SMALL BUSINESS SOLUTIONS
1-50 ELIGIBLE EMPLOYEES

DELTA DENTAL® DeltaVision® DeltaLife™

2027 Small Business Rates

Employer Choice Dental Plans

	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 Option — Low‡	Dual Option — 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*				
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

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

*Groups with 9 or less eligible employees will automatically receive voluntary rates regardless of contribution towards plan. For groups to receive contributory rates, they must have 10 or more eligible employees. For groups to qualify for contributory rates with the Prestige Plan, they must contribute over 50% of the premium.

†Corrective orthodontia benefit includes adults and children up to age 26. Minimum of 5 enrolled is required for the Prestige Plan with ortho.

‡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		
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		
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.

ENROLL TODAY

Call **877-423-3582** Visit **deltadentalia.com**

*This covers employee, spouse and dependents.

These monthly rates are effective January 1, 2027, through December 31, 2027, 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.

For complete details of the coverage, including exclusions, limitations and out-of-network coverage, call 877-423-3582 or go to deltadentalia.com.

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

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.

DELTA DENTAL®