

Delta Dental PPO™

For groups with 2 to 9 enrolled employees

Plan Year 2020

Rates — Connecticut

Monthly rates valid for effective dates of January 1, 2020 through December 31, 2020. **Rate guarantee:** One year for groups enrolling on or before December 31, 2020. 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 5
Deductible/Maximum	A	A	A	A
Employee Only	\$10.31	\$24.27	\$39.99	\$41.83
Employee & 1 Dependent	\$19.79	\$46.60	\$76.78	\$80.32
Employee & Family	\$33.62	\$79.17	\$130.45	\$136.47
Deductible/Maximum	B	B	B	B
Employee Only	\$12.26	\$25.49	\$41.34	\$43.26
Employee & 1 Dependent	\$23.54	\$48.95	\$79.38	\$83.05
Employee & Family	\$39.99	\$83.17	\$134.86	\$141.11
Area 2 — Fairfield, Hartford, New Haven, Tolland				
Plan	PPO 1	PPO 2	PPO 3	PPO 5
Deductible/Maximum	A	A	A	A
Employee Only	\$11.02	\$25.96	\$42.78	\$44.75
Employee & 1 Dependent	\$21.17	\$49.85	\$82.14	\$85.93
Employee & Family	\$35.97	\$84.70	\$139.56	\$146.00
Deductible/Maximum	B	B	B	B
Employee Only	\$13.12	\$27.28	\$44.23	\$46.28
Employee & 1 Dependent	\$25.18	\$52.37	\$84.92	\$88.85
Employee & Family	\$42.79	\$88.98	\$144.28	\$150.97

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 2 to 9 enrolled employees

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PPO Plus Premier2 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 5
Deductible/Maximum	A	A	A	AA
Employee Only	\$12.57	\$27.56	\$45.37	\$47.46
Employee & 1 Dependent	\$24.13	\$52.92	\$87.11	\$91.12
Employee & Family	\$41.00	\$89.91	\$148.01	\$154.81
Deductible/Maximum	B	B	B	AB
Employee Only	\$14.59	\$29.73	\$48.79	\$51.03
Employee & 1 Dependent	\$28.01	\$57.07	\$93.68	\$97.98
Employee & Family	\$47.58	\$96.97	\$159.17	\$166.48
Deductible/Maximum			C	AC
Employee Only			\$50.21	\$52.53
Employee & 1 Dependent			\$96.41	\$100.86
Employee & Family			\$163.81	\$171.38
Deductible/Maximum				BA
Employee Only				\$45.48
Employee & 1 Dependent				\$87.33
Employee & Family				\$148.38
Deductible/Maximum				BB
Employee Only				\$48.92
Employee & 1 Dependent				\$93.92
Employee & Family				\$159.57
Deductible/Maximum				BC
Employee Only				\$50.35
Employee & 1 Dependent				\$96.68
Employee & Family				\$164.26

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 Plus Premier2 Plans - 50% - 100% Employer Contribution				
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 5
Deductible/Maximum	A	A	A	AA
Employee Only	\$13.45	\$29.49	\$48.54	\$50.77
Employee & 1 Dependent	\$25.81	\$56.61	\$93.20	\$97.48
Employee & Family	\$43.86	\$96.19	\$158.35	\$165.63
Deductible/Maximum	B	B	B	AB
Employee Only	\$15.61	\$31.80	\$52.20	\$54.60
Employee & 1 Dependent	\$29.96	\$61.06	\$100.22	\$104.83
Employee & Family	\$50.91	\$103.75	\$170.28	\$178.11
Deductible/Maximum			C	AC
Employee Only			\$53.72	\$56.20
Employee & 1 Dependent			\$103.15	\$107.91
Employee & Family			\$175.25	\$183.34
Deductible/Maximum				BA
Employee Only				\$48.66
Employee & 1 Dependent				\$93.43
Employee & Family				\$158.74
Deductible/Maximum				BB
Employee Only				\$52.33
Employee & 1 Dependent				\$100.48
Employee & Family				\$170.72
Deductible/Maximum				BC
Employee Only				\$53.87
Employee & 1 Dependent				\$103.43
Employee & Family				\$175.73

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 Voluntary ¹ Plans - 0% - 49% Employer Contribution		
Area 1 — Litchfield, Middlesex, New London, Windham		
Plan	PPO V1 P&D Only	PPO V2
Deductible/Maximum	A	A
Employee Only	\$11.02	\$39.21
Employee & 1 Dependent Employee & Family	\$21.15	\$75.28
	\$35.94	\$127.91
Deductible/Maximum	B	B
Employee Only	\$13.10	\$42.76
Employee & 1 Dependent Employee & Family	\$25.15	\$82.09
	\$42.74	\$139.48
Deductible/Maximum		C
Employee Only		\$44.20
Employee & 1 Dependent Employee & Family		\$84.86
		\$144.19
Deductible/Maximum		C3
Employee Only		\$45.31
Employee & 1 Dependent Employee & Family		\$86.99
		\$147.81
Area 2 — Fairfield, Hartford, New Haven, Tolland		
Plan	PPO V1 P&D Only	PPO V2
Deductible/Maximum	A	A
Employee Only	\$11.79	\$41.95
Employee & 1 Dependent Employee & Family	\$22.63	\$80.54
	\$38.45	\$136.84
Deductible/Maximum	B	B
Employee Only	\$14.02	\$45.74
Employee & 1 Dependent Employee & Family	\$26.91	\$87.82
	\$45.72	\$149.22
Deductible/Maximum		C
Employee Only		\$47.29
Employee & 1 Dependent Employee & Family		\$90.79
		\$154.26
Deductible/Maximum		C3
Employee Only		\$48.47
Employee & 1 Dependent Employee & Family		\$93.07
		\$158.13

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.
- 0-49% (Voluntary) — at least 25% of all eligible employees or two for groups with 2-9 employees, whichever is greater, must enroll.

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

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.) ²	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.