



# Plans for Small Businesses

NEW YORK — 2018

**Delta Dental PPO<sup>SM</sup>**  
**DeltaCare<sup>®</sup> USA**



# Why choose Delta Dental<sup>1</sup>? It's simple, really.

Employees are a small business owner's greatest investment, and it's difficult to balance protecting employee health and managing a budget. That's why we've specially designed a portfolio of dental plans<sup>2</sup> to help small businesses meet their benefits goals — simply. We deliver valuable dental benefits at affordable rates, we eliminate complicated benefit administration and we cover more than the bare minimum with rich plan designs and optional features.

## The Delta Dental Difference<sup>®</sup>

### Our Small Business Program offers rate stability.

We work hard to keep rates consistent year after year.

Our rates don't include hidden fees or set-up charges, so clients know what to expect from enrollment to claims processing.

We specialize in dental benefits. Our rates reflect the true cost of the plan — no cost shifting to other lines of coverage.

### We design our portfolio of plans to fit any budget.

We offer the power of choice — contribution, network participation, orthodontics and optional features to suit any benefits strategy.

Plan options, such as PPO plus Premier or voluntary coverage, are attractive for employers and employees alike.

Our plans are easy to use and designed to fit any budget — employers can offer quality dental benefits at an affordable cost.

### We keep it simple — from claims to customer service.

Our industry-leading<sup>3</sup> dentist networks make it easy to find network savings.

Our enrollee Online Services offer self-service tools that can answer questions, so small business owners don't have to.

We have dedicated customer service lines, with live representatives to assist enrollees.

We are fast and accurate. Our dental-specific IT platforms process claims with more than 99% accuracy.<sup>4</sup>

**For more information, or to get a client quote, contact your general agent or Delta Dental sales representative today. Go ahead — crunch some numbers!**

<sup>1</sup>Delta Dental of New York, Inc. and its affiliated companies, which are members, or affiliates of members, of the Delta Dental Plans Association

<sup>2</sup>In New York, Delta Dental PPO and DeltaCare USA are underwritten by Delta Dental of New York, Inc.

<sup>3</sup>NetMinder Dental Network Trend Report, March 2017

<sup>4</sup>Delta Dental 2016 Annual Report

# Smiles: A new return on investment

If employees are a small business owner's greatest investment, protecting their smiles could be good for business, since good dental health could mean less expensive dentist visits and missed time at work.<sup>1</sup> But we don't stop at healthy — we've got small businesses covered with key plan features that also make employees happy, which could help in attracting top talent.

## Stand-out features and options<sup>2</sup>

### Delta Dental PPO

Our open network plans combine access with affordability — enrollees can visit any licensed dentist, but usually save the most when visiting a PPO dentist. And, our plans also include attractive benefits like implant coverage and white fillings, plus options and features, like:

### Flexible Plans

We offer small groups options to choose from — like orthodontic coverage and calendar year deductibles and maximums — to help create a benefits package for every objective.

### PPO plus Premier

This feature provides additional network cost protections with our Delta Dental Premier® network. Protections include no unbundling of services or billing above the contracted fee; however, enrollees will usually pay less when visiting a PPO dentist.

### DeltaCare USA

Our copay plans combine convenience with affordability — no deductibles, maximums or claims forms to keep track of. Enrollees pay predefined copayments and we handle the rest. Features include:

### No Surprise Costs

Clearly set copayments eliminate surprise out-of-pocket costs, and there are no hidden fees to worry about.

### Ease of Use

Enrollees visit their assigned DeltaCare USA dentist for all general care. If they require specialty care, their DeltaCare USA dentist will coordinate referrals.

### Orthodontic Treatment-in-Progress Provision

We offer a unique provision that allows patients to continue active treatment<sup>3</sup> with their orthodontist — even if they are not in our provider network.

## Get the best of both with Dual Choice

Want the best of both worlds? Clients who meet underwriting guidelines (see page 9-10 for details) can choose to offer both a PPO and DeltaCare USA plan to their enrollees, offering a choice of network access and affordability in one great benefits package.

<sup>1</sup> Adult Oral Health Survey, Delta Dental Plans Association, January 2017

<sup>2</sup> Features and options listed may vary by plan. Please contact your general agent or Delta Dental sales representative for complete information.

<sup>3</sup> Active treatment means tooth movement has begun. Enrollees are responsible for all copayments and fees under their prior dental plan.

# Delta Dental PPO Benefit Designs<sup>1</sup>

Open network plans combine savings with access to dentists where enrollees need them.

## Employer-Paid Plans (Employer contribution of 50% or more)

Group Size	2-4 Enrolled Employees	5-99 Enrolled Employees							
Plan	PPO 3	PPO 1	PPO 2	PPO 3	PPO 4	PPO A		PPO B	
Coinsurance for	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO	Non-PPO	PPO	Non-PPO
Diagnostic and Preventive (D&P) Services	100%	100%	100%	100%	100%	100%	80%	100%	80%
Basic Services	80%	50%	80%	80%	80%	80%	60%	80%	60%
Major Services	50%	Not covered	Not covered	50%	50%	50%	50%	50%	50%
Endodontics and Periodontics	80%	Not covered	80%	80%	80%	80%	60%	80%	60%
Oral Surgery	80%	Not covered	80%	80%	80%	80%	60%	80%	60%
Orthodontics (Children to age 19)	Not covered	Not covered	Not covered	Not covered	50%	Not covered		50%	
Orthodontic Lifetime Maximum	Not applicable	Not applicable	Not applicable	Not applicable	\$1,000	Not applicable		\$1,000	
Calendar Year Deductible (per enrollee/per family)	\$50/\$150	\$25/\$75	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$75/\$225	\$50/\$150	\$75/\$225
Deductible Waived for D&P?	Yes	Yes	Yes	Yes	Yes	Yes		Yes	
Calendar Year Maximum (per enrollee)	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500	\$1,500	\$1,000	\$1,500	\$1,000
Fee Basis	PPO <sup>2</sup>	PPO <sup>2</sup>	PPO <sup>2</sup>	PPO <sup>2</sup>	PPO <sup>2</sup>	PPO <sup>2</sup>		PPO <sup>2</sup>	
Rate Tier	3 tier	3 tier	3 tier	3 tier	3 tier	3 tier		3 tier	

<sup>1</sup>This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

<sup>2</sup>Reimbursement for all dentists is based on the PPO contracted fee.

# Delta Dental PPO Benefit Designs<sup>1</sup>

Open network plans combine savings with access to dentists where enrollees need them.

## Employer-Paid Plans (Employer contribution of 50% or more)

Group Size	2-4 Enrolled Employees	5-99 Enrolled Employees								
Plan	PPO plus Premier 3	PPO plus Premier 1	PPO plus Premier 2	PPO plus Premier 3	PPO plus Premier 4	PPO plus Premier A		PPO plus Premier B		
Coinsurance for	PPO and non-PPO	PPO	Non-PPO	PPO	Non-PPO					
Diagnostic and Preventive (D&P) Services	100%	100%	100%	100%	100%	100%	80%	100%	80%	
Basic Services	80%	50%	80%	80%	80%	80%	60%	80%	60%	
Major Services	50%	Not covered	Not covered	50%	50%	50%	50%	50%	50%	
Endodontics and Periodontics	80%	Not covered	80%	80%	80%	80%	60%	80%	60%	
Oral Surgery	80%	Not covered	80%	80%	80%	80%	60%	80%	60%	
Orthodontics (Children to age 19)	Not covered	Not covered	Not covered	Not covered	50%	Not covered		50%		
Orthodontic Lifetime Maximum	Not applicable	Not applicable	Not applicable	Not applicable	\$1,000	Not applicable		\$1,000		
Calendar Year Deductible (per enrollee/per family)	\$50/\$150	\$25/\$75	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$75/\$225	\$50/\$150	\$75/\$225	
Deductible Waived for D&P?	Yes	Yes	Yes	Yes	Yes	Yes		Yes		
Calendar Year Maximum <sup>2</sup> (per enrollee)	\$1,000 \$750		\$1,500 \$1,000		\$2,000 \$1,500		\$2,000 \$1,500		\$1,500 \$1,000	
PPO dentist	\$1,000 \$750		\$1,500 \$1,000		\$2,000 \$1,500		\$2,000 \$1,500		\$1,500 \$1,000	
Non- PPO dentist	\$1,000 \$750		\$1,500 \$1,000		\$2,000 \$1,500		\$2,000 \$1,500		\$1,500 \$1,000	
Fee Basis	PPO plus Premier <sup>3</sup>									
Rate Tier	3 tier	3 tier	3 tier	3 tier	3 tier	3 tier	3 tier	3 tier	3 tier	

<sup>1</sup>This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

<sup>2</sup>Calendar year maximum is a single combined maximum amount; in- and out-of-network services do not accrue separately. The calendar year maximum will be higher for enrollees who visit an in-network provider.

<sup>3</sup>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.

# Delta Dental PPO Benefit Designs<sup>1</sup>

Open network plans combine savings with access to dentists where enrollees need them.

## Minimum Participation Base (MPB) Plans (Voluntary — Employer contribution of 0-49%)

Group Size	2-99 Enrolled Employees			
Plan	PPO MPB 1	PPO MPB 2	PPO plus Premier MPB 1	PPO plus Premier MPB 2
Coinsurance for	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO	PPO and non-PPO
Diagnostic and Preventive (D&P) Services	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%
Major Services <sup>2</sup>	Not covered	50%	Not covered	50%
Endodontics and Periodontics <sup>3</sup>	80%	80%	80%	80%
Oral Surgery <sup>3</sup>	80%	80%	80%	80%
Orthodontics	Not covered	Not covered	Not covered	Not covered
Calendar Year Deductible (per enrollee/per family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Deductible Waived for D&P?	Yes	Yes	Yes	Yes
Calendar Year Maximum <sup>4</sup> (per enrollee)				
PPO dentist	\$1,000	\$1,000	\$1,500	\$1,500
Non-PPO dentist	\$1,000	\$1,000	\$1,000	\$1,000
Fee Basis	PPO <sup>5</sup>	PPO <sup>5</sup>	PPO plus Premier <sup>6</sup>	PPO plus Premier <sup>6</sup>
Rate Tier	3 tier	3 tier	3 tier	3 tier

<sup>1</sup> This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

<sup>2</sup> There is a 12-month waiting period for all major services, if covered. The waiting period may be waived for groups with proof of prior comprehensive group dental coverage with no break in coverage.

<sup>3</sup> There is a six-month waiting period for all oral surgery, endodontic and periodontic services. The waiting period may be waived for groups with proof of prior comprehensive group dental coverage with no break in coverage.

<sup>4</sup> Calendar year maximum is a single combined dollar amount; in- and out-of-network services will not accrue separately. The calendar year maximum will be higher for enrollees who visit an in-network provider.

<sup>5</sup> Reimbursement for all dentists is based on the PPO contracted fee.

<sup>6</sup> 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.

# DeltaCare USA Benefit Designs<sup>1</sup>

Our easy to use copay plans have **set copayments**, no annual deductibles and no maximums for covered benefits. Enrollees will visit their selected DeltaCare USA dentist.

## Employer-Paid Or Voluntary Plans

5-99 Enrolled Employees			
Sample Procedures and Enrollee Copayments	Procedure Code <sup>2</sup>	Plan 13A	Plan 15A
Diagnostic			
Periodic oral exam — established patient	D0120	\$0	\$0
Complete series of x-rays	D0210	\$0	\$0
Preventive			
Prophylaxis (cleaning) — adult	D1110	\$0	\$5
Prophylaxis (cleaning) — child	D1120	\$0	\$5
Sealant — per tooth	D1351	\$10	\$15
Restorative			
Amalgam (silver-colored) filling, 1 surface	D2140	\$0	\$8
Resin (tooth-colored) filling front tooth, 1 surface	D2330	\$0	\$22
Resin (tooth-colored) filling back tooth, 1 surface	D2391	\$45	\$65
Crown — porcelain and precious metal	D2750	\$355	\$395
Crown — precious metal	D2790	\$355	\$395
Post and core in addition to crown	D2952	\$95	\$110
Endodontics			
Root canal, front tooth	D3310	\$95	\$125
Root canal, molar tooth	D3330	\$335	\$365
Periodontics			
Periodontal surgery, per quadrant	D4260	\$300	\$385
Periodontal scaling and root planing — four or more teeth per quadrant	D4341	\$50	\$60
Periodontal maintenance	D4910	\$35	\$45
Prosthodontics			
Full upper denture	D5110	\$285	\$365
Partial upper denture — cast metal framework with resin denture bases (w/ clasps, rests and teeth)	D5213	\$315	\$395
Oral and Maxillofacial Surgery			
Extraction (removal) of a fully exposed tooth	D7140	\$5	\$14
Extraction (removal) of fully impacted tooth, completely bony	D7240	\$95	\$120
Orthodontics			
Pediatric services	D8070	\$1,900	\$1,900
Adult services	D8090	\$2,100	\$2,100
Deductible/Annual Lifetime Maximums		None	
Rate Tier		3 tier	

<sup>1</sup>This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

<sup>2</sup>Copayments and procedure descriptions referenced above are intended to clarify the delivery of benefits under the Delta Dental plan and are not to be interpreted as CDT descriptors or nomenclature, which are under copyright by the American Dental Association\*.

# Delta Dental PPO

## Limitations & Exclusions

### Limitations

1. Exams and cleanings<sup>1</sup> are limited to twice each calendar year.
2. Bitewing x-rays are limited to twice each calendar year.
3. Full mouth x-rays are limited to once every three years.
4. Topical fluoride is limited to twice each calendar year for children under age 19.
5. Space maintainers are limited to the initial appliance for children to age 14.
6. Sealants will be replaced only after two years have elapsed following any prior provision. Age limitations may vary.
7. Periodontal scaling and root planing in the same quadrant are limited to once every two years.
8. Crowns, inlays/onlays and prosthodontic appliances (bridges, dentures and implants) are limited to every five years.
9. The orthodontic maximum amount is a lifetime maximum. Benefits are not paid to repair or replace any orthodontic appliance received under a Delta Dental plan.
10. Delta Dental will base payment for optional services on the contract allowance for the covered procedure. Optional services are those elected by the enrollee in lieu of lower-cost conventional services, such as composite instead of amalgam.

### Exclusions

1. Treatment of injuries or illness covered by workers' compensation.
2. Cosmetic surgery or procedures for purely cosmetic reasons.
3. Maxillofacial prosthetics.
4. Provisional and/or temporary restorations for children 16 years of age or younger.
5. Services for congenital (hereditary) or developmental (following birth) malformations.
6. Treatments or devices that increase the vertical dimension of an occlusion, restore an occlusion to normal, replace tooth structure lost by abrasion or erosion, or otherwise.
7. Services provided, supplies furnished or devices started prior to an enrollee's effective eligibility date.
8. Prescription drugs, pre-medication and relative analgesias.
9. Charges for anesthesia, other than general anesthesia or IV sedation, administered by a provider in connection with covered oral surgery or selected endodontic and periodontal surgery.
10. Experimental procedures.
11. Extraoral grafts.
12. Lab-processed crowns for children under age 12.
13. Fixed bridges and removable partials for children under age 16.
14. Indirectly fabricated resin-based inlays/onlays.
15. Missed and/or canceled appointments.

<sup>1</sup>Pregnant enrollees may receive an additional exam and either: one additional cleaning; or periodontal scaling or root planing per quadrant in the calendar year they are pregnant.

# DeltaCare USA

## Limitations & Exclusions

### Limitations

1. Any combination of more than six crowns, bridge pontics and/or bridge retainers may result in additional charges.
2. General anesthesia and/or IV sedation are limited to treatment by a contracted oral surgeon and in conjunction with an approved referral.
3. Coverage for treatment provided by a pediatric dentist requires a referral from the enrollee's selected DeltaCare USA contract dentist.
4. Orthodontic treatment costs for enrollees whose coverage has been terminated or canceled will be based on the contract orthodontist's usual fee for treatment. The contract orthodontist will prorate the amount for the number of months remaining to complete treatment. The enrollee pays the contract orthodontist as arranged.
5. Orthodontic treatment in progress is limited to new DeltaCare USA enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program.

### Exclusions

1. Any procedure not listed under the plan's Description of Benefits and Copayments.
2. Any procedure that, in the professional opinion of the contract dentist, has poor prognosis for a successful result and reasonable longevity (or is inconsistent with generally accepted standards for dentistry).
3. Cosmetic surgery or procedures for purely cosmetic reasons (except external bleaching for home application).
4. Services for congenital (hereditary) or developmental (following birth) malformations except for treatment of newborn children.
5. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures for children under age 16.
6. Lost or stolen appliances.
7. Implant-supported dental appliances.
8. Consultations for non-covered benefits.
9. Dental services received from any dental facility other than the assigned contract dentist or a preauthorized dental specialist, except for emergency services as described in the contract and/or evidence of coverage.
10. All related fees for admission, use or stays in a hospital, outpatient surgery center, extended care facility or other similar care facility.
11. Prescription drugs.
12. Changes in orthodontic treatment necessitated by any kind of accident.

# Delta Dental Small Business Program

## Underwriting Guidelines

### Group Size

#### PPO

2-99 eligible employees

#### DeltaCare USA

5-99 eligible employees

### Eligible Industries

See Eligible Industries page for a complete list of eligible/ineligible industries.

### Eligible Employees

Full-time, permanent employees. Contract employees (category 1099) are not eligible. Employer must submit documentation to verify employer/employee relationship. A group of two cannot be comprised of a dependent relationship (e.g., husband and wife).

### Eligible Dependents

Spouse (or domestic partner, if offered by group) and dependent children up to age 26. Dependents in military service are not eligible.

### Eligible Retirees

Retiree coverage is available in an active employee plan if there is no break in coverage and employer contribution is identical. Coverage must be available to all retirees.

### Out-of-State Enrollees

#### PPO

Eligible employees residing out-of-state may receive care from any licensed dentist, regardless of location.

#### DeltaCare USA

New York enrollees may receive services from their selected dentist in New York, Pennsylvania or New Jersey.

### Employer Contribution (used to determine participation requirements)

Employee contribution must be paid through pre-tax payroll deductions.

#### PPO

Employer-Paid: Employer contributes at least 50% of the cost of the plan.

Minimum Participation Base (MPB): Employer contributes less than 50% of the cost of the plan (employee may contribute up to 100% toward the cost of the plan).

#### DeltaCare USA

Employer-Paid: Employer contributes at least 25% of the cost of the plan.

Voluntary: Employer may contribute up to 24% of the cost of the plan.

### Participation Requirements (unless covered elsewhere)

All plans — If employer contributes 100% of the cost, all eligible employees must enroll. If employer contributes 100% of the cost for dependents, all eligible dependents must be enrolled.

If employer contributes:

#### PPO

0-49% (MPB) — At least 50% of eligible employees or two, whichever is fewer, must enroll.

50-99% (Employer-Paid) — At least 75% of eligible employees or five (two for groups with 2-4 employees), whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

#### DeltaCare USA

0-99% — A minimum of five eligible employees must enroll.

### **Waiving Coverage**

Employees who contribute toward the cost of the premium for themselves and/or their dependents and employees/dependents with coverage elsewhere can waive coverage.

### **Open Enrollment**

Employees who contribute towards the cost of coverage for themselves and/or their dependents, using pretax dollars, may enroll, terminate, change dependent status or switch plans, if dual choice is offered.

### **Termination**

Dental coverage will end on the last day of the month when the primary enrollee is no longer eligible. Dependent coverage ends when a dependent is no longer eligible, or when the primary enrollee's coverage ends.

### **Changing Benefits**

Groups can only change benefits at the policy anniversary (renewal).

### **DeltaCare USA Dentist**

Enrollees must select, and obtain treatment from, a primary care dentist listed as a DeltaCare USA participating dentist in New York, Pennsylvania or New Jersey.

### **Transferring into the Small Business Program**

Existing Delta Dental clients, outside of the Small Business Program, cannot transfer into the Small Business Program.

### **Dual Choice**

Groups can offer PPO and DeltaCare USA plans to employees. The following will apply:

- This feature is not available in combination with another carrier.
- PPO plan must meet the Participation Requirement (as stated on the previous page).
- When enrolling less than 5 eligible employees in PPO, use the 2-4 rates.
- Five eligible employees, at minimum, must enroll in the DeltaCare USA plan.
- Services under the DeltaCare USA plan must be provided in New York, Pennsylvania or New Jersey.
- Primary enrollees and their dependents can switch plans only during open enrollment. Dependents cannot switch independently of the primary enrollee.

### **Waiting Period**

The below waiting periods are applicable only to PPO Minimum Participation Base (MPB) plans:

There is a six-month waiting period for all oral surgery, endodontic and periodontic services.

There is a 12-month waiting period for all major services, if covered.

These may be waived if the group can provide proof of prior comprehensive group dental coverage with no break in coverage.

# Delta Dental PPO

## Eligible/Ineligible Industries<sup>1</sup>

Eligible Industries	SIC Code
<b>Level One</b>	
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
Transportation . . . . .	4000-4799
Communication (Radio, Telephone, TV/Radio Broadcasting) . . . . .	4800-4899
Utilities . . . . .	4900-4999
Wholesale Trade . . . . .	5000-5199
Retail . . . . .	5200-5510, 5610-5699, 5712-5736, 5912-5999
Finance (Banks, Securities, Credit Agencies) . . . . .	6000-6299
Services . . . . .	7100-7220, 7222-7230, 7242-7290, 7300-7318, 7320-7360, 7364-7388, 7390-7630, 7632-7799
Hospitals . . . . .	8062-8069
Public and Private Schools . . . . .	8200-8299
Community Service Organizations/Social Services/Government Funded Group . . . . .	8300-8499
Museums, Art Galleries & Gardens . . . . .	8400-8499
Engineering, Accounting, Research, Management & Related Services . . . . .	8700-8799
Public Administration (excluding International Affairs #9721) . . . . .	9000-9998
<b>Level Two</b> . . . . .	<b>SIC Code</b>
Jewelry Manufacturing . . . . .	3911-3915
Auto Dealerships . . . . .	5511-5599
Restaurants . . . . .	5800-5899
Insurance Carriers/Brokers . . . . .	6300-6499
Real Estate . . . . .	6500-6799
Services . . . . .	7000-7099, 7221, 7291-7299, 7319, 7631
Amusement, Recreation & Entertainment . . . . .	7800-7999
Medical Groups . . . . .	8000-8059 & 8082-8099
Legal . . . . .	8100-8199
Management Carve-out (regardless of industry) . . . . .	9999
<b>Ineligible Industries</b>	<b>SIC Code</b>
Seasonal Employees (Farm Labor & Mgt, Landscape and Horticultural services) . . . . .	0761-0783
Beauty & Barber Shops . . . . .	7231-7241
Employment Agencies . . . . .	7361-7363
Misc. Business Services . . . . .	7389
Dentist offices, Dental Labs and Medical Labs . . . . .	8021, 8071, 8072
Membership Organizations/Associations <sup>2</sup> . . . . .	8600-8699
Private Households . . . . .	8811
Misc. Services not elsewhere classified . . . . .	8999
International Affairs . . . . .	9721
Seasonal Employees (Christmas/Part-time help) . . . . .	No SIC
High Turnover <sup>3</sup> . . . . .	Varies

## Minimum Participation Base PPO Eligible Industries

All

# DeltaCare USA

## Eligible Industries

All except for those identified as ineligible below.

## Ineligible Industries

Legal firms and associations

Seasonal employment

High Turnover<sup>3</sup>

<sup>1</sup> SIC rate level cannot change for renewing business.

<sup>2</sup> Management and the Administrative staff of Associations, Trusts & Religious Organizations are eligible under Level Two. Use SIC Code 9999.

<sup>3</sup> 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.



**Delta Dental of New York, Inc.**

One Delta Drive  
Mechanicsburg, PA 17055

**Regional Sales Contact**

250 West 57th Street, Suite 605  
New York, NY 10107

800-471-7091

[Sales@deltadentalpa.org](mailto:Sales@deltadentalpa.org)

This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Limitations and/or waiting periods may apply for some benefits; some services and procedures may be excluded from the plan. Contact your general agent or consult proposal/solicitation materials for complete information.

**We keep you smiling.®**

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