

Rates are guaranteed for two years for new groups.*

DeltaVision®

2024 Dental, Vision and Legal Rates

▶ Employer Choice PPO plus Premier Prime Dental Plans

	# of Eligible EEs**	Per-Person Rates			Four-Tier Rates					
		Adult	Child	Child w/Ortho	Single	Emp./Spouse	Emp./Child(ren)	Family	Emp./Child(ren) w/Ortho	Family w/Ortho
A Prime Plan A	Base Rate/1-9	\$27.26	\$16.94	\$19.36	\$25.58	\$53.36	\$47.28	\$75.94	\$56.68	\$89.10
	10-50	\$24.18	\$15.04	\$17.22	\$23.66	\$50.42	\$44.72	\$71.84	\$53.62	\$84.24
B Prime Plan B	Base Rate/1-9	\$35.32	\$22.82	\$1,500 / \$2,500 \$26.72 / \$28.12	\$34.24	\$73.38	\$65.14	\$104.92	\$1,500 / \$2,500 \$80.34 / \$83.20	\$1,500 / \$2,500 \$126.20 / \$129.96
	10-50	\$31.38	\$20.26	\$1,500 / \$2,500 \$23.76 / \$25.16	\$31.38	\$67.26	\$59.70	\$96.12	\$1,500 / \$2,500 \$73.62 / \$76.48	\$1,500 / \$2,500 \$115.64 / \$119.40
C Prime Plan C	Base Rate/1-9	\$30.66	\$24.22	\$28.60	\$29.74	\$64.30	\$57.06	\$92.20	\$70.56	\$111.08
	10-50	\$27.22	\$21.50	\$25.40	\$27.22	\$58.90	\$52.26	\$84.46	\$64.64	\$101.78

▶ Employer Choice Premier Prime Dental Plans

	# of Eligible EEs**	Per-Person Rates			Four-Tier Rates					
		Adult	Child	Child w/Ortho	Single	Emp./Spouse	Emp./Child(ren)	Family	Emp./Child(ren) w/Ortho	Family w/Ortho
A Prime Plan A	Base Rate/1-9	\$31.10	\$20.20	\$22.00	\$29.86	\$63.48	\$56.22	\$90.36	\$67.44	\$106.04
	10-50	\$28.78	\$18.28	\$19.94	\$28.78	\$61.24	\$54.26	\$87.16	\$65.06	\$102.28
B Prime Plan B	Base Rate/1-9	\$46.22	\$32.26	\$1,500 / \$2,500 \$36.16 / \$37.56	\$43.94	\$89.46	\$79.84	\$126.02	\$1,500 / \$2,500 \$97.56 / \$100.42	\$1,500 / \$2,500 \$150.80 / \$154.96
	10-50	\$41.86	\$29.22	\$1,500 / \$2,500 \$32.78 / \$34.18	\$41.86	\$85.18	\$76.04	\$120.04	\$1,500 / \$2,500 \$92.90 / \$95.76	\$1,500 / \$2,500 \$143.66 / \$147.42
C Prime Plan C	Base Rate/1-9	\$39.76	\$27.78	\$32.16	\$37.82	\$78.40	\$69.90	\$111.12	\$85.78	\$133.38
	10-50	\$36.06	\$25.16	\$29.10	\$36.06	\$74.70	\$66.60	\$105.88	\$81.72	\$127.06

▶ Employer Choice Plus*** Dental Plans

	# of Eligible EEs**	Per-Person Rates				# of Eligible EEs**	Per-Person Rates		
		Adult	Child	Child w/Ortho			Adult	Child	Child w/Ortho
B+ PPO plus Premier Plan B Plus	Base Rate/1-9	\$37.10	\$28.10	\$29.70	B+ Premier Plan B Plus	Base Rate/1-9	\$45.46	\$33.40	\$35.10
	10-50	\$32.96	\$27.20	\$28.76		10-50	\$41.58	\$33.00	\$34.66

INTRODUCING THE HEALTHY SMILES PROGRAM

Option to add to Employer Choice dental plans for an additional monthly rate.

	Additional Monthly Rate
Employee / Child(ren)	\$2.44
Employee / Spouse / Family	\$4.64

*Dental and Vision rates are good for 24 months from initial enrollment as long as your plan does not change.
 **For groups who contribute to premiums (contributory plans), rates are based on the number of eligible employees. For all other groups, the base rate applies.
 ***Employer Choice Plus Plans include the Affordable Care Act (ACA) pediatric dental essential health benefits (EHB).
 DeltaVision® is underwritten by Veratrus Benefit Solutions, Inc., a wholly owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care Insight network.

▶ Employee Choice Dental Plan

Plan	Adult (21 and older)	Child (up to age 21)
Preventive Prime	\$17.10	\$16.54
Preventive Plus	\$17.10	\$33.28
Preferred Prime	\$33.86	\$25.98
Preferred Plus	\$33.86	\$39.68
Platinum Prime	\$42.32	\$32.44
Platinum Plus	\$42.32	\$39.68

▶ Voluntary Vision Plans

	\$10 Lens Copay			\$25 Lens Copay			Materials Only		
	\$130	\$150	\$200	\$130	\$150	\$200	\$130	\$150	\$200
Frame Allowance	\$130	\$150	\$200	\$130	\$150	\$200	\$130	\$150	\$200
Fit & Follow-Up	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded			
Four-Tier									
Single	\$7.74 / \$8.44	\$8.14 / \$9.08	\$9.20 / \$10.10	\$6.96 / \$7.64	\$7.28 / \$8.00	\$8.46 / \$9.22	\$5.98	\$6.34	\$7.48
Employee/Spouse	\$14.70 / \$16.06	\$15.48 / \$17.30	\$17.50 / \$19.24	\$13.26 / \$14.48	\$13.90 / \$15.22	\$16.10 / \$17.56	\$11.26	\$12.02	\$14.12
Employee/Child(ren)	\$16.68 / \$18.12	\$17.56 / \$19.58	\$19.84 / \$21.80	\$15.04 / \$16.42	\$15.74 / \$17.24	\$18.22 / \$19.92	\$12.82	\$13.62	\$16.02
Family	\$22.00 / \$23.94	\$23.22 / \$25.86	\$26.18 / \$28.76	\$19.86 / \$21.70	\$20.78 / \$22.78	\$24.06 / \$26.30	\$16.86	\$17.92	\$21.10

▶ Contributory Vision Plans

	\$10 Lens Copay			\$25 Lens Copay			Materials Only		
	\$130	\$150	\$200	\$130	\$150	\$200	\$130	\$150	\$200
Frame Allowance	\$130	\$150	\$200	\$130	\$150	\$200	\$130	\$150	\$200
Fit & Follow-Up	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded			
Four-Tier									
Single	\$5.90 / \$6.44	\$6.20 / \$6.94	\$7.02 / \$7.72	\$5.30 / \$5.82	\$5.58 / \$6.10	\$6.46 / \$7.04	\$4.58	\$4.86	\$5.72
Employee/Spouse	\$11.22 / \$12.24	\$11.84 / \$13.20	\$13.36 / \$14.68	\$10.12 / \$11.06	\$10.60 / \$11.62	\$12.28 / \$13.40	\$8.62	\$9.16	\$10.78
Employee/Child(ren)	\$12.72 / \$13.84	\$13.40 / \$14.96	\$15.14 / \$16.64	\$11.46 / \$12.54	\$12.02 / \$13.16	\$13.92 / \$15.20	\$9.78	\$10.38	\$12.22
Family	\$16.80 / \$18.28	\$17.72 / \$19.74	\$19.98 / \$21.96	\$15.16 / \$16.54	\$15.86 / \$17.38	\$18.36 / \$20.08	\$12.88	\$13.68	\$16.10

▶ One & Sun Vision Plan

	Voluntary	Contributory
Single	\$11.20	\$9.26
Employee/Spouse	\$20.80	\$17.14
Employee/Child(ren)	\$20.62	\$16.46
Family	\$28.52	\$23.02

▶ Legal Plan

Employee*	\$26
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Enroll today ▶ Call 877-423-3582 or visit deltadentalia.com



*This covers employee, spouse and dependents.

These monthly rates are effective January 1, 2024 through December 31, 2024, and are subject to Iowa Insurance Division approval. For new groups, 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 require the employer to contribute any amount towards premiums. Adult coverage is 21 and older. Child coverage is up to age 21 as of the group's effective/renewal date. For per-person dental 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.

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The legal plan is provided by ARAG™ in partnership with Delta Dental of Iowa. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call your broker or your Delta Dental of Iowa account manager.