

Delta Dental PPO™

For groups with 10 to 50 enrolled employees

Plan Year 2020

Rates — New Jersey

Monthly rates valid for effective dates of January 1, 2020 through December 31, 2020. **Rate guarantee:** One year for groups enrolling on or before December 31, 2020. 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						Level 2					
Plan	PPO 1	PPO 2	PPO 3	PPO 4	PPO 5	PPO 6	PPO 1	PPO 2	PPO 3	PPO 4	PPO 5	PPO 6
Deductible/Maximum	A	A	A	A	AA	AA	A	A	A	A	AA	AA
Employee Only	\$9.00	\$21.20	\$34.92	\$34.92	\$36.53	\$36.53	\$10.40	\$24.49	\$40.36	\$40.36	\$42.22	\$42.22
Employee & 1 Dependent	\$17.28	\$40.70	\$67.05	\$71.51	\$70.14	\$74.61	\$19.96	\$47.03	\$77.48	\$82.64	\$81.05	\$86.21
Employee & Family	\$29.35	\$69.15	\$113.93	\$120.85	\$119.18	\$126.10	\$33.92	\$79.90	\$131.65	\$139.65	\$137.72	\$145.72
Deductible/Maximum	B	B	B	B	AB	AB	B	B	B	B	AB	AB
Employee Only	\$10.71	\$22.26	\$36.11	\$36.11	\$37.78	\$37.78	\$12.37	\$25.73	\$41.73	\$41.73	\$43.66	\$43.66
Employee & 1 Dependent	\$20.56	\$42.75	\$69.33	\$73.79	\$72.55	\$77.01	\$23.76	\$49.40	\$80.12	\$85.27	\$83.83	\$88.99
Employee & Family	\$34.93	\$72.63	\$117.80	\$124.72	\$123.26	\$130.19	\$40.37	\$83.93	\$136.12	\$144.13	\$142.43	\$150.44
Deductible/Maximum			C			AC			C			AC
Employee Only			\$37.67			\$39.42			\$43.53			\$45.55
Employee & 1 Dependent			\$72.33			\$75.69			\$83.59			\$87.46
Employee & Family			\$122.90			\$128.60			\$142.02			\$148.61
Deductible/Maximum						BA	BA				BA	BA
Employee Only						\$35.02	\$35.02				\$40.46	\$40.46
Employee & 1 Dependent						\$67.23	\$71.69				\$77.69	\$82.84
Employee & Family						\$114.23	\$121.15				\$132.00	\$140.00
Deductible/Maximum						BB	BB <td colspan="3" rowspan="4"></td> <th>BB</th> <th>BB</th>				BB	BB
Employee Only						\$36.21	\$36.21				\$41.84	\$41.84
Employee & 1 Dependent						\$69.53	\$73.99				\$80.34	\$85.50
Employee & Family						\$118.13	\$125.05				\$136.50	\$144.51
Deductible/Maximum						BC			BC			BC
Employee Only						\$37.78			\$43.66			
Employee & 1 Dependent						\$72.55			\$83.83			
Employee & Family						\$123.26			\$142.43			

Participation requirements (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. 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 1						Level 2						
Plan	PPO 1	PPO 2	PPO 3	PPO 4	PPO 5	PPO 6	PPO 1	PPO 2	PPO 3	PPO 4	PPO 5	PPO 6	
Deductible/Maximum	A	A	A	A	AA	AA	A	A	A	A	AA	AA	
Employee Only	\$9.76	\$23.00	\$37.89	\$37.89	\$39.64	\$39.64	\$11.28	\$26.58	\$43.79	\$43.79	\$45.81	\$45.81	
Employee & 1 Dependent	\$18.74	\$44.16	\$72.75	\$77.59	\$76.11	\$80.95	\$21.66	\$51.03	\$84.07	\$89.66	\$87.95	\$93.54	
Employee & Family	\$31.85	\$75.03	\$123.61	\$131.13	\$129.31	\$136.83	\$36.80	\$86.70	\$142.84	\$151.52	\$149.43	\$158.11	
Deductible/Maximum	B	B	B	B	AB	AB	B	B	B	B	AB	AB	
Employee Only	\$11.62	\$24.16	\$39.18	\$39.18	\$41.00	\$41.00	\$13.43	\$27.91	\$45.27	\$45.27	\$47.37	\$47.37	
Employee & 1 Dependent	\$22.31	\$46.38	\$75.23	\$80.07	\$78.71	\$83.55	\$25.78	\$53.60	\$86.93	\$92.52	\$90.96	\$96.55	
Employee & Family	\$37.90	\$78.80	\$127.81	\$135.33	\$133.74	\$141.25	\$43.80	\$91.06	\$147.70	\$156.38	\$154.54	\$163.23	
Deductible/Maximum			C		AC				C			AC	
Employee Only			\$40.88		\$42.77				\$47.24			\$49.43	
Employee & 1 Dependent			\$78.48		\$82.13				\$90.69			\$94.90	
Employee & Family			\$133.35		\$139.54				\$154.09			\$161.24	
Deductible/Maximum					BA	BA					BA	BA	
Employee Only					\$37.99	\$37.99					\$43.90	\$43.90	
Employee & 1 Dependent					\$72.94	\$77.79					\$84.29	\$89.89	
Employee & Family					\$123.94	\$131.45					\$143.22	\$151.90	
Deductible/Maximum					BB	BB					BB	BB	
Employee Only					\$39.29	\$39.29					\$45.40	\$45.40	
Employee & 1 Dependent					\$75.44	\$80.28					\$87.17	\$92.77	
Employee & Family					\$128.17	\$135.69					\$148.11	\$156.79	
Deductible/Maximum					BC						BC		
Employee Only					\$41.00						\$47.37		
Employee & 1 Dependent					\$78.71						\$90.96		
Employee & Family					\$133.74						\$154.54		

Participation requirements (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. 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 1 - Atlantic, Cumberland, Gloucester, Monmouth, Salem, Sussex, Union								
	Level 1				Level 2			
Plan	PPO A	PPO B	PPO C	PPO D	PPO A	PPO B	PPO C	PPO D
Deductible/Maximum	A	A	A	A	A	A	A	A
Employee Only	\$29.67	\$29.67	\$36.19	\$36.19	\$34.29	\$34.29	\$41.82	\$41.82
Employee & 1 Dependent	\$56.97	\$61.43	\$69.49	\$73.95	\$65.83	\$70.98	\$80.30	\$85.46
Employee & Family	\$96.79	\$103.72	\$118.07	\$124.99	\$111.85	\$119.85	\$136.43	\$144.44
Deductible/Maximum	B	B	B	B	B	B	B	B
Employee Only	\$31.36	\$31.36	\$36.74	\$36.74	\$36.24	\$36.24	\$42.46	\$42.46
Employee & 1 Dependent	\$60.22	\$64.68	\$70.55	\$75.01	\$69.58	\$74.74	\$81.52	\$86.68
Employee & Family	\$102.31	\$109.24	\$119.87	\$126.79	\$118.23	\$126.23	\$138.52	\$146.52
Deductible/Maximum	C	C			C	C		
Employee Only	\$32.50	\$32.50			\$37.56	\$37.56		
Employee & 1 Dependent	\$62.41	\$66.87			\$72.11	\$77.27		
Employee & Family	\$106.03	\$112.96			\$122.53	\$130.53		
Area 2 - Bergen, Burlington, Camden, Cape May, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Somerset, Warren								
Plan	PPO A	PPO B	PPO C	PPO D	PPO A	PPO B	PPO C	PPO D
Deductible/Maximum	A	A	A	A	A	A	A	A
Employee Only	\$32.19	\$32.19	\$39.27	\$39.27	\$37.20	\$37.20	\$45.38	\$45.38
Employee & 1 Dependent	\$61.81	\$66.65	\$75.40	\$80.24	\$71.42	\$77.02	\$87.13	\$92.72
Employee & Family	\$105.02	\$112.53	\$128.11	\$135.62	\$121.35	\$130.04	\$148.03	\$156.72
Deductible/Maximum	B	B	B	B	B	B	B	B
Employee Only	\$34.03	\$34.03	\$39.87	\$39.87	\$39.32	\$39.32	\$46.07	\$46.07
Employee & 1 Dependent	\$65.34	\$70.18	\$76.55	\$81.39	\$75.50	\$81.09	\$88.46	\$94.05
Employee & Family	\$111.01	\$118.52	\$130.06	\$137.57	\$128.28	\$136.96	\$150.29	\$158.97
Deductible/Maximum	C	C			C	C		
Employee Only	\$35.27	\$35.27			\$40.75	\$40.75		
Employee & 1 Dependent	\$67.71	\$72.55			\$78.25	\$83.84		
Employee & Family	\$115.05	\$122.56			\$132.94	\$141.63		

Participation requirements (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. 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

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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
Deductible/Maximum	A	A	A	A	AA	AA
Employee Only	\$11.09	\$24.33	\$43.08	\$43.08	\$41.90	\$41.90
Employee & 1 Dependent	\$21.30	\$46.72	\$82.72	\$87.18	\$80.45	\$84.91
Employee & Family	\$36.19	\$79.38	\$140.55	\$147.48	\$136.69	\$143.61
Deductible/Maximum	B	B	B	B	AB	AB
Employee Only	\$12.88	\$26.25	\$44.98	\$44.98	\$45.07	\$45.07
Employee & 1 Dependent	\$24.73	\$50.40	\$86.35	\$90.82	\$86.53	\$90.99
Employee & Family	\$42.02	\$85.63	\$146.72	\$153.65	\$147.02	\$153.94
Deductible/Maximum			C		AC	
Employee Only			\$45.84		\$47.94	
Employee & 1 Dependent			\$88.01		\$92.05	
Employee & Family			\$149.54		\$156.40	
Deductible/Maximum			BA		BA	
Employee Only			\$40.16		\$40.16	
Employee & 1 Dependent			\$77.11		\$81.57	
Employee & Family			\$131.01		\$137.94	
Deductible/Maximum			BB		BB	
Employee Only			\$43.20		\$43.20	
Employee & 1 Dependent	\$82.94	\$87.40				
Employee & Family	\$140.91	\$147.84				
Deductible/Maximum	BC					
Employee Only	\$45.95					
Employee & 1 Dependent	\$88.22					
Employee & Family	\$149.90					

Participation requirements (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. 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 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
Deductible/Maximum	A	A	A	A	AA	AA
Employee Only	\$12.04	\$26.40	\$46.75	\$46.75	\$45.46	\$45.46
Employee & 1 Dependent	\$23.11	\$50.69	\$89.75	\$94.60	\$87.29	\$92.13
Employee & Family	\$39.27	\$86.13	\$152.50	\$160.01	\$148.31	\$155.82
Deductible/Maximum	B	B	B	B	AB	AB
Employee Only	\$13.98	\$28.48	\$48.80	\$48.80	\$48.90	\$48.90
Employee & 1 Dependent	\$26.83	\$54.69	\$93.70	\$98.54	\$93.89	\$98.73
Employee & Family	\$45.59	\$92.91	\$159.19	\$166.71	\$159.52	\$167.03
Deductible/Maximum			C		AC	
Employee Only			\$49.74		\$52.02	
Employee & 1 Dependent			\$95.50		\$99.87	
Employee & Family			\$162.25		\$169.69	
Deductible/Maximum					BA	BA
Employee Only					\$43.57	\$43.57
Employee & 1 Dependent					\$83.66	\$88.50
Employee & Family					\$142.15	\$149.66
Deductible/Maximum					BB	BB
Employee Only					\$46.87	\$46.87
Employee & 1 Dependent					\$89.99	\$94.83
Employee & Family					\$152.89	\$160.41
Deductible/Maximum					BC	
Employee Only					\$49.86	
Employee & 1 Dependent					\$95.73	
Employee & Family					\$162.64	

Participation requirements (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. 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 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
Deductible/Maximum	A	A	A	A	AA	AA
Employee Only	\$12.82	\$28.12	\$49.79	\$49.79	\$48.42	\$48.42
Employee & 1 Dependent	\$24.61	\$53.99	\$95.59	\$100.75	\$92.96	\$98.12
Employee & Family	\$41.82	\$91.73	\$162.41	\$170.42	\$157.95	\$165.95
Deductible/Maximum	B	B	B	B	AB	AB
Employee Only	\$14.89	\$30.33	\$51.97	\$51.97	\$52.08	\$52.08
Employee & 1 Dependent	\$28.58	\$58.24	\$99.79	\$104.94	\$99.99	\$105.14
Employee & Family	\$48.56	\$98.96	\$169.54	\$177.55	\$169.89	\$177.89
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 (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. 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

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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
Deductible/Maximum	A	A	A	A	AA	AA
Employee Only	\$13.91	\$30.51	\$54.02	\$54.02	\$52.53	\$52.53
Employee & 1 Dependent	\$26.70	\$58.58	\$103.72	\$109.31	\$100.87	\$106.46
Employee & Family	\$45.37	\$99.53	\$176.22	\$184.90	\$171.38	\$180.06
Deductible/Maximum	B	B	B	B	AB	AB
Employee Only	\$16.15	\$32.91	\$56.39	\$56.39	\$56.50	\$56.50
Employee & 1 Dependent	\$31.01	\$63.19	\$108.27	\$113.86	\$108.49	\$114.08
Employee & Family	\$52.69	\$107.37	\$183.96	\$192.64	\$184.33	\$193.01
Deductible/Maximum			C		AC	
Employee Only			\$57.47 \$110.35 \$187.49		\$60.11	
Employee & 1 Dependent					\$115.41	
Employee & Family					\$196.09	
Deductible/Maximum			BA		BA	
Employee Only			\$50.35 \$96.68 \$164.26		\$50.35 \$102.27 \$172.94	
Employee & 1 Dependent						
Employee & Family						
Deductible/Maximum			BB		BB	
Employee Only			\$54.16 \$103.98 \$176.68		\$54.16 \$109.58 \$185.36	
Employee & 1 Dependent						
Employee & Family						
Deductible/Maximum			BC			
Employee Only			\$57.61 \$110.62 \$187.94			
Employee & 1 Dependent						
Employee & Family						

Participation requirements (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. 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 1 - Atlantic, Cumberland, Gloucester, Monmouth, Salem, Sussex, Union								
	Level 1				Level 2			
Plan	PPO Plus Premier A	PPO Plus Premier B	PPO Plus Premier C	PPO Plus Premier D	PPO Plus Premier A	PPO Plus Premier B	PPO Plus Premier C	PPO Plus Premier D
Deductible/Maximum	A	A	A	A	A	A	A	A
Employee Only	\$33.03	\$33.03	\$39.31	\$39.31	\$38.17	\$38.17	\$45.42	\$45.42
Employee & 1 Dependent	\$63.42	\$67.88	\$75.48	\$79.94	\$73.28	\$78.44	\$87.22	\$92.37
Employee & Family	\$107.75	\$114.67	\$128.24	\$135.16	\$124.51	\$132.51	\$148.19	\$156.19
Deductible/Maximum	B	B	B	B	B	B	B	B
Employee Only	\$35.42	\$35.42	\$42.25	\$42.25	\$40.93	\$40.93	\$48.82	\$48.82
Employee & 1 Dependent	\$68.01	\$72.47	\$81.11	\$85.58	\$78.59	\$83.74	\$93.73	\$98.89
Employee & Family	\$115.55	\$122.48	\$137.82	\$144.74	\$133.52	\$141.53	\$159.26	\$167.26
Deductible/Maximum	C	C	C	C	C	C	C	C
Employee Only	\$36.94	\$36.94	\$43.46	\$43.46	\$42.68	\$42.68	\$50.22	\$50.22
Employee & 1 Dependent	\$70.92	\$75.38	\$83.45	\$87.91	\$81.95	\$87.11	\$96.43	\$101.59
Employee & Family	\$120.50	\$127.42	\$141.79	\$148.71	\$139.24	\$147.24	\$163.84	\$171.84
Area 2 - Bergen, Burlington, Camden, Cape May, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Somerset, Warren								
Plan	PPO Plus Premier A	PPO Plus Premier B	PPO Plus Premier C	PPO Plus Premier D	PPO Plus Premier A	PPO Plus Premier B	PPO Plus Premier C	PPO Plus Premier D
Deductible/Maximum	A	A	A	A	A	A	A	A
Employee Only	\$35.84	\$35.84	\$42.65	\$42.65	\$41.41	\$41.41	\$49.29	\$49.29
Employee & 1 Dependent	\$68.81	\$73.65	\$81.89	\$86.73	\$79.51	\$85.11	\$94.63	\$100.22
Employee & Family	\$116.91	\$124.42	\$139.14	\$146.65	\$135.09	\$143.78	\$160.78	\$169.47
Deductible/Maximum	B	B	B	B	B	B	B	B
Employee Only	\$38.43	\$38.43	\$45.84	\$45.84	\$44.41	\$44.41	\$52.97	\$52.97
Employee & 1 Dependent	\$73.79	\$78.63	\$88.01	\$92.85	\$85.27	\$90.86	\$101.70	\$107.30
Employee & Family	\$125.37	\$132.89	\$149.54	\$157.05	\$144.88	\$153.56	\$172.80	\$181.48
Deductible/Maximum	C	C	C	C	C	C	C	C
Employee Only	\$40.08	\$40.08	\$47.16	\$47.16	\$46.31	\$46.31	\$54.49	\$54.49
Employee & 1 Dependent	\$76.95	\$81.79	\$90.54	\$95.39	\$88.92	\$94.51	\$104.63	\$110.22
Employee & Family	\$130.74	\$138.25	\$153.84	\$161.35	\$151.08	\$159.76	\$177.77	\$186.45

Participation requirements (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. 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 and PPO Plus Premier

For groups with 10 to 50 enrolled employees

Plan Year 2020

Rates — New Jersey

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PPO ¹ and PPO Plus Premier ² Plans - 0% - 49% Employer Contribution									
Area 1 - Atlantic, Cumberland, Gloucester, Monmouth, Salem, Sussex, Union									
	Level 1				Level 2				
Plan	PPO V1 P&D Only	PPO V2	PPO Plus Premier V1 P&D Only	PPO Plus Premier V2	PPO V1 P&D Only	PPO V2	PPO Plus Premier V1 P&D Only	PPO Plus Premier V2	
Deductible/Maximum	A	A	A	A	A	A	A	A	
Employee Only	\$10.69	\$38.05	\$13.18	\$47.58	\$12.35	\$43.97	\$15.23	\$54.98	
Employee & 1 Dependent	\$20.53	\$73.06	\$25.30	\$91.36	\$23.72	\$84.42	\$29.23	\$105.57	
Employee & Family	\$34.87	\$124.13	\$42.98	\$155.22	\$40.30	\$143.44	\$49.67	\$179.37	
Deductible/Maximum	B	B	B	B	B	B	B	B	
Employee Only	\$12.71	\$41.48	\$15.30	\$51.18	\$14.69	\$47.94	\$17.68	\$59.14	
Employee & 1 Dependent	\$24.41	\$79.65	\$29.38	\$98.26	\$28.21	\$92.04	\$33.94	\$113.55	
Employee & Family	\$41.48	\$135.33	\$49.91	\$166.96	\$47.93	\$156.38	\$57.67	\$192.93	
Deductible/Maximum				B3				B3	
Employee Only				\$51.95				\$60.03	
Employee & 1 Dependent				\$99.73				\$115.25	
Employee & Family				\$169.46				\$195.82	
Deductible/Maximum								C	C
Employee Only				\$42.89				\$49.56	
Employee & 1 Dependent				\$82.35				\$95.16	
Employee & Family				\$139.92				\$161.68	
Deductible/Maximum				C3				C3	
Employee Only				\$43.53				\$50.31	
Employee & 1 Dependent	\$83.59	\$96.59							
Employee & Family	\$142.02	\$164.11							
Deductible/Maximum	C4	C4							
Employee Only	\$42.89	\$49.56							
Employee & 1 Dependent	\$87.65	\$101.28							
Employee & Family	\$148.14	\$171.19							

Participation requirements (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 0-49% (Voluntary) — at least 25% of all eligible employees must enroll.

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

² 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.

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

Delta Dental PPO and PPO Plus Premier

For groups with 10 to 50 enrolled employees

Plan Year 2020

Rates — New Jersey

Monthly rates valid for effective dates of January 1, 2020 through December 31, 2020. **Rate guarantee:** One year for groups enrolling on or before December 31, 2020. Rates are guaranteed from the effective date. Monthly rates are based on the location of the group's headquarters.

PPO ¹ and PPO Plus Premier ² Plans - 0% - 49% Employer Contribution								
Area 2 - Bergen, Burlington, Camden, Cape May, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Somerset, Warren								
	Level 1				Level 2			
Plan	PPO V1 P&D Only	PPO V2	PPO Plus Premier V1 P&D Only	PPO Plus Premier V2	PPO V1 P&D Only	PPO V2	PPO Plus Premier V1 P&D Only	PPO Plus Premier V2
Deductible/Maximum	A	A	A	A	A	A	A	A
Employee Only	\$11.60	\$41.29	\$14.30	\$51.63	\$13.40	\$47.71	\$16.52	\$59.66
Employee & 1 Dependent	\$22.27	\$79.27	\$27.45	\$99.12	\$25.73	\$91.60	\$31.72	\$114.54
Employee & Family	\$37.84	\$134.68	\$46.64	\$168.42	\$43.73	\$155.63	\$53.89	\$194.62
Deductible/Maximum	B	B	B	B	B	B	B	B
Employee Only	\$13.80	\$45.01	\$16.60	\$55.53	\$15.94	\$52.01	\$19.18	\$64.17
Employee & 1 Dependent	\$26.49	\$86.42	\$31.87	\$106.62	\$30.61	\$99.86	\$36.83	\$123.20
Employee & Family	\$45.00	\$146.83	\$54.15	\$181.15	\$52.00	\$169.67	\$62.58	\$209.33
Deductible/Maximum				B3				B3
Employee Only				\$56.36				\$65.13
Employee & 1 Dependent				\$108.21				\$125.05
Employee & Family				\$183.86				\$212.46
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 (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. If employer contributes 100% for dependents, all eligible dependents must enroll.
- 0-49% (Voluntary) — at least 25% of all eligible employees must enroll.

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

² 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.

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

Delta Dental EHB PPO™

For groups with 10 to 50 enrolled employees

Plan Year 2020

Rates — New Jersey

Monthly rates valid for effective dates of January 1, 2020 through December 31, 2020. **Rate guarantee:** One year for groups enrolling on or before December 31, 2020. Rates are guaranteed from the effective date. Monthly rates are based on the location of the group's headquarters.

Plan	EHB Basic Family PPO I	EHB Basic Family PPO II	EHB Enhanced Family PPO III
Employee Only	\$19.46	\$33.35	\$41.99
Employee & 1 Dependent	\$38.94	\$66.71	\$83.96
Employee & Family	\$73.97	\$126.74	\$159.53

Participation requirements (unless covered elsewhere):

- If employer contributes 100% for employee, all eligible employees must enroll. 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™

Eligible/ineligible industries¹ (not applicable to EHB 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 & 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 & Barber Shops	7231-7241
Amusement, Recreation & Entertainment	7800-7999
Medical Groups	8000-8059 & 8082-8099
Legal	8100-8199
Private Schools (Elementary & High School)	8200-8299
Engineering, Accounting, Research, Management & Related Services	8700-8799
International Affairs	9721
Management Carve-out (regardless of industry)	9999
Ineligible industries	
SIC code	
Seasonal Employees (Farm Labor & Mgt, Landscape and Horticultural services)	0761-0783
Staff Placed By Employment Agencies	7361-7363
Misc. Business Services	7389
Dentist offices	8021
Public Schools (Elementary & High School) ²	8200-8299
Members of Membership Organizations/Associations	8600-8699
Private Households	8811
Misc. 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.