

# SMALL BUSINESS SOLUTIONS

Check out vision plans for 2024

## DeltaVision®

In partnership with VSP®

## 2024 RATES

 FLEXIBLE DENTAL  
PLAN OPTIONS +  
LARGEST  
DENTIST  
NETWORK



Dental and Vision  
Bundles Starting  
As Low As  
\$18\*





# SMALL BUSINESS SOLUTIONS

---

Delta Dental of Colorado is proud to offer a variety of options for small groups of two to 99 enrolled employees, allowing you to select a plan that fits the unique needs of your business or organization. And now with even more product offerings — including vision plans and dental savings plans — and more options for customizations and annual maximums, you can pick a plan that works for employees' well-being *and* the bottom line.

Contact us today at [salesteam@ddpco.com](mailto:salesteam@ddpco.com) to discuss your dental insurance requirements, and let us help you find a plan that works for you and your small business.



## CONTACT US

---

**Delta Dental of Colorado**  
6465 Greenwood Plaza Blvd., Ste 900  
Centennial, CO 80111

**Sales & Client Services**  
[salesteam@ddpco.com](mailto:salesteam@ddpco.com)

**Small Business & Individual Unit**  
720-489-4775  
[deltadentalhub@ddpco.com](mailto:deltadentalhub@ddpco.com)

**Website**  
[deltadentalco.com](http://deltadentalco.com)

# WHY IS DENTAL IMPORTANT TO SMALL BUSINESS?



## THE BOTTOM LINE

Managing the symptoms of dental disease is 10 times costlier than providing preventive coverage through dental insurance. Routine care provided by a dental plan cuts down on expensive restorative treatments in the future.



## PROTECTING PRODUCTIVITY

Distracted workers cost American businesses millions of dollars every year. And there's little that's more distracting than mouth pain. Americans with coverage are more likely to see the dentist, which means they are much less likely to let productivity-killing oral health problems linger.



## A COMPETITIVE ADVANTAGE

88 percent of employees say better health, dental, and vision coverage are factors they consider when choosing a job. And two-thirds of workers consider dental benefits to be very or extremely important. Companies that offer dental benefits send a clear message that they prioritize employee needs, health, and well-being.



## HEALTHIER EMPLOYEES

Going to the dentist is good for more than just your employees' smiles. More than 120 diseases may be detected in the mouth, including diabetes and heart diseases.

Get more information about the connection between oral and overall health and the physical and financial consequences to poor oral health at [deltadentalco.com/wellness](https://deltadentalco.com/wellness).



# Expect more... smile more

More dentists, more choices,  
more cost savings

Why do our members smile? Because they know they can trust us to provide more. More exceptional dental benefits. More unparalleled expertise. More useful plan resources. And more access to the country's largest dental network. Oh, and a commitment to helping local communities, too.

Delta Dental does more ...

## To earn your trust

Delta Dental is the nation's largest, most experienced dental benefits provider. We've been offering innovative coverage and improving oral health for more than **65 years**.

## To make benefits simple

Our advanced digital tools make it simple to find a dentist, estimate treatment costs and access your plan information. If you have questions, our customer service team is ready to help by phone or chat.

## To promote preventive care

Your oral health is vital to your overall health. That's why, in most cases, **our plans cover 100% of routine preventive checkups**. Consistent routine visits can help dentists detect problems early so you can avoid more expensive, complex procedures.

## To provide expertise

Our plans are grounded in sound science with a focus on providing all Americans access to necessary oral health care. With ongoing research into consumer behaviors, wants, and needs, we support your journey to a healthier smile.

## To support your community

We are actively involved in our local communities. In 2021, Delta Dental positively impacted more than **21.3 million lives by investing \$106 million** to expand access to care, advance health equity, build resilient communities, and innovate for a healthier tomorrow.



More satisfied clients  
98% retention rate

More cost savings  
34.1% average on claims paid

More attention to detail  
99.78% accuracy across 2.5 million claims

More access to care  
91% of Colorado dentists are in network

## 2024 Small Business Solutions

Delta Dental does more. More dentists, more choices, more cost savings.

Delta Dental of Colorado knows how important small businesses are to our state economy. After all, we're the only dental company owned and operated in Colorado for the past 65 years. We give our small business customers more than any other dental benefits company. MORE plan options, MORE providers to choose from, MORE dental expertise, and MORE cost savings to make dental care accessible, affordable, and simple...leading to a healthier smile and life.

In 2024, plans and plan enhancements include:

- ▶ **DeltaVision® in partnership with VSP**  
Flexible and quality vision benefits with superior network access.
- ▶ **Delta Dental Patient Direct®**  
Dental savings plan that offers significant savings on certain procedures.
- ▶ **Increased Flexibility**  
More plan options allowing for increased flexibility for add-ons, pricing, and bundling.
- ▶ **No Waiting Periods**  
Voluntary waits removed for new groups (with the exception of orthodontia<sup>1</sup>).
- ▶ **Annual Maximum Customization<sup>2</sup>**  
Customize any annual maximum amount up to \$10,000.
- ▶ **Prevention First**  
Diagnostic and preventive visits will not count against your annual maximum when in-network providers are seen.
- ▶ **Right Start 4 Kids®<sup>2</sup>**  
Coverage for children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible, when in-network providers are seen.

### Want to find out more?

Contact us today at [salesteam@ddpco.com](mailto:salesteam@ddpco.com) for more information.

<sup>1</sup> Orthodontia waits may also be removed if group had prior orthodontia coverage.

<sup>2</sup> Customization available for groups of 50-100, not applicable to Patient Freedom or Patient Direct plans.



# Delta Dental Small Group Plans: 10-99

Oral health and overall health are closely connected. That's why dental insurance is so important. And that's why Delta Dental offers small groups multiple options to choose from to help them meet their employees' dental health needs *and* their company's bottom line.

	Plan 1	Plan 2	Plan 2a	Plan 3
<b>PLAN TYPE/FEE BASIS</b>	<b>PPO™<sup>1</sup></b>	<b>PPO™<sup>1</sup></b>	<b>PPO plus Premier™<sup>2</sup></b>	<b>PPO plus Premier™<sup>2</sup></b>
<b>Diagnostic &amp; Preventive</b> <ul style="list-style-type: none"> <li>Exams</li> <li>Cleanings</li> <li>X-rays</li> <li>Sealants</li> <li>Fluoride treatments</li> </ul>	PPO: 100% Premier: 90% Non-Par: 90%	PPO: 100% Premier: 80% Non-Par: 80%	PPO: 100% Premier: 80% Non-Par: 80%	PPO: 100% Premier: 80% Non-Par: 80%
Deductibles do not apply to Diagnostic & Preventive (D&P) services, and D&P services are not applied toward calendar-year maximum <b>ONLY when using a PPO™ or Premier® provider for all services.</b> <sup>4</sup>				
<b>Basic</b> <ul style="list-style-type: none"> <li>Fillings</li> <li>Extractions<sup>3</sup></li> <li>Oral surgery<sup>3</sup></li> <li>Endodontics<sup>3</sup></li> <li>Periodontics<sup>3</sup></li> </ul>	PPO: 80% Premier: 80% Non-Par: 80%	PPO: 100% Premier: 80% Non-Par: 80%	PPO: 80% Premier: 50% Non-Par: 50%	PPO: 80% Premier: 80% Non-Par: 80%
<b>Major</b> <ul style="list-style-type: none"> <li>Crowns</li> <li>Implants</li> <li>Dentures</li> </ul>	PPO: 50% Premier: 50% Non-Par: 50%			

	Plan 4	Plan 5	Plan 6	Plan 7
<b>PLAN TYPE/FEE BASIS</b>	<b>PPO plus Premier<sup>2</sup></b>	<b>PPO plus Premier<sup>2</sup></b>	<b>PPO plus Premier<sup>2</sup></b>	<b>PPO<sup>1</sup></b>
<b>Diagnostic &amp; Preventive</b> <ul style="list-style-type: none"> <li>Exams</li> <li>Cleanings</li> <li>X-rays</li> <li>Sealants</li> <li>Fluoride treatments</li> </ul>	PPO: 100% Premier: 100% Non-Par: 100%	PPO: 100% Premier: 100% Non-Par: 100%	PPO: 100% Premier: 100% Non-Par: 100%	PPO: 100% Premier: 80% Non-Par: 80%
Deductibles do not apply to Diagnostic & Preventive (D&P) services, and D&P services are not applied toward calendar-year maximum <b>ONLY when using a PPO™ or Premier® provider for all services.</b>				
<b>Basic</b> <ul style="list-style-type: none"> <li>Fillings</li> <li>Extractions<sup>3</sup></li> <li>Oral surgery<sup>3</sup></li> <li>Endodontics<sup>3</sup></li> <li>Periodontics<sup>3</sup></li> </ul>	PPO: 80% Premier: 80% Non-Par: 80%	PPO: 90% Premier: 80% Non-Par: 80%	PPO: 50% Premier: 50% Non-Par: 50%	PPO: 40% Premier: 40% Non-Par: 40%
<b>Major</b> <ul style="list-style-type: none"> <li>Crowns</li> <li>Implants</li> <li>Dentures</li> </ul>	PPO: 50% Premier: 50% Non-Par: 50%	PPO: 60% Premier: 50% Non-Par: 50%	PPO: 50% Premier: 50% Non-Par: 50%	PPO: 40% Premier: 40% Non-Par: 40%

<b>Deductible</b>	Individual: \$50   Family: \$150 (calendar year)
<b>Maximum</b>	Select one: \$500, \$750, \$1,000, \$1,250, \$1,500, or \$2,000 (calendar year)
<b>Orthodontics (12-mo. wait for voluntary)</b>	Adult orthodontia available for groups of 25+ enrolled employees. Child orthodontia is available for groups of 10+ enrolled employees. All plans 50% coinsurance w/ \$1,000, \$1,500, or \$2,000 lifetime max.

See reverse for more information.

## GET A QUOTE

▶ **Submit a quote request to [salesteam@ddpco.com](mailto:salesteam@ddpco.com).**

Most of our small group plans now have **Right Start 4 Kids**<sup>®</sup>. This product enhancement **covers children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible** (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). **The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance.** If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance.

## PLAN NOTES

*Non-Par* = Non-participating. Provider is not a part of the Delta Dental PPO or Delta Dental Premier networks.

<sup>1</sup>Reimbursement for all providers is based on the PPO contracted fee. <sup>2</sup>Reimbursement is based on PPO contracted fees for PPO providers, Premier contracted fees for Premier providers, and the plan contract allowance for non-participating dentists. <sup>3</sup>You have the flexibility to include oral surgery, endodontics, and periodontics under Basic or Major categories. <sup>4</sup>You also have the flexibility to purchase each plan with or without Prevention First, Right Start 4 Kids<sup>®</sup>, and Implant coverage. With Prevention First and Right Start 4 Kids<sup>®</sup>, deductibles do not apply to Diagnostic and Preventive services.

This is a brief description of services covered under each dental plan. Please refer to employee benefit booklet for full plan details. If differences exist between this summary and the benefit booklet, the benefit booklet will govern.

## CUSTOMIZATION FOR GROUPS OF 50-99 ENROLLED EMPLOYEES

In addition to the plans outlined here, groups of 50-99 enrolled employees have the option to customize elements of their plan, including the amount of the annual maximum, coinsurance percentages, deductible amount, and even the breadth of the network to get at the coverage and price points that work for their businesses and their employees.

## DUAL CHOICE OPTION

Groups of 25-99 enrolled employees may choose to offer a **DUAL OPTION** for their employees, which means that the employer can offer two different plans for their employees to choose from. All plans can be used as dual options, specific limitations and guidelines apply. For questions regarding customization and dual options, please contact your account manager or sales representative.

# Small group direct (10-49) underwriting guidelines

**Group size**

10-49 subscribers

**Effective Date**

1st of the month

**Rates**

- 12 and 24 months
- Based on the number of subscribers enrolled
- 3-tier and 4-tier

**Product options**

- Contributory and Voluntary
- Less plan customization
- Prevention First and RS4K
- PPO Dual Choice available for groups with +25 subscribers, +10 subscribers with Patient Direct
- Adult Orthodontia available for groups with +25 subscribers

**Benefit waiting periods**

- 12 month waiting period on Orthodontia services for voluntary contracts
- Will waive benefit waiting periods with proper documentation

**Eligibility**

- Coverage for dependent children up to age 26
- 1099 Employees: Must be exclusively employed

**Open enrollment**

Yes, no late entrants

**Participation and Contribution | Contributory Plans**

- Minimum of 50% participation AND greater than or equal to 50% employer contribution

**Employer Contribution/Contributory**

- Greater than or equal to 50% employer contribution toward the employee single rate

**Participation and Contribution | Voluntary Plans**

- Minimum of 20% participation OR less than 50% employer contribution

**Employer Contribution/Voluntary**

- Less than 50% employer contribution toward the employee single rate

**Waivers**

Valid:

- Group spousal coverage
- Other group coverage
- COBRA
- Medicare/Medi-Cal
- Military
- Individual

**DE-9C**

Not required

**Payment and Billing**

- ACH required for groups with less than 10 subscribers enrolled
- Monthly bill

**Out-of-state**

- Employer must be headquartered in Colorado
- At least 50% of subscribers enrolled reside in the State of Colorado

**Declined industry codes**

- Civic Social Clubs: 8641/813410
- Private Households: 8811/814110
- Non-classifiable: 9999

**Groups of 1 subscriber**

Not allowed

**Cannabis**

Allowed

**Broker commissions**

- 10% standard
- Custom percentages available

**PEO**

- Allowed: Group must exit the PEO and be quoted on its own
- Census data must be provided

**Standalone or with additional line of coverage**

- Stand alone
- Dual Choice (with PPO plan or Delta Dental Patient Direct® savings plan)
- Bundled with DeltaVision® (must have same renewal effective date)

**Network**

- Delta Dental PPO™
- Delta Dental Premier®

# Small group direct (50-99) underwriting guidelines

## Group size

50-99 subscribers

## Effective Date

1st of the month

## Rates

- 12 and 24 months
- Based on the number of subscribers enrolled
- 3-tier and 4-tier

## Product options

- Contributory and Voluntary
- More plan customization
- Prevention First and RS4K
- PPO Dual Choice available for groups with 50+ subscribers, 50+ subscribers with Patient Direct
- Adult Orthodontia available

## Benefit waiting periods

- 12 month waiting period on Orthodontia services for voluntary contracts
- Will waive benefit waiting periods with proper documentation

## Eligibility

- Coverage for dependent children up to age 26
- 1099 Employees: Must be exclusively employed

## Open enrollment

Yes, no late entrants

## Participation and Contribution | Contributory Plans

- Minimum of 50% participation AND greater than or equal to 50% employer contribution

## Employer Contribution/Contributory

- Greater than or equal to 50% employer contribution toward the employee single rate

## Participation and Contribution | Voluntary Plans

- Minimum of 20% participation OR less than 50% employer contribution

## Employer Contribution/Voluntary

- Less than 50% employer contribution toward the employee single rate

## Waivers

Valid:

- Group spousal coverage
- Other group coverage
- COBRA
- Medicare/Medi-Cal
- Military
- Individual

## DE-9C

Not required

## Out-of-state

- Employer must be headquartered in Colorado
- At least 50% of subscribers enrolled reside in the State of Colorado

## Declined industry codes

- Civic Social Clubs: 8641/813410
- Private Households: 8811/814110
- Non-classifiable: 9999

## Groups of 1 subscriber

Not allowed

## Cannabis

Allowed

## Broker commissions

- ]5% standard
- Custom percentages available

## PEO

- Allowed: Group must exit the PEO and be quoted on its own
- Census data must be provided

## Standalone or with additional line of coverage

- Stand alone
- Dual Choice (with PPO plan or Delta Dental Patient Direct® savings plan)
- Bundled with DeltaVision® (must have same renewal effective date)

## Network

- Delta Dental PPO™
- Delta Dental Premier®

# Delta Dental Small Group Plans: Patient Freedom 2-49

STANDARD OFFERING	PF 1	PF 2	PF 3	PF 4
PLAN TYPE/FEE BASIS	PPO™ <sup>1</sup>	PPO™ <sup>1</sup>	PPO plus Premier™ <sup>2</sup>	PPO plus Premier™ <sup>2</sup>
Calendar-year Maximum	\$1,000	\$2,000	\$1,000	\$1,500
COVERED SERVICES				
<b>Diagnostic &amp; Preventive</b> <ul style="list-style-type: none"> <li>Exams</li> <li>Cleanings</li> <li>X-rays</li> <li>Sealants</li> <li>Fluoride Treatments</li> <li>Space Maintainers</li> </ul>	PPO: 100% Premier: 90% Non-Par: 90%	PPO: 100% Premier: 90% Non-Par: 90%	PPO: 100% Premier: 80% Non-Par: 80%	PPO: 100% Premier: 100% Non-Par: 100%
<b>Basic</b> <ul style="list-style-type: none"> <li>Fillings</li> </ul>	80%	80%	80%	80%
<b>Major</b> <ul style="list-style-type: none"> <li>Extractions</li> <li>Oral Surgery</li> <li>Endodontics</li> <li>Periodontics</li> <li>Crowns</li> <li>Dentures</li> </ul>	50%	50%	50%	50%
ENHANCED OFFERING	PF 1	PF 2	PF 3	PF 4
PLAN TYPE/FEE BASIS	PPO <sup>1</sup>	PPO <sup>1</sup>	PPO plus Premier <sup>2</sup>	PPO plus Premier <sup>2</sup>
Calendar-year Maximum	\$1,000	\$2,000	\$1,000	\$1,500
COVERED SERVICES				
<b>Diagnostic &amp; Preventive</b> <ul style="list-style-type: none"> <li>Exams</li> <li>Cleanings</li> <li>X-rays</li> <li>Sealants</li> <li>Fluoride Treatments</li> <li>Space Maintainers</li> </ul>	PPO: 100% Premier: 90% Non-Par: 90%	PPO: 100% Premier: 90% Non-Par: 90%	PPO: 100% Premier: 80% Non-Par: 80%	PPO: 100% Premier: 100% Non-Par: 100%
	Deductibles do not apply to Diagnostic & Preventive (D&P) services, and D&P services are not applied toward calendar-year maximum <b>ONLY when using a PPO™ or Premier® provider for all services.</b>			
<b>Basic</b> <ul style="list-style-type: none"> <li>Fillings</li> <li>Extractions</li> <li>Oral Surgery</li> <li>Endodontics</li> <li>Periodontics</li> </ul>	80%	80%	80%	80%
<b>Major</b> <ul style="list-style-type: none"> <li>Crowns</li> <li>Implants</li> <li>Dentures</li> </ul>	50%	50%	50%	50%
<b>Deductible</b>	Individual: \$50   Family: \$150 (calendar year)			
<b>Orthodontics</b>	All plans 50% coinsurance w/ \$1,000 lifetime max.			

The enhanced offering includes **Right Start 4 Kids**<sup>®</sup>. This product enhancement **covers children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible** (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). **The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance.** If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance.

## PLAN NOTES

*Non-Par* = Non-participating. Provider is not a part of the Delta Dental PPO™ or Delta Dental Premier® networks.

<sup>1</sup>Reimbursement for all providers is based on the PPO contracted fee. <sup>2</sup>Reimbursement is based on PPO contracted fees for PPO providers, Premier contracted fees for Premier providers, and the plan contract allowance for non-participating providers.

### Standard offering benefit feature details:

- Prevention First **not covered**
- Right Start 4 Kids **not covered**
- Class IIIA (oral surgery, endodontics, periodontics) in Major
- Contract E frequencies and limitations
- Posterior composite fillings **not covered**
- Implants (surgical) **not covered**

### Enhanced offering benefit feature details:

- Prevention First
- Right Start 4 Kids
- Class IIIA (oral surgery, endodontics, periodontics) in Basic
- Contract E frequencies and limitations
- Posterior composite fillings covered
- Implants (surgical) covered

There is an option to add ortho to a standard or enhanced offering for groups of 10 or more enrolled employees.

Standard broker commission rate for Patient Freedom plans is 10%.

## DUAL CHOICE OPTION

Groups of 25-99 enrolled employees may choose to offer a **DUAL OPTION** for their employees, which means that the employer can offer two different plans for their employees to choose from. All plans can be used as dual options, specific limitations and guidelines apply. For questions regarding customization and dual options, please contact your account manager or sales representative.

This is a brief description of services covered under each dental plan. Please refer to employee benefit booklet for full plan details. If differences exist between this summary and benefit booklet, benefit booklet will govern.

STANDARD	2-9 Subscribers Enrolled No Ortho			
	Plan 1	Plan 2	Plan 3	Plan 4
Employee	\$34.54	\$44.08	\$40.55	\$46.07
Employee + Spouse	\$66.34	\$84.65	\$76.77	\$88.46
Employee + Child(ren)	\$73.45	\$89.94	\$82.58	\$93.99
Employee + Family	\$118.69	\$146.36	\$133.26	\$152.96
ENHANCED	2-9 Subscribers Enrolled No Ortho			
	Plan 1	Plan 2	Plan 3	Plan 4
Employee	\$39.39	\$49.38	\$46.23	\$51.72
Employee + Spouse	\$75.65	\$94.81	\$87.52	\$99.32
Employee + Child(ren)	\$83.76	\$100.74	\$94.15	\$105.53
Employee + Family	\$135.36	\$163.94	\$151.92	\$171.74

STANDARD	10-49 Subscribers Enrolled No Ortho			
	Plan 1	Plan 2	Plan 3	Plan 4
Employee	\$31.93	\$40.76	\$37.50	\$42.60
Employee + Spouse	\$61.34	\$78.27	\$70.99	\$81.80
Employee + Child(ren)	\$67.91	\$83.16	\$76.36	\$86.91
Employee + Family	\$109.75	\$135.34	\$123.22	\$141.44
ENHANCED	10-49 Subscribers Enrolled No Ortho			
	Plan 1	Plan 2	Plan 3	Plan 4
Employee	\$36.42	\$45.66	\$42.75	\$47.83
Employee + Spouse	\$69.96	\$87.67	\$80.93	\$91.84
Employee + Child(ren)	\$77.45	\$93.15	\$87.05	\$97.59
Employee + Family	\$125.17	\$151.60	\$140.48	\$158.81

STANDARD	10-49 Subscribers Enrolled With Ortho			
	Plan 1	Plan 2	Plan 3	Plan 4
Employee	\$31.93	\$40.76	\$37.50	\$42.60
Employee + Spouse	\$61.34	\$78.27	\$70.99	\$81.80
Employee + Child(ren)	\$74.81	\$91.31	\$83.00	\$94.82
Employee + Family	\$116.65	\$143.47	\$129.85	\$149.33
ENHANCED	10-49 Subscribers Enrolled With Ortho			
	Plan 1	Plan 2	Plan 3	Plan 4
Employee	\$36.42	\$45.66	\$42.75	\$47.83
Employee + Spouse	\$69.96	\$87.67	\$80.93	\$91.84
Employee + Child(ren)	\$85.32	\$102.27	\$94.62	\$106.46
Employee + Family	\$133.04	\$160.71	\$148.03	\$167.67

# Patient Freedom underwriting guidelines

## Group size

2-49 subscribers

## Effective Date

1st of the month

## Rates

- 24 months (standard), 12 months upon request
- Based on the number of subscribers enrolled
- 4-tier

## Product options

- Select from 4 shelf plans
- Standard and Enhanced benefits
- Orthodontia coverage available for groups with +10 subscribers
- PPO Dual Choice available for groups with 25+ subscribers, 3+ subscribers with Patient Direct

## Benefit waiting periods

- None

## Eligibility

- Coverage for dependent children up to age 26
- 1099 Employees: Must be exclusively employed

## Open enrollment

Yes, no late entrants

## Participation and Contribution | Contributory Plans

- Minimum of 50% participation AND greater than or equal to 50% employer contribution

## Employer Contribution/Contributory

- Greater than or equal to 50% employer contribution toward the Employee single rate

## Participation and Contribution | Voluntary Plans

- Minimum of 20% participation OR less than 50% employer contribution

## Employer Contribution/Voluntary

- Less than 50% employer contribution toward the Employee single rate

## Waivers

Valid:

- Group spousal coverage
- Other group coverage
- COBRA
- Medicare/Medi-Cal
- Military
- Individual

## DE-9C

Not required

## Payment and Billing

- ACH required for groups with less than 10 subscribers enrolled
- Monthly bill

## Out-of-state

- Employer must be headquartered in Colorado
- At least 50% of subscribers enrolled reside in the State of Colorado

## Declined industry codes

- Civic Social Clubs: 8641/813410
- Private Households: 8811/814110
- Non-classifiable: 9999upsized

## Groups of 1 subscriber

Not allowed

## Cannabis

Allowed

## Broker commissions

- 10% standard

## PEO

- Allowed: Group must exit the PEO and be quoted on its own

## Standalone or with additional line of coverage

- Stand alone
- Dual Choice (with PPO plan or Delta Dental Patient Direct® savings plan)
- Bundled with DeltaVision® (must have same renewal effective date)

## Network

- Delta Dental PPO™
- Delta Dental Premier®

# Prevention First: PPO plus Premier™

Get more from your dental benefits



Delta Dental of Colorado knows that regular visits to the dentist can improve your oral health *and* your overall health. And with our exclusive PREVENTION FIRST feature, your diagnostic and preventive visits will not count against your annual maximum. This helps your benefits go further by extending your annual maximum dollars.

Other advantages of PREVENTION FIRST include:

- **EFFECTIVE IMMEDIATELY:** There are no waiting periods. You can start saving money the first day your plan is effective.
- **EASY TO UNDERSTAND & USE:** There are no complicated rules to follow or rollover equations to figure out. See your Delta Dental provider for exams, X-rays, and cleanings, and you won't use any of your annual maximum, so it will be there for any additional covered treatments you may need in a benefit year.\* A Delta Dental PPO provider is always your best value!
- **ENCOURAGES GOOD ORAL HEALTH:** PREVENTION FIRST encourages you to get your preventive care by not counting these visits against your annual maximum. Not only will your dental benefits go further, but good preventive care can help you avoid potentially painful and costly restorative treatments down the road.

## HOW PREVENTION FIRST HELPS YOU STRETCH YOUR BENEFIT DOLLARS:

Many of our dental plans cover preventive visits at 100%\*\* , so you pay nothing out of pocket. But with PREVENTION FIRST, you pay nothing *and* you still have the money that Delta Dental pays available to you in your annual maximum. In the example below, it's like you have \$350 extra dollars a year to spend.

	Amount Delta Dental Pays	Amount You Pay	Annual Maximum Remaining
WITHOUT Prevention First	\$350	\$0	\$650
WITH Prevention First	\$350	\$0	\$1,000

*NOTE: Payment examples above are for illustration purpose only.*

*\*Check your plan benefits. Some plans require that you see a Delta Dental PPO or Premier® provider for all services, not just preventive.*

*\*\*Plan benefits and provider charges vary. The above sample assumes two routine check-ups with a PPO provider and a \$1,000 annual maximum.*

**You have dental insurance — make the most of it and protect your smile.** Schedule a dentist appointment today. To find a participating PPO or Premier provider or to see if your current provider is in the network, visit our website at [deltadentalco.com](http://deltadentalco.com) and use the Find a Dentist search tool.

You can also contact our customer service department, Monday–Friday 7:30 a.m. to 5 p.m. Mountain Time, at [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com) or 1-800-610-0201 (toll-free).



# Prevention First: PPO™

Get more from your dental benefits

Delta Dental of Colorado knows that regular visits to the dentist can improve your oral health *and* your overall health. And with our exclusive PREVENTION FIRST program, your diagnostic and preventive visits will not count against your annual maximum. This helps your benefits go further by extending your annual maximum dollars.

Other advantages of PREVENTION FIRST include:

- **EFFECTIVE IMMEDIATELY:** There are no waiting periods. You can start saving money the first day your plan is effective.
- **EASY TO UNDERSTAND & USE:** There are no complicated rules to follow or rollover equations to figure out. See your Delta Dental PPO™ provider for exams, X-rays, and cleanings, and you won't use any of your annual maximum, so it will be there for any additional treatments you may need in a benefit year.\*
- **ENCOURAGES GOOD ORAL HEALTH:** PREVENTION FIRST encourages you to get your preventive care by not counting these visits against your annual maximum. Not only will your dental benefits go further, but good preventive care can help you avoid potentially painful and costly restorative treatments down the road.

## HOW PREVENTION FIRST HELPS YOU STRETCH YOUR BENEFIT DOLLARS:

Many of our dental plans cover preventive visits at 100%\*\*, so you pay nothing out of pocket. But with PREVENTION FIRST, you pay nothing, *and* you still have the money that Delta Dental pays available to you in your annual maximum. So in the example below, it's like you have \$350 extra dollars a year to spend.

	Amount Delta Dental Pays	Amount You Pay	Annual Maximum Remaining
WITHOUT Prevention First	\$350	\$0	\$650
WITH Prevention First	\$350	\$0	\$1,000

*NOTE: Payment examples above are for illustration purpose only.*

*\* You must see a Delta Dental PPO provider for all services, not just preventive.*

*\*\*Plan benefits and provider charges vary. The above sample assumes two routine check-ups with a PPO provider and a \$1,000 annual maximum.*

**You have dental insurance — make the most of it and protect your smile.** Schedule a dentist appointment today. To find a participating PPO provider or to see if your current provider is in the network, visit our website at [deltadentalco.com](http://deltadentalco.com) and use the Find a Dentist search tool.

You can also contact our customer service department, Monday–Friday 7:30 a.m. to 5 p.m. Mountain Time, at [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com) or 1-800-610-0201 (toll-free).

# Right Start 4 Kids® from Delta Dental of Colorado



Did you know that cavities are the most chronic childhood disease? Cavities are five times more common than asthma. Children with pain from tooth decay typically miss more school and have lower grades than their peers, not to mention the lost work hours for parents. But cavities are nearly 100% preventable, and it's easy to protect your child's oral health and ensure better overall health.

**RIGHT START 4 KIDS (RS4K) FROM DELTA DENTAL OF COLORADO** is a unique plan feature that removes most of the cost barriers to dental care by providing coverage for children up to their 13th birthday at 100% coinsurance for covered diagnostic & preventive, basic, and major services, with no deductible, when in-network providers are seen.\* If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are not eligible for the RS4K 100% coverage level.

Want to learn more about your child's oral health and why it's so important to take care of it from an early age? Go to the Oral Health & Wellness page on our website at [deltadentalco.com/wellness](https://deltadentalco.com/wellness)



## THE RIGHT START FOR A BRIGHT FUTURE



100% COVERAGE\*



NO DEDUCTIBLE



IN-NETWORK  
PROVIDERS



HEALTHY SMILES &  
BRIGHT FUTURES

\* Right Start 4 Kids is subject to limitations, exclusions, and annual maximum. Check your benefits booklet for specific plan coverage as it varies from group to group.



# Delta Dental Patient Direct<sup>®</sup>

Delta Dental Patient Direct is a dental plan for groups. **Patient Direct is not an insurance plan. It is a dental savings plan that provides members significant savings on certain dental procedures.** With Patient Direct, you have no maximums, no waiting periods, no annual deductible, and no claims to file. Payment is from the patient directly to the provider.

## ▶ ENROLLING IN PATIENT DIRECT

With Patient Direct, you can select a dentist from the growing 500-provider Patient Direct network. It's easy to enroll. Simply follow these steps:

- Select a dentist from the online search tool at [deltadentalco.com/dentist-search.html](https://deltadentalco.com/dentist-search.html).
- Wait to receive your Patient Direct ID card.
- Schedule an appointment to see your Patient Direct dentist.

To find a Patient Direct dentist or to see if your current dentist is in the network, visit [deltadentalco.com/dentist-search.html](https://deltadentalco.com/dentist-search.html) and select Delta Dental Patient Direct in the Plan dropdown menu.

You can also contact our customer service department, Monday–Friday, 7:30 a.m. to 5 p.m. Mountain Time, by calling **1-800-610-0201** (toll-free) or emailing us at [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com).

All Patient Direct members automatically have access to savings on vision and hearing services and products through partnerships with **VSP Savings Pass** and **Amplifon** — both of which have industry-leading networks and discounts. Additionally, a prescription savings card is available through AlphaRx Prescription Discount Program, and teledentistry is available through **Teledentistry.com**.

Patient Direct is only available to individuals and families who reside in the state of Colorado. Non-Colorado residents or employees with out-of-state dependents must select a PPO option.

Patient Direct is not insurance—it is a discount plan—but it will still save you a lot of money.			
Procedure	Standard Fees* (non-discounted)	Your Cost with Patient Direct*	Your Savings*
Routine Office Visit	\$72	\$0	\$72
Full-mouth X-ray	\$87	\$39	\$48
Adult Cleaning	\$123	\$50	\$73
Filling	\$310	\$135	\$175
Crown	\$1,475	\$725	\$750

\*The chart above serves as an illustration only. Actual costs and savings may vary. Members can access interest-free financing up to \$1,000 on dental, hearing, and vision expenses through our partner, Paytient. An estimated 97% of participants will qualify for financing for up to 36 months.

3-Tier	4-Tier	RATES
Employee Only	Employee Only	\$11.75
Employee + 1	Employee + Spouse	\$19.75
	Employee + Child(ren)	\$19.75
Employee + 2 or more	Employee + Family	\$27.75

# Delta Dental Patient Direct® underwriting guidelines

**Group size**

2-99 subscribers

**Effective Date**

1st of the month

**Rates**

- 12 and 24 months
- Rate guarantee must match PPO plan
- 3-tier (does not have to match PPO plan)

**Product options**

- Dental savings plan
- Can be paired with PPO plan
- No maximums, no waiting periods, no deductible, no claims

**Benefit waiting periods**

- None

**Eligibility**

- Coverage for dependent children up to age 26
- 1099 Employees: Must be exclusively employed

**Open enrollment**

- Yes, no late entrants
- Match PPO plan

**Participation/Contributory**

- Match PPO plan

**Employer Contribution/Contributory**

- Match PPO plan

**Participation/Voluntary**

- Match PPO plan

**Employer Contribution/Voluntary**

- Match PPO plan

**Waivers**

Valid:

- Group spousal coverage
- Other group coverage
- COBRA
- Medicare/Medi-Cal
- Military
- Individual

**DE-9C**

Not required

**Payment and Billing**

- ACH required for groups with less than 10 subscribers enrolled
- Monthly bill consolidated with PPO plan

**Out-of-state**

- Employer must be headquartered in Colorado
- At least 50% of subscribers enrolled reside in the State of Colorado

**Declined industry codes**

- Civic Social Clubs: 8641/813410
- Private Households: 8811/814110
- Non-classifiable: 9999

**Groups of 1 subscriber**

Not allowed

**Cannabis**

Allowed

**Broker commissions**

- 10% standard

**PEO**

- Allowed: Group must exit the PEO and be quoted on its own

**Standalone or with additional line of coverage**

- Dual Choice with PPO plan only (must have same renewal effective date)
- Minimum 3 enrolled in both PPO plan and Delta Dental Patient Direct® combined

**Network**

- Delta Dental Patient Direct®, a growing 500-provider network
- National network available with Alpha savings plan

# Dental and Vision bundles

The power of a smile is undeniable. It can turn browsers into buyers, contacts into contracts, and new customers into lifetime relationships. So is the power of a Delta Dental small-business dental plan.



Studies show that dental benefits make employees happier, healthier, and more productive. A high-quality dental plan helps attract the best employees, too

And now, Delta Dental of Colorado and VSP Vision Care are partnering to bring best-in-class vision benefits to complement our dental benefits. That means flexible, quality benefits your clients can sink their teeth into.

**With bundled vision and dental plans starting as low as \$18\* a month**, it makes sense why so many people choose Delta Dental of Colorado.

Clear benefits and smart savings are always in focus with dental and vision plans from Delta Dental of Colorado. More than **7,000** Colorado businesses trust Delta Dental to give them the winning edge. See why your clients should, too.

You can check out our full spectrum of products for businesses large and small, and individuals and families at our website: [deltadentalco.com/products](https://deltadentalco.com/products).

Example: Dental and Vision Bundle	
DeltaVision®	Delta Dental Patient Direct®
DeltaVision® 150 Plan Voluntary subscriber	3-Tier   4-Tier Employee only
\$6.30	\$11.75
Combined Total Bundle Value: <b>\$18.05</b>	



Flexible & Quality  
Vision Benefits  
That Will Make  
You Smile

Dental and Vision  
Bundles Starting  
As Low As  
\$18\*

DeltaVision<sup>®</sup>

In partnership with VSP<sup>®</sup>

## Why DeltaVision?

**Members get best-in-class dental and vision benefits in one seamless package... and one bill!** That's a unique advantage you won't find anywhere else. We offer robust and flexible plans with a variety of co-payment options, allowances, and frequencies so you can choose what's right for you.

Plus, with superior network access, including the largest national network of independent doctors and 21,000 retail chain locations, you'll always receive the benefits you want, when and where you need them.

DeltaVision plan features include:

- Low out-of-pocket cost that keeps more money in your pocket
- Wholesale frame pricing
- Exclusive savings on frames and contact lenses
- Early morning and weekend appointments

Clear Benefits & Smart Savings are Always in Focus with DeltaVision.



# Introducing **DeltaVision**<sup>®</sup> in partnership with VSP<sup>®</sup>



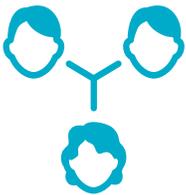
## Clear Benefits and Smart Savings are Always in Focus with DeltaVision<sup>®</sup> 175 Plan

Delta Dental of Colorado and VSP Vision Care are partnering to bring best-in-class vision benefits to complement our dental benefits. That means flexible, quality benefits you can sink your teeth into.



### Member Savings & Seamless Service

Members get best-in-class dental and best-in-class vision benefits in one seamless package. That's a unique advantage you won't find anywhere else.



### Provider Choices

DeltaVision provides access to the VSP Choice Network where members have the freedom to choose from more than **109,000 access points**, including the largest national network of independent doctors and **21,000 retail chain locations**.



### Quality Vision Care

Members get great care from a VSP network doctor, including a WellVision Exam<sup>®</sup>. This thorough annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions like diabetes and high blood pressure.

## A Look at Your DeltaVision 175 Plan Provider Network: VSP Choice

### Your Coverage with a VSP Provider

Benefit	Description	Copay	Frequency
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>Prescription Glasses</b>		\$25	See Frame and Lenses
-Frame	<ul style="list-style-type: none"> <li>\$195 Featured Frame Brands allowance</li> <li>\$175 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$95 Costco® frame allowance</li> </ul>	Included in prescription glasses	Every calendar year
-Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in prescription glasses	Every calendar year
-Lens Enhancements	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95-105 \$150-175	Every calendar year
<b>Contacts (Instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$175 allowance for contacts. Copay does not apply.</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b>		
	<ul style="list-style-type: none"> <li>Extra \$20 to spend on Featured Frame Brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Routine Retinal Screening</b>		
	<ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b>		
	<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.</li> </ul>		

### Your Coverage With Out-Of-Network Provider

Get the most out of your benefits and greater savings with a VSP network doctor. Out-of-network costs are higher and can be found at [deltadentalco.com/deltavision](http://deltadentalco.com/deltavision). VSP Member Services: 1-800-877-7195

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and Delta Dental of Colorado's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Log in to [vsp.com](http://vsp.com) to find an in-network provider based on your plan type.

# Introducing DeltaVision<sup>®</sup> in partnership with VSP<sup>®</sup>



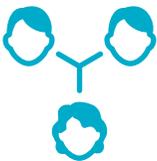
## Clear Benefits and Smart Savings are Always in Focus with DeltaVision<sup>®</sup> 150 Plan

Delta Dental of Colorado and VSP are partnering to bring best-in-class vision benefits to compliment our dental benefits. That means flexible, quality benefits you can sink your teeth into.



### Member Savings & Seamless Service

Members get best-in-class dental and best-in-class vision benefits in one seamless package. That's a unique advantage you won't find anywhere else.



### Provider Choices

DeltaVision provides access to the VSP Network where members have the freedom to choose from more than **109,000 access points**, including the largest national network of independent doctors and **21,000 retail chain locations**.



### Quality Vision Care

Member's get great care from a VSP<sup>®</sup> network doctor, including a WellVision Exam<sup>®</sup>. This comprehensive eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.



### KidsCare

KidsCare (dependent children only): Two exams every calendar year, fully covered after copay.

## A Look at Your DeltaVision 150 Plan Provider Network: VSP Choice

### Your Coverage with a VSP Provider

Benefit	Description	Copay	Frequency
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>KidsCare (dependent children only): Two exams every calendar year, fully covered after copay</li> </ul>	\$10	Every calendar year
<b>Prescription Glasses</b>		\$25	See Frame and Lenses
<b>-Frame</b>	<ul style="list-style-type: none"> <li>\$170 Featured Frame Brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® frame allowance</li> <li>KidsCare (dependent children only): One frame covered every calendar year</li> </ul>	Included in prescription glasses	Every other calendar year
<b>-Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>KidsCare (dependent children only): One additional pair of lenses when needed (minimum prescription change required)</li> </ul>	Included in prescription glasses	Every calendar year
<b>-Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95-105 \$150-175	Every calendar year
<b>Contacts (Instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts. Copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b>		
	<ul style="list-style-type: none"> <li>Extra \$20 to spend on Featured Frame Brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Routine Retinal Screening</b>		
	<ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b>		
	<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.</li> </ul>		

### Your Coverage With Out-Of-Network Provider

Get the most out of your benefits and greater savings with a VSP network doctor. Out-of-network costs are higher and can be found at [deltadentalco.com/deltavision](http://deltadentalco.com/deltavision). VSP Member Services: 1-800-877-7195

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and Delta Dental of Colorado's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Log in to [vsp.com](http://vsp.com) to find an in-network provider based on your plan type.



# Introducing DeltaVision<sup>®</sup> in partnership with VSP<sup>®</sup>

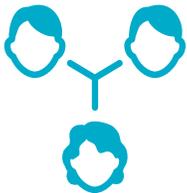
## Clear Benefits and Smart Savings are Always in Focus with DeltaVision<sup>®</sup> 175+EasyOptions Plan

Delta Dental of Colorado and VSP<sup>®</sup> are partnering to bring best-in-class vision benefits to compliment our dental benefits. That means flexible, quality benefits you can sink your teeth into.



### Member Savings & Seamless Service

Members get best-in-class dental and best-in-class vision benefits in one seamless package. That's a unique advantage you won't find anywhere else.



### Provider Choices

DeltaVision provides access to the VSP Network where members have the freedom to choose from more than **109,000 access points**, including the largest national network of independent doctors and **21,000 retail chain locations**.



### Quality Vision Care

Member's get great care from a VSP network doctor, including a WellVision Exam<sup>®</sup>. This comprehensive eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

## A Look at Your DeltaVision 175+EasyOptions Plan Provider Network: VSP Choice

Each member on your plan can personalize their benefit with ease. Choose the upgrade that's right for you! Check out the plan grid to see your options.

Your Coverage with a VSP Provider			
Benefit	Description	Copay	Frequency
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>Prescription Glasses</b>		\$25	See Frame and Lenses
-Frame	<ul style="list-style-type: none"> <li>\$195 featured frame brands allowance</li> <li>\$175 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$95 Costco® frame allowance</li> </ul>	Included in prescription glasses	Every calendar year
-Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in prescription glasses	Every calendar year
-Lens Enhancements	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95-105 \$150-175	Every calendar year
<b>Contacts (Instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$175 allowance for contacts. Copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>EasyOptions</b>	<ul style="list-style-type: none"> <li>Additional \$100 frame allowance, or</li> <li>Fully covered progressive lenses, or</li> <li>Fully covered light-reactive lenses, or</li> <li>Fully covered anti-glare coating, or</li> <li>Additional \$50 contact lens allowance</li> </ul>	Included in prescription glasses	Every calendar year
<b>LightCare™</b>	<ul style="list-style-type: none"> <li>\$275 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> </ul>	\$25	Every calendar year
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on Featured Frame Brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.</li> </ul>		
<b>Your Coverage With Out-Of-Network Provider</b>			
Get the most out of your benefits and greater savings with a VSP network doctor. Out-of-network costs are higher and can be found at <a href="http://deltadentalco.com/deltavision">deltadentalco.com/deltavision</a> . VSP Member Services: 1-800-877-7195			
Coverage with a retail chain may be different or not apply. Log in to <a href="http://vsp.com">vsp.com</a> to check your benefits for eligibility and to confirm in-network locations based on your plan type. EasyOptions Plan Benefits are not available at Walmart, Sam's Club, or Costco. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and Delta Dental of Colorado's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.			

Log in to [vsp.com](http://vsp.com) to find an in-network provider based on your plan type.

VSP and WellVision Exam are registered trademarks and LightCare is a trademark of Vision Service Plan. All other brands or marks are the property of their respective owners. DeltaVision is underwritten by Ember Assurance, Inc., an affiliate of Delta Dental of Colorado. Claims processing, claims service, and provider network administration for DeltaVision are provided under contract by VSP.

# DeltaVision<sup>®</sup>

in partnership with VSP<sup>®</sup>

## Plan Comparison

Delta Dental of Colorado and VSP Vision Care are partnering to bring best-in-class vision benefits to complement our dental benefits. That means flexible, quality benefits you can sink your teeth into. Take a look at the product comparison below to help guide you to the best plan choice. For more information, contact us at [deltavision@ddpco.com](mailto:deltavision@ddpco.com).

	Plan Options		
	DeltaVision 150 + KidsCare	DeltaVision 175	DeltaVision 175 + EasyOptions + LightCare
WellVision Exam <sup>®</sup> Copay	\$10	\$10	\$10
Prescription Glasses Copay	\$25	\$25	\$25
Frame Allowance	\$150	\$175	\$175
Contact Allowance (instead of glasses)	\$150	\$175	\$175
Frequency of Service (exam/lens/frame)*	12/12/24	12/12/12	12/12/12
EasyOptions*	Not included	Not included	<b>Included</b>
LightCare <sup>TM****</sup>	Not included	Not included	<b>Included</b>
KidsCare****	<b>Included</b>	Not included	Not included

\*Frequency of Service (exam/lens/frame) is based on the calendar year.

\*\*EasyOptions is a revolutionary customization feature that gives members the option for one of the following upgrades at the time of service: additional \$100 frame allowance, additional \$50 lens allowance, progressive lenses, light reactive lenses, or anti-glare coating.

\*\*\*LightCare is a revolutionary customization feature that gives members the option to use a \$275 allowance for ready-made non-prescription sunglasses or ready-made non-prescription blue-light-filtering glasses, instead of prescription glasses or contacts.

\*\*\*\*KidsCare includes two fully covered comprehensive eye exams plus one additional pair of covered frames or lenses for dependent children.

# DeltaVision<sup>®</sup>

in partnership with VSP<sup>®</sup>

## 2024-25 Two-year Rates

Delta Dental of Colorado and VSP Vision Care are partnering to bring best-in-class vision benefits to complement our dental benefits. That means flexible, quality benefits you can sink your teeth into. Rates listed below are two-year rates, for either contributory or voluntary plans with either a three- or four-tier enrollment structure. One-year rates and rates for standalone vision benefits are available upon request. For more information, contact us at [deltavision@ddpco.com](mailto:deltavision@ddpco.com).

CONTRIBUTORY	3-Tier Discounted Rates for Bundled Plans		
	DeltaVision 150 + KidsCare	DeltaVision 175	DeltaVision 175 + EasyOptions + LightCare
Subscriber	\$6.08	\$9.48	\$16.36
Subscriber + 1	\$11.84	\$18.48	\$31.91
Subscriber + 2 or more	\$18.83	\$29.38	\$50.73
VOLUNTARY	3-Tier Discounted Rates for Bundled Plans		
	DeltaVision 150 + KidsCare	DeltaVision 175	DeltaVision 175 + EasyOptions + LightCare
Subscriber	\$6.46	\$10.10	\$17.46
Subscriber + 1	\$12.60	\$19.69	\$34.05
Subscriber + 2 or more	\$20.02	\$31.30	\$54.13

CONTRIBUTORY	4-Tier Discounted Rates for Bundled Plans		
	DeltaVision 150 + KidsCare	DeltaVision 175	DeltaVision 175 + EasyOptions + LightCare
Subscriber	\$6.08	\$9.48	\$16.36
Subscriber + Spouse	\$12.15	\$18.95	\$32.73
Subscriber + Child(ren)	\$12.76	\$19.91	\$34.36
Subscriber + Family	\$19.78	\$30.85	\$53.26
VOLUNTARY	4-Tier Discounted Rates for Bundled Plans		
	DeltaVision 150 + KidsCare	DeltaVision 175	DeltaVision 175 + EasyOptions + LightCare
Subscriber	\$6.46	\$10.10	\$17.46
Subscriber + Spouse	\$12.92	\$20.19	\$34.93
Subscriber + Child(ren)	\$13.56	\$21.20	\$36.67
Subscriber + Family	\$21.01	\$32.86	\$56.83

# DeltaVision<sup>®</sup> underwriting guidelines

**Group size**

2-99 subscribers

**Effective Date**

1st of the month

**Rates**

- 12 and 24 months
- Rate guarantee must match dental plan
- 3-tier and 4-tier (does not have to match dental coverage)

**Product options**

- Contributory and Voluntary
- Select from 3 shelf plans
- EasyOptions available
- Consolidated billing with dental coverage

**Benefit waiting periods**

- None

**Eligibility**

- Coverage for dependent children up to age 26
- 1099 Employees: Must be exclusively employed

**Open enrollment**

- Yes, no late entrants
- Match dental coverage
- Enrollment does not have to be tied to dental

**Participation and Contribution | Contributory Plans**

- Minimum of 50% participation AND greater than or equal to 50% employer contribution

**Employer Contribution/Contributory**

- Greater than or equal to 50% employer contribution toward the employee single rate

**Participation and Contribution | Voluntary Plans**

- Minimum of 20% participation OR less than 50% employer contribution

**Employer Contribution/Voluntary**

- Less than 50% employer contribution toward the Employee single rate

**Waivers**

Valid:

- Group spousal coverage
- Other group coverage
- COBRA
- Medicare/Medi-Cal
- Military
- Individual

**DE-9C**

Not required

**Payment and Billing**

- ACH required for groups with less than 10 subscribers enrolled
- Monthly bill consolidated with dental coverage

**Out-of-state**

- Employer must be headquartered in Colorado
- At least 50% of subscribers enrolled reside in the State of Colorado

**Declined industry codes**

- Civic Social Clubs: 8641/813410
- Private Households: 8811/814110
- Non-classifiable: 9999

**Groups of 1 subscriber**

Not allowed

**Cannabis**

Allowed

**Broker commissions**

- 10% standard

**PEO**

- Allowed: Group must exit the PEO and be quoted on its own

**Standalone or with additional line of coverage**

- Stand alone
- Bundled with dental coverage (must have same renewal effective date)
- 2% bundling discount on DeltaVision<sup>®</sup> premium

**Network**

- VSP<sup>®</sup> Network

**SEND ALL COMPLETED FORMS  
AND PAYMENT TO:**

Delta Dental of Colorado  
Attn: Sales & Client Services  
6465 Greenwood Plaza Blvd., Ste 900  
Centennial, Colorado 80111  
Phone: 303-741-9300, ext. 3300  
Email: [salesteam@ddpco.com](mailto:salesteam@ddpco.com)

# Delta Dental of Colorado Small Group Dental Plans— 11671



Delta Dental of Colorado is the state’s leading dental benefits provider, and we understand the strong connection between oral and overall health. That’s why dental insurance is important and why we’ve partnered with Kaiser Permanente to offer a small group dental plan for employer groups who offer a Kaiser Permanente medical plan (which may include Right Start 4 Kids®, an embedded dental coverage for children up to age 19\*). **Members may visit any licensed dental provider but will get the greatest out-of-pocket savings if they see a Delta Dental PPO™ provider.**

	Standard Option	Standard Plus Ortho Option
<b>Diagnostic &amp; Preventive</b> <ul style="list-style-type: none"> <li>Exams</li> <li>Cleanings</li> <li>X-rays</li> </ul>	PPO: 80% Premier: 50% Non-Par: 50%	PPO: 80% Premier: 50% Non-Par: 50%
Deductibles do not apply to Diagnostic & Preventive (D&P) services, and D&P services are not applied toward calendar-year maximum <b>ONLY when using a PPO™ or Premier® provider for all services.</b>		
<b>Basic</b> <ul style="list-style-type: none"> <li>Fillings</li> <li>Extractions</li> <li>Oral Surgery</li> <li>Endodontics</li> <li>Periodontics</li> </ul>	PPO: 80% Premier: 50% Non-Par: 50%	PPO: 80% Premier: 50% Non-Par: 50%
<b>Major</b> <ul style="list-style-type: none"> <li>Crowns</li> <li>Implants</li> <li>Dentures</li> </ul>	PPO: 50% Premier: 50% Non-Par: 50%	PPO: 50% Premier: 50% Non-Par: 50%
<b>Orthodontia<sup>1,2</sup></b>	Not Covered	50% to \$1,000 lifetime maximum per child, to age 19 only.
2024 RATES		
	No Ortho	Ortho
Employee	\$25.63	\$25.63
Employee + Spouse	\$54.75	\$54.75
Employee + Child(ren)	\$55.64	\$63.43
Employee + Family	\$84.70	\$99.94
Deductible	Individual: \$50   Family: \$150	
Maximum	\$1,000	

## PLAN NOTES

\*Please contact Kaiser Permanente Small Business representative to confirm your medical plan includes embedded dental coverage for children up to age 19.

The charts on the previous page provide only a brief description of services covered. The benefit booklet will provide a more complete explanation of coverage, including limitations and exclusions. If there are differences between this summary of benefits and the benefit booklet, the benefit booklet will govern.

All maximums are on a calendar-year basis.

Limitations are per person.

<sup>1</sup> Six-month waiting period may apply. Group must have at least five enrolled employees to offer orthodontia. Please contact your sales representative for details.

<sup>2</sup> Deductible does not apply to orthodontia benefit option.

## RIGHT START 4 KIDS®

Did you know that cavities are the most chronic childhood disease? Cavities are five times more common than asthma. Children with pain from tooth decay typically miss more school and have lower grades than their peers, not to mention the lost work hours for parents. But cavities are nearly 100% preventable, and it's easy to protect your child's oral health and ensure better overall health.

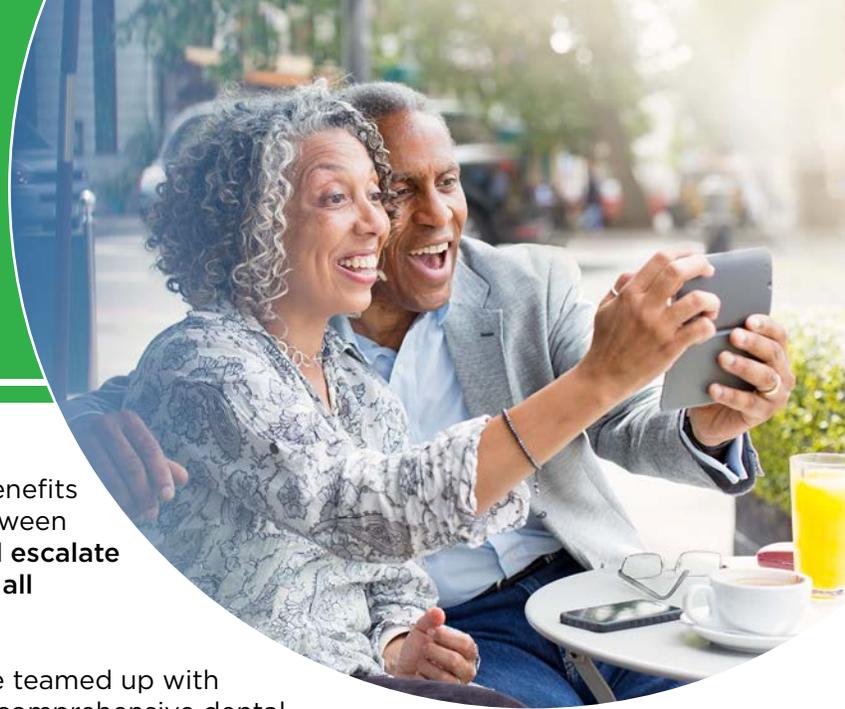
**RIGHT START 4 KIDS (RS4K) FROM DELTA DENTAL OF COLORADO** is a unique plan design enhancement that removes most of the cost barriers to dental care by providing coverage for children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible, when in-network providers are seen.\* **If an out-of-network provider is seen, the adult coinsurance levels will apply.** Orthodontic services are available but are not eligible for the RS4K 100% coverage level.

\* Right Start 4 Kids is subject to limitations, exclusions, and annual maximum.





# Delta Dental of Colorado Adult-Only Small Group Plans



Delta Dental of Colorado is the state’s leading dental benefits provider, and we understand the strong connection between oral and overall health. **Poor oral health can lead to and escalate serious overall health issues. In fact, more than 90% of all systemic diseases are linked to oral health.**

That’s why dental insurance is important and why we’ve teamed up with Kaiser Permanente to offer two small group adult-only comprehensive dental plans for employees enrolled in a Kaiser Permanente small group health plan.

Members of these plans must use a provider in Delta Dental’s PPO™ network, which provides access to more than 2,600 providers at substantially discounted fees.

### PLAN NOTES

Please contact your Kaiser Permanente Small Business representative to confirm your medical plan includes embedded dental coverage for children up to age 19. All maximums are on a calendar-year basis. Limitations are per person. **These plans are for adults only (19 and older), with dependent children (ages 19-26) being eligible first of the month following their 19th birthday. You must see a Delta Dental of Colorado PPO provider for all services to receive benefits.** If you receive treatment from a non-PPO provider, you will be responsible for all the fees charged by the provider.

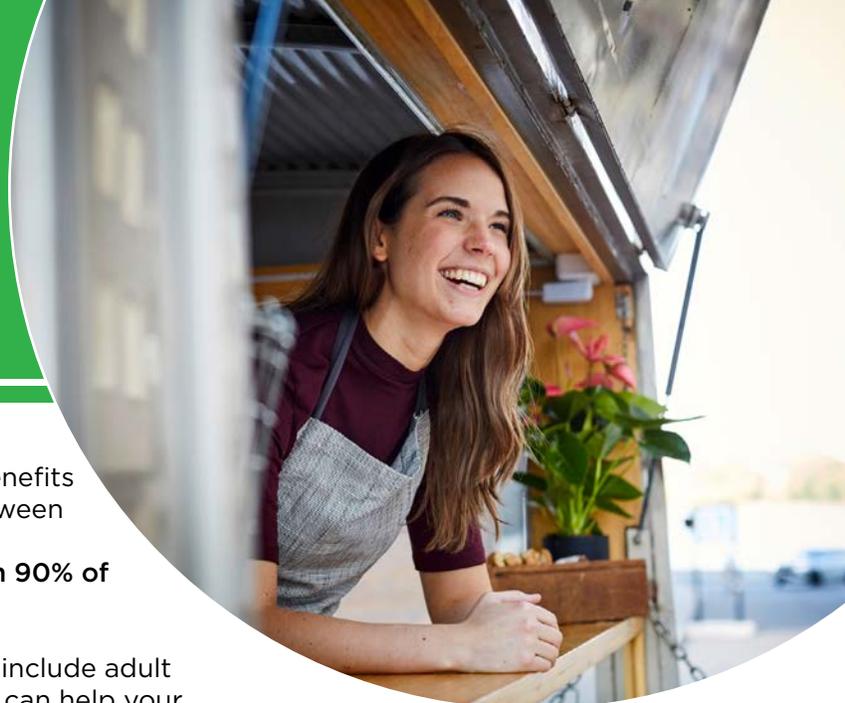
This is a brief description of services covered under each dental plan. Please refer to employee benefit booklet for full plan details. If differences exist between this summary and benefit booklet, benefit booklet will govern.

Questions? Contact our customer service department, Monday-Friday, 7:30 a.m. to 5 p.m. Mountain Time, at 1-800-610-0201 (toll-free) or emailing us at customer\_service@ddpco.com.

	Comprehensive Option 1	Comprehensive Option 2
<b>Annual Maximum, Per Adult</b>	\$1,000	\$2,000
<b>Deductible, Per Adult</b>	\$50	\$50
<b>COVERED SERVICES</b>		
<b>Diagnostic &amp; Preventive</b> • Exams • Cleanings • X-rays	100%	100%
<small>Deductibles do not apply to Diagnostic &amp; Preventive (D&amp;P) services, and these services do not count against the calendar-year maximum <b>ONLY when using a PPO™ provider for all services.</b></small>		
<b>Basic</b> • Fillings • Extractions • Oral Surgery • Endodontics • Periodontics	50%	80%
<b>Major</b> • Crowns • Implants • Dentures	50%	80%
<b>2024 RATES</b>		
<b>Per Adult</b>	\$29.00	\$35.00



# Delta Dental of Colorado Adult-Only Embedded Benefit



Delta Dental of Colorado is the state’s leading dental benefits provider, and we understand the strong connection between oral and overall health. **Poor oral health can lead to and escalate serious overall health issues. In fact, more than 90% of all systemic diseases are linked to oral health.**

That’s why Kaiser Permanente small group health plans include adult preventive dental care for adults age 19 or older, so you can help your employees stay healthy from head to toe.

Members of these plans must use a provider in Delta Dental’s PPO™ network, which provides access to more than 2,600 providers at substantially discounted fees.

Annual Maximum	None
Copayment*	\$30 per visit (\$15 per exam/\$15 per cleaning)
<b>COVERED SERVICES</b>	
<b>Diagnostic &amp; Preventive Services</b>	
<b>Oral Exams &amp; Cleanings (Prophylaxis)</b> Limited to 2 per calendar year Periodic or comprehensive oral exams only	100%*

### PLAN NOTES

**Please contact your Kaiser Permanente Small Business representative for more details regarding these benefits.**

Services provided beyond benefit limitations must be paid out of pocket or covered by other dental coverage (insurance). This is a summary only. This chart provides only a brief description of services covered. The Kaiser Permanente Evidence of Coverage (EOC) will provide a more complete explanation of coverage, including limitations and exclusions. If there are differences between this summary of benefits and the Kaiser Permanente EOC, the EOC will govern. Note: Adult embedded dental is not included in Kaiser Permanente PPO and Colorado Option plans.

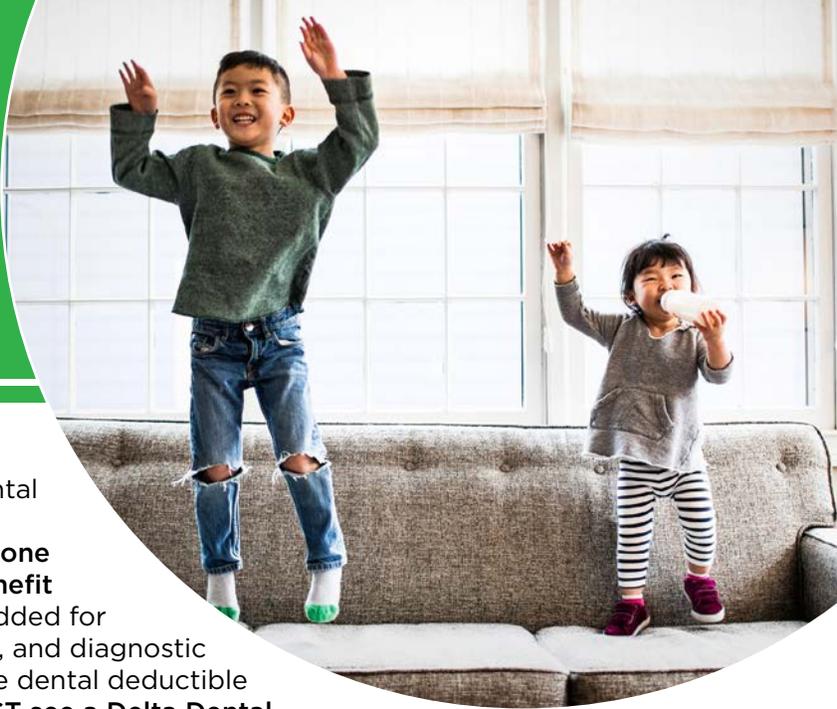
**This plan provides benefits only if you visit a Delta Dental PPO provider.** If you receive treatment from a non-PPO provider, you will not receive benefits, and you will be responsible for all the fees charged by the non-PPO provider.

### HOW TO FIND A PROVIDER

It’s easy to find a PPO provider. Go to [deltadentalco.com](http://deltadentalco.com) and use the Find a Dentist tool, use our free mobile app, call us at 1-800-610-0201, or email us at [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com).



# Delta Dental of Colorado Embedded Pediatric Benefit



Kaiser Permanente’s Bronze, Silver, Gold, and Platinum health plans, except for PPO plans, include pediatric dental benefits for children up through the month they turn 19. **Benefits are administered by Delta Dental of Colorado, one of the nation’s largest and most experienced dental benefit companies.** Covered pediatric dental services are embedded for those enrolled in on- and off-marketplace medical plans, and diagnostic and preventive procedures are covered at 100% after the dental deductible is met\* (subject to frequency limitations). **Members MUST see a Delta Dental PPO™ provider to receive benefits.** With a network of more than 2,600 Delta Dental PPO providers across the state, you get more choice and the industry’s best discount.

Annual Maximum	None
Deductible*	\$50 (applies to all services)
<b>COVERED SERVICES</b>	
<b>Diagnostic &amp; Preventive Services</b>	
<b>Oral Exams &amp; Cleanings</b> Limited to 2 per calendar year	100%*
<b>Fluoride Treatments</b> Limited to 2 per calendar year	
<b>Sealants</b> Once per tooth per year	
<b>Bitewing X-rays</b> 1 set per calendar year	
<b>Intraoral X-rays</b> 2 per calendar year	
<b>Panoramic or Full-mouth X-rays</b> Once every 60 months	
<b>Space Maintainers</b> 1 per lifetime per primary tooth	
<b>Palliative Treatment</b> 1 per calendar year	
<b>Basic Services (limited to 2 basic procedures per year)</b>	
<b>Fillings</b>	50%*
<b>Oral Surgery</b>	
<b>Endodontics</b>	
<b>Major Services (limited to 1 major procedure per year)</b>	

See reverse for more information.

## PLAN NOTES

**This plan provides benefits only if you visit a Delta Dental PPO provider.** If you receive treatment from a non-PPO provider, you will not receive benefits, and you will be responsible for all the fees charged by the non-PPO provider.

Only medically necessary orthodontia is covered under this plan. The child dental benefit embedded in the medical plan uses Delta Dental's PPO network only. When inquiring about benefit coverage, please be sure to use the child's name because coverage is listed with the child as the subscriber. There are no adult benefits in this plan.

\* Native Americans and Native Alaskans may qualify for dental coverage with no out-of-pocket costs like deductibles and coinsurance.

**Please contact your Kaiser Permanente Small Business representative for more details regarding these benefits.** Services provided beyond benefit limitations must be paid out of pocket or covered by other dental coverage (insurance). This is a summary only. This chart provides only a brief description of services covered. The Kaiser Permanente Evidence of Coverage (EOC) will provide a more complete explanation of coverage, including limitations and exclusions. If there are differences between this summary of benefits and the Kaiser Permanente EOC, the EOC will govern. For more details regarding these benefits, contact your Kaiser Permanente Small Business representative.

## HOW TO FIND A PROVIDER

It's easy to find a PPO provider:

- ▶ **Website:** Visit [deltadentalco.com](https://deltadentalco.com) and use the **Find a Dentist** search tool. Search by city, state, or zip code for a listing in your area. Make sure to select Delta Dental PPO from the plan selection dropdown.
- ▶ **Mobile App:** With Delta Dental's mobile app for Android and iOS, you can search for providers, upload an ID card, and look at benefits coverage and claims.
- ▶ **Phone:** Call Delta Dental of Colorado at 1-800-610-0201. You can speak with a customer service agent Monday through Friday from 7:30 a.m. to 5 p.m. Mountain Time, or get automated assistance 24/7.

[deltadentalco.com](https://deltadentalco.com)  
[kp.org](https://kp.org)

# Kaiser Permanente small group (11671) dental plans underwriting guidelines

**Group size**

2-99 subscribers

**Effective Date**

1st of the month

**Rates**

- 12 months
- 4-tier

**Product options**

- Commonly referred to as 11671 plans
- Employers must offer a Kaiser Permanente health plan
- Standard and Standard Plus Orthodontia plan options available
- \$1,000 plan maximum
- Orthodontia coverage requires a minimum of 5 subscribers enrolled

**Benefit waiting periods**

- None

**Eligibility**

- Same as health plan
- 1099 Employees: Must be exclusively employed

**Open enrollment**

Yes, with health plan

**Participation/Contributory**

- Minimum of 50% participation and 2 subscribers enrolled (5 subscribers enrolled if selecting plan with Orthodontia coverage) *AND*,

**Employer Contribution/Contributory**

- Greater than or equal to 50% employer contribution toward the employee single rate

**Participation/Voluntary**

- Minimum of 20% participation and 2 subscribers enrolled (5 subscribers enrolled if selecting plan with Orthodontia coverage) *OR*,

**Employer Contribution/Voluntary**

- Less than 50% employer contribution toward the employee single rate

**Waivers**

Valid:

- Group spousal coverage
- Other group coverage
- COBRA
- Medicare/Medi-Cal
- Military
- Individual

**DE-9C**

Not required

**Payment and Billing**

- ACH required for groups with less than 10 subscribers enrolled
- Monthly bill

**Out-of-state**

- Employer must be headquartered in Colorado
- At least 50% of subscribers enrolled reside in the State of Colorado

**Declined industry codes**

- Civic Social Clubs: 8641/813410
- Private Households: 8811/814110
- Non-classifiable: 9999

**Groups of 1 subscriber**

Not allowed

**Cannabis**

Allowed

**Broker commissions**

- 10% standard

**PEO**

- Allowed: Group must exit the PEO and be quoted on its own

**Standalone or with additional line of coverage**

- Stand alone
- Dual Choice available with Delta Dental Patient Direct® (must have same renewal effective date)
- DeltaVision® not available

**Network**

- Delta Dental PPO™
- Delta Dental Premier®

# Kaiser Permanente adult-only small group underwriting guidelines

**Group size**

2-99 subscribers

**Effective Date**

1st of the month

**Rates**

- 12 months
- Per adult

**Product options**

- Adult preventive dental care is embedded in Kaiser Permanente small group health plan
- 2 comprehensive dental plans are available for additional premium
- Basic and Major Restorative services covered under comprehensive plans

**Benefit waiting periods**

- None

**Eligibility**

- Adults only 19 and older
- Dependent children ages 19-26 eligible first of the month following 19th birthday
- 1099 Employees: Must be exclusively employed

**Open enrollment**

Yes, with health plan

**Participation/Contributory**

- Minimum of 50% participation and 2 subscribers *AND*,

**Employer Contribution/Contributory**

- Greater than or equal to 50% employer contribution toward the employee single rate

**Participation/Voluntary**

- Minimum of 20% participation and 2 subscribers enrolled *OR*,

**Employer Contribution/Voluntary**

- Less than 50% employer contribution toward the employee single rate

**Waivers**

Valid:

- Group spousal coverage
- Other group coverage
- COBRA
- Medicare/Medi-Cal
- Military
- Individual

**DE-9C**

Not required

**Payment and Billing**

- ACH required for groups with less than 10 subscribers enrolled
- Monthly bill

**Out-of-state**

- Employer must be headquartered in Colorado
- At least 50% of subscribers enrolled reside in the State of Colorado

**Declined industry codes**

- Civic Social Clubs: 8641/813410
- Private Households: 8811/814110
- Non-classifiable: 9999

**Groups of 1 subscriber**

Not allowed

**Cannabis**

Allowed

**Broker commissions**

- 10% standard

**PEO**

- Allowed: Group must exit the PEO and be quoted on its own

**Standalone or with additional line of coverage**

- Stand alone
- Dual Choice available with Delta Dental Patient Direct<sup>®</sup> (must have same renewal effective date)
- DeltaVision<sup>®</sup> not available

**Network**

- Delta Dental PPO<sup>™</sup>

# Kaiser Permanente embedded pediatric underwriting guidelines

**Group size**

Individual and Small Group

**Effective Date**

1st of the month

**Rates**

- 12 months
- Per member

**Product options**

- Kaiser Permanente health plans include pediatric dental benefits administered by Delta Dental of Colorado
- On-exchange and off-exchange health plans
- Preventive and Diagnostic covered at 100%

**Benefit waiting periods**

- None

**Eligibility**

- Dependent children up to 19th birthday
- 1099 Employees: Must be exclusively employed

**Open enrollment**

Yes, with health plan

**Participation/Contributory**

- Minimum of 50% participation and 2 subscribers enrolled
- Does not apply if individual coverage *AND*,

**Employer Contribution/Contributory**

- Greater than or equal to 50% employer contribution toward the employee single rate
- Does not apply if individual coverage *OR*,

**Participation/Voluntary**

- Minimum of 20% participation and 2 subscribers enrolled *OR*,

**Employer Contribution/Voluntary**

- Less than 50% employer contribution toward the employee single rate
- Does not apply if individual coverage

**Waivers**

Valid:

- Group spousal coverage
- Other group coverage
- COBRA
- Medicare/Medi-Cal
- Military
- Individual

**DE-9C**

Not required

**Payment and Billing**

- ACH required for groups with less than 10 subscribers enrolled
- Monthly bill

**Out-of-state**

- Employer must be headquartered in Colorado
- At least 50% of subscribers enrolled reside in the State of Colorado
- Individual must reside in the State of Colorado

**Declined industry codes**

- Civic Social Clubs: 8641/813410
- Private Households: 8811/814110
- Non-classifiable: 9999

**Groups of 1 subscriber**

Allowed

**Cannabis**

Allowed

**Broker commissions**

- 10% standard

**PEO**

- Allowed: Group must exit the PEO and be quoted on its own

**Standalone or with additional line of coverage**

- Stand alone
- Dual Choice not available
- DeltaVision<sup>®</sup> not available

**Network**

- Delta Dental PPO<sup>™</sup>