Orthodontia
(optional add-on benefit up to age 19)

2020 Monthly Per-Person Premiums
(contributory rates are based on number of eligible employees and employer contribution**)

PLAN **B** PLUS

Delta Dental Premier Network Dentist		Out-of-Network Dentist	
Adult	Child	Adult	Child
\$25*	\$25*	\$50	\$225*
Coinsurance paid by member			
0%	0%	20%	50%
20%	50%	40%	70%
50%	60%	60%	70%
50%	50%	60%	70%
60%	60%	70%	70%
-	50%	-	50%
\$2,000			
\$350/child or \$700 for all children under 21		-	-

50% coinsurance and \$1,500 lifetime maximum

Per-Person Rates

# of Eligible EEs	Adult	Child	Child with Ortho
Base Rate/1-9	\$42.20	\$31.00	\$32.58
10-50	\$38.60	\$30.62	\$32.18

*Deductible is waived for all diagnostic and preventive care.

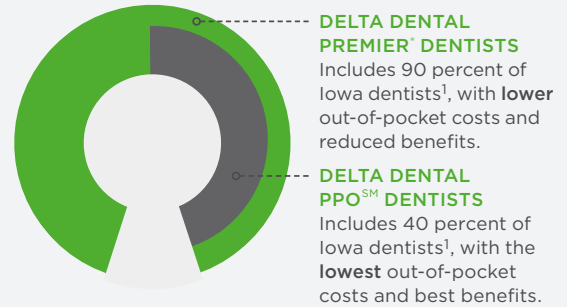
**For groups who contribute to premiums (contributory plans), and have a participation level of 50 percent or greater, rates are based on the number of eligible employees. For all other groups, the base rate applies.

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. Plus policies include the pediatric dental services as required under the Affordable Care Act (ACA). For a detailed description of specific benefits and benefit limitations, see the Benefit Certificate. Percentages shown are what the member pays. For example, if the member's coinsurance is 20%, Delta Dental pays 80%. Plus policies are expected to be certified as qualified health plans.

Delta Dental PPO plus Premier Plans Feature

- Access to two networks with lower monthly premiums.
- Rich dental benefits with the greatest network discounts when seeing a Delta Dental PPO dentist.
- The ACA required benefits for children.
- Different benefits for children and adults.

Delta Dental PPO plus Premier Network



SUMMARY OF COVERAGE

Deductible
per person per calendar year

Diagnostic and Preventive Care
(exams, cleanings, X-rays, periodontal maintenance therapy)

Routine and Restorative Services
(cavity repair, tooth extractions, routine oral surgery)

Posterior Composites
(tooth-colored filling on back teeth)

Major Restorative Services
(root canals, gum and bone disease, crowns, inlays/onlays, bridges, partial and complete dentures)

Implants

Medically Necessary Orthodontia

Adult Annual Benefit Maximum
per person per calendar year

Child Annual Out-of-Pocket Limit
(only applies to in-network)

Corrective Orthodontia
(optional add-on benefit up to age 19)

2020 Monthly Per-Person Premiums

(contributory rates are based on number of eligible employees and employer contribution**)

PLAN B PLUS

Delta Dental PPO Network Dentist		Delta Dental Premier Network Dentist		Out-of-Network Dentist	
Adult	Child	Adult	Child	Adult	Child
\$25*	\$25*	\$50	\$25*	\$50	\$225*

Coinsurance paid by member

0%	0%	10%	0%	30%	50%
20%	20%	30%	50%	50%	70%
50%	60%	60%	60%	70%	70%
50%	50%	50%	50%	60%	70%
60%	60%	60%	60%	70%	70%
-	50%	-	50%	-	50%

\$2,000

\$350/child or \$700 for all children under 21

50% coinsurance and \$1,500 lifetime maximum

Per-Person Rates

# of Eligible EEs	Adult	Child	Child with Ortho
Base Rate/1-9	\$34.42	\$26.08	\$27.58
10-50	\$31.20	\$25.76	\$27.24



Employee Choice Plans

For employers that want to provide employees with the option to choose the dental plan that works best for them, Delta Dental offers Employee Choice Plans. Employees can choose from six standard plans in three easy steps.

1 Employees Pick Who to Cover. Employees can choose to cover themselves, a spouse, children or the entire family. All plans have two separate rates — one rate for children up to the age of 21 and one rate for adults 21 and older.

2 Employees Choose a Plan Type. Employees can choose a plan without (Prime) or with (Plus) the Affordable Care Act (ACA) required dental benefits for children.



PRIME PLANS

- Adults (21 and older) and children (up to age 21) will have the same coinsurance, deductible and annual benefit maximum.
- These plans may complement the employee’s other health benefit coverage.



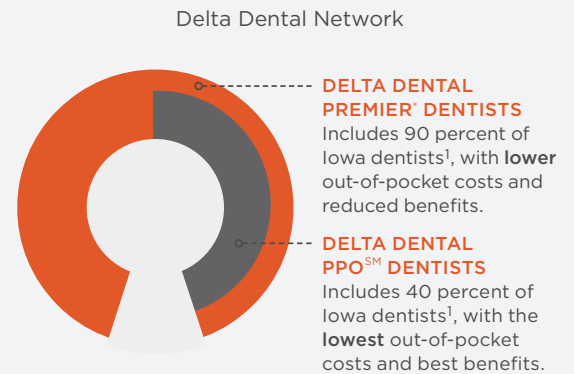
PLUS PLANS

- Plus plans meet the ACA pediatric dental essential health benefit requirement, which includes maximum out-of-pocket limits, medically necessary orthodontia, and no annual or lifetime benefit maximums for children up to age 21.
- Adults (21 and older) and children (up to age 21) may have different coinsurance and deductibles for dental services.

3 Employees Choose From Three Plans. Employees then have their choice of three plans — Preventive, Preferred or Platinum. These plans are based on Delta Dental’s PPO plus Premier network, so members can choose any dentist they wish to see, but will have lower out-of-pocket expenses by going to a Delta Dental dentist.

Employee Choice Plans Feature

- The option for employees to choose the plan that best fits their needs.
- Access to two networks.
- Greatest network discounts when seeing a Delta Dental PPO dentist.



The chart below illustrates the different coinsurance, deductibles and annual benefit maximums an adult member would pay when seeing a Delta Dental Premier[®] or Delta Dental PPOSM dentist.

PLAN COMPARISON

	Preventive	Preferred	Platinum
Annual Benefit Maximum per person	No Limit	\$1,000	\$2,000
Deductible per person	\$50*	\$50-150	\$25-100
Diagnostic and Preventive Care (i.e., exams, cleanings, X-rays)	20-30%*	0%	0-20%
Routine and Restorative Services (i.e., cavity repair, extractions)	50%**	50%	20-40%
Major Services (i.e., root canal, bridges, crowns, implants)	Not covered	50-60%	50-60%
Monthly Premium	\$	\$\$	\$\$\$

Employee Choice Plus Plans include the pediatric dental benefit required by the ACA. Plus plans will have different benefit coinsurance for adults and children.

Employee Choice Prime Plans will have the same coinsurance for adults and children.

**Deductible applies to diagnostic and preventive services for the Preventive plan.*

***Oral surgery and extractions are not covered under the Preventive plan.*

2020 PLAN RATES

	Adult (21 and older)	Child (up to age 21)
Preventive Prime	\$15.86	\$15.34
Preventive Plus	\$15.86	\$30.90
Preferred Prime	\$31.44	\$24.12
Preferred Plus	\$31.44	\$36.84
Platinum Prime	\$39.28	\$30.12
Platinum Plus	\$39.28	\$36.84

Rates are effective January 1, 2020 through December 31, 2020, and are subject to Iowa Insurance Division approval and Delta Dental's underwriting guidelines. INetMinder, 2018.

VISION PLANS

A DIFFERENCE THAT IS EASY TO SEE



DeltaVision® Plans

To give your employees and their families the best possible benefit options, consider complementing your medical and dental plans with a fully insured DeltaVision eye care plan. Annual eye exams play a key wellness role not only for vision, but also for the detection of diabetes, high blood pressure, brain tumors and more. Plus, eye care is good for business. The Vision Council's 2015 Digital Eye Strain report estimates that proper eye care delivers \$7,800 in added productivity per employee.

DELTAVISION MAKES IT EASY FOR EMPLOYERS WITH:

- Voluntary or contributory financing options.
- Easy implementation and administration.
- Combined billing for vision and dental benefits.

DELTAVISION PLANS OFFER ENROLLEES:

- Access to a national network of independent providers and leading optical retailers.
- Contact lens fit and follow-up exam at low to no charge.
- Lower out-of-pocket vision expenses.
- Up to 40 percent off additional vision care purchases.

VOLUNTARY PLAN RATES

	\$10 Lens Copay			\$25 Lens Copay			Materials Only		
Frame Allowance	\$130	\$150	\$200	\$130	\$150	\$200	\$130	\$150	\$200
Fit and Follow-Up	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded			
Four-Tier									
Single	\$7.42 / \$8.10	\$7.82 / \$8.72	\$8.84 / \$9.70	\$6.68 / \$7.32	\$7.00 / \$7.68	\$8.12 / \$8.86	\$5.74	\$6.10	\$7.18
Employee/Spouse	\$14.12 / \$15.42	\$14.88 / \$16.62	\$16.82 / \$18.48	\$12.74 / \$13.92	\$13.34 / \$14.62	\$15.46 / \$16.88	\$10.82	\$11.54	\$13.56
Employee/Child(ren)	\$16.02 / \$17.40	\$16.88 / \$18.82	\$19.06 / \$20.94	\$14.44 / \$15.78	\$15.12 / \$16.56	\$17.50 / \$19.14	\$12.30	\$13.08	\$15.38
Family	\$21.14 / \$23.00	\$22.30 / \$24.84	\$25.16 / \$27.64	\$19.08 / \$20.84	\$19.96 / \$21.88	\$23.12 / \$25.26	\$16.20	\$17.22	\$20.26
Three-Tier									
Single	\$7.42 / \$8.10	\$7.82 / \$8.72	\$8.84 / \$9.70	\$6.68 / \$7.32	\$7.00 / \$7.68	\$8.12 / \$8.86	\$5.74	\$6.10	\$7.18
Two Person	\$14.12 / \$15.42	\$14.88 / \$16.62	\$16.82 / \$18.48	\$12.74 / \$13.92	\$13.34 / \$14.62	\$15.46 / \$16.88	\$10.82	\$11.54	\$13.56
Family	\$19.78 / \$21.52	\$20.84 / \$23.26	\$23.52 / \$25.86	\$17.84 / \$19.48	\$18.68 / \$20.46	\$21.62 / \$23.64	\$15.12	\$16.12	\$18.94
Two-Tier									
Single	\$7.42 / \$8.10	\$7.82 / \$8.72	\$8.84 / \$9.70	\$6.68 / \$7.32	\$7.00 / \$7.68	\$8.12 / \$8.86	\$5.74	\$6.10	\$7.18
Family	\$18.96 / \$20.64	\$20.00 / \$22.28	\$22.58 / \$24.80	\$17.12 / \$18.70	\$17.90 / \$19.64	\$20.74 / \$22.66	\$14.54	\$15.46	\$18.18

PLAN OPTIONS

Customize a plan to meet your employees' needs. You can pick your lens copay, frame allowance and if you want to offer Funded or Discounted Fit and Follow-Up Exams. Or you can choose to offer a materials only plan.

Insight In-Network	\$10 Lens Copay	\$25 Lens Copay	Materials Only
Benefit Frequency	Calendar year		
Vision Exam (once every calendar year)	\$10 copay	\$10 copay	\$10 copay
Standard Contact Lens Fit & Follow-up Exam			
Funded	\$0 copay	\$0 copay	N/A
Discounted	Up to \$40	Up to \$40	N/A
Frames (once every two calendar years)	Choice of allowance: \$130/\$150/\$200 20% discount off balance	Choice of allowance: \$130/\$150/\$200 20% discount off balance	Choice of allowance: \$130/\$150/\$200 20% discount off balance
Lens			
Standard Plastic Lens (once every calendar year) Single Vision, Standard Bifocal, Standard Trifocal and Standard Lenticular	\$10 copay	\$25 copay	\$10 copay
Standard Progressive Lens	\$75 copay	\$90 copay	\$75 copay
Premium Progressive Lens	Copay for Tiers 1/2/3: \$95/\$105/\$120 Tier 4: \$75 copay, plus 80% of charge less \$120	Copay for Tiers 1/2/3: \$110/\$120/\$135 Tier 4: \$90 copay, plus 80% of charge less \$120	Copay for Tiers 1/2/3: \$95/\$105/\$120 Tier 4: \$75 copay, plus 80% of charge less \$120
Lens Option	Various copayments per lens option — approximately equivalent to a 20% discount		
Standard Progressive, Tint, UV Coating, Standard Polycarbonate			
Premium Anti-Reflective Coating	Copay for Tiers 1/2: \$57/\$68 Tier 3: 80% of retail	Copay for Tiers 1/2: \$57/\$68 Tier 3: 80% of retail	Copay for Tiers 1/2: \$57/\$68 Tier 3: 80% of retail
Contact Lenses (once every calendar year)	Choice of Allowance: \$130/\$150/\$200 15% discount off the balance	Choice of Allowance: \$130/\$150/\$200 15% discount off the balance	Choice of Allowance: \$130/\$150/\$200 15% discount off the balance
Conventional			
Disposable	Balance over \$130/\$150/\$200	Balance over \$130/\$150/\$200	Balance over \$130/\$150/\$200
Medically Necessary	Paid in full	Paid in full	Paid in full
Lasik and PRK Benefit	15% off retail price or 5% off promotional price		

Rates are effective until December 31, 2020. For new groups, these rates are good for 24 months from initial enrollment as long as your plan does not change. Contributory plans are subject to underwriting guidelines and requires 50 percent participation. Please see plan for details. DeltaVision is underwritten by Veratrus Benefit Solutions, Inc., a wholly owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care Insight network.

CONTRIBUTORY PLAN RATES

	\$10 Lens Copay			\$25 Lens Copay			Materials Only		
Frame Allowance	\$130	\$150	\$200	\$130	\$150	\$200	\$130	\$150	\$200
Fit and Follow-Up	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded			
Four-Tier									
Single	\$5.66 / \$6.18	\$5.96 / \$6.66	\$6.74 / \$7.40	\$5.10 / \$5.58	\$5.34 / \$5.86	\$6.20 / \$6.76	\$4.38	\$4.66	\$5.48
Employee/Spouse	\$10.78 / \$11.76	\$11.36 / \$12.68	\$12.84 / \$14.10	\$9.72 / \$10.62	\$10.18 / \$11.16	\$11.80 / \$12.88	\$8.26	\$8.80	\$10.34
Employee/Child(ren)	\$12.22 / \$13.28	\$12.88 / \$14.36	\$14.54 / \$15.98	\$11.02 / \$12.04	\$11.54 / \$12.64	\$13.36 / \$14.60	\$9.38	\$9.98	\$11.74
Family	\$16.14 / \$17.56	\$17.02 / \$18.96	\$19.20 / \$21.20	\$14.56 / \$15.90	\$15.24 / \$16.70	\$17.64 / \$19.28	\$12.36	\$13.14	\$15.46
Three-Tier									
Single	\$5.66 / \$6.18	\$5.96 / \$6.66	\$6.74 / \$7.40	\$5.10 / \$5.58	\$5.34 / \$5.86	\$6.20 / \$6.76	\$4.38	\$4.66	\$5.48
Two Person	\$10.78 / \$11.76	\$11.36 / \$12.68	\$12.84 / \$14.10	\$9.72 / \$10.62	\$10.18 / \$11.16	\$11.80 / \$12.88	\$8.26	\$8.80	\$10.34
Family	\$15.10 / \$16.42	\$15.90 / \$17.74	\$17.96 / \$19.74	\$13.62 / \$14.86	\$14.26 / \$15.62	\$16.50 / \$18.04	\$11.54	\$12.28	\$14.44
Two-Tier									
Single	\$5.66 / \$6.18	\$5.96 / \$6.66	\$6.74 / \$7.40	\$5.10 / \$5.58	\$5.34 / \$5.86	\$6.20 / \$6.76	\$4.38	\$4.66	\$5.48
Family	\$14.48 / \$15.76	\$15.28 / \$17.02	\$17.22 / \$18.94	\$13.06 / \$14.26	\$13.68 / \$14.98	\$15.82 / \$17.30	\$11.10	\$11.80	\$13.88

New Group Guidelines

ELIGIBLE GROUPS

1. The Employer must be headquartered in Iowa.
2. 1 to 50 benefit-eligible employees.
3. Minimum number of employees to qualify as a group:
 - a. Must employ one or more people with combined worked hours of 1,560 (as a minimum) in the previous year.
 - b. The following people cannot be included in the calculation:
 - i. Shareholder with more than 2 percent ownership of an S corporation and spouse
 - ii. Any owner with more than 5 percent ownership and spouse
 - iii. Seasonal workers (120 or less days per year)
4. Groups formed for the sole purpose of obtaining group insurance are not eligible.

2. Only one benefit plan can be selected by your group.
3. Delta Dental of Iowa is your only carrier for dental benefits.
4. Changes to your dental plan can only be made during the annual renewal period and 15 days prior to the renewal effective date.
5. Group termination notification, as stated in your Delta Dental Group Insurance Policy, must be sent to Delta Dental in writing at least 30 days in advance of the desired termination date.
6. Contract periods are a maximum of 12 consecutive months and renewed annually. The contract period may be shortened, if needed, to align dental with other benefits.
7. Employees who do not apply for coverage when initially eligible will not be eligible to enroll in this plan until your next anniversary date, unless their election is due to a qualifying event.
8. If the employee wishes to enroll children in the plan, all eligible children, under age 18, must be enrolled, unless they are covered elsewhere.

UNDERWRITING RULES

1. Employer is required to sponsor the plan with enrollment maintenance and payroll deductions, regardless of the level of contribution.

Dental Underwriting Guidelines

PARTICIPATION AND CONTRIBUTION

Participation is defined as the percentage of employees enrolled in your group dental plan compared to the total number of employees eligible to enroll.

Anyone waiving coverage should be included in the total number of eligible employees. Employees with coverage elsewhere or through a spouse should be counted in both the number of covered employees and the number of benefit-eligible employees. Below is an example of this calculation:

Total # Benefit-Eligible Employees	# Enrolling with Delta Dental	# with Coverage Elsewhere	# Waiving Coverage	# of Covered Employees	Participation % (Enrolling + Covered Elsewhere) / Total Benefit-Eligible
50	30	5	15	35	70%

Contribution is the amount you, as the employer, contribute toward your employee's premium costs. If you choose to contribute any amount towards premiums, AND have a participation level of 50 percent or greater, you will receive the best rates with our Contributory Employer Choice plans. Employers who offer a defined contribution for benefits are considered contributory. If the level of contribution and/or participation changes, it may impact the rates you are billed. Changes

to your dental plan premium rate will be made at your annual renewal date.

Delta Dental also offers Voluntary Employer Choice plans for employers who do not contribute toward plan costs (employee pays 100 percent of the premium cost). All voluntary plans require enrollment maintenance and payroll deductions by the employer. Base rates would apply regardless of the number of employees enrolled.

Dental rates are good for 24 months from initial enrollment as long as your plan does not change.

Vision Underwriting Guidelines

PARTICIPATION AND CONTRIBUTION REQUIREMENTS

Participation is defined as the percentage of employees enrolled in your group vision plan compared to the total number of employees eligible to enroll. Contribution is the amount you, as the employer, contribute toward your employees' premium costs. The minimum group size is two enrolled (no groups of one).

VOLUNTARY DELTAVISION® PLANS

DeltaVision plans can be offered as a voluntary benefit for employers paying less than 50 percent of the monthly premium, as well as plans with no employer contribution (employee pays all). The minimum participation level is 20 percent of your group's total eligible employees. All voluntary plans require enrollment maintenance and payroll deductions by the employer.

CONTRIBUTORY DELTAVISION® PLANS

The employer contributes 100 percent of the single premium, or 50 percent of the total

premium. The minimum participation level is 50 percent of your group's total eligible employees. You can exclude those employees with other group vision coverage (e.g., spouse's plan, other employer group plan). In this instance, 75 percent of the remaining eligible employees who do not have group vision coverage elsewhere must enroll in the DeltaVision plan.

ADDITIONAL INFORMATION

If the level of employee participation falls below the minimum, you may be required to change to a voluntary vision plan. Changes to your DeltaVision plan will be made on your annual renewal date.

For groups with an existing Delta Dental of Iowa dental plan, the rate structure for your DeltaVision plan will be the same rate structure as your dental plan. For groups newly enrolling to both dental and vision, the rate structure will also be required to be the same.

Vision rates are good for 24 months from initial enrollment as long as your plan does not change.

Enrollment Guidelines

ELIGIBLE EMPLOYEES

The following is a list of qualifying classes of employees. You determine which class or classes of employees are eligible for benefits in your group and all employees within those classes become eligible. You may not offer benefits to selected individuals within a class.

1. Active, permanent, full-time employees. Each employer determines the number of hours required to be considered full-time.
2. Owners, partners, sole proprietors and salaried corporate officers, if actively managing the business, having the same fringe benefits, and appearing on official payroll records.
3. Independent sales representatives, if the employer pays Workers' Compensation, fringe benefit premiums, unemployment and Social Security for these employees.
4. Board members, if they are included in the total eligible employee count and required participation and contribution guidelines are applied.
5. Pensioned employees, if included in a formal retirement program.
6. Former employees eligible for benefits under Federal COBRA requirements.

ELIGIBILITY ENROLLMENT REQUIREMENTS

1. Eligible Persons must apply for coverage when initially eligible or with a qualifying event as defined in your benefit documents.
2. If an Eligible Person does not apply for coverage when initially eligible, they will not be eligible to enroll in the plan until your next anniversary date, unless the election is due to a qualifying event.
3. If an Eligible Person drops coverage, they will not be eligible to re-enroll in the plan until your next anniversary date, unless the election is due to a qualifying event.

Request a Quote Today!



Contact your insurance broker/agent



Call 877-423-3582

Monday through Friday, 8 a.m. to 5 p.m. CST.



deltadentalia.com



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