

2027 Small Business Rates

Employer Choice Dental Plans

Four-Tier Rates

	PPO plus Premier Plan Network			Premier Plan Network		
	Plan A Prime	Plan B Prime	Plan C Prime	Plan A Prime	Plan B Prime	Plan C Prime
Voluntary*						
Single	\$28.64	\$38.34	\$33.32	\$33.44	\$49.20	\$42.36
Emp./Spouse	\$59.74	\$82.16	\$72.00	\$71.06	\$100.16	\$87.78
Emp./Child(ren)	\$52.96	\$72.96	\$63.88	\$62.96	\$89.38	\$78.28
Family	\$85.02	\$117.46	\$103.24	\$101.16	\$141.08	\$124.40
Emp./Child(ren) w/Ortho	\$63.48	\$1,500 / \$2,500 \$89.94 / \$93.16	\$79.00	\$75.52	\$1,500 / \$2,500 \$109.22 / \$112.42	\$96.06
Family w/Ortho	\$99.76	\$1,500 / \$2,500 \$141.30 / \$145.50	\$124.34	\$118.72	\$1,500 / \$2,500 \$168.84 / \$173.04	\$149.34
Contributory* (10+ eligible EEs required)						
Single	\$26.00	\$34.48	\$29.90	\$31.62	\$45.98	\$39.60
Emp./Spouse	\$55.38	\$73.86	\$64.68	\$67.24	\$93.52	\$82.04
Emp./Child(ren)	\$49.10	\$65.56	\$57.40	\$59.60	\$83.48	\$73.14
Family	\$78.90	\$105.54	\$92.76	\$95.70	\$131.80	\$116.26
Emp./Child(ren) w/Ortho	\$58.90	\$1,500 / \$2,500 \$80.84 / \$83.98	\$70.98	\$71.44	\$1,500 / \$2,500 \$102.02 / \$105.16	\$89.74
Family w/Ortho	\$92.50	\$1,500 / \$2,500 \$126.98 / \$131.12	\$111.76	\$112.32	\$1,500 / \$2,500 \$157.74 / \$161.88	\$139.50

Per-Person Rates

	PPO plus Premier Plan Network			Premier Plan Network		
	Plan A Prime	Plan B Prime	Plan C Prime	Plan A Prime	Plan B Prime	Plan C Prime
Voluntary*						
Adult	\$30.54	\$39.56	\$34.34	\$34.82	\$51.76	\$44.54
Child	\$18.96	\$25.56	\$27.14	\$22.64	\$36.12	\$31.12
Child w/Ortho	\$21.70	\$1,500 / \$2,500 \$29.94 / \$31.48	\$32.02	\$24.64	\$1,500 / \$2,500 \$40.50 / \$42.04	\$36.02
Contributory* (10+ eligible EEs required)						
Adult	\$26.56	\$34.48	\$29.90	\$31.62	\$45.98	\$39.60
Child	\$16.52	\$22.28	\$23.62	\$20.10	\$32.10	\$27.64
Child w/Ortho	\$18.90	\$1,500 / \$2,500 \$26.10 / \$27.64	\$27.90	\$21.90	\$1,500 / \$2,500 \$36.00 / \$37.54	\$31.96



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.

Employee Choice Dental Plans

	Preventive		Preferred		Platinum	
	Prime	Plus	Prime	Plus	Prime	Plus
Adult (21 and older)	\$17.78	\$17.78	\$35.22	\$35.22	\$44.02	\$44.02
Child (up to age 21)	\$17.20	\$34.62	\$27.02	\$41.28	\$33.74	\$41.28

Voluntary Vision Plans

	\$10 Lens Copay			Four-Tier Rates			Materials Only		
	\$130	\$150	\$200	\$130	\$150	\$200	\$130	\$150	\$200
Frame Allowance									
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

	\$10 Lens Copay			Four-Tier Rates			Materials Only		
	\$130	\$150	\$200	\$130	\$150	\$200	\$130	\$150	\$200
Frame Allowance									
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 www.deltadentalia.com/life for more information and rates.

ENROLL TODAY

Call 877-423-3582 Visit deltadentalia.com

*This covers employee, spouse and dependents.

Plus policies include the pediatric dental benefits as required under the Affordable Care Act (ACA). Plus policies are expected to be certified as qualified health plans. Prime policies do not include the pediatric dental services as required under ACA.

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.

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.