Small Group Dental Solutions for 2-9 groups

Keep your small business employees smiling with **BIG** dental benefits

DELTA DENTAL



We offer four Small Group Plans for 2-9 employer groups* – Delta Dental Core Plan, Delta Dental Core Plan + Ortho, Delta Dental Enhanced Plan, and Delta Plan D. With these plans, it's easy to get the coverage that employees need to protect their health!

These plans offer great features such as:

- No waiting period on preventive and basic services (All plans)
- Orthodontic coverage (Delta Dental Core Plan + Ortho)
- Two-year rate guarantees

And they still include:

- Access to the largest network of dentists locally and nationally (Delta Dental PPO plus Premier™)*

*Except for Delta Plan D. Delta Plan D is an Exclusive Preferred Organization (EPO) network plan.

Please view the enclosed rate sheet for more details on our new plans.

***PLEASE NOTE:**

These plans do NOT replace our previous small group 2-9 plans. Our previous portfolio plans are still available for renewing groups.

Questions? Contact our Statewide Account Executive for 2-9 groups below!



Alfreda Carrington
Statewide Account Executive 2-9 Groups
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Small Group Dental Solutions 2026 / 2-9 Enrolled Employees

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Plan Selected	Delta Dental Core Plan #7772			Delta Dental Core Plan + Ortho #7773		
Non-EHB Benefits	**Delta Dental PPO**	**Delta Dental Premier/Non-Participation**	**Covered Services**	**Delta Dental PPO**	**Delta Dental Premier/Non-Participation**	**Covered Services**
Diagnostic & Preventive Services	100%	80%	Exams, cleanings, fluoride, space maintainers, palliative treatment, brush biopsy, and sealants	100%	80%	Exams, cleanings, fluoride, space maintainers, palliative treatment, brush biopsy, and sealants
Basic Services	80%	60%	Radiographs, minor restorative services, periodontal maintenance, simple extractions, relines and repairs	80%	60%	Radiographs, minor restorative services, periodontal maintenance, simple extractions, relines and repairs
Major Services	50%	50%	Endodontics, periodontics, other oral surgery, other basic services, major restorative services, prosthodontics, and implants	50%	50%	Endodontics, periodontics, other oral surgery, other basic services, major restorative services, prosthodontics, and implants
Ortho	N/A	N/A	N/A	50%	50%	Available for children up to age 19. $1,000 lifetime maximum.
Maximum (per person, per calendar year)	$1,000			$1,000		
Deductible (per person/per family, per calendar year)	**$50/$150** Applies to basic and major services			**$50/$150** Applies to all services		
Waiting Period	No waiting period			No waiting period on diagnostic, preventive, basic, and major services; 12-month waiting period for ortho		
Single	$35.56			$34.71		
Two Party	$69.38			$70.19		
Family	$122.16			$129.70		

Now offering two-year rate guarantees

To enroll, complete the Group Information Form and return to your Account Executive at Delta Dental along with enrollment information and proof of prior dental coverage (if applicable) and first month's premium. **Questions?** Contact your account executive.

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Small Group Dental Solutions 2026 / 2-9 Enrolled Employees

DELTA DENTAL

Plan Selected	☐ Delta Dental Enhanced Plan #7774*				☐ Delta Plan D #7771**		
Non-EHB Benefits	**Delta Dental PPO**	**Delta Dental Premier/Non-Participation**	**Covered Services**		**Delta Dental PPO**	**Delta Dental Premier/Non-Participation**	**Covered Services**
Diagnostic & Preventive Services	100%	100%	Exams, cleanings, fluoride, space maintainers, palliative treatment, brush biopsy, and sealants		100%	0%**	Exams, cleanings, fluoride, space maintainers, brush biopsy, and sealants
Basic Services	80%	80%	Radiographs, minor restorative services, periodontal maintenance, simple extractions, relines and repairs		80%	0%	Radiographs and minor restorative services
Major Services	50%	50%	Endodontics, periodontics, other oral surgery, other basic services, major restorative services, prosthodontics, and implants		50%	0%	Endodontics, periodontics, periodontal maintenence, simple extractions, other oral surgery, other basic services, relines and repairs, major restorative services, prosthodontics, and implants
Ortho	N/A	N/A	N/A		N/A	N/A	N/A
Maximum (per person, per calendar year)	☐ $1,000		☐ $1,250	☐ $1,500	$750		
Deductible (per person/per family, per calendar year)	**$50/$150** Applies to basic and major services		**$50/$150** Applies to basic and major services	**$50/$150** Applies to basic and major services	**$50/$150** Applies to basic and major services		
Waiting Period	12 months on major services		12 months on major services	12 months on major services	No waiting period		
Single	$45.05		$47.54	$49.16	$29.42		
Two Party	$87.95		$92.67	$95.76	$57.74		
Family	$154.93		$162.26	$167.16	$103.69		

Now offering two-year rate guarantees

To enroll, complete the Group Information Form and return to your Account Executive at Delta Dental along with enrollment information and proof of prior dental coverage (if applicable) and first month's premium. **Questions?** Contact your account executive.

*Out-of-network payments for the Enhanced Plan will be paid at the 90th percentile.

**Delta Plan D coverage requires visiting a PPO network dentist.

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Small Group Dental Solutions 2026 / 2-9 Enrolled Employees

Rates do not include any applicable claims taxes.

Rates are for Non-EHB plans.

*The waiting period can be waived for employees previously enrolled in an equivalent dental plan for the 12 months prior to the client's initial effective date. Proof of prior dental coverage is required with the new Client Information Form for clients who wish to have the waiting periods waived.

Industries Not Eligible (The following industry groups are not eligible for coverage; however, they may be eligible for coverage through our individual product offerings. Contact your Delta Dental sales representative for more information): *1099 Contractors *Beauty/barber shops * Leased employees * Private households * Seasonal work (farming and agricultural labor)

Rates are employer paid, contributory and voluntary coverage

Non-par benefits are included with plans except for Delta Plan D. Ask your Account Executive for details.

Participation Requirements:

Number Eligible:	2	3	4	5	6	7	8	9	10+
Minimum Insured:	2	3	3	4	4	4	5	5	50%

NOTE: Immediate family members must be enrolled on one application and count as one eligible member. At least 75 percent of the employees must be physically located in the state where the contract is held.

DELTA DENTAL®