SMALL BUSINESS SOLUTIONS
1-50 ELIGIBLE EMPLOYEES

Big benefits for small business.

Delta Dental of Iowa
2027 Plans

DELTA DENTAL® DeltaVision® DeltaLife™

Contents

A healthy, happy team

Help your clients support their employees' health and well-being with budget-friendly plans from Delta Dental of Iowa.

Enhance employee wellness.

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

VISION
An eye exam can reveal conditions such as high blood pressure, high cholesterol, diabetes and more.

LEGAL
84% of legal plan members reported that having a legal plan while handling a legal situation made them feel less stress.[2]

LIFE & DISABILITY
"More than half (67%) of workers rely on workplace life insurance (theirs or another family member's) to meet their life insurance needs."[3]

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

[2] 2022 ARAG Stress Research Study. https://www.araglegal.com/learning-center/using-your-legal-plan/why-legal-insurance/legal-issues-financial-burden

[3] Facts About Life-Workplace Benefits. LIMRA, 2023.

Improve employee productivity.

DENTAL
Adults missed 183 million hours of productivity time due to their own oral pain or unplanned dental visits.[4]

VISION
Eyecare delivers a $7,800 increase in productivity per employee.[5]

LEGAL
Easy access to legal insurance can prevent legal issues from becoming complex and time consuming.[6]

LIFE & DISABILITY
49% of consumers would feel financial stress in 6 months if the primary wage earner became sick or injured.[7]

[4] CareQuest Institute for Oral Health. The Hour of Need: Productivity Time Lost Due to Urgent Dental Needs. Boston, MA: January 2024.

[5] EyeMed Vision Benefits, Vision Care Is Good Business (2020).

[6] 2022 ARAG Stress Research Study.

[7] Fast Facts About Disability Insurance. LIMRA, 2023.

Increase job satisfaction.

DENTAL
Surveys show 4 in 5 Americans (79%) consider dental benefits to be "extremely important."[8]

VISION
98% of employees believe offering vision coverage shows companies care about their well-being.[9]

LEGAL
Financial planning tools like will preparation and home buying enhance standard employer benefits programs.

LIFE & DISABILITY
33% of consumers buy life insurance because their employer provides it.[10]

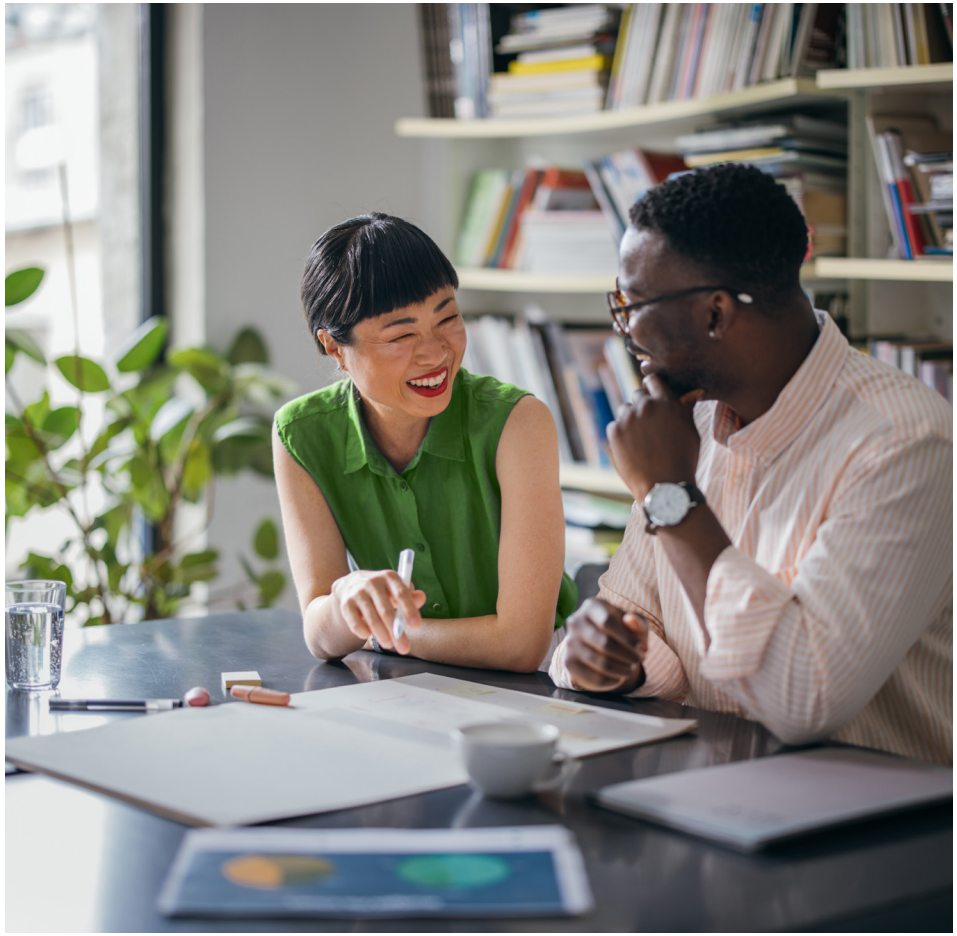
[8] Delta Dental Children's Oral Health Survey, 2009.

[9] 2017 Transitions Employee Perceptions of Vision Benefits Survey.

[10] Life Insurance Fact Sheet. LIMRA, 2023.

Beyond great benefits

When your clients choose Delta Dental, they can rest easy — knowing they're offering outstanding dental, vision, legal, life and disability benefits backed by:



EXPERIENCE

With more than 50 years of experience, we're trusted by more than 4,900 Iowa employers and 1.7+ million members.

SAVINGS

We share the cost with employers, plus employees save even more by seeing in-network providers.

CONVENIENCE

Simple online enrollment eliminates paperwork hassles.

QUALITY

Get the highest level of care and consultation from providers across the country — 100% of whom meet national credentialing standards.

GIVING BACK

Choosing Delta Dental benefits also helps make a difference in the communities where employees work and live. Since 2002, we've committed $73 million to support the oral and overall health of Iowans.

Clear choices for small businesses

Small business owners have a lot to manage. Choosing dental benefits should be easy. Delta Dental of Iowa's new Small Business Dental Plans offer five clear options designed to fit different budgets, team sizes and employee needs. Every plan was created with a *care-forward* approach that supports preventive care while also providing coverage when more complex treatments are needed.

SMALL BUSINESS DENTAL PLANS

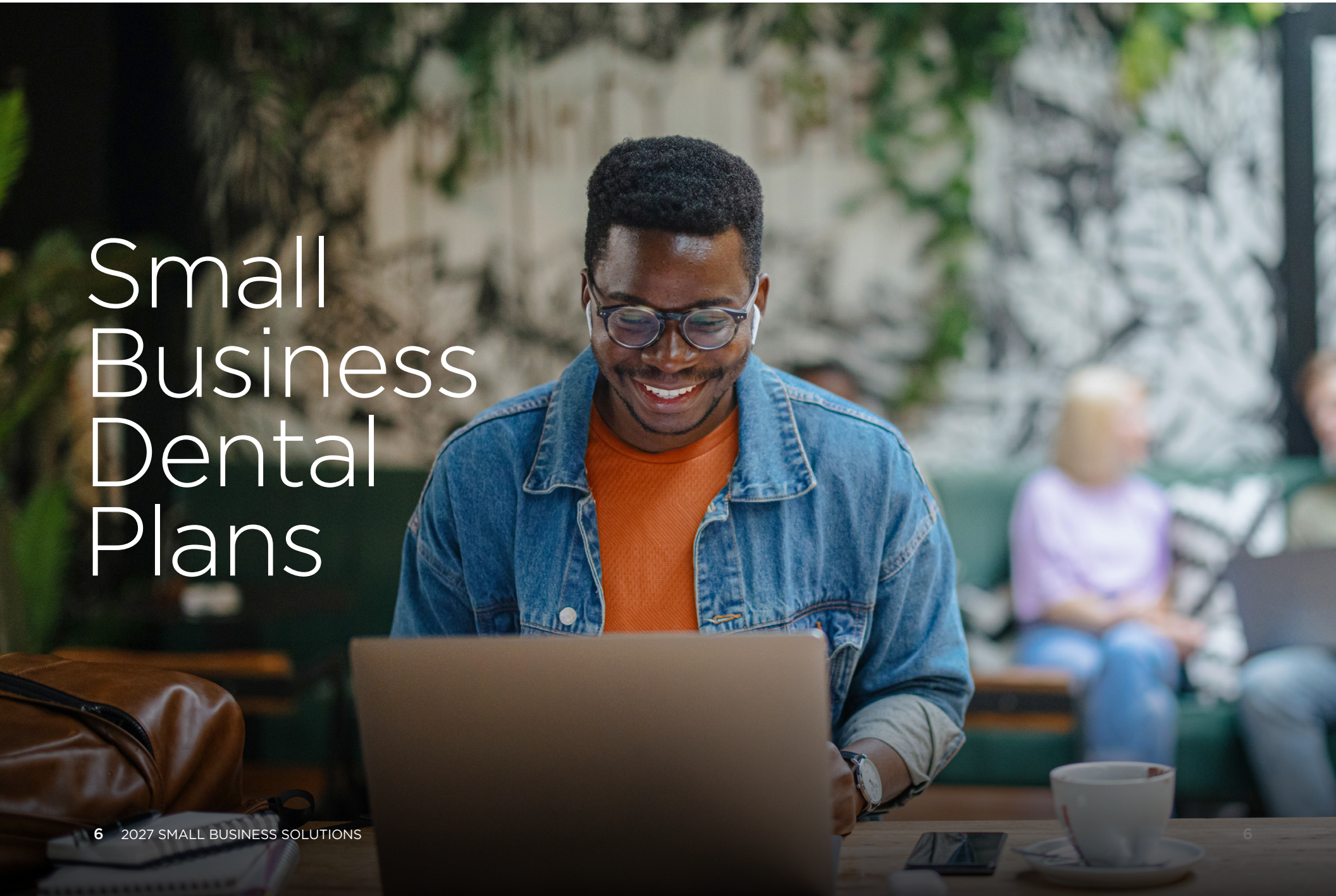
Plans are organized by coverage level, with expanded benefits as you move from one plan to the next, making it easier to compare options side by side.

Essential	Core	Signature	Elite	Prestige
Solid foundational coverage	Added protection centered on services that matter most	Comprehensive plan with expanded benefits	Premium protection for growing businesses	The richest benefits when using PPO dentists

DUAL OPTION PLAN

Employers choose the Dual Option Plan and their employees can select from a High or Low option. This plan makes offering voluntary benefits easier for small businesses with 20 or more eligible employees.

Low Plan	High Plan
$1,000 Annual Benefit Maximum	$2,000 Annual Benefit Maximum and $1,500 orthodontia lifetime maximum



Small Business Dental Plans

6

Coverage made easy

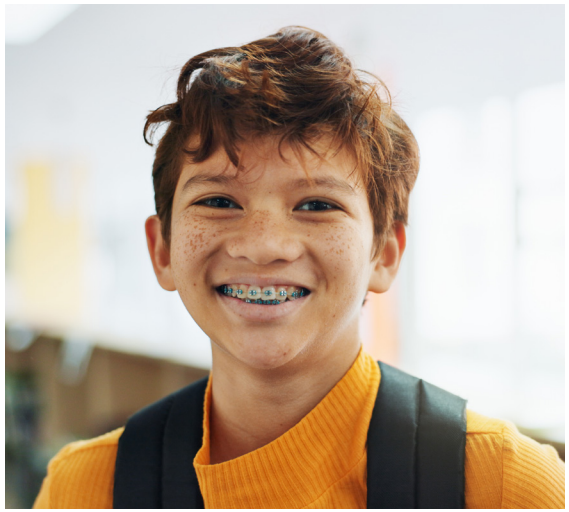
Employers choose a plan option and select whether to offer corrective orthodontia coverage.

PICK A PLAN

The chart below illustrates the different coinsurance, deductibles and Annual Benefit Maximums paid for each of the Small Business Dental Plans offered. For details of orthodontia coverage by plan, see page 12.

	Essential	Core	Signature	Elite	Prestige
Annual Benefit Maximum Per Person Per Calendar Year	$1,000	$1,500	$2,000	$3,000	$1,000 – $1,500 (Unlimited with PPO™ Dentist)
Deductible Per Person	$50 – $100	$50 – $100	$25 – $75	$15 – $50	$50*
Coinsurance paid by member					
Diagnostic and Preventive Care (e.g., exams, cleanings, X-rays)	10 – 30%	0 – 20%	0 – 10%	0%	0 – 10%
Routine and Restorative Services (e.g., cavity repair, extractions)	40 – 60%	40 – 60%	20 – 50%	10 – 30%	10 – 30%
Major Services (e.g., bridges, crowns, dentures)	60 – 70%	50 – 70%	50 – 60%	50 – 60%	40 – 50%

*Maximum $150 family deductible.



CHOOSE ORTHODONTIA COVERAGE

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 that fixes an improper alignment of upper and lower teeth, including crooked or crowded teeth, crossbites, overbites or underbites.

* Corrective orthodontia benefit includes adults, and children up to age 26, for the Elite and Prestige Plans.

NETWORK OPTIONS

When choosing a dental plan, the provider network matters. While many carriers allow employees to visit any dentist, going out of network often means higher out-of-pocket costs and fewer benefits.

All participating dentists have agreed to accept Delta Dental fees as payment in full and cannot balance bill the member for covered services. Employees are always free to see any dentist they wish, but they'll have greater benefits and lower out-of-pocket costs when they go to in-network dentists.

Delta Dental of Iowa has two provider networks, making it easy for employees to find an in-network dentist near them:

DELTA DENTAL PREMIER®

Offers reduced out-of-pocket costs and benefits along with the largest dental network in the nation — includes 90% of Iowa dentists and 72% of dentists nationwide.[1]

DELTA DENTAL PPO™

The Delta Dental PPO™ network offers the lowest out-of-pocket costs, has the best benefits and includes 36% of Iowa dentists.[1]

[1] Based on March 2026 Delta Dental Plans Association data.

Healthy Smiles

HEALTHY SMILES PROGRAM

With the Healthy Smiles Program, eligible employees and their covered spouse will receive a free electric toothbrush and replacement heads. All it takes is a Delta Dental Member Connection account. This option can be added to Small Business Dental Plans for an additional monthly rate.

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

Additional benefits

INCLUDED WITH SMALL BUSINESS DENTAL PLANS*

Delta Dental's Small Business Dental Plans automatically include the additional benefits listed below, helping employees get even more from their dental coverage.

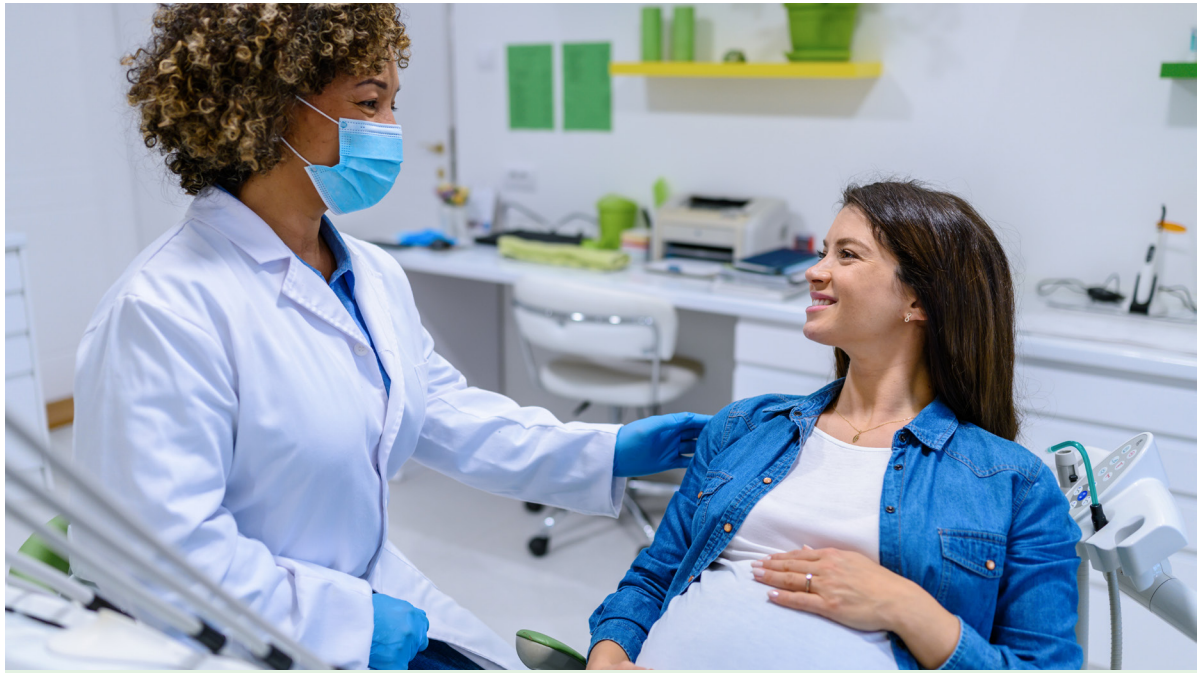
TO GO℠ — ANNUAL MAXIMUM CARRYOVER*

Delta Dental's To Go benefit allows employees to carry over a portion of their unused benefits to the next year, potentially doubling their Annual Benefit Maximum. The table below shows an example of how To Go works with the Elite Plan:

Year 1		Year 2		Year 3	
Annual Benefit Maximum	$3,000	Annual Benefit Maximum ($3,000 + $2,000 carryover)	$5,000	Annual Benefit Maximum ($3,000 + $3,000 carryover)	$6,000
Eligible Benefit Used	$1,000	Eligible Benefit Used	$2,000	Eligible Benefit Used	$2,000
Unused Annual Benefit Maximum	$2,000	Unused Annual Benefit Maximum	$3,000	Unused Annual Benefit Maximum	$4,000
To Go — Annual Maximum Carryover (for use in year 2)	$2,000	**To Go** — Annual Maximum Carryover (for use in year 3)	$3,000**	**To Go** — Annual Maximum Carryover (for use in year 4)	$3,000**

* To Go is not included with the Dual Option or Prestige Plan.

** The To Go — Annual Maximum Carryover amount cannot exceed the Annual Benefit Maximum. To Go applies to the Essential, Core, Signature and Elite Plans.



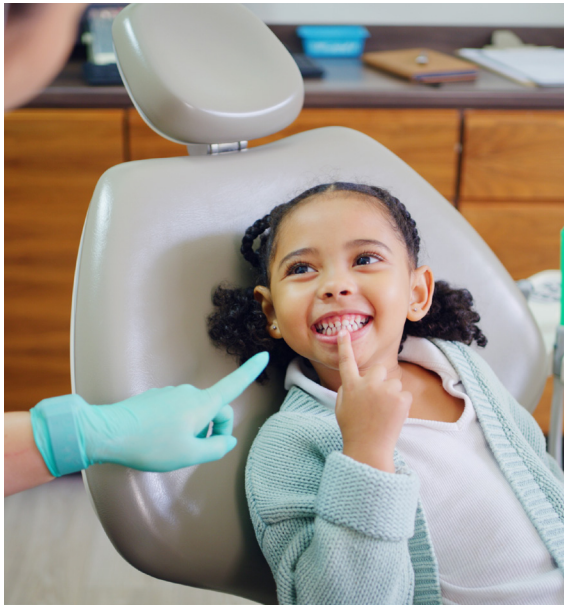
ENHANCED BENEFITS PROGRAM

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
- Cancer, chemotherapy and/or radiation
- Periodontal disease
- Kidney failure or dialysis

SPECIAL HEALTH CARE NEEDS BENEFIT

Your Delta Dental of Iowa dental benefits plan automatically offers a Special Health Care Needs[1] benefit to help remove barriers to care for your eligible covered members (children and adults) at no additional cost. This benefit includes additional visits to the dentist's office, up to four dental cleanings in a calendar year, treatment delivery modifications and more.



[1] Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive or emotional impairment or limiting condition that requires medical management, health care intervention and/or use of specialized services or programs.

Small Business Dental Plans

Employers can choose from five plan options featuring:

- 100% coverage for preventive exams and cleanings*
- $2,500 orthodontia coverage included on most plans when selected**
- Increasing annual benefit maximums
- Expanded benefits as you move from one plan to the next

* The Essential Plan has diagnostic and preventive coverage starting at 90% for the PPO network.

** When choosing a plan with corrective orthodontia coverage. Corrective orthodontia benefit includes adults and children up to age 26 for the Elite and Prestige plans.

2027 Small Business Dental Plans

Summary of coverage

	Essential			Core			Signature			Elite			Prestige		
	PPO™ Dentist	Premier® Dentist	Out of Network	PPO™ Dentist	Premier® Dentist	Out of Network	PPO™ Dentist	Premier® Dentist	Out of Network	PPO™ Dentist	Premier® Dentist	Out of Network	PPO™ Dentist	Premier® Dentist	Out of Network
Annual Benefit Maximum Per Person Per Calendar Year	$1,000			$1,500			$2,000			$3,000			Unlimited	$1,500	$1,000
Deductible* Per Person	$50	$75	$100	$50	$75	$100	$25	$50	$75	$15	$25	$50	$50**	$50**	$50**
Diagnostic and Preventive Services (e.g., exams, cleanings, X-rays)	90%	80%	70%	100%	100%	80%	100%	100%	90%	100%	100%	100%	100%	100%	90%
Routine and Restorative Services (e.g., cavity repair, extractions)	60%	50%	40%	60%	50%	40%	80%	70%	50%	90%	80%	70%	90%	80%	70%
Posterior Composites w/o Alternate Processing (tooth-colored filling on back teeth)	50%	40%	30%	50%	40%	30%	60%	50%	40%	80%	70%	50%	90%	80%	70%
Endodontic Services (e.g., root canals, apicoectomy)	50%	40%	30%	50%	40%	30%	60%	50%	40%	80%	70%	50%	90%	80%	70%
Periodontal Services (e.g., gum and bone diseases, complex procedures)	50%	40%	30%	50%	40%	30%	60%	50%	40%	80%	70%	50%	90%	80%	70%
High-Cost Restorations (e.g., crowns, inlays)	40%	30%	30%	50%	40%	30%	50%	50%	40%	50%	50%	40%	60%	50%	50%
Prosthetics (e.g., bridges, dentures)	40%	30%	30%	50%	40%	30%	50%	50%	40%	50%	50%	40%	60%	50%	50%
Implants	40%	30%	30%	40%	40%	30%	50%	40%	30%	50%	50%	30%	60%	50%	50%
Corrective Orthodontia Benefit & Lifetime Maximum up to age 19† (if applicable)	Option 1: None Option 2: 50% and $2,500 lifetime maximum			Option 1: None Option 2: 50% and $2,500 lifetime maximum			Option 1: None Option 2: 50% and $2,500 lifetime maximum			Option 1: None Option 2: 50% and $2,500 lifetime maximum			Option 1: None Option 2:		
													60% and $4,000 lifetime maximum	50% and $1,500 lifetime maximum	50% and $1,000 lifetime maximum

* Deductible is waived for all diagnostic and preventive care.

** Maximum $150 family deductible.

† When choosing a plan with corrective orthodontia coverage. Corrective orthodontia benefit includes adults, and children up to age 26, for the Elite and Prestige plans. Minimum of 5 enrolled is required for the Prestige Plan with Ortho.

‡ To Go is not included on the Prestige Plan. CheckUp Plus℠ is included on the Prestige Plan.

Child coverage is up to age 26 as of the group's effective/renewal date.
For a detailed description of specific benefits and benefit limitations, see the Benefit Certificate. Percentages shown are what Delta Dental pays.
For example, if Delta Dental pays 80%, the member's coinsurance is 20%.

2027 Small Business Dental Plans

Monthly Premiums

	Essential Plan	Essential Plan w/Ortho	Core Plan	Core Plan w/Ortho	Signature Plan	Signature Plan w/Ortho	Elite Plan	Elite Plan w/Ortho†	Prestige Plan	Prestige Plan w/ Ortho†
Voluntary*										
Single	$26.34	$26.34	$32.82	$32.82	$41.88	$41.88	$48.86	$50.54	$49.02	$51.02
Employee/Spouse	$54.68	$54.68	$70.86	$70.86	$90.16	$90.16	$105.06	$108.64	$99.98	$109.08
Employee/Child(ren)	$53.40	$64.08	$59.12	$70.96	$74.98	$89.98	$85.32	$102.38	$94.98	$134.02
Family	$84.94	$101.92	$95.36	$114.44	$121.66	$146.00	$137.70	$165.24	$149.98	$199.98
Contributory* (10+ eligible EEs required)										
Single	$23.92	$23.92	$29.54	$29.54	$37.48	$37.48	$43.72	$45.24	$47.02	$49.02
Employee/Spouse	$50.92	$50.92	$63.46	$63.46	$80.94	$80.94	$94.28	$97.52	$94.98	$99.98
Employee/Child(ren)	$49.34	$59.22	$53.26	$63.92	$67.74	$81.28	$77.08	$92.50	$90.02	$129.02
Family	$80.10	$96.14	$85.60	$102.72	$108.38	$130.06	$122.66	$147.20	$144.98	$189.98

*Groups with 9 or fewer 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.

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.

Rates are effective January 1, 2027, through December 31, 2027, and are subject to Iowa Insurance Division approval and Delta Dental's underwriting guidelines.

Employee Dual Option Plan

This plan features:

- The option for employees to choose from a High or Low plan to fit their needs
- Access to two networks
- Greatest network discounts when seeing a Delta Dental PPO™ dentist

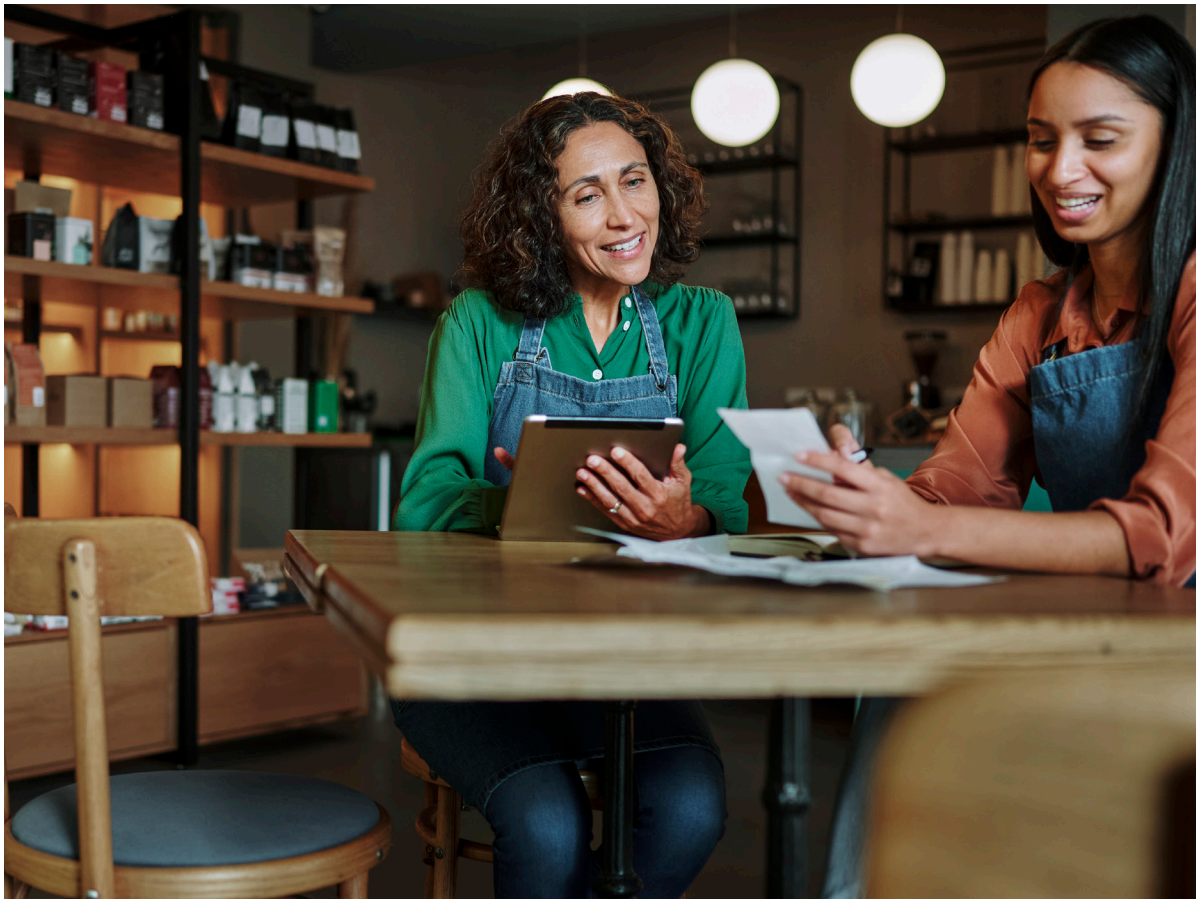
Employee Dual Option Plan

Delta Dental offers a Dual Option Plan for employers with 20 or more eligible employees. Employees choose from a High or Low Plan, and the employer may or may not choose to contribute to the premium. Monthly premiums are deducted via payroll through the employer.

Employees choose the plan with coverage that best fits their needs:

- **Low Plan — $1,000 Annual Benefit Maximum**
- **High Plan — $2,000 Annual Benefit Maximum and $1,500 orthodontia lifetime maximum**

Employees have their choice of provider, but will have lower out-of-pocket expenses and better benefits when they see a Delta Dental PPO™ dentist.



2027 Employee Dual Option Plan

Summary of coverage

	Low			High		
	PPO™ Dentist	Premier® Dentist	Out of Network	PPO™ Dentist	Premier® Dentist	Out of Network
Annual Benefit Maximum Per Person Per Calendar Year		$1,000			$2,000	
Deductible Per Person*	$25	$50	$75	$15	$25	$50
Diagnostic and Preventive Services (e.g., exams, cleanings, X-rays)	100%	100%	80%	100%	100%	80%
Routine and Restorative Services (e.g., cavity repair, extractions)	60%	50%	40%	80%	70%	50%
Posterior Composites w/o Alternate Processing (tooth-colored filling on back teeth)	50%	40%	30%	60%	50%	40%
Endodontic Services (e.g., root canals, apicoectomy)	50%	40%	30%	60%	50%	40%
Periodontal Services (e.g., gum and bone diseases, complex procedures)	50%	40%	30%	60%	50%	40%
High-Cost Restorations (e.g., crowns, inlays)	50%	40%	30%	50%	40%	30%
Prosthetics (e.g., bridges, dentures)	50%	40%	30%	50%	40%	30%
Implants	40%	40%	30%	50%	50%	30%
Corrective Orthodontia Benefit & Lifetime Maximum up to age 19** (if applicable)		None			50% and $1,500 lifetime maximum	

To Go, CheckUp Plus, Enhanced Benefits and Healthy Smiles are not available with the Dual Option Plan.
*Deductible is waived for preventive services.
**When choosing the High Plan.

2027 Plan Rates

	Dual Plan — Low*	Dual Plan — High*
Voluntary		
Single	$35.50	$42.76
Employee/Spouse	$74.80	$92.20
Employee/Child(ren)	$75.00	$96.96
Family	$119.86	$154.98
Contributory		
Single	$32.12	$38.50
Employee/Spouse	$68.56	$82.58
Employee/Child(ren)	$71.52	$92.48
Family	$114.32	$147.80

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

VISION

Value that's easy to see

DeltaVision provides a great value in eyecare, while delivering simplified management that saves everyone time. It's a program more than 2,300[1] Iowa businesses have trusted since 2009.

Superior Coverage

FLEXIBLE

- A variety of plans, each available on a voluntary or contributory basis.
- Includes additional benefits for certain medical conditions.

SIMPLE

- Allows members to bundle vision with dental coverage for convenient simplified billing.
- Coverage accepted at 140,000+ providers nationwide[2] — with a choice of independent and retail providers.

COMPREHENSIVE

- Covers exams, frames, lenses and more.
- Benefits for contact lenses and Fit & Follow-Up Exams for standard and premium lenses.

True Customization

DeltaVision plans let your clients:

1. Pick their Lens Copay: $10 or $25
2. Select their Frame Allowance: $130, $150 or $200
3. Decide if they want to offer Funded or Discounted Fit & Follow-Up Contact Exams
4. Or choose to offer a Materials Only plan with a frame allowance option of: $130, $150 or $200

One & Sun™ Plan with **FREE** sunglasses

Employees and their covered spouses can score a FREE pair of designer sunglasses through our One & Sun Plan ... simply for having a routine eye exam!

For plan details and rates, **see pages 20 and 21.**

[1] Based on April 2026 Delta Dental of Iowa employer data.
[2] Based on Insight Network, EyeMed book of business, February 2026.

Plan options

Insight + Walmart Network	$10 Lens Copay	$25 Lens Copay	Materials Only
Benefit Frequency	Calendar year		
Vision Exam (once every calendar year)	$10 copay	$10 copay	N/A
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 Options Standard Progressive, Tint, UV Coating, Standard Polycarbonate	Various copayments per lens option — approximately equivalent to a 20% discount		
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) Conventional	**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
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		

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.

One & Sun™ Plan

Vision Care Services	In-Network Member Cost	Out-of-Network Allowance
Benefit Frequency	Calendar year	
Vision Exam (once every calendar year) Exam	$10 copay	Up to $35
Dilation and Eye Exam Refraction	$0	N/A
Contact Lens Fit & Follow-Up Exam Standard	Up to $40 copay	N/A
Premium	10% discount off retail price	N/A
Frames (once every two calendar years)	80% of balance over $150	Up to $75
Lens Single Vision Bifocal Trifocal	$10 copay (standard plastic)	Up to $25 Up to $40 Up to $55
Standard Progressive Lens	$75 copay	Up to $40
Premium Progressive Lens	**Copay for Tiers 1/2/3:** $95/$105/$120 **Tier 4:** $75 copay, plus 80% of charge less $120	Up to $40
Lenticular	$10 copay	Up to $55
Other Lens Type	80% of charge	N/A
Lens Options Tint, UV Coating, Standard Polycarbonate	Various copayments per lens option — approximately equivalent to a 20% discount	N/A
Premium Anti-Reflective Coating	**Copay for Tiers 1/2:** $57/$68 **Tier 3:** 80% of retail	N/A
Contact Lenses (once every calendar year) Conventional	85% of balance over $150	Up to $120
Disposable	Balance over $150	Up to $120
Medically Necessary	$0	Up to $200
Non-Scheduled Items Doctor Misc. Materials	80% of charge	N/A
LASIK or PRK Vision Correction	85% of retail price or 95% of promotional price	N/A
One & Sun (Doctor Misc. Materials)	For eligible members, 0% of the earned credit	N/A

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.

Voluntary Plan 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	N/A	N/A	N/A
Four-Tier									
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 Plan 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	N/A	N/A	N/A
Four-Tier									
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 Rates

	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

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. These monthly rates are effective January 1, 2027, through December 31, 2027, 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 require employers with 50 or less employees to contribute any amount towards premiums and employers with 51+ employees to have 50 percent participation.

LEGAL

Employees' best defense

85% of US consumers have experienced a legal event in the past three years.[1]

Delta Dental has partnered with ARAG® Legal Insurance to offer employers a comprehensive legal plan:

Paid in full	15,000+ attorneys	$$$ savings
Network attorney fees for most covered matters	Access to a nationwide network	Save employees thousands on legal fees[2]

Identity theft protection.

With so much information available online, protecting personal data is more important than ever. Identity theft services come with a Delta Dental legal insurance plan.

HOW IT PROTECTS AGAINST LOSSES RELATED TO IDENTITY THEFT:

- Toll-free legal advice to assist with legal-related problems that the theft of your identity might have caused
- Includes access to an Identity Theft Prevention Kit to help protect yourself from becoming a victim
- Includes an Identity Theft Victim Action Kit to help speed your recovery should you become an identity theft victim

Visit **www.deltadentalia.com/legal** for more information.

[1] 2022 ARAG Stress Research Study.

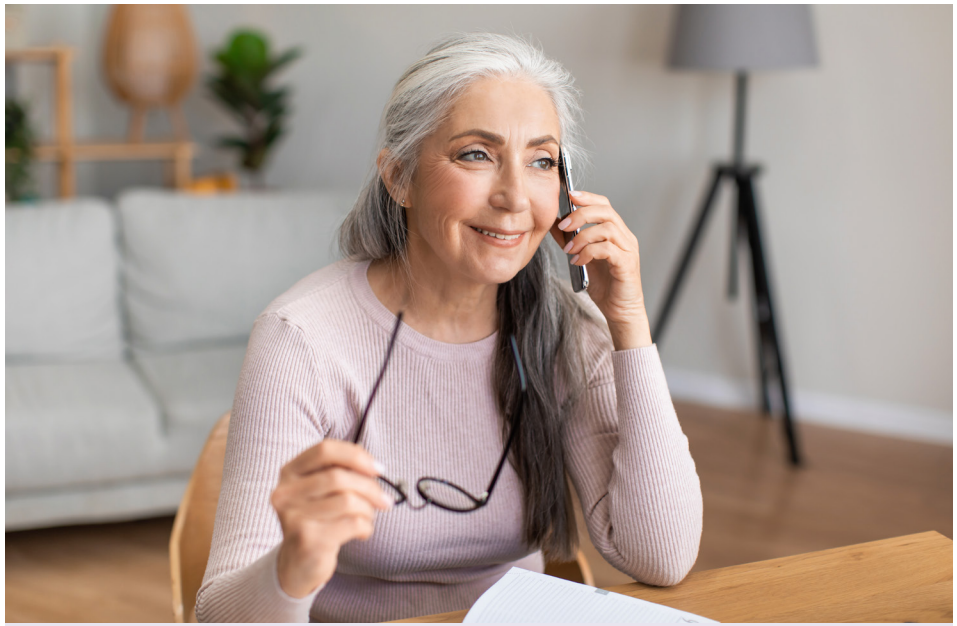
[2] Average cost to employee without legal insurance is based on ARAG claims incurred in 2022 and 2023 and paid by December 31, 2024, taking the average number of attorney hours billed multiplied by $341 per hour. $341 is the average hourly billable rate for attorneys in 2024 according to Clio's "2024 Legal Trends Report."

The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions and exclusions of coverage. Coverage may not be available in all jurisdictions. Please see the identity theft plan summary for details.

Limitations and exclusions apply. Depending on 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 our toll-free number. This coverage is underwritten by ARAG Insurance Company of Des Moines, Iowa.

More productivity and peace of mind.

When professional legal advice is only a phone call away, it saves employees time and stress. In fact, 84% of ARAG members navigating a legal situation reported that having a legal plan while handling a legal situation made them feel less stress. And when it comes to handling a legal situation, legal plan members spent an average of one hour of time less than expected.[1]



PLAN OPTIONS

UltimateAdvisor® $14.23

UltimateAdvisor Plus™ $24.39

Compared to costly legal expenses, court fees and fines, legal insurance can save employees thousands of dollars on legal fees.[2]

[1] 2022 ARAG Stress Research Study.

[2] Average cost to employee without legal insurance is based on ARAG claims incurred in 2022 and 2023 and paid by December 31, 2024, taking the average number of attorney hours billed multiplied by $341 per hour. $341 is the average hourly billable rate for attorneys in 2024 according to Clio's "2024 Legal Trends Report."

Legal insurance through Delta Dental covers the most common legal issues, from major life events to everyday inconveniences:

CONSUMER PROTECTION

- ✓ Auto repair
- ✓ Buy or sell a car
- ✓ Consumer fraud
- ✓ Consumer protection for goods or services
- ✓ Home improvement
- ✓ Personal property disputes

CRIMINAL MATTERS

- ✓ Juvenile
- ✓ Parental responsibility

DEBT-RELATED MATTERS

- ✓ Debt collection
- ✓ Garnishments
- ✓ Personal bankruptcy
- ✓ Student loan debt

DRIVING MATTERS

- ✓ License suspension/ revocation
- ✓ Traffic tickets

TAX ISSUES

- ✓ IRS tax audit
- ✓ IRS tax collection

FAMILY

- ✓ Adoption
- ✓ Guardianship/ conservatorship
- ✓ Name change
- ✓ Pet-related matters
- ✓ Divorce

REAL ESTATE & HOME OWNERSHIP

- ✓ Buying a home
- ✓ Deeds
- ✓ Foreclosure
- ✓ Contractor issues
- ✓ Neighbor disputes
- ✓ Promissory notes
- ✓ Real estate disputes
- ✓ Selling a home

WILL & ESTATE PLANNING

- ✓ Powers of attorney
- ✓ Trusts
- ✓ Wills

LIFE & DISABILITY

Help during hard times

Delta Dental has partnered with an A.M. Best, A+ rated insurance company to offer affordable voluntary and employer-paid life insurance and disability coverage.

Affordable financial protection.

With DeltaLife™ your clients can offer their employees — and their eligible dependents — access to cost-effective, flexible solutions to help during life's most difficult times.

LIFE INSURANCE

A variety of options to protect an employee's finances while they're alive as well as care for their loved ones after they're gone.

DISABILITY (SHORT-TERM, LONG-TERM AND LUMP SUM)

Coverage to help replace an employee's income due to non-occupational illness or injury.

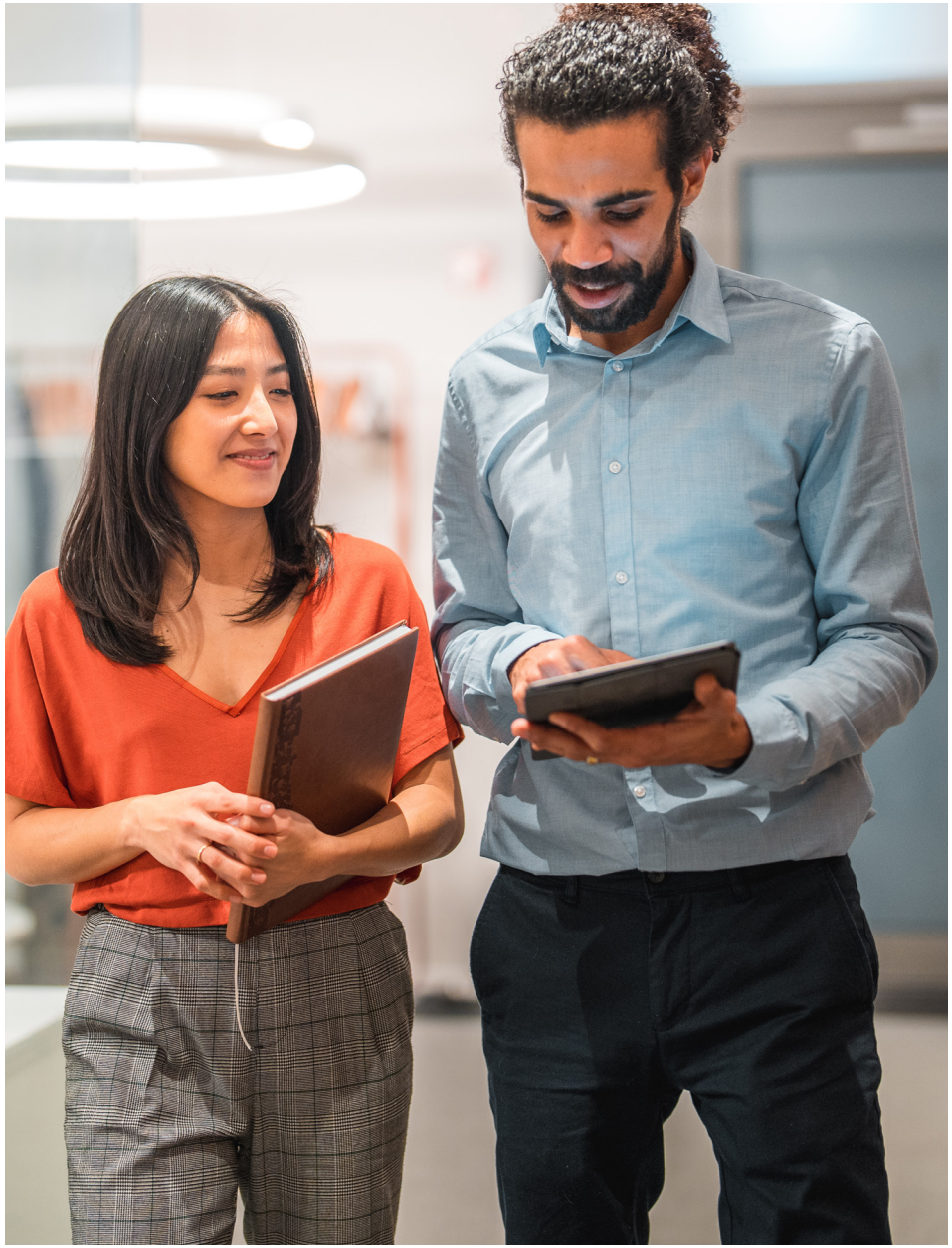
Plan Features

- Competitive pricing — standard and preferred rates (vary by industry)
- Convenient online claims submission for policyholders
- Informative reporting capabilities for employers

Benefits for work-life balance.

As life happens, DeltaLife™ helps employees find balance and support. Comprehensive value-added benefits — many of which are available to employees at no additional cost — provide for employees while also protecting your business's bottom line:

- **Attract and retain talent**
- **Competitive benefits at affordable prices**
- **Convenient payroll deduction**



Additional benefits with DeltaLife

EMPLOYEE ASSISTANCE PROGRAM (EAP)

- ✓ Counseling
- ✓ Rehabilitative services
- ✓ Referral services
- ✓ Legal consultations
- ✓ Financial and credit counseling

TRAVEL ASSISTANCE

- ✓ Pre-trip assistance with required documentation and immunizations
- ✓ Emergency assistance when traveling 100+ miles away from home
- ✓ Emergency evacuation
- ✓ Medical transportation

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

Products issued and underwritten by American United Life Insurance Company™ (AUL), Indianapolis, IN, a OneAmerica Financial™ company. Not available in all states or may vary by state. Employee Assistance Program (EAP) is administered by ComPsych, Travel Assistance administered by On Call International. FMLA Administration administered by Sedgwick and ComPsych. All guarantees are subject to the claims paying ability of AUL. Dividends are not guaranteed.

ComPsych, On Call International and Sedgwick are not affiliates of AUL and are not OneAmerica Financial™ companies.

Eligibility and underwriting details

Use this helpful information to determine group eligibility for coverage.

Group Guidelines

ELIGIBLE GROUPS

1. Employer must be headquartered in Iowa.
2. 1 to 50 benefit-eligible employees.
   a. Minimum of 2 for life and disability.
   b. For the Prestige Plan, ortho coverage is only available to groups with 5 enrolled 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 their spouse
      ii. Any owner with more than 5 percent ownership and their spouse
      iii. Seasonal workers (120 or less days per year)
4. Groups formed for the sole purpose of obtaining group insurance are not eligible.

UNDERWRITING RULES

1. Employer is required to sponsor the plan with enrollment maintenance and payroll deductions, regardless of the level of contribution.
2. Only one dental, one vision and one legal plan can be selected by your group.
3. Delta Dental of Iowa is your only carrier for dental and vision benefits.
4. Changes to your dental, vision and legal plans 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 for new and renewed dental contracts. For vision, contract periods are 24 consecutive months for new and renewal contracts. For legal, contract periods are 12 consecutive months for new and renewal contracts. Contracts are renewed at the end of each contract period. The contract period may be shortened, if needed, to align with other benefits.
7. If the employee wishes to enroll children in the plan, all eligible children under age 18 must be enrolled, unless they are covered elsewhere.
8. For legal coverage, you, your spouse and dependents are automatically covered when you enroll in the plan.

Dental and Vision Underwriting Guidelines

CONTRIBUTION — TRADITIONAL SMALL BUSINESS PLANS

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 you have 10 or more eligible employees, you will receive the best rates with our contributory dental plans. An eligible business with 2+ employees (who are a part of separate households) will be eligible for contributory vision rates. 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 plan's premium rate will be made at your annual renewal date.

Delta Dental also offers voluntary plans for employers who do not contribute toward plan costs. All voluntary plans require enrollment maintenance and payroll deductions by the employer. Base rates would apply regardless of the number of employees enrolled.

CONTRIBUTION — PRESTIGE PLAN

For employers to qualify for contributory rates they must contribute over 50% of premium. Employers who offer a defined contribution for benefits are considered voluntary at this time.

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.

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

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.

Life and Disability Eligibility Requirements

- Employer must have 2 to 50 benefit-eligible employees.
- Minimum of 2 lives must be enrolled with employer-paid products.
- Combined 25% of eligible employees required for voluntary offerings.
- 100% participation required for employer-paid offerings.
- Employees must be active full-time, working a minimum of 30 hours a week.
- Retirees and part-time, temporary or seasonal employees are not eligible.
- Initial and renewal contract periods are typically 24 months and renewal periods may be negotiable.
- Premium rates and coverages offered are dependent upon a minimum number of employees being approved for coverage.
- Eligible employees will be able to apply for coverage up to the guaranteed issue amount without providing Evidence of Insurability. Any amount of coverage requested in excess of the guaranteed issue amount will first require medical underwriting and written approval.
- Law enforcement and/or fire protection occupations cannot exceed 30% of the eligible population.

Short-Term Disability

After the elimination period, the benefit will be 60% of covered weekly earnings up to the maximum weekly benefit selected. As long as the employee meets the definition of disability and continues to be disabled, this benefit will be paid based on the duration elected (or the start of long-term disability coverage).

- Employer-paid: A 3/12* pre-existing condition exclusion clause applies for groups of 2 to 9 eligible employees.
- Voluntary: A 3/12* pre-existing condition.

Long-Term Disability

After the elimination period, the benefit will be 60% of covered monthly earnings up to the elected monthly maximum. As long as the employee meets the definition of disability and continues to be disabled, this benefit will be paid to the contract duration. A 3/12* pre-existing condition exclusion clause applies.

*Anything that was diagnosed or seen for 3 months prior to the effective date of coverage is excluded for 12 months following the effective date of coverage. For complete details of the coverage, including exclusions, limitations and out-of-network coverage, call 877-423-3582 or go to deltadentalia.com.

Start selling Delta Dental today

Visit deltadentalia.com

Call 877-423-3582

Enroll your clients through our online enrollment platform

DELTA DENTAL® DeltaVision® DeltaLife™

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Johnston, IA 50131
Monday – Friday, 8 a.m. to 5 p.m. CT

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