

Delta Dental PPO™

For groups with 2 to 9 enrolled employees

Plan Year 2018-2019

Rates — New Jersey

Monthly rates valid for effective dates of October 1, 2018 through December 1, 2019. **Rate guarantee:** One year for groups enrolling on or before December 1, 2019. 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								
Plan	Level 1				Level 2			
	PPO 1 P&D Only	PPO 2	PPO 3	PPO 5	PPO 1 P&D Only	PPO 2	PPO 3	PPO 5
Deductible/Maximum	A	A	A	A	A	A	A	A
Employee Only	\$10.28	\$24.21	\$39.89	\$41.73	\$11.88	\$27.98	\$46.10	\$48.22
Employee & 1 Dependent	\$19.74	\$46.48	\$76.59	\$80.12	\$22.81	\$53.71	\$88.50	\$92.58
Employee & Family	\$33.54	\$78.98	\$130.13	\$136.13	\$38.75	\$91.26	\$150.37	\$157.31
Deductible/Maximum	B	B	B	B	B	B	B	B
Employee Only	\$12.23	\$25.43	\$41.24	\$43.15	\$14.13	\$29.39	\$47.66	\$49.86
Employee & 1 Dependent	\$23.48	\$48.83	\$79.18	\$82.85	\$27.13	\$56.43	\$91.50	\$95.74
Employee & Family	\$39.90	\$82.96	\$134.53	\$140.76	\$46.10	\$95.87	\$155.46	\$162.66
Area 2 - Bergen, Burlington, Camden, Cape May, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Somerset, Warren								
Plan	PPO 1 P&D Only	PPO 2	PPO 3	PPO 5	PPO 1 P&D Only	PPO 2	PPO 3	PPO 5
	A	A	A	A	A	A	A	A
Employee Only	\$11.15	\$26.27	\$43.28	\$45.28	\$12.89	\$30.35	\$50.01	\$52.32
Employee & 1 Dependent	\$21.42	\$50.43	\$83.10	\$86.93	\$24.75	\$58.28	\$96.03	\$100.46
Employee & Family	\$36.39	\$85.69	\$141.19	\$147.71	\$42.05	\$99.02	\$163.16	\$170.68
Deductible/Maximum	B	B	B	B	B	B	B	B
Employee Only	\$13.27	\$27.59	\$44.75	\$46.82	\$15.33	\$31.89	\$51.71	\$54.10
Employee & 1 Dependent	\$25.48	\$52.98	\$85.91	\$89.89	\$29.44	\$61.22	\$99.28	\$103.87
Employee & Family	\$43.29	\$90.02	\$145.97	\$152.73	\$50.02	\$104.02	\$168.68	\$176.49

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 2 to 9 enrolled employees

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PPO Plus Premier ² Plans - 50% - 100% Employer Contribution								
Area 1 - Atlantic, Cumberland, Gloucester, Monmouth, Salem, Sussex, Union								
Plan	Level 1				Level 2			
	PPO Plus Premier 1 P&D Only	PPO Plus Premier 2	PPO Plus Premier 3	PPO Plus Premier 5	PPO Plus Premier 1 P&D Only	PPO Plus Premier 2	PPO Plus Premier 3	PPO Plus Premier 5
Deductible/Maximum	A	A	A	AA	A	A	A	AA
Employee Only	\$12.67	\$27.79	\$45.76	\$47.86	\$14.64	\$32.12	\$52.87	\$55.30
Employee & 1 Dependent	\$24.33	\$53.37	\$87.85	\$91.89	\$28.11	\$61.67	\$101.52	\$106.18
Employee & Family	\$41.34	\$90.67	\$149.27	\$156.13	\$47.77	\$104.78	\$172.48	\$180.42
Deductible/Maximum	B	B	B	AB	B	B	B	AB
Employee Only	\$14.71	\$29.98	\$49.21	\$51.47	\$17.00	\$34.65	\$56.87	\$59.48
Employee & 1 Dependent	\$28.24	\$57.57	\$94.49	\$98.83	\$32.64	\$66.52	\$109.19	\$114.21
Employee & Family	\$47.99	\$97.81	\$160.54	\$167.92	\$55.45	\$113.02	\$185.52	\$194.04
Deductible/Maximum				BA				BA
Employee Only				\$45.87				\$53.01
Employee & 1 Dependent				\$88.07				\$101.77
Employee & Family				\$149.64				\$172.92
Deductible/Maximum				BB				BB
Employee Only				\$49.34				\$57.01
Employee & 1 Dependent				\$94.73				\$109.46
Employee & Family				\$160.95				\$185.99
Area 2 - Bergen, Burlington, Camden, Cape May, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Somerset, Warren								
Plan	PPO Plus Premier 1 P&D Only	PPO Plus Premier 2	PPO Plus Premier 3	PPO Plus Premier 5	PPO Plus Premier 1 P&D Only	PPO Plus Premier 2	PPO Plus Premier 3	PPO Plus Premier 5
	A	A	A	AA	A	A	A	AA
Employee Only	\$13.75	\$30.16	\$49.65	\$51.93	\$15.89	\$34.85	\$57.37	\$60.01
Employee & 1 Dependent	\$26.40	\$57.90	\$95.32	\$99.70	\$30.50	\$66.91	\$110.15	\$115.21
Employee & Family	\$44.85	\$98.38	\$161.96	\$169.40	\$51.83	\$113.68	\$187.15	\$195.75
Deductible/Maximum	B	B	B	B	B	B	B	B
Employee Only	\$15.96	\$32.53	\$53.40	\$55.85	\$18.44	\$37.59	\$61.70	\$64.54
Employee & 1 Dependent	\$30.65	\$62.46	\$102.52	\$107.23	\$35.41	\$72.17	\$118.47	\$123.91
Employee & Family	\$52.07	\$106.12	\$174.19	\$182.20	\$60.17	\$122.63	\$201.29	\$210.54
Deductible/Maximum				BA				BA
Employee Only				\$49.77				\$57.51
Employee & 1 Dependent				\$95.56				\$110.42
Employee & Family				\$162.36				\$187.62
Deductible/Maximum				BB				BB
Employee Only				\$53.53				\$61.86
Employee & 1 Dependent				\$102.78				\$118.77
Employee & Family				\$174.63				\$201.80

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 Voluntary ¹ 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 V1 P&D Only	PPO V2
Deductible/Maximum	A	A	A	A
Employee Only	\$11.23	\$39.98	\$12.98	\$46.20
Employee & 1 Dependent	\$21.57	\$76.77	\$24.92	\$88.71
Employee & Family	\$36.65	\$130.43	\$42.35	\$150.72
Deductible/Maximum	B		B	
Employee Only	\$13.36		\$15.44	
Employee & 1 Dependent	\$25.65		\$29.64	
Employee & Family	\$43.58		\$50.36	
Area 2 - Bergen, Burlington, Camden, Cape May, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Somerset, Warren				
Plan	PPO V1 P&D Only	PPO V2	PPO V1 P&D Only	PPO V2
Deductible/Maximum	A	A	A	A
Employee Only	\$12.19	\$43.38	\$14.08	\$50.13
Employee & 1 Dependent	\$23.40	\$83.29	\$27.04	\$96.25
Employee & Family	\$39.76	\$141.52	\$45.95	\$163.54
Deductible/Maximum	B		B	
Employee Only	\$14.49		\$16.75	
Employee & 1 Dependent	\$27.83		\$32.16	
Employee & Family	\$47.28		\$54.64	

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.
- 0-49% (Voluntary) — At least 25% of all eligible employees or two for groups with 2-9 employees, whichever is greater, must enroll.

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

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

Delta Dental PPO

Eligible/Ineligible Industries¹

Eligible Industries	SIC Code
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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, 7320-7360, 7364-7388, 7390-7630, 7632-7799	7100-7220, 7222-7230, 7242-7290, 7300-7318, 7320-7360, 7364-7388, 7390-7630, 7632-7799
Hospitals	8062-8069
Community Service Organizations/Social Services/Government Funded Group.	8300-8399
Museums, Art Galleries & Gardens	8400-8499
Public Administration (excluding International Affairs #9721)	9000-9998

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
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
Management Carve-out (regardless of industry)	9999

Ineligible Industries	SIC Code
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Seasonal Employees (Farm Labor & Mgt, Landscape and Horticultural services)	0761-0783
Beauty & Barber Shops	7231-7241
Employment Agencies	7361-7363
Misc. Business Services	7389
Dentist offices, Medical Labs and Dental Labs	8021, 8071, 8072
Public Schools (Elementary & High School) ²	8200-8299
Membership Organizations/Associations ³	8600-8699
Private Households	8811
Misc. Services not elsewhere classified	8999
Public Administration (Cities, Counties, Police, etc.)	9000-9720, 9722-9998
International Affairs	9721
Seasonal Employees (Christmas/Part-time help)	No SIC
High Turnover ⁴	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 Management and the Administrative staff of Associations, Trusts & Religious Organizations are eligible under Level Two. Use SIC Code 9999.

⁴ 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.