

2026 Small Business Rates

	Essential Plan	Essential Plan w/Ortho	Core Plan	Core Plan w/Ortho	Signature Plan	Signature Plan w/Ortho	Elite Plan	Elite Plan w/Ortho [†]
Voluntary								
Single	\$26.34	\$26.34	\$32.82	\$32.82	\$41.88	\$41.88	\$48.86	\$50.54
Employee/Spouse	\$54.68	\$54.68	\$70.86	\$70.86	\$90.16	\$90.16	\$105.06	\$108.64
Employee/Child(ren)	\$53.40	\$64.08	\$59.12	\$70.96	\$74.98	\$89.98	\$85.32	\$102.38
Family	\$84.94	\$101.92	\$95.36	\$114.44	\$121.66	\$146.00	\$137.70	\$165.24
Contributory (10+ eligible EEs required)								
Single	\$23.92	\$23.92	\$29.54	\$29.54	\$37.48	\$37.48	\$43.72	\$45.24
Employee/Spouse	\$50.92	\$50.92	\$63.46	\$63.46	\$80.94	\$80.94	\$94.28	\$97.52
Employee/Child(ren)	\$49.34	\$59.22	\$53.26	\$63.92	\$67.74	\$81.28	\$77.08	\$92.50
Family	\$80.10	\$96.14	\$85.60	\$102.72	\$108.38	\$130.06	\$122.66	\$147.20

	Dual Plan — Low*	Dual Plan — High*	Prestige Plan	Prestige Plan w/Ortho [†]
Voluntary				
Single	\$35.50	\$42.76	\$49.02	\$51.02
Employee/Spouse	\$74.80	\$92.20	\$99.98	\$109.08
Employee/Child(ren)	\$75.00	\$96.96	\$94.98	\$134.02
Family	\$119.86	\$154.98	\$149.98	\$199.98
Contributory (10+ eligible EEs required)				
Single	\$32.12	\$38.50	\$47.02	\$49.02
Employee/Spouse	\$68.56	\$82.58	\$94.98	\$99.98
Employee/Child(ren)	\$71.52	\$92.48	\$90.02	\$129.02
Family	\$114.32	\$147.80	\$144.98	\$189.98



Healthy Smiles Program

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

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

[†]Corrective orthodontia benefit includes adults and children up to age 26.

*The Dual Option plans are available for groups with 20 or more eligible employees. Both plans are offered together at the employer level.

Voluntary Vision Plans

Four-Tier Rates

	\$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			
Single	\$7.90 / \$8.62	\$8.30 / \$9.26	\$9.38 / \$10.30	\$7.10 / \$7.80	\$7.44 / \$8.16	\$8.64 / \$9.40	\$6.10	\$6.48	\$7.64
Employee/Spouse	\$15.00 / \$16.38	\$15.80 / \$17.66	\$17.86 / \$19.62	\$13.54 / \$14.78	\$14.18 / \$15.52	\$16.42 / \$17.92	\$11.50	\$12.26	\$14.40
Employee/Child(ren)	\$17.02 / \$18.48	\$17.92 / \$19.98	\$20.24 / \$22.24	\$15.34 / \$16.76	\$16.06 / \$17.58	\$18.58 / \$20.32	\$13.08	\$13.90	\$16.34
Family	\$22.44 / \$24.42	\$23.68 / \$26.38	\$26.70 / \$29.34	\$20.26 / \$22.14	\$21.20 / \$23.24	\$24.54 / \$26.84	\$17.20	\$18.28	\$21.52

Contributory Vision Plans

Four-Tier Rates

	\$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			
Single	\$6.02 / \$6.58	\$6.32 / \$7.08	\$7.16 / \$7.88	\$5.42 / \$5.94	\$5.70 / \$6.22	\$6.60 / \$7.18	\$4.68	\$4.96	\$5.84
Employee/Spouse	\$11.44 / \$12.48	\$12.08 / \$13.46	\$13.64 / \$14.98	\$10.32 / \$11.28	\$10.82 / \$11.86	\$12.54 / \$13.68	\$8.80	\$9.34	\$11.00
Employee/Child(ren)	\$12.98 / \$14.12	\$13.68 / \$15.26	\$15.44 / \$16.98	\$11.70 / \$12.80	\$12.26 / \$13.42	\$14.20 / \$15.50	\$9.98	\$10.60	\$12.46
Family	\$17.14 / \$18.66	\$18.08 / \$20.14	\$20.38 / \$22.40	\$15.46 / \$16.88	\$16.18 / \$17.74	\$18.74 / \$20.48	\$13.14	\$13.96	\$16.42

One & Sun™ Vision Plan

	Voluntary	Contributory
Single	\$11.42	\$9.46
Employee/Spouse	\$21.22	\$17.48
Employee/Child(ren)	\$21.04	\$16.80
Family	\$29.10	\$23.48

Legal Plans

UltimateAdvisor*	\$14.23*
UltimateAdvisor Plus™	\$24.39*

Life and Disability Plans

Visit deltadentalia.com/life for more information and rates.

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*This covers employee, spouse and dependents.

These monthly rates are effective January 1, 2026 through December 31, 2026, and are subject to Iowa Insurance Division approval. Contributory plans are subject to underwriting guidelines and require the employer to contribute any amount towards premiums. For per person rates, adult rates apply to those 21 and older and child rates are up to age 21 as of the group's effective/renewal date. Delta Dental only charges premium for a maximum of three children per subscriber. Child coverage is up to age 26 as of the group's effective/renewal date.

Vertrus Benefit Solutions, Inc. underwrites DeltaVision using the EyeMed Vision Care Insight Network. Vertrus is a wholly owned subsidiary of Delta Dental of Iowa. For more information on Vertrus, visit deltadentalia.com/vertrus.

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.