

Delta Dental PPO™

For groups with 10 to 50 enrolled employees

Plan Year 2022

Rates — New Jersey

Monthly rates valid for effective dates of January 1, 2022 through December 31, 2022. **Rate guarantee:** One year for groups enrolling on or before December 31, 2022. 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 - Atlantic, Cumberland, Gloucester, Monmouth, Salem, Sussex, Union							
	Level 1						
Plan	PPO 1	PPO 2	PPO 3	PPO 4	PPO 5	PPO 6	PPO 7
Deductible/Maximum	A	A	A	A	AA	AA	A
Employee Only	\$9.00	\$21.20	\$34.92	\$34.92	\$42.01	\$42.01	\$30.38
Employee & 1 Dependent	\$17.28	\$40.70	\$67.05	\$71.51	\$80.66	\$85.12	\$58.34
Employee & Family	\$29.35	\$69.15	\$113.93	\$120.85	\$137.04	\$143.97	\$99.12
Deductible/Maximum	B	B	B	B	AB	AB	B
Employee Only	\$10.71	\$22.26	\$36.11	\$36.11	\$43.45	\$43.45	\$32.67
Employee & 1 Dependent	\$20.56	\$42.75	\$69.33	\$73.79	\$83.42	\$87.88	\$62.74
Employee & Family	\$34.93	\$72.63	\$117.80	\$124.72	\$141.73	\$148.66	\$106.59
Deductible/Maximum							
Employee Only							
Employee & 1 Dependent							
Employee & Family							
Deductible/Maximum							
Employee Only							
Employee & 1 Dependent							
Employee & Family							
Deductible/Maximum							
Employee Only							
Employee & 1 Dependent							
Employee & Family							
Deductible/Maximum							
Employee Only							
Employee & 1 Dependent							
Employee & Family							
Deductible/Maximum							
Employee Only							
Employee & 1 Dependent							
Employee & Family							
Deductible/Maximum							
Employee Only							
Employee & 1 Dependent							
Employee & Family							
Deductible/Maximum							
Employee Only							
Employee & 1 Dependent							
Employee & Family							
Deductible/Maximum							
Employee Only							
Employee & 1 Dependent							
Employee & Family							

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. 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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PPO¹ Plans — 50% to 100% Employer Contribution							
Area 1 - Atlantic, Cumberland, Gloucester, Monmouth, Salem, Sussex, Union							
	Level 2						
Plan	PPO 1	PPO 2	PPO 3	PPO 4	PPO 5	PPO 6	PPO 7
Deductible/Maximum	A	A	A	A	AA	AA	A
Employee Only	\$10.40	\$24.49	\$40.36	\$40.36	\$48.54	\$48.54	\$35.11
Employee & 1 Dependent	\$19.96	\$47.03	\$77.48	\$82.64	\$93.21	\$98.36	\$67.41
Employee & Family	\$33.92	\$79.90	\$131.65	\$139.65	\$158.36	\$166.36	\$114.54
Deductible/Maximum	B	B	B	B	AB	AB	B
Employee Only	\$12.37	\$25.73	\$41.73	\$41.73	\$50.21	\$50.21	\$37.76
Employee & 1 Dependent	\$23.76	\$49.40	\$80.12	\$85.27	\$96.39	\$101.55	\$72.49
Employee & Family	\$40.37	\$83.93	\$136.12	\$144.13	\$163.78	\$171.78	\$123.17
Deductible/Maximum			C		AC		C
Employee Only			\$43.53		\$52.38		\$39.04
Employee & 1 Dependent			\$83.59		\$100.58		\$74.96
Employee & Family			\$142.02		\$170.89		\$127.37
Deductible/Maximum			BA		BA <td rowspan="8"></td>		
Employee Only			\$46.54		\$46.54		
Employee & 1 Dependent			\$89.35		\$94.51		
Employee & Family			\$151.82		\$159.82		
Deductible/Maximum			BB		BB		
Employee Only			\$48.12		\$48.12		
Employee & 1 Dependent			\$92.39		\$97.54		
Employee & Family			\$156.97		\$164.98		
Deductible/Maximum			BC				
Employee Only			\$50.21				
Employee & 1 Dependent			\$96.39				
Employee & Family			\$163.78				

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. 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 2 - Bergen, Burlington, Camden, Cape May, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Somerset, Warren							
	Level 1						
Plan	PPO 1	PPO 2	PPO 3	PPO 4	PPO 5	PPO 6	PPO 7
Deductible/Maximum	A	A	A	A	AA	AA	A
Employee Only	\$9.76	\$23.00	\$37.89	\$37.89	\$45.58	\$45.58	\$32.97
Employee & 1 Dependent	\$18.74	\$44.16	\$72.75	\$77.59	\$87.52	\$92.36	\$63.30
Employee & Family	\$31.85	\$75.03	\$123.61	\$131.13	\$148.69	\$156.21	\$107.55
Deductible/Maximum	B	B	B	B	AB	AB	B
Employee Only	\$11.62	\$24.16	\$39.18	\$39.18	\$47.14	\$47.14	\$35.45
Employee & 1 Dependent	\$22.31	\$46.38	\$75.23	\$80.07	\$90.51	\$95.35	\$68.07
Employee & Family	\$37.90	\$78.80	\$127.81	\$135.33	\$153.78	\$161.30	\$115.65
Deductible/Maximum			C		AC		C
Employee Only			\$40.88		\$49.19		\$36.66
Employee & 1 Dependent			\$78.48		\$94.44		\$70.39
Employee & Family			\$133.35		\$160.46		\$119.59
Deductible/Maximum					BA	BA <td rowspan="8"></td>	
Employee Only					\$43.70	\$43.70	
Employee & 1 Dependent					\$83.90	\$88.74	
Employee & Family					\$142.55	\$150.06	
Deductible/Maximum					BB	BB	
Employee Only					\$45.18	\$45.18	
Employee & 1 Dependent					\$86.75	\$91.59	
Employee & Family					\$147.39	\$154.91	
Deductible/Maximum					BC		
Employee Only					\$47.14		
Employee & 1 Dependent					\$90.51		
Employee & Family					\$153.78		

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. 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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PPO¹ Plans — 50% to 100% Employer Contribution							
Area 2 - Bergen, Burlington, Camden, Cape May, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Somerset, Warren							
	Level 2						
Plan	PPO 1	PPO 2	PPO 3	PPO 4	PPO 5	PPO 6	PPO 7
Deductible/Maximum	A	A	A	A	AA	AA	A
Employee Only	\$11.28	\$26.58	\$43.79	\$43.79	\$52.67	\$52.67	\$38.10
Employee & 1 Dependent	\$21.66	\$51.03	\$84.07	\$89.66	\$101.13	\$106.72	\$73.14
Employee & Family	\$36.80	\$86.70	\$142.84	\$151.52	\$171.83	\$180.51	\$124.27
Deductible/Maximum	B	B	B	B	AB	AB	B
Employee Only	\$13.43	\$27.91	\$45.27	\$45.27	\$54.47	\$54.47	\$40.97
Employee & 1 Dependent	\$25.78	\$53.60	\$86.93	\$92.52	\$104.59	\$110.18	\$78.66
Employee & Family	\$43.80	\$91.06	\$147.70	\$156.38	\$177.70	\$186.39	\$133.64
Deductible/Maximum			C		AC		C
Employee Only			\$47.24		\$56.84		\$42.36
Employee & 1 Dependent			\$90.69		\$109.13		\$81.34
Employee & Family			\$154.09		\$185.42		\$138.20
Deductible/Maximum					BA	BA <td rowspan="8"></td>	
Employee Only					\$50.49	\$50.49	
Employee & 1 Dependent					\$96.95	\$102.54	
Employee & Family					\$164.72	\$173.41	
Deductible/Maximum					BB	BB	
Employee Only					\$52.21	\$52.21	
Employee & 1 Dependent					\$100.24	\$105.84	
Employee & Family					\$170.32	\$179.00	
Deductible/Maximum					BC		
Employee Only					\$54.47		
Employee & 1 Dependent					\$104.59		
Employee & Family	\$177.70						

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. 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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PPO¹ Plans — 50% to 100% Employer Contribution				
Area 1 - Atlantic, Cumberland, Gloucester, Monmouth, Salem, Sussex, Union				
	Level 1			
Plan	PPO A	PPO B	PPO C	PPO D
Deductible/Maximum	A	A	A	A
Employee Only	\$29.67	\$29.67	\$36.19	\$36.19
Employee & 1 Dependent	\$56.97	\$61.43	\$69.49	\$73.95
Employee & Family	\$96.79	\$103.72	\$118.07	\$124.99
Deductible/Maximum	B	B	B	B
Employee Only	\$31.36	\$31.36	\$36.74	\$36.74
Employee & 1 Dependent	\$60.22	\$64.68	\$70.55	\$75.01
Employee & Family	\$102.31	\$109.24	\$119.87	\$126.79
Deductible/Maximum	C	C		
Employee Only	\$32.50	\$32.50		
Employee & 1 Dependent	\$62.41	\$66.87		
Employee & Family	\$106.03	\$112.96		
	Level 2			
Plan	PPO A	PPO B	PPO C	PPO D
Deductible/Maximum	A	A	A	A
Employee Only	\$34.29	\$34.29	\$41.82	\$41.82
Employee & 1 Dependent	\$65.83	\$70.98	\$80.30	\$85.46
Employee & Family	\$111.85	\$119.85	\$136.43	\$144.44
Deductible/Maximum	B	B	B	B
Employee Only	\$36.24	\$36.24	\$42.46	\$42.46
Employee & 1 Dependent	\$69.58	\$74.74	\$81.52	\$86.68
Employee & Family	\$118.23	\$126.23	\$138.52	\$146.52
Deductible/Maximum	C	C		
Employee Only	\$37.56	\$37.56		
Employee & 1 Dependent	\$72.11	\$77.27		
Employee & Family	\$122.53	\$130.53		

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% for dependents, all eligible dependents must enroll.
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PPO¹ Plans — 50% to 100% Employer Contribution				
Area 2 - Bergen, Burlington, Camden, Cape May, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Somerset, Warren				
	Level 1			
Plan	PPO A	PPO B	PPO C	PPO D
Deductible/Maximum	A	A	A	A
Employee Only	\$32.19	\$32.19	\$39.27	\$39.27
Employee & 1 Dependent	\$61.81	\$66.65	\$75.40	\$80.24
Employee & Family	\$105.02	\$112.53	\$128.11	\$135.62
Deductible/Maximum	B	B	B	B
Employee Only	\$34.03	\$34.03	\$39.87	\$39.87
Employee & 1 Dependent	\$65.34	\$70.18	\$76.55	\$81.39
Employee & Family	\$111.01	\$118.52	\$130.06	\$137.57
Deductible/Maximum	C	C		
Employee Only	\$35.27	\$35.27		
Employee & 1 Dependent	\$67.71	\$72.55		
Employee & Family	\$115.05	\$122.56		
	Level 2			
Plan	PPO A	PPO B	PPO C	PPO D
Deductible/Maximum	A	A	A	A
Employee Only	\$37.20	\$37.20	\$45.38	\$45.38
Employee & 1 Dependent	\$71.42	\$77.02	\$87.13	\$92.72
Employee & Family	\$121.35	\$130.04	\$148.03	\$156.72
Deductible/Maximum	B	B	B	B
Employee Only	\$39.32	\$39.32	\$46.07	\$46.07
Employee & 1 Dependent	\$75.50	\$81.09	\$88.46	\$94.05
Employee & Family	\$128.28	\$136.96	\$150.29	\$158.97
Deductible/Maximum	C	C		
Employee Only	\$40.75	\$40.75		
Employee & 1 Dependent	\$78.25	\$83.84		
Employee & Family	\$132.94	\$141.63		

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. 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

Plan Year 2022

Rates — New Jersey

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PPO Plus Premier ² Plans - 50% - 100% Employer Contribution											
Area 1 - Atlantic, Cumberland, Gloucester, Monmouth, Salem, Sussex, Union											
	Level 1										
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	PPO Plus Premier 7	PPO Plus Premier 90 ³			
Deductible/Maximum	A	A	A	A	AA	AA	A	A			
Employee Only	\$11.09	\$24.33	\$43.08	\$43.08	\$48.19	\$48.19	\$36.21	\$46.62			
Employee & 1 Dependent	\$21.30	\$46.72	\$82.72	\$87.18	\$92.52	\$96.98	\$69.52	\$89.51			
Employee & Family	\$36.19	\$79.38	\$140.55	\$147.48	\$157.19	\$164.11	\$118.12	\$152.08			
Deductible/Maximum	B	B	B	B	AB	AB	B	B			
Employee Only	\$12.88	\$26.25	\$44.98	\$44.98	\$51.83	\$51.83	\$38.94	\$48.67			
Employee & 1 Dependent	\$24.73	\$50.40	\$86.35	\$90.82	\$99.51	\$103.98	\$74.76	\$93.44			
Employee & Family	\$42.02	\$85.63	\$146.72	\$153.65	\$169.08	\$176.01	\$127.03	\$158.77			
Deductible/Maximum			C		AC		C	C			
Employee Only			\$45.84		\$55.13		\$40.31	\$49.60			
Employee & 1 Dependent			\$88.01		\$105.85		\$77.40	\$95.23			
Employee & Family			\$149.54		\$179.85		\$131.50	\$161.80			
Deductible/Maximum					BA	BA					
Employee Only					\$46.18	\$46.18					
Employee & 1 Dependent					\$88.67	\$93.14					
Employee & Family					\$150.66	\$157.59					
Deductible/Maximum					BB	BB					
Employee Only					\$49.68	\$49.68					
Employee & 1 Dependent					\$95.39	\$99.85					
Employee & Family					\$162.07	\$168.99					
Deductible/Maximum					BC						
Employee Only					\$52.84						
Employee & 1 Dependent					\$101.46						
Employee & Family					\$172.38						

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. 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™

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PPO Plus Premier² Plans - 50% - 100% Employer Contribution									
Area 1 - Atlantic, Cumberland, Gloucester, Monmouth, Salem, Sussex, Union									
	Level 2								
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	PPO Plus Premier 7	PPO Plus Premier 90³	
Deductible/Maximum	A	A	A	A	AA	AA	A	A	
Employee Only	\$12.82	\$28.12	\$49.79	\$49.79	\$55.68	\$55.68	\$41.84	\$53.87	
Employee & 1 Dependent	\$24.61	\$53.99	\$95.59	\$100.75	\$106.91	\$112.06	\$80.34	\$103.43	
Employee & Family	\$41.82	\$91.73	\$162.41	\$170.42	\$181.64	\$189.64	\$136.50	\$175.73	
Deductible/Maximum	B	B	B	B	AB	AB	B	B	
Employee Only	\$14.89	\$30.33	\$51.97	\$51.97	\$59.89	\$59.89	\$45.00	\$56.24	
Employee & 1 Dependent	\$28.58	\$58.24	\$99.79	\$104.94	\$114.99	\$120.15	\$86.39	\$107.98	
Employee & Family	\$48.56	\$98.96	\$169.54	\$177.55	\$195.38	\$203.39	\$146.79	\$183.46	
Deductible/Maximum			C		AC		C	C	
Employee Only			\$52.97		\$57.31				
Employee & 1 Dependent			\$101.70		\$122.32		\$89.43	\$110.04	
Employee & Family			\$172.80		\$207.83		\$151.96	\$186.97	
Deductible/Maximum					BA	BA			
Employee Only					\$53.37	\$53.37			
Employee & 1 Dependent					\$102.47	\$107.62			
Employee & Family					\$174.10	\$182.10			
Deductible/Maximum					BB	BB			
Employee Only					\$57.41	\$57.41			
Employee & 1 Dependent					\$110.22	\$115.38			
Employee & Family					\$187.28	\$195.28			
Deductible/Maximum					BC				
Employee Only					\$61.06				
Employee & 1 Dependent					\$117.24				
Employee & Family					\$199.20				

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. 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 - Bergen, Burlington, Camden, Cape May, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Somerset, Warren								
	Level 1							
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	PPO Plus Premier 7	PPO Plus Premier 90³
Deductible/Maximum	A	A	A	A	AA	AA	A	A
Employee Only	\$12.04	\$26.40	\$46.75	\$46.75	\$52.28	\$52.28	\$39.29	\$50.58
Employee & 1 Dependent	\$23.11	\$50.69	\$89.75	\$94.60	\$100.38	\$105.22	\$75.43	\$97.11
Employee & Family	\$39.27	\$86.13	\$152.50	\$160.01	\$170.55	\$178.07	\$128.17	\$165.00
Deductible/Maximum	B	B	B	B	AB	AB	B	B
Employee Only	\$13.98	\$28.48	\$48.80	\$48.80	\$56.24	\$56.24	\$42.25	\$52.81
Employee & 1 Dependent	\$26.83	\$54.69	\$93.70	\$98.54	\$107.97	\$112.82	\$81.12	\$101.39
Employee & Family	\$45.59	\$92.91	\$159.19	\$166.71	\$183.46	\$190.97	\$137.83	\$172.26
Deductible/Maximum			C		AC		C	C
Employee Only			\$49.74		\$59.82		\$43.74	\$53.82
Employee & 1 Dependent			\$95.50		\$114.85		\$83.97	\$103.33
Employee & Family			\$162.25		\$195.14		\$142.68	\$175.56
Deductible/Maximum					BA	BA <td colspan="2" rowspan="4"></td>		
Employee Only					\$50.11	\$50.11		
Employee & 1 Dependent					\$96.21	\$101.05		
Employee & Family					\$163.47	\$170.98		
Deductible/Maximum					BB	BB <td colspan="2" rowspan="4"></td>		
Employee Only					\$53.90	\$53.90		
Employee & 1 Dependent					\$103.49	\$108.34		
Employee & Family					\$175.84	\$183.36		
Deductible/Maximum					BC			
Employee Only					\$57.33			
Employee & 1 Dependent					\$110.08			
Employee & Family					\$187.04			

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. 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 Premier ² Plans - 50% - 100% Employer Contribution								
Area 2 - Bergen, Burlington, Camden, Cape May, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Somerset, Warren								
	Level 2							
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	PPO Plus Premier 7	PPO Plus Premier 90 ³
Deductible/Maximum	A	A	A	A	AA	AA	A	A
Employee Only	\$13.91	\$30.51	\$54.02	\$54.02	\$60.41	\$60.41	\$45.40	\$58.45
Employee & 1 Dependent	\$26.70	\$58.58	\$103.72	\$109.31	\$116.00	\$121.59	\$87.17	\$112.22
Employee & Family	\$45.37	\$99.53	\$176.22	\$184.90	\$197.08	\$205.77	\$148.10	\$190.67
Deductible/Maximum	B	B	B	B	AB	AB	B	B
Employee Only	\$16.15	\$32.91	\$56.39	\$56.39	\$64.98	\$64.98	\$48.82	\$61.02
Employee & 1 Dependent	\$31.01	\$63.19	\$108.27	\$113.86	\$124.77	\$130.37	\$93.74	\$117.16
Employee & Family	\$52.69	\$107.37	\$183.96	\$192.64	\$211.99	\$220.68	\$159.27	\$199.06
Deductible/Maximum			C		AC		C	C
Employee Only			\$57.47		\$69.12		\$50.54	\$62.19
Employee & 1 Dependent			\$110.35		\$132.72		\$97.04	\$119.40
Employee & Family			\$187.49		\$225.49		\$164.87	\$202.87
Deductible/Maximum					BA	BA		
Employee Only					\$57.91	\$57.91		
Employee & 1 Dependent					\$111.18	\$116.77		
Employee & Family					\$188.90	\$197.58		
Deductible/Maximum					BB	BB		
Employee Only					\$62.29	\$62.29		
Employee & 1 Dependent					\$119.59	\$125.19		
Employee & Family					\$203.20	\$211.88		
Deductible/Maximum					BC			
Employee Only					\$66.25			
Employee & 1 Dependent					\$127.21			
Employee & Family					\$216.13			

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. 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

Plan Year 2022

Rates — New Jersey

Monthly rates valid for effective dates of January 1, 2022 through December 31, 2022. **Rate guarantee:** One year for groups enrolling on or before December 31, 2022. Rates are guaranteed from the effective date. Monthly rates are based on the location of the group's headquarters.

PPO Plus Premier ² Plans - 50% - 100% Employer Contribution				
Area 1 - Atlantic, Cumberland, Gloucester, Monmouth, Salem, Sussex, Union				
	Level 1			
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	\$33.03	\$33.03	\$39.31	\$39.31
Employee & 1 Dependent	\$63.42	\$67.88	\$75.48	\$79.94
Employee & Family	\$107.75	\$114.67	\$128.24	\$135.16
Deductible/Maximum	B	B	B	B
Employee Only	\$35.42	\$35.42	\$42.25	\$42.25
Employee & 1 Dependent	\$68.01	\$72.47	\$81.11	\$85.58
Employee & Family	\$115.55	\$122.48	\$137.82	\$144.74
Deductible/Maximum	C	C	C	C
Employee Only	\$36.94	\$36.94	\$43.46	\$43.46
Employee & 1 Dependent	\$70.92	\$75.38	\$83.45	\$87.91
Employee & Family	\$120.50	\$127.42	\$141.79	\$148.71
	Level 2			
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	\$38.17	\$38.17	\$45.42	\$45.42
Employee & 1 Dependent	\$73.28	\$78.44	\$87.22	\$92.37
Employee & Family	\$124.51	\$132.51	\$148.19	\$156.19
Deductible/Maximum	B	B	B	B
Employee Only	\$40.93	\$40.93	\$48.82	\$48.82
Employee & 1 Dependent	\$78.59	\$83.74	\$93.73	\$98.89
Employee & Family	\$133.52	\$141.53	\$159.26	\$167.26
Deductible/Maximum	C	C	C	C
Employee Only	\$42.68	\$42.68	\$50.22	\$50.22
Employee & 1 Dependent	\$81.95	\$87.11	\$96.43	\$101.59
Employee & Family	\$139.24	\$147.24	\$163.84	\$171.84

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. 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

Plan Year 2022

Rates — New Jersey

Monthly rates valid for effective dates of January 1, 2022 through December 31, 2022. **Rate guarantee:** One year for groups enrolling on or before December 31, 2022. Rates are guaranteed from the effective date. Monthly rates are based on the location of the group's headquarters.

PPO Plus Premier ² Plans - 50% - 100% Employer Contribution				
Area 2 - Bergen, Burlington, Camden, Cape May, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Somerset, Warren				
Level 1				
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	\$35.84	\$35.84	\$42.65	\$42.65
Employee & 1 Dependent	\$68.81	\$73.65	\$81.89	\$86.73
Employee & Family	\$116.91	\$124.42	\$139.14	\$146.65
Deductible/Maximum	B	B	B	B
Employee Only	\$38.43	\$38.43	\$45.84	\$45.84
Employee & 1 Dependent	\$73.79	\$78.63	\$88.01	\$92.85
Employee & Family	\$125.37	\$132.89	\$149.54	\$157.05
Deductible/Maximum	C	C	C	C
Employee Only	\$40.08	\$40.08	\$47.16	\$47.16
Employee & 1 Dependent	\$76.95	\$81.79	\$90.54	\$95.39
Employee & Family	\$130.74	\$138.25	\$153.84	\$161.35
Level 2				
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	\$41.41	\$41.41	\$49.29	\$49.29
Employee & 1 Dependent	\$79.51	\$85.11	\$94.63	\$100.22
Employee & Family	\$135.09	\$143.78	\$160.78	\$169.47
Deductible/Maximum	B	B	B	B
Employee Only	\$44.41	\$44.41	\$52.97	\$52.97
Employee & 1 Dependent	\$85.27	\$90.86	\$101.70	\$107.30
Employee & Family	\$144.88	\$153.56	\$172.80	\$181.48
Deductible/Maximum	C	C	C	C
Employee Only	\$46.31	\$46.31	\$54.49	\$54.49
Employee & 1 Dependent	\$88.92	\$94.51	\$104.63	\$110.22
Employee & Family	\$151.08	\$159.76	\$177.77	\$186.45

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. 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™

For groups with 10 to 50 enrolled employees

Plan Year 2022

Rates — New Jersey

Monthly rates valid for effective dates of January 1, 2022 through December 31, 2022. **Rate guarantee:** One year for groups enrolling on or before December 31, 2022. Rates are guaranteed from the effective date. Monthly rates are based on the location of the group's headquarters.

PPO¹ Voluntary Plans - 0% to 49% Employer Contribution						
Area 1 - Atlantic, Cumberland, Gloucester, Monmouth, Salem, Sussex, Union						
Level 1						
Plan	PPO V1	PPO V2	PPO V3	PPO V4	PPO V5	PPO V6
Deductible/Maximum	A	A	A		A	A
Employee Only	\$10.69	\$38.05	\$38.62		\$36.10	\$25.18
Employee & 1 Dependent	\$20.53	\$73.06	\$74.15		\$69.30	\$48.35
Employee & Family	\$34.87	\$124.13	\$125.99		\$117.75	\$82.15
Deductible/Maximum	B	B	B		B	B
Employee Only	\$12.71	\$41.48	\$42.10		\$38.82	\$26.45
Employee & 1 Dependent	\$24.41	\$79.65	\$80.84		\$74.53	\$50.78
Employee & Family	\$41.48	\$135.33	\$137.35		\$126.63	\$86.28
Deductible/Maximum		C	C	C	C	
Employee Only		\$42.89	\$43.53	\$42.89	\$40.14	
Employee & 1 Dependent		\$82.35	\$83.59	\$87.65	\$77.07	
Employee & Family		\$139.92	\$142.02	\$148.14	\$130.95	
	Level 2					
Plan	PPO V1	PPO V2	PPO V3	PPO V4	PPO V5	PPO V6
Deductible/Maximum	A	A	A		A	A
Employee Only	\$12.35	\$43.97	\$44.63		\$41.71	\$29.10
Employee & 1 Dependent	\$23.72	\$84.42	\$85.69		\$80.09	\$55.87
Employee & Family	\$40.30	\$143.44	\$145.59		\$136.07	\$94.93
Deductible/Maximum	B	B	B		B	B
Employee Only	\$14.69	\$47.94	\$48.65		\$44.86	\$30.56
Employee & 1 Dependent	\$28.21	\$92.04	\$93.41		\$86.12	\$58.68
Employee & Family	\$47.93	\$156.38	\$158.71		\$146.33	\$99.71
Deductible/Maximum		C	C	C	C	
Employee Only		\$49.56	\$50.31	\$49.56	\$46.38	
Employee & 1 Dependent		\$95.16	\$96.59	\$101.28	\$89.06	
Employee & Family		\$161.68	\$164.11	\$171.19	\$151.32	

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 0-49% (Voluntary) — At least 25% of all eligible employees must enroll.

Delta Dental PPO™

For groups with 10 to 50 enrolled employees

Plan Year 2022

Rates — New Jersey

Monthly rates valid for effective dates of January 1, 2022 through December 31, 2022. **Rate guarantee:** One year for groups enrolling on or before December 31, 2022. Rates are guaranteed from the effective date. Monthly rates are based on the location of the group's headquarters.

PPO¹ Voluntary Plans - 0% to 49% Employer Contribution						
Area 2 - Bergen, Burlington, Camden, Cape May, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Somerset, Warren						
Level 1						
Plan	PPO V1	PPO V2	PPO V3	PPO V4	PPO V5	PPO V6
Deductible/Maximum	A	A	A		A	A
Employee Only	\$11.60	\$41.29	\$41.90		\$39.16	\$27.32
Employee & 1 Dependent	\$22.27	\$79.27	\$80.46		\$75.20	\$52.46
Employee & Family	\$37.84	\$134.68	\$136.70		\$127.76	\$89.13
Deductible/Maximum	B	B	B		B	B
Employee Only	\$13.80	\$45.01	\$45.68		\$42.12	\$28.70
Employee & 1 Dependent	\$26.49	\$86.42	\$87.71		\$80.87	\$55.10
Employee & Family	\$45.00	\$146.83	\$149.02		\$137.40	\$93.62
Deductible/Maximum		C	C	C	C	
Employee Only		\$46.54	\$47.24	\$46.54	\$43.55	
Employee & 1 Dependent		\$89.35	\$90.69	\$95.10	\$83.62	
Employee & Family		\$151.81	\$154.09	\$160.74	\$142.08	
	Level 2					
Plan	PPO V1	PPO V2	PPO V3	PPO V4	PPO V5	PPO V6
Deductible/Maximum	A	A	A		A	A
Employee Only	\$13.40	\$47.71	\$48.42		\$45.26	\$31.57
Employee & 1 Dependent	\$25.73	\$91.60	\$92.97		\$86.89	\$60.62
Employee & Family	\$43.73	\$155.63	\$157.96		\$147.64	\$103.00
Deductible/Maximum	B	B	B		B	B
Employee Only	\$15.94	\$52.01	\$52.79		\$48.67	\$33.16
Employee & 1 Dependent	\$30.61	\$99.86	\$101.35		\$93.44	\$63.67
Employee & Family	\$52.00	\$169.67	\$172.20		\$158.77	\$108.18
Deductible/Maximum		C	C	C	C	
Employee Only		\$53.78	\$54.58	\$53.78	\$50.33	
Employee & 1 Dependent		\$103.25	\$104.80	\$109.89	\$96.63	
Employee & Family		\$175.43	\$178.06	\$185.74	\$164.18	

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 0-49% (Voluntary) — At least 25% of all eligible employees must enroll.

Delta Dental PPO Plus Premier™

For groups with 10 to 50 enrolled employees

Plan Year 2022

Rates — New Jersey

Monthly rates valid for effective dates of January 1, 2022 through December 31, 2022. Rate guarantee: One year for groups enrolling on or before December 31, 2022. Rates are guaranteed from the effective date. Monthly rates are based on the location of the group's headquarters.

PPO Plus Premier ² Plans - 50% - 100% Employer Contribution					
Area 1 - Atlantic, Cumberland, Gloucester, Monmouth, Salem, Sussex, Union					
	Level 1				
Plan	PPO Plus Premier V1	PPO Plus Premier V2	PPO Plus Premier V3	PPO Plus Premier V5	PPO Plus Premier V6
Deductible/Maximum	A	A	A	A	A
Employee Only	\$13.18	\$47.58	\$48.29	\$43.02	\$28.91
Employee & 1 Dependent	\$25.30	\$91.36	\$92.72	\$82.59	\$55.50
Employee & Family	\$42.98	\$155.22	\$157.54	\$140.33	\$94.30
Deductible/Maximum	B	B	B	B	B
Employee Only	\$15.30	\$51.18	\$51.95	\$46.26	\$31.19
Employee & 1 Dependent	\$29.38	\$98.26	\$99.73	\$88.82	\$59.88
Employee & Family	\$49.91	\$166.96	\$169.46	\$150.91	\$101.73
Deductible/Maximum				C	
Employee Only Employee & 1 Dependent Employee & Family				\$47.89 \$91.95 \$156.22	
	Level 2				
Plan	PPO Plus Premier V1	PPO Plus Premier V2	PPO Plus Premier V3	PPO Plus Premier V5	PPO Plus Premier V6
Deductible/Maximum	A	A	A	A	A
Employee Only	\$15.23	\$54.98	\$55.81	\$49.71	\$33.40
Employee & 1 Dependent	\$29.23	\$105.57	\$107.15	\$95.44	\$64.14
Employee & Family	\$49.67	\$179.37	\$182.05	\$162.16	\$108.97
Deductible/Maximum	B	B	B	B	B
Employee Only	\$17.68	\$59.14	\$60.03	\$53.46	\$36.04
Employee & 1 Dependent	\$33.94	\$113.55	\$115.25	\$102.64	\$69.19
Employee & Family	\$57.67	\$192.93	\$195.82	\$174.38	\$117.56
Deductible/Maximum				C	
Employee Only Employee & 1 Dependent Employee & Family				\$60.03 \$115.25 \$195.82	

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 0-49% (Voluntary) — At least 25% of all eligible employees must enroll.

Delta Dental PPO Plus Premier™

For groups with 10 to 50 enrolled employees

Plan Year 2022

Rates — New Jersey

Monthly rates valid for effective dates of January 1, 2022 through December 31, 2022. **Rate guarantee:** One year for groups enrolling on or before December 31, 2022. Rates are guaranteed from the effective date. Monthly rates are based on the location of the group's headquarters.

PPO Plus Premier² Plans - 50% - 100% Employer Contribution					
Area 2 - Bergen, Burlington, Camden, Cape May, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Somerset, Warren					
	Level 1				
Plan	PPO Plus Premier V1	PPO Plus Premier V2	PPO Plus Premier V3	PPO Plus Premier V5	PPO Plus Premier V6
Deductible/Maximum	A	A	A	A	A
Employee Only	\$14.30	\$51.63	\$52.40	\$46.67	\$31.37
Employee & 1 Dependent	\$27.45	\$99.12	\$100.61	\$89.61	\$60.22
Employee & Family	\$46.64	\$168.42	\$170.94	\$152.26	\$102.32
Deductible/Maximum	B	B	B	B	B
Employee Only	\$16.60	\$55.53	\$56.36	\$50.19	\$33.84
Employee & 1 Dependent	\$31.87	\$106.62	\$108.21	\$96.37	\$64.97
Employee & Family	\$54.15	\$181.15	\$183.86	\$163.74	\$110.38
Deductible/Maximum				C	
Employee Only				\$51.96	
Employee & 1 Dependent				\$99.76	
Employee & Family	\$169.50				
	Level 2				
Plan	PPO Plus Premier V1	PPO Plus Premier V2	PPO Plus Premier V3	PPO Plus Premier V5	PPO Plus Premier V6
Deductible/Maximum	A	A	A	A	A
Employee Only	\$16.52	\$59.66	\$60.55	\$53.93	\$36.24
Employee & 1 Dependent	\$31.72	\$114.54	\$116.26	\$103.55	\$69.59
Employee & Family	\$53.89	\$194.62	\$197.53	\$175.95	\$118.24
Deductible/Maximum	B	B	B	B	B
Employee Only	\$19.18	\$64.17	\$65.13	\$58.00	\$39.10
Employee & 1 Dependent	\$36.83	\$123.20	\$125.05	\$111.36	\$75.07
Employee & Family	\$62.58	\$209.33	\$212.46	\$189.21	\$127.55
Deductible/Maximum				C	
Employee Only				\$60.04	
Employee & 1 Dependent				\$115.28	
Employee & Family	\$195.87				

Participation requirements:

- If employer contributes 100% for employee, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 0-49% (Voluntary) - At least 25% of all eligible employees must enroll.

Delta Dental Pediatric & EHB Family PPO™

For groups with 10 to 50 enrolled employees

Plan Year 2022

Rates — New Jersey

Monthly rates valid for effective dates of January 1, 2022 through December 31, 2022. **Rate guarantee:** One year for groups enrolling on or before December 31, 2022. Rates are guaranteed from the effective date. Monthly rates are based on the location of the group's headquarters.

Plan	Basic Pediatric PPO Plan	Enhanced Pediatric PPO Plan	Basic Pediatric PPO Plus Premier Plan	Enhanced Pediatric PPO Plus Premier Plan
1 Pediatric Enrollee	\$28.60	\$32.00	\$36.76	\$42.33
2 Pediatric Enrollees	\$57.20	\$64.00	\$73.53	\$84.67
3 or more Pediatric Enrollees	\$85.80	\$96.00	\$110.29	\$127.00

Plan	EHB Enhanced Family PPO Plan III	EHB Enhanced Family PPO Plan III (1500)
Employee Only	\$41.99	\$45.69
Employee & 1 Dependent	\$83.96	\$91.38
Employee & Family	\$159.53	\$166.95

Participation requirements:

- All plans — If employer contributes 100% of the cost, all eligible employees must enroll, regardless of whether they are covered by another dental plan. If employer contributes 100% of the cost for dependents, all eligible dependents must be enrolled. For Pediatric EHB plans, all eligible dependents must enroll when this plan is offered.
- If employer contributes: (not applicable to Pediatric EHB plans)
- 0-49% (Voluntary) — At least 25% of all eligible employees must enroll.
- 50-99% (Employer-Paid) — At least 75% of eligible employees or 10, whichever is greater. At least 50% of employees with dependents must enroll their dependents.

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

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

²Reimbursement 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.

³Reimbursement for covered services is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists, and up to the 90th percentile of the UCR for dentists that are not in the Delta Dental network.

Delta Dental PPO™

Eligible/ineligible industries¹ (not applicable to Pediatric and EHB Family PPO plans)

Eligible industries

Level One	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 and 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, 7320-7388, 7390-7630, 7632-7799
Employment Agencies (Management and Administrative Staff Only)	7361-7363
Hospitals	8062-8069
Medical Labs and Dental Labs	8071-8072
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
Level Two	SIC code
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
Beauty and Barber Shops	7231-7241
Amusement, Recreation and Entertainment	7800-7999
Medical Groups	8000-8059 & 8082-8099
Legal	8100-8199
Private Schools (Elementary and High School)	8200-8299
Engineering, Accounting, Research, Management and Related Services	8700-8799
International Affairs	9721
Management Carve-out (regardless of industry)	9999

Ineligible industries

	SIC code
Seasonal Employees (Farm Labor and Management, Landscape and Horticultural Services)	0761-0783
Staff Placed By Employment Agencies	7361-7363
Miscellaneous Business Services	7389
Dentist Offices	8021
Public Schools (Elementary and High School) ²	8200-8299
Members of Membership Organizations/Associations	8600-8699
Private Households	8811
Miscellaneous 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.