

SMALL BUSINESS SOLUTIONS
1-50 ELIGIBLE EMPLOYEES

Big benefits for small business.

2025 Plans



 **DELTA DENTAL**®

DeltaVision®

DeltaLife™

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A healthy, happy team.

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

Enhance employee wellness.

DENTAL

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

VISION

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

LEGAL

Legal coverage protects the 3 out of 4 employees who experience at least one legal event per year.²

LIFE & DISABILITY

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

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

² "How Legal and Financial Issues Impact Employee Wellness." Russell Research for ARAG. February 2017.

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

Improve employee productivity.

DENTAL

Among adults, more than 164 million work hours are lost each year because of dental problems.⁴

VISION

Eyecare delivers a \$7,800 increase in productivity per employee.⁵

LEGAL

Employees with legal coverage save an estimated average of 8.2 hours when dealing with an issue.⁶

LIFE & DISABILITY

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

⁴ Oral Health in America: A Report of the Surgeon General. 2000.

⁵ The Vision Council 2015 Digital Eye Strain Report.

⁶ 2020 ARAG Plan Member Satisfaction Survey.

⁷ Fast Facts About Disability Insurance. LIMRA, 2023.

Increase job satisfaction.

DENTAL

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

VISION

87% of employers offer vision benefits as a key component of recruitment.⁹

LEGAL

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

LIFE & DISABILITY

33% of consumers buy life insurance because their employer provides it.¹⁰

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

⁹ SHRM 2016 Employee Benefits Survey.

¹⁰ Life Insurance Fact Sheet. LIMRA, 2023.



Beyond great benefits.

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



EXPERIENCE

With more than 50 years of experience, we're trusted by more than 4,600 Iowa employers and 1.6 million members.

SAVINGS

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

CONVENIENCE

Simple online enrollment eliminates paperwork hassles.

QUALITY

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

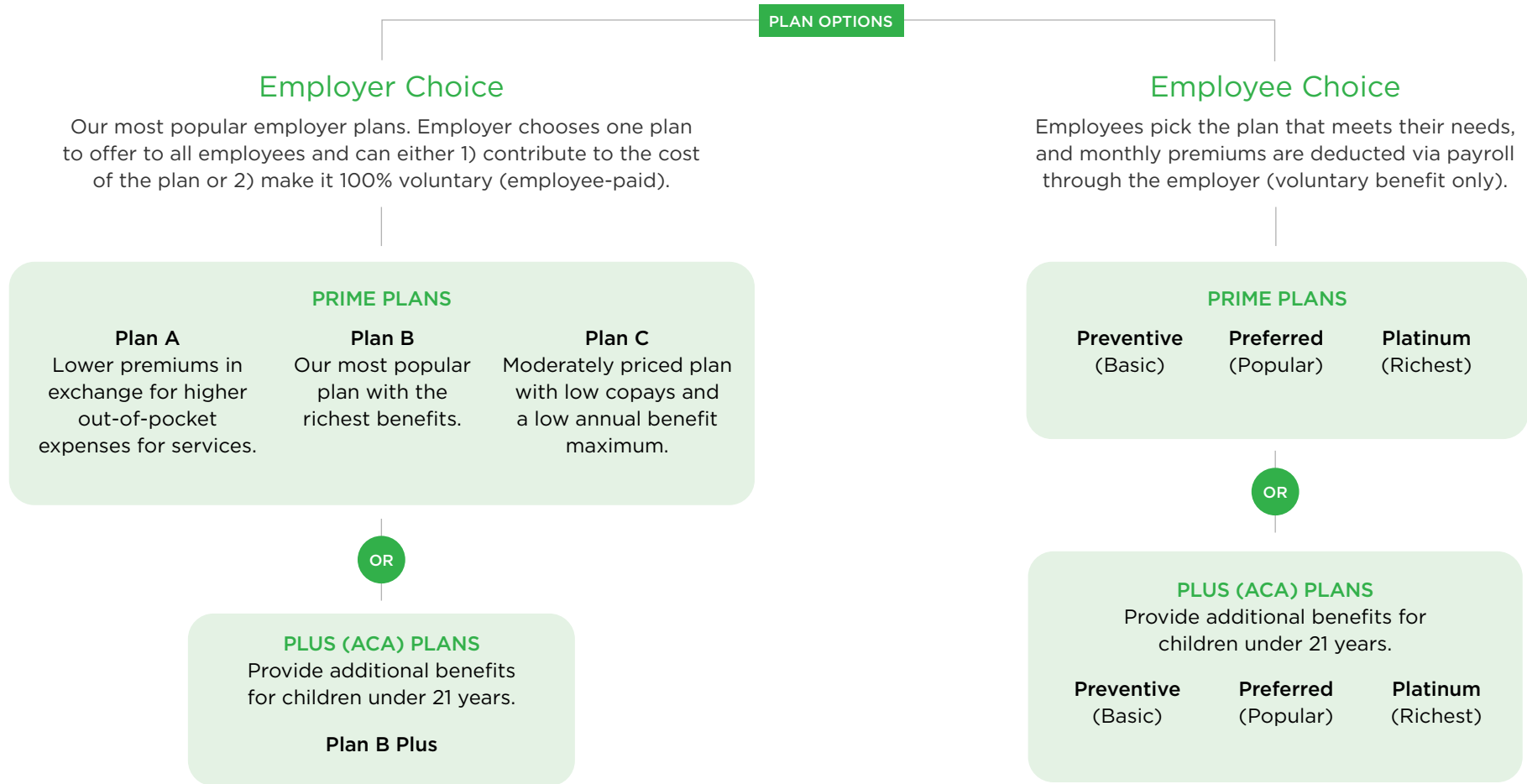
GIVING BACK

Choosing Delta Dental benefits also helps make a difference in the communities where employees work and live. Since 2002, we've committed \$68 million to support the oral and overall health of Iowans.



Smart, flexible solutions.

Small businesses can choose the benefits package that fits their team and budget — from basic low-cost plans to comprehensive plans with added benefits. Plus, you’ll say goodbye to paperwork hassles with our easy-to-use online platform.



DENTAL PLAN OVERVIEW

See the following pages for more plan details and descriptions.

	Employer Choice Plans	Voluntary Employee Choice Plans
Employer contributes to premium cost	Optional	None
Preventive care — checkups, cleanings, X-rays	✓	✓
Routine and restorative services	✓	✓
Major restorative services	✓	✓*
Pediatric dental services that meet ACA requirements	Optional	Optional
No waiting periods for services	✓	✓
To Go SM — Annual Maximum Carryover	✓	
Enhanced Benefits Program — additional dental benefits based on medical conditions	✓	
Optional corrective orthodontia coverage	✓	
Employee chooses dental benefit plan		✓

*Coverage available with most plans.



of small businesses choose Delta Dental's Employer Choice plans for their employees.¹

¹ Based on April 2024 Delta Dental of Iowa employer data.



Employer Choice Plans



Coverage made easy.

Employers choose their dental plan in four easy steps:

1 Choose a network option.

A major benefit of dental insurance is access to discounted in-network provider fees. Delta Dental of Iowa has two provider networks, making it easy for employees to find an in-network dentist near them.

DELTA DENTAL PREMIER®

Offers reduced out-of-pocket costs and benefits along with the largest dental network in the nation — 92% of Iowa dentists and 75% of dentists nationwide.¹

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

DELTA DENTAL PPO PLUS PREMIER™

Provides access to two networks — Delta Dental PPO™ and Delta Dental Premier®. The Delta Dental PPO network offers the lowest out-of-pocket costs, has the best benefits and includes 38% of Iowa dentists.¹



2 Pick a plan.

Delta Dental's Employer Choice plans offer flexibility when it comes to what employees will pay when they go to the dentist.

Available Plans

PRIME PLANS:

PLAN A
PLAN B
PLAN C

Prime Plans have the same coinsurance and deductible for adults and children.

PLUS PLANS:

PLAN B

Plus Plans include the Affordable Care Act (ACA) pediatric dental essential health benefits (EHB). Plan B Plus will have different benefit coinsurance and deductibles for adults and children.

¹ Based on March 2024 Delta Dental Plans Association data.



Comparing Prime Plans

The chart below illustrates the different coinsurance, deductibles and annual benefit maximums paid when a member sees a Delta Dental PPO™ or Delta Dental Premier® dentist.

	Plan A	Plan B	Plan C
Annual Benefit Maximum with To Go™ Per Person	\$1,500	\$2,000	\$1,000
Deductible Per Person	\$25-50	\$25-50	\$50-75
Coinsurance paid by member			
Diagnostic and Preventive Care (e.g., exams, cleanings, X-rays)	20-30%	0-10%	0-10%
Routine and Restorative Services (e.g., cavity repair, extractions)	50%	20-30%	20-30%
Major Services (e.g., root canals, bridges, crowns, implants)	50-60%	50-60%	50-60%
Monthly Premium	\$	\$\$\$	\$\$



HEALTHY SMILES PROGRAM

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

Additional Monthly Rate

Employee	\$2.44
Employee / Child(ren)	
Employee / Spouse	\$4.64
Family	

3 Select whether to offer corrective orthodontia coverage for children.

Delta Dental allows employers to add corrective orthodontia (up to age 19) to their group plans. Corrective orthodontia is a popular and valued employee benefit that fixes an improper alignment of upper and lower teeth, including crooked or crowded teeth, crossbites, overbites or underbites.

Delta Dental **Employer Choice Plan B Plus** includes medically necessary orthodontia that is required by the ACA. Medically necessary orthodontia requires prior approval and is for individuals (up to age 21) with designated syndromes or genetic disorders such as cleft palate. Corrective orthodontia can be added to Plan B Plus to expand orthodontia coverage.



4 Pick employer contribution and rate structure.

Employers can choose to cover 100% of the plan cost, 0% or somewhere in between. When enrolling, they'll choose their contribution amount (contributory or voluntary), as well as their rate structure.

Rate Structure Options

PER-PERSON RATES:

- Adult (21 and older)
- Child (up to age 21 as of the group's effective/renewal date)

FOUR-TIER RATES:

- Single
- Employee/spouse
- Employee/child(ren)
- Family

Additional benefits



Delta Dental’s Employer Choice plans automatically include the additional benefits listed below, helping employees get even more from their dental coverage.

TO GOSM — ANNUAL MAXIMUM CARRYOVER

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

Year 1		Year 2		Year 3	
Annual Benefit Maximum	\$1,500	Annual Benefit Maximum (\$1,500 + \$1,000 carryover)	\$2,500	Annual Benefit Maximum (\$1,500 + \$1,500 carryover)	\$3,000
Eligible Benefit Used	\$500	Eligible Benefit Used	\$500	Eligible Benefit Used	\$1,500
Unused Annual Benefit Maximum	\$1,000	Unused Annual Benefit Maximum	\$2,000	Unused Annual Benefit Maximum	\$1,500
To Go — Annual maximum carryover (for use in year 2)	\$1,000	To Go — Annual Maximum Carryover (for use in year 3)	\$1,500*	To Go — Annual Maximum Carryover (for use in year 4)	\$1,500*

* The To Go — Annual Maximum Carryover amount cannot exceed the annual benefit maximum. To Go applies to adult and child benefits on the Prime plans and adults on the Plus plans.

ENHANCED BENEFITS PROGRAM

Certain medical conditions can improve when taking extra care of your dental health. The Enhanced Benefits Program complements your wellness program by encouraging employees to get additional dental services if they have any of the following medical conditions:

- Pregnancy
- High-risk cardiac conditions
- Suppressed immune systems
- Diabetes
- Cancer, chemotherapy and/or radiation
- Periodontal disease
- Kidney failure or dialysis

NEW SPECIAL HEALTH CARE NEEDS BENEFIT

Your Delta Dental of Iowa dental benefits plan automatically offers a Special Health Care Needs¹ benefit to help remove barriers to care for your eligible covered members (children and adults) at no additional cost. This benefit includes additional visits to the dentist’s office, up to four dental cleanings in a calendar year, treatment delivery modifications and more.

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





Employer Choice Prime Plans

Delta Dental PPO Plus Premier™

These plans feature:

- Access to two networks with lower monthly premiums.
- Greatest network discounts when seeing a Delta Dental PPO dentist.
- The same benefits for children and adults.
- Option to add coverage for braces.



2025 Prime Plan Comparison

	PLAN A			PLAN B			PLAN C		
	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
Deductible per person per calendar year	\$25*	\$50	\$50	\$25*	\$50	\$50	\$50*	\$75	\$75
Annual Benefit Maximum per person per calendar year	\$1,500			\$2,000			\$1,000		
Coinsurance paid by member									
Diagnostic and Preventive Care (exams, cleanings, X-rays, periodontal maintenance therapy)	20%	30%	50%	0%	10%	30%	0%	10%	30%
Routine and Restorative Services (cavity repair, tooth extractions, routine oral surgery)	50%	50%	60%	20%	30%	50%	20%	30%	50%
Posterior Composites (tooth-colored filling on back teeth)	60%	70%	80%	50%	60%	70%	50%	60%	70%
Major Restorative Services (root canals, gum and bone disease, crowns, inlays/onlays, bridges, partial and complete dentures)	50%	50%	60%	50%	50%	60%	50%	50%	60%
Implants	60%	60%	70%	60%	60%	70%	60%	60%	70%
Corrective Orthodontia (optional add-on benefit up to age 19)	50% coinsurance and \$1,500 lifetime maximum			50% coinsurance and \$1,500 lifetime maximum OR 50% coinsurance and \$2,500 lifetime maximum			50% coinsurance and \$1,500 lifetime maximum		

*Deductible is waived for all diagnostic and preventive care.



2025 Monthly Premiums

(contributory rates are based on number of eligible employees and employer contribution**)

	PLAN A	PLAN B	PLAN C
Four-Tier Rates			
Voluntary/1-9 Eligible Employees			
Single	\$26.60	\$35.62	\$30.94
Employee/Spouse	\$55.50	\$76.32	\$66.88
Employee/Child(ren)	\$49.18	\$67.76	\$59.34
Family	\$78.98	\$109.12	\$95.90
Employee/Child(ren) with Ortho	\$58.96	\$1,500 / \$2,500 \$83.56 / \$86.54	\$73.38
Family with Ortho	\$92.66	\$1,500 / \$2,500 \$131.26 / \$135.16	\$115.52
10 - 50 Eligible Employees			
Single	\$24.14	\$32.02	\$27.76
Employee/Spouse	\$51.44	\$68.62	\$60.08
Employee/Child(ren)	\$45.62	\$60.90	\$53.32
Family	\$73.28	\$98.04	\$86.16
Employee/Child(ren) with Ortho	\$54.70	\$1,500 / \$2,500 \$75.10 / \$78.02	\$65.94
Family with Ortho	\$85.92	\$1,500 / \$2,500 \$117.96 / \$121.80	\$103.82
Per-Person Rates			
Voluntary/1-9 Eligible Employees			
Adult	\$28.36	\$36.74	\$31.90
Child	\$17.62	\$23.74	\$25.20
Child with Ortho	\$20.14	\$1,500 / \$2,500 \$27.80 / \$29.24	\$29.74
10 - 50 Eligible Employees			
Adult	\$24.66	\$32.02	\$27.76
Child	\$15.34	\$20.68	\$21.94
Child with Ortho	\$17.56	\$1,500 / \$2,500 \$24.24 / \$25.66	\$25.92

**For groups who contribute to premiums (contributory plans), rates are based on the number of eligible employees. For all other groups, the base rate applies.

For per person rates, adult rates apply to those 21 and older and child rates are up to age 21 as of the group's effective/renewal date. Delta Dental only charges premium for a maximum of three children per subscriber. Child coverage is up to age 26 as of the group's effective/renewal date. Prime policies do not include the pediatric dental services as required under the Affordable Care Act (ACA). For a detailed description of specific benefits and benefit limitations, see the Benefit Certificate. Percentages shown are what the member pays. For example, if the member's coinsurance is 20%, Delta Dental pays 80%.

Rates are effective January 1, 2025 through December 31, 2025, and are subject to Iowa Insurance Division approval and Delta Dental's underwriting guidelines.





Employer Choice Prime Plans

Delta Dental Premier®

These plans feature:

- Access to the broadest network of dentists.
- The same benefits for children and adults.
- Option to add coverage for braces for children.



2025 Prime Plan Comparison

	PLAN A		PLAN B		PLAN C	
	Delta Dental Premier®	Out-of-Network Dentist	Delta Dental Premier®	Out-of-Network Dentist	Delta Dental Premier®	Out-of-Network Dentist
Deductible per person per calendar year	\$25*	\$50	\$25*	\$50	\$50*	\$75
Annual Benefit Maximum per person per calendar year	\$1,500		\$2,000		\$1,000	
Coinsurance paid by member						
Diagnostic and Preventive Care (exams, cleanings, X-rays, periodontal maintenance therapy)	20%	40%	0%	20%	0%	20%
Routine and Restorative Services (cavity repair, tooth extractions, routine oral surgery)	50%	60%	20%	40%	20%	40%
Posterior Composites (tooth-colored filling on back teeth)	60%	70%	50%	60%	50%	60%
Major Restorative Services (root canals, gum and bone disease, crowns, inlays/onlays, bridges, partial and complete dentures)	50%	60%	50%	60%	50%	60%
Implants	60%	70%	60%	70%	60%	70%
Corrective Orthodontia (optional add-on benefit up to age 19)	50% coinsurance and \$1,500 lifetime maximum		50% coinsurance and \$1,500 lifetime maximum OR 50% coinsurance and \$2,500 lifetime maximum		50% coinsurance and \$1,500 lifetime maximum	

*Deductible is waived for all diagnostic and preventive care.



2025 Monthly Premiums

(contributory rates are based on number of eligible employees and employer contribution**)

	PLAN A	PLAN B	PLAN C
Four-Tier Rates			
Voluntary/1-9 Eligible Employees			
Single	\$31.06	\$45.70	\$39.34
Employee/Spouse	\$66.02	\$93.04	\$81.54
Employee/Child(ren)	\$58.48	\$83.04	\$72.70
Family	\$93.98	\$131.06	\$115.56
Employee/Child(ren) with Ortho	\$70.14	\$1,500 / \$2,500 \$101.46 / \$104.44	\$89.22
Family with Ortho	\$110.28	\$1,500 / \$2,500 \$156.84 / \$160.74	\$138.72
10 - 50 Eligible Employees			
Single	\$29.36	\$42.70	\$36.78
Employee/Spouse	\$62.46	\$86.88	\$76.20
Employee/Child(ren)	\$55.36	\$77.56	\$67.94
Family	\$88.90	\$122.44	\$108.00
Employee/Child(ren) with Ortho	\$66.36	\$1,500 / \$2,500 \$94.76 / \$97.68	\$83.36
Family with Ortho	\$104.34	\$1,500 / \$2,500 \$146.54 / \$150.38	\$129.60
Per-Person Rates			
Voluntary/1-9 Eligible Employees			
Adult	\$32.34	\$48.08	\$41.36
Child	\$21.02	\$33.56	\$28.90
Child with Ortho	\$22.88	\$1,500 / \$2,500 \$37.62 / \$39.06	\$33.46
10 - 50 Eligible Employees			
Adult	\$29.36	\$42.70	\$36.78
Child	\$18.66	\$29.80	\$25.66
Child with Ortho	\$20.34	\$1,500 / \$2,500 \$33.44 / \$34.86	\$29.68

**For groups who contribute to premiums (contributory plans), rates are based on the number of eligible employees. For all other groups, the base rate applies.

For per person rates, adult rates apply to those 21 and older and child rates are up to age 21 as of the group's effective/renewal date. Delta Dental only charges premium for a maximum of three children per subscriber. Child coverage is up to age 26 as of the group's effective/renewal date. Prime policies do not include the pediatric dental services as required under the Affordable Care Act (ACA). For a detailed description of specific benefits and benefit limitations, see the Benefit Certificate. Percentages shown are what the member pays. For example, if the member's coinsurance is 20%, Delta Dental pays 80%.

Rates are effective January 1, 2025 through December 31, 2025, and are subject to Iowa Insurance Division approval and Delta Dental's underwriting guidelines.





Employer Choice Plus (ACA) Plans

Delta Dental PPO Plus Premier™

These plans feature:

- Access to two networks with lower monthly premiums.
- Rich dental benefits with the greatest network discounts when seeing a Delta Dental PPO dentist.
- The ACA required benefits for children.
- Different benefits for children and adults.



PLAN B

	Delta Dental PPO™		Delta Dental Premier®		Out-of-Network Dentist	
	Adult	Child	Adult	Child	Adult	Child
Deductible per person per calendar year	\$25*	\$25*	\$50	\$25*	\$50	\$225*
Adult Annual Benefit Maximum per person per calendar year	\$2,000					
Coinsurance paid by member						
Diagnostic and Preventive Care (exams, cleanings, X-rays, periodontal maintenance therapy)	0%	0%	10%	0%	30%	50%
Routine and Restorative Services (cavity repair, tooth extractions, routine oral surgery)	20%	20%	30%	50%	50%	70%
Posterior Composites (tooth-colored filling on back teeth)	50%	60%	60%	60%	70%	70%
Major Restorative Services (root canals, gum and bone disease, crowns, inlays/onlays, bridges, partial and complete dentures)	50%	50%	50%	50%	60%	70%
Implants	60%	60%	60%	60%	70%	70%
Medically Necessary Orthodontia	Not covered	50%	Not covered	50%	Not covered	50%
Child Annual Out-of-Pocket Limit (only applies to in-network)	\$425/child or \$850 for all children under 21				Not covered	
Corrective Orthodontia (optional add-on benefit up to age 19)	50% coinsurance and \$1,500 lifetime maximum					

	Per-Person Rates			
	# of Eligible EEs	Adult	Child	Child with Ortho
2025 Monthly Premiums (contributory rates are based on number of eligible employees and employer contribution**)	Voluntary/1-9	\$38.58	\$29.22	\$30.90
	10-50	\$33.62	\$27.74	\$29.34

*Deductible is waived for all diagnostic and preventive care.

** For groups who contribute to premiums (contributory plans), rates are based on the number of eligible employees. For all other groups, the base rate applies.

For per person rates, adult rates apply to those 21 and older and child rates are up to age 21 as of the group's effective/renewal date. Delta Dental only charges premium for a maximum of three children per subscriber. Child coverage is up to age 26 as of the group's effective/renewal date. Plus policies include the pediatric dental services as required under the Affordable Care Act (ACA). For a detailed description of specific benefits and benefit limitations, see the Benefit Certificate. Percentages shown are what the member pays. For example, if the member's coinsurance is 20%, Delta Dental pays 80%. Plus policies are expected to be certified as qualified health plans.

Rates are effective January 1, 2025 through December 31, 2025, and are subject to Iowa Insurance Division approval and Delta Dental's underwriting guidelines.





Employer Choice Plus (ACA) Plans

Delta Dental Premier®

These plans feature:

- Rich dental benefits with the broadest network of dentists.
- The ACA required benefits for children.
- Different benefits for children and adults.



PLAN B

	Delta Dental Premier*		Out-of-Network Dentist	
	Adult	Child	Adult	Child
Deductible per person per calendar year	\$25*	\$25*	\$50	\$225*
Adult Annual Benefit Maximum per person per calendar year	\$2,000			
Coinsurance paid by member				
Diagnostic and Preventive Care (exams, cleanings, X-rays, periodontal maintenance therapy)	0%	0%	20%	50%
Routine and Restorative Services (cavity repair, tooth extractions, routine oral surgery)	20%	50%	40%	70%
Posterior Composites (tooth-colored filling on back teeth)	50%	60%	60%	70%
Major Restorative Services (root canals, gum and bone disease, crowns, inlays/onlays, bridges, partial and complete dentures)	50%	50%	60%	70%
Implants	60%	60%	70%	70%
Medically Necessary Orthodontia	Not covered	50%	Not covered	50%
Child Annual Out-of-Pocket Limit (only applies to in-network)	\$425/child or \$850 for all children under 21		Not covered	
Corrective Orthodontia (optional add-on benefit up to age 19)	50% coinsurance and \$1,500 lifetime maximum			

	Per-Person Rates			
	# of Eligible EEs	Adult	Child	Child with Ortho
2025 Monthly Premiums (contributory rates are based on number of eligible employees and employer contribution**)	Voluntary/1-9	\$47.28	\$34.74	\$36.50
	10-50	\$42.42	\$33.66	\$35.36

*Deductible is waived for all diagnostic and preventive care.

** For groups who contribute to premiums (contributory plans), rates are based on the number of eligible employees. For all other groups, the base rate applies.

For per person rates, adult rates apply to those 21 and older and child rates are up to age 21 as of the group's effective/renewal date. Delta Dental only charges premium for a maximum of three children per subscriber. Child coverage is up to age 26 as of the group's effective/renewal date. Plus policies include the pediatric dental services as required under the Affordable Care Act (ACA). For a detailed description of specific benefits and benefit limitations, see the Benefit Certificate. Percentages shown are what the member pays. For example, if the member's coinsurance is 20%, Delta Dental pays 80%. Plus policies are expected to be certified as qualified health plans.

Rates are effective January 1, 2025 through December 31, 2025, and are subject to Iowa Insurance Division approval and Delta Dental's underwriting guidelines.



Employee Choice Plans





Employee Choice Plans

Delta Dental PPO Plus Premier™

These plans feature:

- The option for employees to choose the plan that best fits their needs.
- Access to two networks.
- Greatest network discounts when seeing a Delta Dental PPO dentist.



Employee Choice Plans

For employers that want to provide employees with the option to choose the dental plan that works best for them, Delta Dental offers Employee Choice Plans. Employees can choose from six standard plans in three easy steps.

1 Employees pick who to cover.

Employees can choose to cover themselves, a spouse, children or the entire family. All plans have two separate rates — one rate for children up to the age of 21 and one rate for adults 21 and older.

2 Employees choose a plan type.

Employees can choose a plan without (Prime) or with (Plus) the Affordable Care Act (ACA) required dental benefits for children.

PRIME PLANS

- Adults (21 and older) and children (up to age 21) will have the same coinsurance, deductible and annual benefit maximum.
- These plans may complement the employee’s other health benefit coverage.

PLUS PLANS

- Plus plans meet the ACA pediatric dental essential health benefit requirement, which includes maximum out-of-pocket limits, medically necessary orthodontia, and no annual or lifetime benefit maximums for children up to age 21.
- Adults (21 and older) and children (up to age 21) may have different coinsurance and deductibles for dental services.

PRIME PLANS **OR** PLUS PLANS

3 Employees choose from three plans.

Preventive
(Basic)

Preferred
(Popular)

Platinum
(Richest)



The chart below illustrates the different coinsurance, deductibles and annual benefit maximums paid when an adult member sees a Delta Dental PPO™ or Delta Dental Premier® dentist.

Plan Comparison

	Preventive	Preferred	Platinum
Annual Benefit Maximum per person	No Limit	\$1,000	\$2,000
Deductible per person per calendar year	\$50	\$50 – 150*	\$25 – 100*
Coinsurance paid by member			
Diagnostic and Preventive Care (e.g., exams, cleanings, X-rays)	20 – 30%	0%	0 – 20%
Routine and Restorative Services (e.g., cavity repair, extractions)	50%**	50%	20 – 40%
Major Restorative Services (e.g., root canals, bridges, crowns, implants)	Not covered	50 – 60%	50 – 60%
Monthly Premium	\$	\$\$	\$\$\$

Employee Choice Plus Plans include the pediatric dental benefit required by the ACA. Plus plans will have different benefit coinsurance for adults and children. Employee Choice Prime Plans will have the same coinsurance for adults and children.

*Deductible is waived for diagnostic and preventive services.

**Oral surgery and extractions are not covered under the Preventive plan.

2025 Plan Rates

	Preventive		Preferred		Platinum	
	Prime	Plus	Prime	Plus	Prime	Plus
Adult (21 and older)	\$17.10	\$17.10	\$33.86	\$33.86	\$42.32	\$42.32
Child (up to age 21)	\$16.54	\$33.28	\$25.98	\$39.68	\$32.44	\$39.68

Rates are effective January 1, 2025 through December 31, 2025, and are subject to Iowa Insurance Division approval and Delta Dental's underwriting guidelines.





 VISION

Value that's easy to see.

DeltaVision provides a great value in eyecare, while delivering simplified management that saves everyone time. It's a program more than 1,800¹ Iowa businesses have trusted since 2009.



Superior Coverage

FLEXIBLE

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

SIMPLE

- Allows members to bundle vision with dental coverage for convenient simplified billing.
- Coverage accepted at 125,000² providers nationwide — with a choice of independent and retail providers.

COMPREHENSIVE

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

True Customization

DeltaVision plans let your clients:

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

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

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

For One & Sun Plan details and rates, see pages 27 and 28.

¹ Based on April 2024 Delta Dental of Iowa employer data.

² EyeMed National Network, Insight, 2022.

Plan options

Insight + Walmart In-Network	\$10 Lens Copay	\$25 Lens Copay	Materials Only
Benefit Frequency	Calendar year		
Vision Exam (once every calendar year)	\$10 copay	\$10 copay	N/A
Standard Contact Lens Fit & Follow-Up Exam			
Funded	\$0 copay	\$0 copay	N/A
Discounted	Up to \$40	Up to \$40	N/A
Frames (once every two calendar years)	Choice of allowance: \$130/\$150/\$200 20% discount off balance	Choice of allowance: \$130/\$150/\$200 20% discount off balance	Choice of allowance: \$130/\$150/\$200 20% discount off balance
Lens			
Standard Plastic Lens (once every calendar year) - Single Vision, Standard Bifocal, Standard Trifocal and Standard Lenticular	\$10 copay	\$25 copay	\$10 copay
Standard Progressive Lens	\$75 copay	\$90 copay	\$75 copay
Premium Progressive Lens	Copay for Tiers 1/2/3: \$95/\$105/\$120 Tier 4: \$75 copay, plus 80% of charge less \$120	Copay for Tiers 1/2/3: \$110/\$120/\$135 Tier 4: \$90 copay, plus 80% of charge less \$120	Copay for Tiers 1/2/3: \$95/\$105/\$120 Tier 4: \$75 copay, plus 80% of charge less \$120
Lens Options Standard Progressive, Tint, UV Coating, Standard Polycarbonate	Various copayments per lens option — approximately equivalent to a 20% discount		
Premium Anti-Reflective Coating	Copay for Tiers 1/2: \$57/\$68 Tier 3: 80% of retail	Copay for Tiers 1/2: \$57/\$68 Tier 3: 80% of retail	Copay for Tiers 1/2: \$57/\$68 Tier 3: 80% of retail
Contact Lenses (once every calendar year)			
Conventional	Choice of Allowance: \$130/\$150/\$200 15% discount off the balance	Choice of Allowance: \$130/\$150/\$200 15% discount off the balance	Choice of Allowance: \$130/\$150/\$200 15% discount off the balance
Disposable	Balance over \$130/\$150/\$200	Balance over \$130/\$150/\$200	Balance over \$130/\$150/\$200
Medically Necessary	Paid in full	Paid in full	Paid in full
LASIK and PRK Benefit	15% off retail price or 5% off promotional price		

Veratrus Benefit Solutions, Inc. underwrites DeltaVision using the EyeMed Vision Care Insight Network. Veratrus is a wholly owned subsidiary of Delta Dental of Iowa. For more information on Veratrus, visit deltadentalia.com/veratrus.



One & Sun™ Plan

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

Veratus Benefit Solutions, Inc. underwrites DeltaVision using the EyeMed Vision Care Insight Network. Veratus is a wholly owned subsidiary of Delta Dental of Iowa. For more information on Veratus, visit deltadentalia.com/veratus.



Voluntary Plan Rates

	\$10 Lens Copay			\$25 Lens Copay			Materials Only		
Frame Allowance	\$130	\$150	\$200	\$130	\$150	\$200	\$130	\$150	\$200
Fit & Follow-Up	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded			
Four-Tier									
Single	\$7.74 / \$8.44	\$8.14 / \$9.08	\$9.20 / \$10.10	\$6.96 / \$7.64	\$7.28 / \$8.00	\$8.46 / \$9.22	\$5.98	\$6.34	\$7.48
Employee/Spouse	\$14.70 / \$16.06	\$15.48 / \$17.30	\$17.50 / \$19.24	\$13.26 / \$14.48	\$13.90 / \$15.22	\$16.10 / \$17.56	\$11.26	\$12.02	\$14.12
Employee/Child(ren)	\$16.68 / \$18.12	\$17.56 / \$19.58	\$19.84 / \$21.80	\$15.04 / \$16.42	\$15.74 / \$17.24	\$18.22 / \$19.92	\$12.82	\$13.62	\$16.02
Family	\$22.00 / \$23.94	\$23.22 / \$25.86	\$26.18 / \$28.76	\$19.86 / \$21.70	\$20.78 / \$22.78	\$24.06 / \$26.30	\$16.86	\$17.92	\$21.10

Contributory Plan Rates

	\$10 Lens Copay			\$25 Lens Copay			Materials Only		
Frame Allowance	\$130	\$150	\$200	\$130	\$150	\$200	\$130	\$150	\$200
Fit & Follow-Up	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded			
Four-Tier									
Single	\$5.90 / \$6.44	\$6.20 / \$6.94	\$7.02 / \$7.72	\$5.30 / \$5.82	\$5.58 / \$6.10	\$6.46 / \$7.04	\$4.58	\$4.86	\$5.72
Employee/Spouse	\$11.22 / \$12.24	\$11.84 / \$13.20	\$13.36 / \$14.68	\$10.12 / \$ 11.06	\$10.60 / \$11.62	\$12.28 / \$13.40	\$8.62	\$9.16	\$10.78
Employee/Child(ren)	\$12.72 / \$13.84	\$13.40 / \$14.96	\$15.14 / \$16.64	\$11.46 / \$12.54	\$12.02 / \$13.16	\$13.92 / \$15.20	\$9.78	\$10.38	\$12.22
Family	\$16.80 / \$18.28	\$17.72 / \$19.74	\$19.98 / \$21.96	\$15.16 / \$16.54	\$15.86 / \$17.38	\$18.36 / \$20.08	\$12.88	\$13.68	\$16.10

One & Sun™ Vision Rates

	Voluntary	Contributory
Single	\$11.20	\$9.26
Employee/Spouse	\$20.80	\$17.14
Employee/Child(ren)	\$20.62	\$16.46
Family	\$28.52	\$23.02

Veratrus Benefit Solutions, Inc. underwrites DeltaVision using the EyeMed Vision Care Insight Network. Veratrus is a wholly owned subsidiary of Delta Dental of Iowa. For more information on Veratrus, visit deltadentalia.com/veratrus. These monthly rates are effective January 1, 2025, through December 31, 2025, and are subject to Iowa Insurance Division approval. For new groups, rates are good for 24 months from initial enrollment as long as your plan does not change. Contributory plans require employers with 50 or less employees to contribute any amount towards premiums and employers with 51+ employees to have 50 percent participation.





LEGAL

Employees' best defense.

With issues like divorce, child custody, ID theft, living wills and even selling a house, it's no wonder 3 out of 4 employees experience at least one legal event per year.¹



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

100% coverage

Most covered matters paid in full

15,000+ attorneys

Access to a nationwide network

\$\$\$ savings

Save employees thousands on legal fees²

Identity theft protection.

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

HOW IT PROTECTS AGAINST LOSSES RELATED TO IDENTITY THEFT:

- Monitors whether your identity is being bought or sold online
- Provides full-service restoration if your identity is stolen
- Tracks changes to your credit file

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

¹ "How Legal and Financial Issues Impact Employee Wellness." Russell Research for ARAG. February 2017.

² Average cost to employee without legal insurance is based on the average number of attorney hours for ARAG claims incurred in 2018 or 2019 and paid by December 31, 2020, multiplied by \$368 per hour. \$368 is the average hourly rate for a U.S. attorney with 11 to 15 years' experience according to "The Survey of Law Firm Economics: 2018 Edition."

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More productivity and peace of mind.

When expert legal advice is only a phone call away, it saves employees time. In fact, ARAG members save an estimated average of 8.2 hours when dealing with a legal issue, so they can be more productive at work.¹



PLAN OPTIONS

UltimateAdvisor® \$14.23

UltimateAdvisor Plus™ \$24.39

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

¹ 2020 ARAG Plan Member Satisfaction Survey

² Average cost to employee without legal insurance is based on the average number of attorney hours for ARAG claims incurred in 2018 or 2019 and paid by December 31, 2020, multiplied by \$368 per hour. \$368 is the average hourly rate for a U.S. attorney with 11 to 15 years' experience according to "The Survey of Law Firm Economics: 2018 Edition."

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

CONSUMER PROTECTION

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

CRIMINAL MATTERS

- ✓ Juvenile
- ✓ Parental responsibility

DEBT-RELATED MATTERS

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

DRIVING MATTERS

- ✓ License suspension/revocation
- ✓ Traffic tickets

TAX ISSUES

- ✓ IRS tax audit
- ✓ IRS tax collection

FAMILY

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

REAL ESTATE & HOME OWNERSHIP

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

WILL & ESTATE PLANNING

- ✓ Powers of attorney
- ✓ Trusts
- ✓ Wills





 LIFE & DISABILITY

Help during hard times.

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



Affordable financial protection.

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

LIFE INSURANCE

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

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

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

Plan Features

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

Benefits for work-life balance.

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



**Attract
and retain
talent**



**Competitive
benefits at
affordable
prices**



**Convenient
payroll
deduction**



Additional benefits with DeltaLife

EMPLOYEE ASSISTANCE PROGRAM (EAP)

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

TRAVEL ASSISTANCE

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

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



Eligibility and underwriting details.

Use this helpful information to determine group eligibility for coverage.

Group Guidelines

ELIGIBLE GROUPS

1. Employer must be headquartered in Iowa.
2. 1 to 50 benefit-eligible employees (minimum of 2 for life and disability).
3. Minimum number of employees to qualify as a group:
 - a. Must employ one or more people with combined worked hours of 1,560 (as a minimum) in the previous year.
 - b. The following people cannot be included in the calculation:
 - i. Shareholder with more than 2 percent ownership of an S corporation and their spouse
 - ii. Any owner with more than 5 percent ownership and their spouse
 - iii. Seasonal workers (120 or less days per year)
4. Groups formed for the sole purpose of obtaining group insurance are not eligible.

UNDERWRITING RULES

1. Employer is required to sponsor the plan with enrollment maintenance and payroll deductions, regardless of the level of contribution.
2. Only one dental, one vision and one legal plan can be selected by your group.
3. Delta Dental of Iowa is your only carrier for dental and vision benefits.
4. Changes to your dental, vision and legal plans can only be made during the annual renewal period and 15 days prior to the renewal effective date.
5. Group termination notification, as stated in your Delta Dental Group Insurance Policy, must be sent to Delta Dental in writing at least 30 days in advance of the desired termination date.
6. Contract periods are a maximum of 12 consecutive months for new and renewed dental contracts. For vision, contract periods are 24 consecutive months for new and renewal contracts. For legal, contract periods are 12 consecutive months for new and renewal contracts.



Contracts are renewed at the end of each contract period. The contract period may be shortened, if needed, to align with other benefits.

7. If the employee wishes to enroll children in the plan, all eligible children under age 18 must be enrolled, unless they are covered elsewhere.
8. For legal coverage, you, your spouse and dependents are automatically covered when you enroll in the plan.



Dental and Vision Underwriting Guidelines

CONTRIBUTION

Contribution is the amount you, as the employer, contribute toward your employee's premium costs. If you choose to contribute any amount towards premiums and you have 10 or more eligible employees, you will receive the best rates with our contributory dental and vision plans. Employers who offer a defined contribution for benefits are considered contributory. If the level of contribution and/or participation changes, it may impact the rates you are billed. Changes to your plan's premium rate will be made at your annual renewal date.

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

Help your clients maximize their benefits to stay healthy and save money. Visit deltadentalia.com/agents/support for resources.



Enrollment Guidelines

ELIGIBLE EMPLOYEES

The following is a list of qualifying classes of employees. You determine which class or classes of employees are eligible for benefits in your group and all employees within those classes become eligible. You may not offer benefits to selected individuals within a class.

1. Active, permanent, full-time employees. Each employer determines the number of hours required to be considered full time.
2. Owners, partners, sole proprietors and salaried corporate officers, if actively managing the business, having the same fringe benefits, and appearing on official payroll records.
3. Independent sales representatives, if the employer pays Workers' Compensation, fringe benefit premiums, unemployment and Social Security for these employees.
4. Board members, if they are included in the total eligible employee count and required participation and contribution guidelines are applied.
5. Pensioned employees, if included in a formal retirement program.
6. Former employees eligible for benefits under Federal COBRA requirements.

ELIGIBILITY ENROLLMENT REQUIREMENTS

1. Eligible Persons must apply for coverage when initially eligible or with a qualifying event as defined in your benefit documents.
2. If an Eligible Person does not apply for coverage when initially eligible, they will

not be eligible to enroll in the plan until your next anniversary date, unless the election is due to a qualifying event.

3. If an Eligible Person drops coverage, they will not be eligible to re-enroll in the plan until your next anniversary date, unless the election is due to a qualifying event.

Life and Disability Eligibility Requirements

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

Short-Term Disability

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

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

Long-Term Disability

After the elimination period, the benefit will be 60% of covered monthly earnings up to \$6,000 per month. As long as the employee meets the definition of disability and continues to be disabled, this benefit will be paid to the contract duration. A 3/12* pre-existing condition exclusion clause applies.

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



Materials for 2025 Plans

For more information about our coverage options and materials to share, visit the links below:

[RATE SHEET](#)

[EMPLOYER FLYER](#)

[VISION FLYER](#)

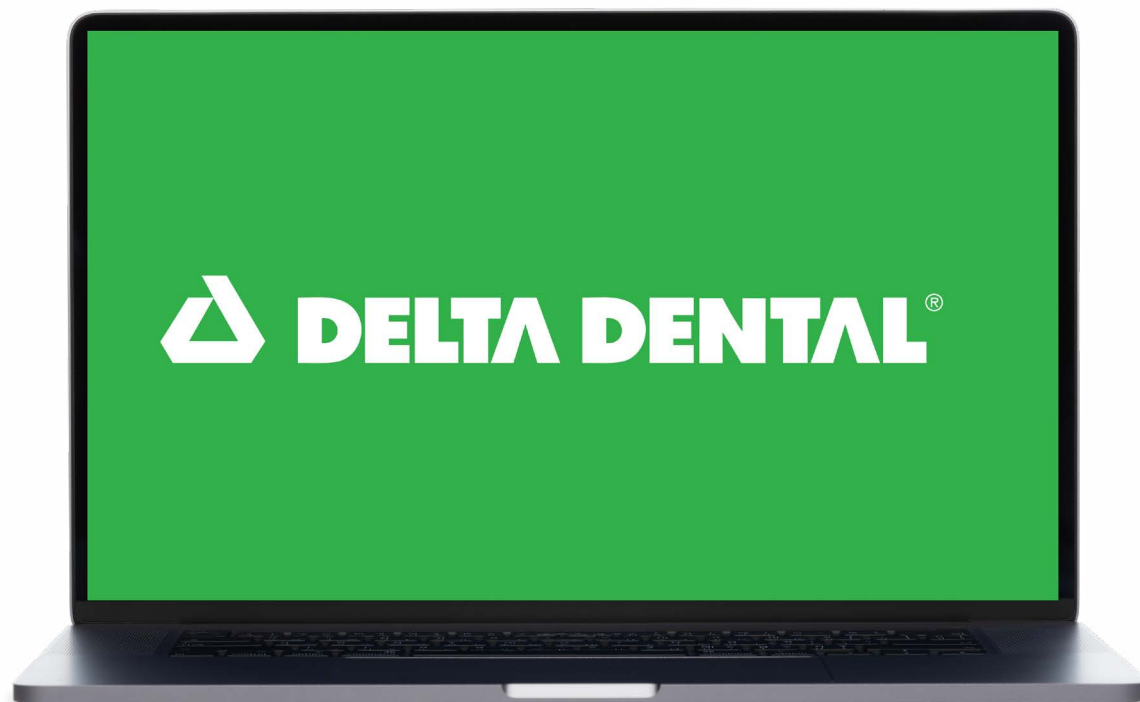
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[TO GO](#)

[PLAN SUMMARY SHEETS](#)

[LEGAL FLYER](#)

[LIFE & DISABILITY FLYER](#)



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Call 877-423-3582



Enroll your clients
through our online
enrollment platform



DeltaVision®

DeltaLife™

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