

# Delta Dental PPO™

For groups with 2 to 9 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 Plans — 50% to 100% Employer Contribution                            |                   |         |          |          |          |
|---|-------------------|---------|----------|----------|----------|
| Area 1 - Atlantic, Cumberland, Gloucester, Monmouth, Salem, Sussex, Union |                   |         |          |          |          |
|   | Level 1           |         |          |          |          |
| Plan  | PPO 1<br>P&D Only | PPO 2   | PPO 3    | PPO 5    | PPO 7    |
| Deductible/Maximum  | A                 | A       | A        | A        | A        |
| Employee Only   | \$10.28           | \$24.21 | \$39.89  | \$47.99  | \$34.23  |
| Employee & 1 Dependent  | \$19.74           | \$46.48 | \$76.59  | \$92.14  | \$65.72  |
| Employee & Family   | \$33.54           | \$78.98 | \$130.13 | \$156.55 | \$111.66 |
| Deductible/Maximum  | B                 | B       | B        | B        | B        |
| Employee Only   | \$12.23           | \$25.43 | \$41.24  | \$49.62  | \$37.33  |
| Employee & 1 Dependent  | \$23.48           | \$48.83 | \$79.18  | \$95.28  | \$71.66  |
| Employee & Family   | \$39.90           | \$82.96 | \$134.53 | \$161.88 | \$121.76 |
| Deductible/Maximum  |                   |         |          |          | C        |
| Employee Only   |                   |         |          |          | \$38.59  |
| Employee & 1 Dependent  |                   |         |          |          | \$74.09  |
| Employee & Family   |                   |         |          |          | \$125.88 |
|   | Level 2           |         |          |          |          |
| Plan  | PPO 1<br>P&D Only | PPO 2   | PPO 3    | PPO 5    | PPO 7    |
| Deductible/Maximum  | A                 | A       | A        | A        | A        |
| Employee Only   | \$11.88           | \$27.98 | \$46.10  | \$55.45  | \$39.55  |
| Employee & 1 Dependent  | \$22.81           | \$53.71 | \$88.50  | \$106.47 | \$75.94  |
| Employee & Family   | \$38.75           | \$91.26 | \$150.37 | \$180.90 | \$129.02 |
| Deductible/Maximum  | B                 | B       | B        | B        | B        |
| Employee Only   | \$14.13           | \$29.39 | \$47.66  | \$57.34  | \$43.13  |
| Employee & 1 Dependent  | \$27.13           | \$56.43 | \$91.50  | \$110.10 | \$82.81  |
| Employee & Family   | \$46.10           | \$95.87 | \$155.46 | \$187.06 | \$140.70 |
| Deductible/Maximum  |                   |         |          |          | C        |
| Employee Only   |                   |         |          |          | \$44.59  |
| Employee & 1 Dependent  |                   |         |          |          | \$85.61  |
| Employee & Family   |                   |         |          |          | \$145.46 |

### 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 two for groups with 2-9 employees, whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

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## Rates — New Jersey

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| PPO <sup>1</sup> 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<br>P&D Only | PPO 2    | PPO 3    | PPO 5    | PPO 7    |
| Deductible/Maximum   | A                 | A        | A        | A        | A        |
| Employee Only  | \$11.15           | \$26.27  | \$43.28  | \$52.07  | \$37.14  |
| Employee & 1 Dependent   | \$21.42           | \$50.43  | \$83.10  | \$99.77  | \$71.30  |
| Employee & Family  | \$36.39           | \$85.69  | \$141.19 | \$169.86 | \$121.15 |
| Deductible/Maximum   | B                 | B        | B        | B        | B        |
| Employee Only  | \$13.27           | \$27.59  | \$44.75  | \$53.84  | \$40.50  |
| Employee & 1 Dependent   | \$25.48           | \$52.98  | \$85.91  | \$103.38 | \$77.76  |
| Employee & Family  | \$43.29           | \$90.02  | \$145.97 | \$175.64 | \$132.11 |
| Deductible/Maximum   |                   |          |          |          | C        |
| Employee Only  |                   |          |          |          | \$41.87  |
| Employee & 1 Dependent   |                   |          |          |          | \$80.39  |
| Employee & Family  |                   |          |          |          | \$136.59 |
|  | Level 2           |          |          |          |          |
| Plan   | PPO 1<br>P&D Only | PPO 2    | PPO 3    | PPO 5    | PPO 7    |
| Deductible/Maximum   | A                 | A        | A        | A        | A        |
| Employee Only  | \$12.89           | \$30.35  | \$50.01  | \$60.17  | \$42.91  |
| Employee & 1 Dependent   | \$24.75           | \$58.28  | \$96.03  | \$115.52 | \$82.39  |
| Employee & Family  | \$42.05           | \$99.02  | \$163.16 | \$196.28 | \$139.99 |
| Deductible/Maximum   | B                 | B        | B        | B        | B        |
| Employee Only  | \$15.33           | \$31.89  | \$51.71  | \$62.22  | \$46.80  |
| Employee & 1 Dependent   | \$29.44           | \$61.22  | \$99.28  | \$119.46 | \$89.85  |
| Employee & Family  | \$50.02           | \$104.02 | \$168.68 | \$202.96 | \$152.67 |
| Deductible/Maximum   |                   |          |          |          | C        |
| Employee Only  |                   |          |          |          | \$48.38  |
| Employee & 1 Dependent   |                   |          |          |          | \$92.89  |
| Employee & Family  |                   |          |          |          | \$157.83 |

### 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 two for groups with 2-9 employees, whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

# Delta Dental PPO Plus Premier™

For groups with 2 to 9 enrolled employees

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 <sup>2</sup> 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 5 | PPO Plus Premier 7 | PPO Plus Premier 90 <sup>3</sup> |  |
| Deductible/Maximum  | A                           | A                  | A                  | AA                 | A                  | A                                |  |
| Employee Only   | \$12.67                     | \$27.79            | \$45.76            | \$55.04            | \$39.82            | \$49.51                          |  |
| Employee & 1 Dependent  | \$24.33                     | \$53.37            | \$87.85            | \$105.67           | \$76.45            | \$95.06                          |  |
| Employee & Family   | \$41.34                     | \$90.67            | \$149.27           | \$179.55           | \$129.89           | \$161.51                         |  |
| Deductible/Maximum  | B                           | B                  | B                  | AB                 | B                  | B                                |  |
| Employee Only   | \$14.71                     | \$29.98            | \$49.21            | \$59.19            | \$42.82            | \$53.25                          |  |
| Employee & 1 Dependent  | \$28.24                     | \$57.57            | \$94.49            | \$113.65           | \$82.21            | \$102.23                         |  |
| Employee & Family   | \$47.99                     | \$97.81            | \$160.54           | \$193.09           | \$139.68           | \$173.70                         |  |
| Deductible/Maximum  |                             |                    | C                  | AC                 | C                  | C                                |  |
| Employee Only   |                             |                    | \$50.65            | \$60.94            | \$46.05            | \$54.80                          |  |
| Employee & 1 Dependent  |                             |                    | \$97.25            | \$117.00           | \$88.41            | \$105.22                         |  |
| Employee & Family   |                             |                    | \$165.23           | \$198.79           | \$150.21           | \$178.78                         |  |
| Deductible/Maximum  |                             |                    | BA                 |                    |                    |                                  |  |
| Employee Only   |                             |                    |                    |                    |                    |                                  |  |
| Employee & 1 Dependent  |                             |                    |                    |                    |                    |                                  |  |
| Employee & Family   |                             |                    |                    |                    |                    |                                  |  |
| Deductible/Maximum  |                             |                    | BB                 |                    |                    |                                  |  |
| Employee Only   |                             |                    |                    |                    |                    |                                  |  |
| Employee & 1 Dependent  |                             |                    |                    |                    |                    |                                  |  |
| Employee & Family   |                             |                    |                    |                    |                    |                                  |  |
| Deductible/Maximum  |                             |                    | BC                 |                    |                    |                                  |  |
| 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 two for groups with 2-9 employees, 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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## Rates — New Jersey

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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 5 | PPO Plus Premier 7 | PPO Plus Premier 90³ |  |
| Deductible/Maximum  | A                           | A                  | A                  | AA                 | A                  | A                    |  |
| Employee Only   | \$14.64                     | \$32.12            | \$52.87            | \$63.60            | \$46.01            | \$57.21              |  |
| Employee & 1 Dependent  | \$28.11                     | \$61.67            | \$101.52           | \$122.11           | \$88.34            | \$109.84             |  |
| Employee & Family   | \$47.77                     | \$104.78           | \$172.48           | \$207.48           | \$150.09           | \$186.63             |  |
| Deductible/Maximum  | B                           | B                  | B                  | AB                 | B                  | B                    |  |
| Employee Only   | \$17.00                     | \$34.65            | \$56.87            | \$68.40            | \$49.48            | \$61.53              |  |
| Employee & 1 Dependent  | \$32.64                     | \$66.52            | \$109.19           | \$131.32           | \$95.00            | \$118.13             |  |
| Employee & Family   | \$55.45                     | \$113.02           | \$185.52           | \$223.13           | \$161.41           | \$200.72             |  |
| Deductible/Maximum  |                             |                    | C                  | AC                 | C                  | C                    |  |
| Employee Only   |                             |                    | \$58.53            | \$70.42            | \$53.21            | \$63.33              |  |
| Employee & 1 Dependent  |                             |                    | \$112.38           | \$135.20           | \$102.16           | \$121.59             |  |
| Employee & Family   |                             |                    | \$190.94           | \$229.72           | \$173.58           | \$206.59             |  |
| Deductible/Maximum  |                             |                    |                    |                    | BA                 |                      |  |
| Employee Only   |                             |                    |                    |                    | \$60.96            |                      |  |
| Employee & 1 Dependent  |                             |                    |                    |                    | \$117.04           |                      |  |
| Employee & Family   |                             |                    |                    |                    | \$198.85           |                      |  |
| Deductible/Maximum  |                             |                    |                    |                    | BB                 |                      |  |
| Employee Only   |                             |                    |                    |                    | \$65.57            |                      |  |
| Employee & 1 Dependent  |                             |                    |                    |                    | \$125.89           |                      |  |
| Employee & Family   |                             |                    |                    |                    | \$213.89           |                      |  |
| Deductible/Maximum  |                             |                    |                    |                    | BC                 |                      |  |
| Employee Only   |                             |                    |                    |                    | \$67.49            |                      |  |
| Employee & 1 Dependent  |                             |                    |                    |                    | \$129.59           |                      |  |
| Employee & Family   |                             |                    |                    |                    | \$220.18           |                      |  |

### 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.
- 50-99% (Employer-Paid) — at least 75% of eligible employees or two for groups with 2-9 employees, 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 5 | PPO Plus Premier 7 | PPO Plus Premier 90³ |  |
| Deductible/Maximum   | A                           | A                  | A                  | AA                 | A                  | A                    |  |
| Employee Only  | \$13.75                     | \$30.16            | \$49.65            | \$59.72            | \$43.20            | \$53.72              |  |
| Employee & 1 Dependent   | \$26.40                     | \$57.90            | \$95.32            | \$114.66           | \$82.95            | \$103.14             |  |
| Employee & Family  | \$44.85                     | \$98.38            | \$161.96           | \$194.81           | \$140.93           | \$175.24             |  |
| Deductible/Maximum   | B                           | B                  | B                  | AB                 | B                  | B                    |  |
| Employee Only  | \$15.96                     | \$32.53            | \$53.40            | \$64.22            | \$46.46            | \$57.77              |  |
| Employee & 1 Dependent   | \$30.65                     | \$62.46            | \$102.52           | \$123.31           | \$89.20            | \$110.92             |  |
| Employee & Family  | \$52.07                     | \$106.12           | \$174.19           | \$209.51           | \$151.56           | \$188.46             |  |
| Deductible/Maximum   |                             |                    | C                  | AC                 | C                  | C                    |  |
| Employee Only  |                             |                    | \$54.96            | \$66.12            | \$49.96            | \$59.46              |  |
| Employee & 1 Dependent   |                             |                    | \$105.52           | \$126.95           | \$95.92            | \$114.17             |  |
| Employee & Family  |                             |                    | \$179.28           | \$215.69           | \$162.98           | \$193.98             |  |
| Deductible/Maximum   |                             |                    |                    |                    | BA                 |                      |  |
| Employee Only  |                             |                    |                    |                    | \$57.24            |                      |  |
| Employee & 1 Dependent   |                             |                    |                    |                    | \$109.89           |                      |  |
| Employee & Family  |                             |                    |                    |                    | \$186.71           |                      |  |
| Deductible/Maximum   |                             |                    |                    |                    | BB                 |                      |  |
| Employee Only  |                             |                    |                    |                    | \$61.56            |                      |  |
| Employee & 1 Dependent   |                             |                    |                    |                    | \$118.20           |                      |  |
| Employee & Family  |                             |                    |                    |                    | \$200.84           |                      |  |
| Deductible/Maximum   |                             |                    |                    |                    | BC                 |                      |  |
| Employee Only  |                             |                    |                    |                    | \$63.37            |                      |  |
| Employee & 1 Dependent   |                             |                    |                    |                    | \$121.68           |                      |  |
| Employee & Family  |                             |                    |                    |                    | \$206.74           |                      |  |

### 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 two for groups with 2-9 employees, 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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Plan Year 2022

## Rates — New Jersey

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| PPO Plus Premier <sup>2</sup> 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 5 | PPO Plus Premier 7 | PPO Plus Premier 90 <sup>3</sup> |
| Deductible/Maximum   | A                           | A                  | A                  | AA                 | A                  | A                                |
| Employee Only  | \$15.89                     | \$34.85            | \$57.37            | \$69.01            | \$49.92            | \$62.07                          |
| Employee & 1 Dependent   | \$30.50                     | \$66.91            | \$110.15           | \$132.49           | \$95.85            | \$119.18                         |
| Employee & Family  | \$51.83                     | \$113.68           | \$187.15           | \$225.12           | \$162.85           | \$202.49                         |
| Deductible/Maximum   | B                           | B                  | B                  | AB                 | B                  | B                                |
| Employee Only  | \$18.44                     | \$37.59            | \$61.70            | \$74.21            | \$53.68            | \$66.76                          |
| Employee & 1 Dependent   | \$35.41                     | \$72.17            | \$118.47           | \$142.49           | \$103.07           | \$128.18                         |
| Employee & Family  | \$60.17                     | \$122.63           | \$201.29           | \$242.10           | \$175.13           | \$217.78                         |
| Deductible/Maximum   |                             |                    | C                  | AC                 | C                  | C                                |
| Employee Only  |                             |                    | \$63.51            | \$76.40            | \$57.73            | \$68.71                          |
| Employee & 1 Dependent   |                             |                    | \$121.93           | \$146.70           | \$110.85           | \$131.93                         |
| Employee & Family  |                             |                    | \$207.17           | \$249.25           | \$188.33           | \$224.15                         |
| Deductible/Maximum   |                             |                    |                    |                    | BA                 |                                  |
| Employee Only  |                             |                    |                    |                    | \$66.14            |                                  |
| Employee & 1 Dependent   |                             |                    |                    |                    | \$126.99           |                                  |
| Employee & Family  |                             |                    |                    |                    | \$215.76           |                                  |
| Deductible/Maximum   |                             |                    |                    |                    | BB                 |                                  |
| Employee Only  |                             |                    |                    |                    | \$71.14            |                                  |
| Employee & 1 Dependent   |                             |                    |                    |                    | \$136.59           |                                  |
| Employee & Family  |                             |                    |                    |                    | \$232.08           |                                  |
| Deductible/Maximum   |                             |                    |                    |                    | BC                 |                                  |
| Employee Only  |                             |                    |                    |                    | \$73.23            |                                  |
| Employee & 1 Dependent   |                             |                    |                    |                    | \$140.61           |                                  |
| Employee & Family  |                             |                    |                    |                    | \$238.90           |                                  |

### 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 two for groups with 2-9 employees, whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

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| PPO Voluntary <sup>1</sup> Plans - 0% - 49% Employer Contribution         |                    |          |          |          |          |
|---|--------------------|----------|----------|----------|----------|
| Area 1 - Atlantic, Cumberland, Gloucester, Monmouth, Salem, Sussex, Union |                    |          |          |          |          |
| Level 1   |                    |          |          |          |          |
| Plan  | PPO V1<br>P&D Only | PPO V2   | PPO V3   | PPO V5   | PPO V6   |
| Deductible/Maximum  | A                  | A        | A        | A        | A        |
| Employee Only   | \$11.23            | \$39.98  | \$40.98  | \$40.66  | \$28.76  |
| Employee & 1 Dependent  | \$21.57            | \$76.77  | \$78.68  | \$78.07  | \$55.22  |
| Employee & Family   | \$36.65            | \$130.43 | \$133.68 | \$132.65 | \$93.82  |
| Deductible/Maximum  | B                  | B        | B        | B        | B        |
| Employee Only   | \$13.36            | \$43.60  | \$44.69  | \$44.34  | \$30.21  |
| Employee & 1 Dependent  | \$25.65            | \$83.71  | \$85.80  | \$85.14  | \$58.01  |
| Employee & Family   | \$43.58            | \$142.23 | \$145.79 | \$144.65 | \$98.56  |
| Deductible/Maximum  |                    | C        | C        | C        |          |
| Employee Only   |                    | \$45.07  | \$46.20  | \$45.84  |          |
| Employee & 1 Dependent  |                    | \$86.54  | \$88.71  | \$88.02  |          |
| Employee & Family   |                    | \$147.03 | \$150.72 | \$149.55 |          |
| Level 2   |                    |          |          |          |          |
| Plan  | PPO V1<br>P&D Only | PPO V2   | PPO V3   | PPO V5   | PPO V6   |
| Deductible/Maximum  | A                  | A        | A        | A        | A        |
| Employee Only   | \$12.98            | \$46.20  | \$47.35  | \$46.99  | \$33.24  |
| Employee & 1 Dependent  | \$24.92            | \$88.71  | \$90.92  | \$90.21  | \$63.81  |
| Employee & Family   | \$42.35            | \$150.72 | \$154.48 | \$153.28 | \$108.42 |
| Deductible/Maximum  | B                  | B        | B        | B        | B        |
| Employee Only   | \$15.44            | \$50.38  | \$51.64  | \$51.24  | \$34.91  |
| Employee & 1 Dependent  | \$29.64            | \$96.73  | \$99.15  | \$98.38  | \$67.03  |
| Employee & Family   | \$50.36            | \$164.35 | \$168.47 | \$167.16 | \$113.89 |
| Deductible/Maximum  |                    | C        | C        | C        |          |
| Employee Only   |                    | \$52.08  | \$53.39  | \$52.97  |          |
| Employee & 1 Dependent  |                    | \$100.00 | \$102.51 | \$101.71 |          |
| Employee & Family   |                    | \$169.90 | \$174.17 | \$172.81 |          |

### 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 or two for groups with 2-9 employees, whichever is greater, must enroll.

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## 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 Voluntary <sup>1</sup> Plans - 0% - 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<br>P&D Only | PPO V2   | PPO V3    | PPO V5   | PPO V6   |
| Deductible/Maximum   | A                  | A        | A         | A        | A        |
| Employee Only  | \$12.19            | \$43.38  | \$44.46   | \$44.12  | \$31.21  |
| Employee & 1 Dependent   | \$23.40            | \$83.29  | \$85.37   | \$84.71  | \$59.92  |
| Employee & Family  | \$39.76            | \$141.52 | \$ 145.05 | \$143.92 | \$101.80 |
| Deductible/Maximum   | B                  | B        | B         | B        | B        |
| Employee Only  | \$14.49            | \$47.31  | \$48.49   | \$48.11  | \$32.78  |
| Employee & 1 Dependent   | \$27.83            | \$90.83  | \$93.10   | \$92.38  | \$62.94  |
| Employee & Family  | \$47.28            | \$154.32 | \$158.18  | \$156.95 | \$106.94 |
| Deductible/Maximum   |                    | C        | C         | C        |          |
| Employee Only  |                    | \$48.90  | \$50.13   | \$49.74  |          |
| Employee & 1 Dependent   |                    | \$93.89  | \$96.25   | \$95.50  |          |
| Employee & Family  |                    | \$159.53 | \$163.54  | \$162.26 |          |
|  | Level 2            |          |           |          |          |
| Plan   | PPO V1<br>P&D Only | PPO V2   | PPO V3    | PPO V5   | PPO V6   |
| Deductible/Maximum   | A                  | A        | A         | A        | A        |
| Employee Only  | \$14.08            | \$50.13  | \$51.38   | \$50.98  | \$36.06  |
| Employee & 1 Dependent   | \$27.04            | \$96.25  | \$98.65   | \$97.88  | \$69.24  |
| Employee & Family  | \$45.95            | \$163.54 | \$167.61  | \$166.31 | \$117.64 |
| Deductible/Maximum   | B                  | B        | B         | B        | B        |
| Employee Only  | \$16.75            | \$54.66  | \$56.03   | \$55.60  | \$37.88  |
| Employee & 1 Dependent   | \$32.16            | \$104.95 | \$107.58  | \$106.74 | \$72.73  |
| Employee & Family  | \$54.64            | \$178.33 | \$182.79  | \$181.37 | \$123.58 |
| Deductible/Maximum   |                    | C        | C         | C        |          |
| Employee Only  |                    | \$56.51  | \$57.93   | \$57.48  |          |
| Employee & 1 Dependent   |                    | \$108.50 | \$111.22  | \$110.36 |          |
| Employee & Family  |                    | \$184.35 | \$188.97  | \$187.50 |          |

### 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 or two for groups with 2-9 employees, whichever is greater, must enroll.



# Delta Dental PPO Plus Premier™

For groups with 2 to 9 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 <sup>2</sup> Plans - 0% - 49% Employer Contribution      |                     |                     |                     |                     |
|---|---------------------|---------------------|---------------------|---------------------|
| Area 1 - Atlantic, Cumberland, Gloucester, Monmouth, Salem, Sussex, Union |                     |                     |                     |                     |
|   | Level 1             |                     |                     |                     |
| Plan  | PPO Plus Premier V2 | PPO Plus Premier V3 | PPO Plus Premier V5 | PPO Plus Premier V6 |
| Deductible/Maximum  | A                   | A                   | A                   | A                   |
| Employee Only   | \$48.78             | \$49.99             | \$47.30             | \$33.02             |
| Employee & 1 Dependent  | \$93.65             | \$95.99             | \$90.82             | \$63.40             |
| Employee & Family   | \$159.12            | \$163.09            | \$154.31            | \$107.72            |
| Deductible/Maximum  | B                   | B                   | B                   | B                   |
| Employee Only   | \$53.19             | \$54.52             | \$50.87             | \$35.62             |
| Employee & 1 Dependent  | \$102.13            | \$104.68            | \$97.67             | \$68.39             |
| Employee & Family   | \$173.52            | \$177.86            | \$165.94            | \$116.19            |
| Deductible/Maximum  | C                   | C                   | C                   |                     |
| Employee Only   | \$54.99             | \$56.36             | \$54.70             |                     |
| Employee & 1 Dependent  | \$105.57            | \$108.21            | \$105.03            |                     |
| Employee & Family   | \$179.37            | \$183.86            | \$178.45            |                     |
|   | Level 2             |                     |                     |                     |
| Plan  | PPO Plus Premier V2 | PPO Plus Premier V3 | PPO Plus Premier V5 | PPO Plus Premier V6 |
| Deductible/Maximum  | A                   | A                   | A                   | A                   |
| Employee Only   | \$56.36             | \$57.77             | \$54.66             | \$38.16             |
| Employee & 1 Dependent  | \$108.22            | \$110.92            | \$104.95            | \$73.26             |
| Employee & Family   | \$183.87            | \$188.46            | \$178.31            | \$124.48            |
| Deductible/Maximum  | B                   | B                   | B                   | B                   |
| Employee Only   | \$61.47             | \$63.00             | \$58.78             | \$41.16             |
| Employee & 1 Dependent  | \$118.02            | \$120.97            | \$112.86            | \$79.03             |
| Employee & Family   | \$200.52            | \$205.53            | \$191.75            | \$134.27            |
| Deductible/Maximum  | C                   | C                   | C                   |                     |
| Employee Only   | \$63.54             | \$65.13             | \$63.21             |                     |
| Employee & 1 Dependent  | \$121.99            | \$125.04            | \$121.37            |                     |
| Employee & Family   | \$207.28            | \$212.46            | \$206.21            |                     |

### 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 or two for groups with 2-9 employees, whichever is greater, must enroll.

# Delta Dental PPO Plus Premier™

For groups with 2 to 9 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 <sup>2</sup> Plans - 0% - 49% 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 V2 | PPO Plus Premier V3 | PPO Plus Premier V5 | PPO Plus Premier V6 |
| Deductible/Maximum   | A                   | A                   | A                   | A                   |
| Employee Only  | \$52.92             | \$54.25             | \$51.32             | \$35.83             |
| Employee & 1 Dependent   | \$101.61            | \$104.15            | \$98.54             | \$68.79             |
| Employee & Family  | \$172.64            | \$176.96            | \$167.42            | \$116.88            |
| Deductible/Maximum   | B                   | B                   | B                   | B                   |
| Employee Only  | \$57.71             | \$59.16             | \$55.19             | \$38.65             |
| Employee & 1 Dependent   | \$110.81            | \$113.58            | \$105.97            | \$74.20             |
| Employee & Family  | \$188.28            | \$192.98            | \$180.05            | \$126.07            |
| Deductible/Maximum   | C                   | C                   | C                   |                     |
| Employee Only  | \$59.66             | \$61.15             | \$59.35             |                     |
| Employee & 1 Dependent   | \$114.55            | \$117.41            | \$113.96            |                     |
| Employee & Family  | \$194.62            | \$199.49            | \$193.62            |                     |
|  | Level 2             |                     |                     |                     |
| Plan   | PPO Plus Premier V2 | PPO Plus Premier V3 | PPO Plus Premier V5 | PPO Plus Premier V6 |
| Deductible/Maximum   | A                   | A                   | A                   | A                   |
| Employee Only  | \$61.15             | \$62.68             | \$59.31             | \$41.40             |
| Employee & 1 Dependent   | \$117.42            | \$120.35            | \$113.87            | \$79.49             |
| Employee & Family  | \$199.50            | \$204.49            | \$193.47            | \$135.06            |
| Deductible/Maximum   | B                   | B                   | B                   | B                   |
| Employee Only  | \$66.69             | \$68.36             | \$63.78             | \$44.66             |
| Employee & 1 Dependent   | \$128.05            | \$131.25            | \$122.45            | \$85.74             |
| Employee & Family  | \$217.56            | \$223.00            | \$208.05            | \$145.68            |
| Deductible/Maximum   | C                   | C                   | C                   |                     |
| Employee Only  | \$68.94             | \$70.66             | \$68.59             |                     |
| Employee & 1 Dependent   | \$132.37            | \$135.67            | \$131.68            |                     |
| Employee & Family  | \$224.90            | \$230.52            | \$223.74            |                     |

### 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 or two for groups with 2-9 employees, whichever is greater, must enroll.

# Delta Dental Pediatric & EHB Family PPO™

For groups with 2 to 9 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 or two for groups with 2-9 employees, whichever is greater.
- 50-99% (Employer-Paid) — At least 75% of eligible employees or two for groups with 2-9 employees, whichever is greater. At least 50% of employees with dependents must enroll their dependents.

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

<sup>1</sup>Reimbursement for all dentists is based on the PPO contracted fee.

<sup>2</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.

<sup>3</sup>Reimbursement 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 industries<sup>1</sup> (not applicable to Pediatric and EHB Family PPO plans)

| Eligible industries  |   |
|--|---|
| <b>Level One</b>   | <b>SIC code</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 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 and Gardens   | 8400-8499   |
| Membership/Organizations/Associations (Management and Administrative Staff only)     | 8600-8699   |
| <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                                      |
| 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) <sup>2</sup>                             | 8200-8299   |
| Members of Membership Organizations/Associations                                     | 8600-8699   |
| Private Households   | 8811  |
| Miscellaneous Services not elsewhere classified                                      | 8999  |
| Public Administration (Cities, Counties, Police, etc.) <sup>2</sup>                  | 9000-9720, 9722-9998  |
| Seasonal Employees (Christmas/Part-time Help)  | No SIC  |
| High Turnover <sup>3</sup>   | Varies  |

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

<sup>2</sup> Public Sector Groups are an eligible industry with Delta Dental NJ/CT; they are excluded under the Small Business Program.

<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.