

Delta Dental PPO™

For groups with 10 to 50 enrolled employees

Plan Year 2018-2019

Rates — Connecticut

Monthly rates valid for effective dates of October 1, 2018 through December 1, 2019. **Rate guarantee:** One year for groups enrolling on or before December 1, 2019. Rates are guaranteed from the effective date. Monthly rates are based on the location of the group's headquarters.

PPO ¹ Plans — 50% to 100% Employer Contribution						
Area 1 — Litchfield, Middlesex, New London, Windham						
Plan	PPO 1	PPO 2	PPO 3	PPO 4	PPO 5	PPO 6
Deductible/Maximum	A	A	A	A	AA	AA
Employee Only	\$8.82	\$20.79	\$34.25	\$34.25	\$35.83	\$35.83
Employee & 1 Dependent	\$16.94	\$39.91	\$65.76	\$69.97	\$68.79	\$73.00
Employee & Family	\$28.78	\$67.81	\$111.72	\$118.27	\$116.87	\$123.42
Deductible/Maximum	B	B	B	B	AB	AB
Employee Only	\$10.50	\$21.83	\$35.41	\$35.41	\$37.05	\$37.05
Employee & 1 Dependent	\$20.16	\$41.92	\$67.99	\$72.21	\$71.14	\$75.36
Employee & Family	\$34.26	\$71.23	\$115.52	\$122.06	\$120.88	\$127.42
Deductible/Maximum					BA	BA
Employee Only					\$34.34	\$34.34
Employee & 1 Dependent					\$65.93	\$70.14
Employee & Family					\$112.02	\$118.56
Deductible/Maximum					BB	BB
Employee Only					\$35.51	\$35.51
Employee & 1 Dependent					\$68.18	\$72.40
Employee & Family					\$115.84	\$122.39
Area 2 — Fairfield, Hartford, New Haven, Tolland						
Plan	PPO 1	PPO 2	PPO 3	PPO 4	PPO 5	PPO 6
Deductible/Maximum	A	A	A	A	AA	AA
Employee Only	\$9.44	\$22.24	\$36.64	\$36.64	\$38.33	\$38.33
Employee & 1 Dependent	\$18.12	\$42.70	\$70.35	\$74.86	\$73.59	\$78.10
Employee & Family	\$30.79	\$72.55	\$119.53	\$126.53	\$125.04	\$132.04
Deductible/Maximum	B	B	B	B	AB	AB
Employee Only	\$11.24	\$23.36	\$37.88	\$37.88	\$39.64	\$39.64
Employee & 1 Dependent	\$21.57	\$44.85	\$72.74	\$77.25	\$76.11	\$80.62
Employee & Family	\$36.65	\$76.20	\$123.59	\$130.59	\$129.32	\$136.32
Deductible/Maximum					BA	BA
Employee Only					\$36.74	\$36.74
Employee & 1 Dependent					\$70.53	\$75.04
Employee & Family					\$119.84	\$126.84
Deductible/Maximum					BB	BB
Employee Only					\$37.99	\$37.99
Employee & 1 Dependent					\$72.94	\$77.45
Employee & Family					\$123.93	\$130.93

Participation requirements (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 50 -99% (Employer-Paid) — at least 75% of eligible employees or 10 primary enrollees, whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

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PPO ¹ Plans — 50% to 100% Employer Contribution				
Area 1 — Litchfield, Middlesex, New London, Windham				
Plan	PPO A	PPO B	PPO C	PPO D
Deductible/Maximum	A	A	A	A
Employee Only	\$27.68	\$27.68	\$35.49	\$35.49
Employee & 1 Dependent	\$53.15	\$57.36	\$68.15	\$72.36
Employee & Family	\$90.30	\$96.84	\$115.79	\$122.33
Deductible/Maximum	B	B	B	B
Employee Only	\$30.18	\$30.18	\$36.03	\$36.03
Employee & 1 Dependent	\$57.94	\$62.16	\$69.19	\$73.40
Employee & Family	\$98.45	\$104.99	\$117.55	\$124.09
Deductible/Maximum	C	C		
Employee Only	\$31.69	\$31.69		
Employee & 1 Dependent	\$60.84	\$65.05		
Employee & Family	\$103.37	\$109.91		
Area 2 — Fairfield, Hartford, New Haven, Tolland				
Plan	PPO A	PPO B	PPO C	PPO D
Deductible/Maximum	A	A	A	A
Employee Only	\$29.61	\$29.61	\$37.97	\$37.97
Employee & 1 Dependent	\$56.86	\$61.37	\$72.91	\$77.42
Employee & Family	\$96.60	\$103.60	\$123.87	\$130.87
Deductible/Maximum	B	B	B	B
Employee Only	\$32.29	\$32.29	\$38.55	\$38.55
Employee & 1 Dependent	\$61.99	\$66.50	\$74.02	\$78.53
Employee & Family	\$105.33	\$112.32	\$125.76	\$132.76
Deductible/Maximum	C	C		
Employee Only	\$33.90	\$33.90		
Employee & 1 Dependent	\$65.09	\$69.59		
Employee & Family	\$110.58	\$117.58		

Participation requirements (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 50 -99% (Employer-Paid) — at least 75% of eligible employees or 10 primary enrollees, whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

Delta Dental PPO Plus Premier™

For groups with 10 to 50 enrolled employees

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Rates — Connecticut

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PPO Plus Premier ² Plans - 50% - 100% Employer Contribution						
Area 1 — Litchfield, Middlesex, New London, Windham						
Plan	PPO Plus Premier 1 P&D Only	PPO Plus Premier 2	PPO Plus Premier 3	PPO Plus Premier 4	PPO Plus Premier 5	PPO Plus Premier 6
Deductible/Maximum	A	A	A	A	AA	AA
Employee Only	\$10.76	\$23.60	\$41.79	\$41.79	\$40.64	\$40.64
Employee & 1 Dependent	\$20.67	\$45.32	\$80.23	\$84.45	\$78.04	\$82.25
Employee & Family	\$35.11	\$77.00	\$136.32	\$142.86	\$132.59	\$139.13
Deductible/Maximum	B	B	B	B	AB	AB
Employee Only	\$12.50	\$25.46	\$43.62	\$43.62	\$43.71	\$43.71
Employee & 1 Dependent	\$23.99	\$48.88	\$83.75	\$87.96	\$83.92	\$88.14
Employee & Family	\$40.76	\$83.06	\$142.29	\$148.83	\$142.59	\$149.13
Deductible/Maximum					BA	BA
Employee Only					\$38.96	\$38.96
Employee & 1 Dependent					\$74.80	\$79.01
Employee & Family	\$127.08	\$133.62				
Deductible/Maximum					BB	BB
Employee Only					\$41.89	\$41.89
Employee & 1 Dependent					\$80.44	\$84.65
Employee & Family	\$136.67	\$143.21				
Area 2 — Fairfield, Hartford, New Haven, Tolland						
Plan	PPO Plus Premier 1 P&D Only	PPO Plus Premier 2	PPO Plus Premier 3	PPO Plus Premier 4	PPO Plus Premier 5	PPO Plus Premier 6
Deductible/Maximum	A	A	A	A	AA	AA
Employee Only	\$11.52	\$25.25	\$44.71	\$44.71	\$43.48	\$43.48
Employee & 1 Dependent	\$22.11	\$48.48	\$85.83	\$90.34	\$83.49	\$88.00
Employee & Family	\$37.56	\$82.38	\$145.84	\$152.84	\$141.85	\$148.85
Deductible/Maximum	B	B	B	B	AB	AB
Employee Only	\$13.37	\$27.24	\$46.66	\$46.66	\$46.76	\$46.76
Employee & 1 Dependent	\$25.67	\$52.30	\$89.60	\$94.11	\$89.78	\$94.29
Employee & Family	\$43.61	\$88.86	\$152.23	\$159.23	\$152.55	\$159.55
Deductible/Maximum					BA	BA
Employee Only					\$41.68	\$41.68
Employee & 1 Dependent					\$80.02	\$84.53
Employee & Family	\$135.96	\$142.96				
Deductible/Maximum					BB	BB
Employee Only					\$44.82	\$44.82
Employee & 1 Dependent					\$86.05	\$90.56
Employee & Family	\$146.21	\$153.21				

Participation requirements (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 50 -99% (Employer-Paid) — at least 75% of eligible employees or 10 primary enrollees, whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.



Delta Dental PPO Plus Premier

For groups with 10 to 50 enrolled employees

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PPO Plus Premier ² Plans - 50% - 100% Employer Contribution				
Area 1 — Litchfield, Middlesex, New London, Windham				
Plan	PPO Plus Premier A	PPO Plus Premier B	PPO Plus Premier C	PPO Plus Premier D
Deductible/Maximum	A	A	A	A
Employee Only	\$32.07	\$32.07	\$38.14	\$38.14
Employee & 1 Dependent	\$61.57	\$65.78	\$73.23	\$77.45
Employee & Family	\$104.60	\$111.15	\$124.43	\$130.97
Deductible/Maximum	B	B	B	B
Employee Only	\$34.38	\$34.38	\$40.98	\$40.98
Employee & 1 Dependent	\$66.01	\$70.23	\$78.69	\$82.91
Employee & Family	\$112.16	\$118.70	\$133.70	\$140.24
Deductible/Maximum	C	C	C	C
Employee Only	\$35.85	\$35.85	\$42.16	\$42.16
Employee & 1 Dependent	\$68.83	\$73.05	\$80.95	\$85.17
Employee & Family	\$116.95	\$123.49	\$137.54	\$144.08
Area 2 — Fairfield, Hartford, New Haven, Tolland				
Plan	PPO Plus Premier A	PPO Plus Premier B	PPO Plus Premier C	PPO Plus Premier D
Deductible/Maximum	A	A	A	A
Employee Only	\$34.31	\$34.31	\$40.81	\$40.81
Employee & 1 Dependent	\$65.87	\$70.37	\$78.35	\$82.86
Employee & Family	\$111.91	\$118.91	\$133.12	\$140.11
Deductible/Maximum	B	B	B	B
Employee Only	\$36.78	\$36.78	\$43.85	\$43.85
Employee & 1 Dependent	\$70.62	\$75.13	\$84.19	\$88.70
Employee & Family	\$119.99	\$126.99	\$143.04	\$150.04
Deductible/Maximum	C	C	C	C
Employee Only	\$38.35	\$38.35	\$45.11	\$45.11
Employee & 1 Dependent	\$73.64	\$78.15	\$86.61	\$91.11
Employee & Family	\$125.12	\$132.12	\$147.15	\$154.15

Participation requirements (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 50 -99% (Employer-Paid) — at least 75% of eligible employees or 10 primary enrollees, whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

Delta Dental PPO and PPO Plus Premier

For groups with 10 to 50 enrolled employees

Plan Year 2018-2019

Rates – Connecticut

Monthly rates valid for effective dates of October 1, 2018 through December 1, 2019. **Rate guarantee:** One year for groups enrolling on or before December 1, 2019. Rates are guaranteed from the effective date. Monthly rates are based on the location of the group's headquarters.

PPO ¹ and PPO Plus Premier ² Plans - 0% - 49% Employer Contribution				
Area 1 – Litchfield, Middlesex, New London, Windham				
Plan	PPO V1 P&D Only	PPO V2	PPO Plus Premier V1 P&D Only	PPO Plus Premier V2
Deductible/Maximum	A	A	A	A
Employee Only	\$10.48	\$37.32	\$12.78	\$46.16
Employee & 1 Dependent	\$20.13	\$71.65	\$24.55	\$88.62
Employee & Family	\$34.20	\$121.73	\$41.71	\$150.57
Deductible/Maximum	B		B	
Employee Only	\$12.47		\$14.84	
Employee & 1 Dependent	\$23.94		\$28.49	
Employee & Family	\$40.67		\$48.41	
PPO and PPO Plus Premier Plans - 0% - 49% Employer Contribution				
Area 2 – Fairfield, Hartford, New Haven, Tolland				
Plan	PPO V1 P&D Only	PPO V2	PPO Plus Premier V1 P&D Only	PPO Plus Premier V2
Deductible/Maximum	A	A	A	A
Employee Only	\$11.22	\$39.92	\$13.68	\$49.38
Employee & 1 Dependent	\$21.53	\$76.65	\$26.26	\$94.81
Employee & Family	\$36.59	\$130.23	\$44.62	\$161.08
Deductible/Maximum	B		B	
Employee Only	\$13.34		\$15.88	
Employee & 1 Dependent	\$25.61		\$30.48	
Employee & Family	\$43.52		\$51.80	

Participation requirements (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 50 -99% (Employer-Paid) – at least 75% of eligible employees or 10 primary enrollees, whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

¹ Reimbursement for all dentists is based on the PPO contracted fee.

² Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the plan contract allowance for non-Delta Dental dentists.

Deductible/Maximum Key: Single Letter = Maximum, Double Letter = Deductible/Maximum

Delta Dental PPO™

Eligible/ineligible industries¹

Eligible industries	SIC code
Agriculture, Forestry, Fishing (except seasonal employees #0761-0783)	0100-0999
Mining, Oil and Gas Extraction	1000-1499
Construction Contractors	1500-1799
Manufacturing	2000-2699
Printing & Publishing	2700-2799
Manufacturing (except Jewelry Manufacturing #3911-3915)	2800-3999
Jewelry Manufacturing	3911-3915
Transportation	4000-4799
Communication (Radio, Telephone, TV/Radio Broadcasting)	4800-4899
Utilities	4900-4999
Wholesale Trade	5000-5199
Auto Dealerships	5511-5599
Restaurants	5800-5899
Retail	5200-5510, 5610-5699, 5712-5736, 5912-5999
Finance (Banks, Securities, Credit Agencies)	6000-6299
Insurance Carriers/Brokers	6300-6499
Real Estate	6500-6799
Services	7000-7099, 7221, 7291-7299, 7319, 7631
Beauty & Barber Shops	7231-7241
Services	7100-7220, 7222-7230, 7242-7290, 7300-7318, 7320-7388, 7390-7630, 7632-7799
Employment Agencies (Management and Administrative Staff only)	7361-7363
Amusement, Recreation & Entertainment	7800-7999
Hospitals	8062-8069
Medical Labs and Dental Labs	8071, 8072
Medical Group	8000-8059 & 8082-8099
Legal	8100-8199
Private Schools (Elementary & High School)	8200-8299
Community Service Organizations/Social Services/Government Funded Group	8300-8399
Museums, Art Galleries & Gardens	8400-8499
Membership/Organizations/Associations (Management and Administrative Staff only)	8600-8699
Engineering, Accounting, Research, Management & Related Services	8700-8799
International Affairs	9721
Management Carve-out (regardless of industry)	9999

Ineligible industries	SIC code
Seasonal Employees (Farm Labor & Mgt, Landscape and Horticultural services)	0761-0783
Staff Placed By Employment Agencies	7361-7363
Misc. Business Services	7389
Dentist offices	8021
Public Schools (Elementary & High School) ²	8200-8299
Members of Membership Organizations/Associations	8600-8699
Private Households	8811
Misc. Services not elsewhere classified	8999
Public Administration (Cities, Counties, Police, etc.)	9000-9720, 9722-9998
Seasonal Employees (Christmas/Part-time help)	No SIC
High Turnover ³	Varies

¹ SIC rate level cannot change for renewing business.

² Public Sector Groups are an eligible industry with Delta Dental NJ/CT; they are excluded under the Small Business Program.

³ A business has high turnover if 20% or more of the average number of its employees during the past 12 months were newly hired for reasons other than the growth of the business.