

2011 Resource Guide

For Brokers



Great Oral Health ... it just feels good!

Delta Dental is the nation's leader in promoting oral health through products and initiatives that make dental care more available and affordable.

Delta Dental of New Mexico
2500 Louisiana NE, Suite 600 / Albuquerque, NM 87110
800-999-0963 • 505-883-4777
DeltaDentalNM.com



Dear Broker:

Thank you for your interest in Delta Dental. Whether you are a broker new to Delta Dental of New Mexico or a broker familiar with our products, we hope this Resource Guide will help you efficiently and effectively access the information you need to assist your dental plan clients.

Delta Dental also publishes a Group Plan Administration Guide. It is provided for Plan Administrators but includes information that is also very helpful for brokers with Delta Dental group plans. Please access it along with this Broker Guide and consider it a “companion” resource for your own use. Since most New Mexico employers have fewer than 100 employees, much of the information in these Guides is specific to our Small Group Pool (SGP). Please call on us anytime you need a proposal for, or have questions about, anything related to larger groups. While many of the administrative processes are the same, group plans and billing procedures for larger employers and/or self-funded clients can be a little different.

SGP products are available to employers with as few as three employees. There are literally dozens of benefit variables that give brokers maximum flexibility to meet client budget and benefit needs. For SGP group size guidelines and underwriting requirements, refer to the SGP Underwriting Guidelines.

Four standard plan designs are available in the Small Group Pool. Employers may choose one of three provider networks or a Point of Service plan that offers two “in-network” choices. Delta Dental Point of Service plans are unique in their ability to provide broad access paired with benefit level incentives that encourage employees to take advantage of a second, lower cost network. For most size groups, there are three Annual Plan Maximums from which to choose and any size group may elect a benefit enhancement called Preventive Care Security (PCS) – a popular option which helps employers promote good oral health behaviors. **Please refer to the Table of Contents in this Guide to quickly locate the SGP rates and other information you need.**

Be sure to visit the [Brokers Appointed with Delta Dental](#) area in the [Broker Section](#) of [DeltaDentalNM.com](#). The website offers appointed brokers access to an interactive SGP product rating application called Website Rating Toolkit. An alternative to using the “generic” new business rate pages included in this Guide, this user-friendly Toolkit enables brokers to quickly prepare accurate, client-specific proposal pages and price renewal options. In the same section of the website, appointed brokers have access to commission statements and the coverage documents applicable to each of their in-force Delta Dental groups.

Delta Dental Contact Information is included on page 2 of this Guide. Please let us know how we can help you. We appreciate the confidence you show in us when you consider Delta Dental for your clients’ dental plan benefits.

Sincerely,

A handwritten signature in black ink that reads "Maggie Nevins". The signature is fluid and cursive, with a large initial "M".

Maggie Nevins
Vice President Sales and Marketing
Delta Dental of New Mexico

**DELTA DENTAL OF NEW MEXICO
CONTACT INFORMATION FOR BROKERS**

Name and Position	Local Number (Albuquerque)	Toll-Free	E-Mail Address
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SALES AND CLIENT SERVICES

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Maggie Nevins , Vice President Sales and Marketing	(505) 855-7118	1-800-999-0963, ext. 57118	mnevins@ddpnm.com
Dolores Piña , Accounts Manager	(505) 872-5322	1-800-999-0963, ext. 25322	dpina@ddpnm.com
Barbara Vulaj , Sales Coordinator	(505) 872-5326	1-800-999-0963, ext. 25326	bvulaj@ddpnm.com
Marisa Valdez , Accounts Manager	(505) 872-5325	1-800-999-0963, ext. 25325	mvaldez@ddpnm.com

Sonia Brackeen , Client Services Supervisor	(505) 872-5336	1-800-999-0963, ext. 25336	sbrackeen@ddpnm.com
Client Services Enrollment, eligibility and other general group services	(505) 998-7555	1-877-998-7555	clientservices@ddpnm.com

OPERATIONS

Benefit Services Individual or group-specific claims inquiries	(505) 855-7111	1-877-395-9420	benefitservices@ddpnm.com
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Marybeth Phipps , Vice President of Operations	(505) 855-7100	1-800-999-0963, ext. 57100	mhipps@ddpnm.com
Cynthia Lucero-Ali , Operations (Claims) Manager	(505) 855-7108	1-800-999-0963, ext. 57108	clucero@ddpnm.com

OTHER CONTACT INFORMATION

E-Mail Address for Quote Requests on Groups with 50 or more Employees	sales@ddpnm.com		
Main Telephone Number	(505) 883-4777	1-800-999-0963	
Fax	(505) 883-7444		
Website	DeltaDentalNM.com		
Address	2500 Louisiana Blvd, NE, Suite 600 Albuquerque, NM 87110		

DELTA DENTAL OF NEW MEXICO SGP BROKER RESOURCE GUIDE

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**Delta Dental of New Mexico “Report Card”
January 1, 2010 through December 31, 2010 ***

Customer Service (Benefit Services)

- Speed of answering calls: 92.7% within 45 seconds

Claims Processing

- Claims turn-around time: 87.4% within 6 calendar days
- Financial accuracy of paid claims 99.9 %
- Procedural accuracy of paid claims: 99.7%

Provider Networks – Points of Access

Delta Dental Premier
1238

Advantage Network
987

Delta Dental PPO
866

Delta Dental Patient Direct
494

Delta Dental is a network of 39 independent, not-for-profit dental plans conducting business in all 50 states, the District of Columbia, and Puerto Rico – collectively the largest provider of dental benefits in the country. These plans are all members of the Delta Dental Plans Association (DDPA), whose mission is to help improve the overall oral health of the nation by making dental care more available and affordable.

The Association exists to help member plans enhance their ability to provide dental benefits programs to customers and subscribers. Among its many functions, DDPA establishes and enforces performance standards. In all categories, Delta Dental of New Mexico exceeded both DDPA performance standards and the even more stringent standard of excellence targets set by its own leadership team.

*Measurements in the report are derived from quality assurance audits.

DELTA DENTAL: COMPANY AND PROVIDER NETWORK DISTINCTIONS

About Delta Dental

Delta Dental is a network of 39 independent member companies conducting business in all 50 states, the District of Columbia, and Puerto Rico – collectively the largest and most experienced provider of dental benefits in the country.

Delta Dental serves more than one in four of the estimated 173 million Americans with dental benefits, insuring or administering dental coverage to over 54 million people in over 93,000 groups across the nation. In 2009, Delta Dental processed over 84 million dental claims, approximately 1.5 million every week, with an accuracy rate exceeding 99%.

Delta Dental of New Mexico is a not-for-profit corporation that has been a provider of dental benefit plans since 1973. Through its affiliation with several other successful Delta Dental member companies, it is part of a corporate enterprise with \$467+ million in capital and reserves. Today, over 400,000 New Mexico residents are covered by plans administered by Delta Dental. New Mexico employer groups are serviced by an experienced, expert staff in Albuquerque, where all sales and account management personnel are located. Delta Dental of New Mexico is a member of the Delta Dental Plans Association, which provides access to the country's largest repository of dental care data and national provider networks. This combination of local account management and national expertise is unique to Delta Dental.

Delta Dental offers employers a wide variety of quality, cost-effective benefit plans and services. Because we specialize in dental benefits and dental benefit administration, we also provide unparalleled expertise and value.

Delta Dental Provider Networks

National Networks

- Delta Dental Premier[®]: With almost 205,000 dentist locations, Delta Dental Premier is the largest and most comprehensive dental network in the country, with providers in every state. In New Mexico, more than 90% of practicing dentists participate in Delta Dental Premier.
- Delta Dental PPOSM: This second national provider network is somewhat smaller than Delta Dental Premier (126,400+ dentist locations) and offers Delta Dental's most significant premium and cost savings. This network also has dentists in every state.

Delta Dental of New Mexico Statewide Network

- Advantage Network: Available exclusively in New Mexico, this “in-between” network is somewhat larger than Delta Dental PPO, with over 940 dentist locations around the state. Premium and cost savings are greater than what is available under Delta Dental Premier, and Plus Premier advantages apply.

For more information about the unique Delta Dental provider network structure and The Plus Premier feature, refer to the Product Guide included in this Resource Guide.

Cost Savings for Groups and Members

Network savings help reduce claims costs which, in turn, help keep premiums as affordable as possible. Out-of-pocket costs at the time services are rendered are also reduced through negotiated fee maximums and the elimination of the balance billing that might otherwise apply.

Unique Delta Dental cost control measures and contractual agreements with dentists help ensure quality care subject to discounted fee maximums, saving groups over \$7.6 billion a year (2009).

Dedication to Delivering Superior Member and Customer Service

Through the association with Delta Dental Plans Association, Delta Dental member companies have elected to establish and maintain customer service standards that have become the industry's benchmarks. Please refer to the Report Card included in this Guide for telephone response times and other customer service performance standard data for Delta Dental of New Mexico.

In 2009, Delta Dental member companies processed over 84 million dental claims — approximately 1.5 million every week — with an accuracy rate of 99.7%.

Quality Controls

In addition to the system audits which report and document the results shown in the Report Card, Delta Dental of New Mexico initiates an outside, independent annual audit to monitor and insure the highest levels of quality control and financial integrity.

Financial Stability

Delta Dental posted approximately \$16 billion in premium revenue during fiscal year 2009, the system's 30th consecutive year of financial gain.

Commitment to New Mexico Communities

Through its Community Benefit Fund, Delta Dental of New Mexico contributed more than \$150,000 in 2009 to initiatives around the state to promote and improve access to oral health. During 2010, Delta Dental maintained its benefactor relationship with those organizations while contributing an additional \$100,000 + as the major financial sponsor of New Mexico's first Mission of Mercy free dental clinic.

DELTA DENTAL OF NEW MEXICO

SMALL GROUP POOL (SGP) PRODUCT GUIDE

Small Group Pool (SGP) Products

Group Size

Delta Dental offers employer groups with as few as three enrolled employees a menu of fully-insured dental plans with varying levels of benefits and distinct provider network choices. The rating formulas and administrative efficiencies available in the Small Group Pool help stabilize future premium adjustments, control plan costs associated with administration, and enhance affordability.

SGP plans are available to groups with fewer than 100 eligible employees when the employer is contributing 50% or more toward the cost of employee-only coverage. Voluntary plans, which do not require employer contribution, are available to groups with 10 to 200 eligible employees.

All Delta Dental SGP plans offer these important features:

- Diagnostic and Preventive Care Services available at 100% coverage, with no deductible.
- Preventive Care Security (see below) automatically included or available as an option.
- Plan designs which allow enrollees the freedom to choose any dentist, anywhere, while offering lower out-of-pocket costs when they select a Delta Dental dentist participating in the network selected by the employer.
- Plus Premier features automatically apply when a network other than Delta Dental Premier is selected (see description in this section).
- Dental care subject to applicable Maximum Approved Fees (vary by network) that help keep premiums and dental care services affordable.
- Important member protections, such as credentialing, quality assurance and claims processing policies that are part of the agreements with Delta Dental participating dentists.

Whether an employer has had a dental plan for many years or is selecting one for the first time, Delta Dental of New Mexico can offer an SGP plan to fit the employer's budget and dental benefit needs. Please contact us if we can help you!

Plan Designs

The ability to "mix and match" benefits and provider networks is unique to Delta Dental because of the flexibility possible with multiple provider networks. For even the smallest eligible employer group, there are at least a dozen Small Group Pool plan design combinations available.

Two basic plan designs (Plan I and Plan II) are available. These plans may feature a single-network or, in a Point-of-Service Plan, two Delta Dental networks. Plan I and Plan II are available to employers contributing 50% or more toward the cost of employee-only coverage; Plan I is available to employers who do not contribute to the cost of dental benefits (Voluntary plans).

Depending on the group's size, budget, and benefit goals, individual employers may elect coverage options such as enhanced plan maximums or orthodontic benefits.

Voluntary plans require a Benefit Waiting Period before some types of services are considered eligible expenses but all plans include preventive care benefits with immediate coverage.

Refer to the SGP Underwriting Guide for more information about the Benefit Waiting Period for Voluntary groups and how a waiver of the waiting period can be requested for employees who were enrolled under the employer's prior dental plan.



Enhanced Oral Health Benefits with Preventive Care Security (PCS)

All SGP Point-of-Service plans automatically include a unique oral health benefit enhancement called Preventive Care Security (PCS). This benefit is available as an option on all other plan designs. When PCS is included, the benefits paid for Diagnostic and Preventive care services never reduce the Annual Plan Maximum.

This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

Multi-State Employers

National networks help enable employees in all locations (working or traveling) to access Delta Dental providers, with consistent quality assurance and cost management features. Benefit payments are based on the Maximum Approved Fees applicable in each dentist's location, creating savings and satisfaction for employees in all areas.

The Plus Premier Feature

With all Delta Dental plans, subscribers have benefits for covered services with any dentist, anywhere. While the lowest out-of-pocket costs always apply when subscribers use the network applicable to the employer's group plan, the size and scope of the Delta Dental Premier Network adds value *even when the employer has selected a plan which features another Delta Dental provider network*. Here's how:

Subscribers enrolled in plans featuring Delta Dental PPO or Advantage Network can help control the additional costs associated with receiving services from a non-network dentist by selecting a Delta Dental Premier dentist *instead of a dentist who does not participate in any of the Delta Dental networks*. Known as the Plus Premier feature, Delta Dental Premier Maximum Approved Fees limit the amount that can be balance-billed to a patient. As an example, a Delta Dental PPO subscriber who chooses a Delta Dental Premier dentist will pay the difference between the Maximum Approved Fees allowed under Delta Dental PPO and Delta Dental Premier, but no amount over the Delta Dental Premier Maximum Approved Fee can be balance-billed to the subscriber.

In addition, any Delta Dental Premier dentist will bill Delta Dental first, avoiding the need for Delta Dental subscribers to pay first and wait for reimbursement. Delta Dental Premier dentists are subject to processing policies, utilization reviews, in-office fee audits, peer review and other member protections required under their contracts with Delta Dental.

These benefits, together referred to as the Plus Premier feature, provide employees with maximum savings in the featured network while reducing potential out-of-pocket costs and claim submission hassles if a subscriber enrolled in a Delta Dental PPO or Advantage plan receives services from an out-of-network dentist who participates with Delta Dental Premier.

Please let us know if we can tell you more about our unique network choices or more fully explain how Delta Dental provider networks work together to provide the greatest value to enrolled members.

Groups written in the SGP have a twelve-month contract year, benefit periods that match the contract term, and eligibility subject to annual Open Enrollment plan provisions. All group applications are subject to a Delta Dental of New Mexico coverage approval process that may include, but not be limited to, application verification and confirmation that the requirements outlined in this guide have been met.

TOPIC	REQUIREMENTS	ADDITIONAL INFORMATION OR REQUIREMENTS
Eligible Employer Groups	<p>Most groups in which there is an employee-employer relationship (vs. independent contractors and "1099 employees") are eligible. Some types of groups may not be considered (see additional information column) and all groups are subject to underwriting approval. SGP rates assume a NM location.</p> <p>Groups with more than a nominal number of employees outside NM may not be eligible, depending on the number and location of those employees.</p> <p>Coverage for groups of leased employees can be considered on a case-by-case basis. Some industries, and groups with no prior dental plan, are eligible subject to a rating adjustment.</p>	<p>Appointed brokers can price all SGP plans and quickly produce full color proposals in the Website Rating Toolkit which is available in the Brokers Appointed with Delta Dental area of the Brokers' Section at deltadentalNM.com.</p> <p>Groups ineligible for the SGP include, but are not limited to: Employers who offer more than one group dental plan (SGP rates presume sole-carrier); employers who reimburse employees for deductibles or subsidize benefits in any way, through any kind of formal or informal reimbursement plan; and employer groups whose group benefit purchasing decisions are made outside the state of New Mexico (these groups should be written through the Delta Dental member company in that state).</p>
Eligible Employees and Dependents	<p>Eligible employees are those who receive W2s, work the required number of hours per week, and satisfy the Eligibility Waiting Period. Independent contractors and retirees are not eligible to enroll as employees.</p> <p>Leased employees can be considered on a case-by-case basis.</p> <p>Eligible dependents are defined as husbands and wives, and children under age 25 who are primarily dependent on the employee for support (note "age 26" additional information). Dependents, such as domestic partners, who do not meet the definitions shown above are generally not eligible for coverage. Other dependents, such as children for whom the employee is a legal guardian or over age children with disabilities making them dependent on the employee for support, may be covered subject to underwriting approval.</p>	<p>Employer groups may NOT limit eligibility to specific classification(s) of employees i.e., groups who set "carve-out" eligibility criteria are not eligible for the SGP. Note: in-force groups who were previously approved with carve out eligibility are not subject to this underwriting requirement.</p> <p>The number of full time hours required for eligibility may be determined by the employer, but may not be fewer than 20 hours per week.</p> <p>Newly written groups wishing to enhance the definition of eligible children (including a change to reflect age 26 as the age limit) may do so by completing the "Age 26" request form provided by Delta Dental. In-force groups may request this change upon renewal.</p> <p>For complete eligibility requirements applicable to employees and dependents, refer to the DDNM benefit booklet, which is available on request.</p>
Group Size Maximum	<p>A new group is written in the SGP when the employer group has:</p> <ul style="list-style-type: none"> • 100 or fewer ELIGIBLE employees (if employer contributes 50% or more of employee cost) • 200 or fewer ELIGIBLE employees (if coverage is Voluntary) 	<p>New groups with 100 or more ELIGIBLE employees (200 or more eligible if voluntary) are rated outside of the SGP, with rates, commission levels, underwriting requirements and plan design options different from those applicable to smaller groups.</p> <p>Renewing groups will remain in the SGP until/unless group size guidelines are exceeded.</p>
Group Size Minimum	<p>Non-Voluntary plans: group size minimum of three (3) full time employees enrolled</p> <p>Voluntary plans: group size minimum of ten (10) full time employees enrolled</p>	<p>The number of full time hours required for eligibility may be determined by the employer, but may not be fewer than 20 hours per week.</p> <p>Husband and wife employees, when both meet the full time eligibility requirement, may enroll as two singles for purposes of reaching the three (3) employee minimum. Dependent children may only be enrolled under one parent.</p>
Specified Industries	<p>Groups in Specified Industries are subject to a rate adjustment of 10% over standard plan rates. This rate adjustment is already reflected on the Specified Industry rate sheets in the Broker Resource Guide.</p> <p>If a group in a Specified Industry has no prior dental plan an additional 10% rate adjustment (over and above the rates shown on the rate sheets) applies.</p> <p>This/these one time rate adjustment(s) is required only when a group is first written (original</p>	<p>Specified Industries subject to rate modifications include: Medical professions; Law Firms; Insurance Firms/Agencies*; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Scientists, Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising, Computer and Internet businesses.</p> <p>* Agents with in-force Delta Dental business are not subject to industry loads for their own agency's coverage with Delta Dental.</p>
<20 Groups with no prior dental plan (The information in this section does not apply to Voluntary groups)	<p>New groups enrolling fewer than 20 employees who have no prior dental plan are subject to a rate adjustment of 10% over standard plan rates and may not elect an annual plan maximum of over \$1,000. This rate adjustment is already reflected on the Specified Industry/No Prior Dental rate sheet in the Broker Resource Guide. This one time rate adjustment is required only when a group is first written (original effective date). Renewal rate adjustments for these groups are subject to the same renewal formulas applicable to other groups.</p> <p>If a group with no prior dental plan is also a group in a Specified Industry, an additional 10% rate adjustment (over and above the rates shown on the Specified Industry/No Prior Dental rate sheets) needs to be manually applied.</p>	<p>"No prior dental" generally refers to employers who have never had group dental insurance AND to groups with 3 or more months since a prior dental plan's date of termination. "No prior dental" determinations are subject to underwriting review and will include considerations related to how many people were covered under a prior plan as compared to the proposed Delta Dental enrollment.</p> <p>Groups in this category default to standard underwriting guidelines at renewal, which allows them to elect higher annual plan maximums at that time if 10 or more employees are enrolled.</p>
Rating Tiers	<p>Three (3) and four (4) tier rates are available in the SGP, at the employer's option.</p>	<p>Three tier: Employee, Employee Plus 1 and Employee Plus Family Four tier: Employee, Employee Plus Spouse, Employee Plus Child(ren), Employee Plus Family</p>
Agent Commissions	<p>Small Group Pool plans are rated to include a level 10% commission.</p>	<p>Group coverage for employees of agents appointed with Delta Dental may be written net of commissions but no other commission variables are available.</p>
Re-Write of Groups Previously with DDNM	<p>Groups who have not previously been insured with Delta Dental during the 24 months prior to the requested effective date are eligible for SGP new business rates.</p> <p>If previous Delta Dental group coverage terminated more recently than that, the new business rates will be equal to the group's most recent Delta Dental renewal rates plus a trend adjustment for the months since termination or SGP new business rates, if higher.</p>	<p>Groups whose termination of coverage was for non-payment of premium require specific underwriting approval and may be ineligible for coverage or subject to check-draw premium payment requirements.</p>

Groups written in the SGP have a twelve-month contract year, benefit periods that match the contract term, and eligibility subject to annual Open Enrollment plan provisions. All group applications are subject to a Delta Dental of New Mexico coverage approval process that may include, but not be limited to, application verification and confirmation that the requirements outlined in this guide have been met.

TOPIC	REQUIREMENTS	ADDITIONAL INFORMATION OR REQUIREMENTS
Group Effective Date	Groups are approved for coverage on the first day of the month as indicated on the group application or on the first day of the month approved by Delta Dental, whichever comes first.	If a mid-month effective date is required, the initial contract period shall be for 11 ½ months and a check for 1½ months premium must accompany the application. Mid-month effective date exceptions are only possible with documentation that the prior dental coverage had a mid-month termination date.
Requests for "Short" or "Long" Contract Years	Groups who have a business need for an initial contract period of less than or greater than 12 months may request an exception to the initial one year contract/benefit year. An in-force group may also request a change in the dental plan anniversary date. This change needs to be requested in advance of the group's renewal and the resulting short or long contract period will apply to the benefit period following that anniversary date. Retroactive changes cannot be made because dental benefits are subject to an annual maximum which has already been communicated to enrollees and may have been considered in the planning of needed dental care.	Exceptions to a 12 month contract period are subject to underwriting approval. In all cases, documentation of the business need (i.e., a medical plan with a different contract period) will be requested. Because group plan rating is based on annual plan maximums, contract years shorter than 8 months or longer than 16 months are not normally considered and contract year changes may not be possible for very small groups. Please contact Client Services to discuss options specific to each client.
Employer Contribution	Except when Voluntary benefits and rates are selected, the employer is required to contribute a minimum of 50% of the employee premium for each eligible employee. Any group with an employer contribution of less than 50% of the employee premium is considered Voluntary.	Premium contributions from all employees, for both voluntary or non-voluntary plans, must be collected (payroll deducted) and paid to Delta Dental by the employer. A mid-benefit year increase in employer contribution is not a qualifying event that triggers new eligibility.
Participation Requirements	For non-voluntary groups, 75% of eligible employees must enroll with Delta Dental or sign a waiver confirming other group dental plan coverage. In no event, however, can the number of employees waiving coverage exceed 50% of the total number of eligible employees. If the plan is Voluntary, 35% of eligible employees -- regardless of the number of employees with other dental coverage -- must enroll.	Any eligible employee not electing Delta Dental coverage must sign a waiver. Employees with other dental plan coverage are eligible to enroll but may waive Delta Dental coverage. If waiving for other coverage, waivers must indicate the name of other plan. Non-comparable benefits, such as group or individual "Discount" dental plans are not considered other dental coverage for purposes of meeting participation requirements.
Eligibility Waiting Periods	The employer may select the Eligibility Waiting period, subject to approval by Delta Dental. Coverage for employees becomes effective on the first of the month following satisfaction of the Eligibility Waiting period.	Eligibility Waiting Periods of less than one month, such as "date of hire" coverage effective dates, and waiting periods in excess of one year can not apply in the SGP. Eligibility Waiting Periods may only be waived for current employees at initial enrollment if there is no prior dental plan.
Management Only Groups or Other "Carve-Out" Eligibility	Employers who exclude some classifications of employees (i.e., "carve out" eligibility limited to Management or other defined groups of employees) are not eligible for the Small Group Pool. Defining union employees as the only class of employees not eligible is not considered "Carve-Out" eligibility for underwriting purposes.	
Plan Designs (when coverage is not Voluntary)	Regardless of group size, two standard "single-network" plan designs are available: Plan I: 100% D&P / 80% Restorative / 50% Basic / 50% Major Plan II: 100% D&P / 80% Restorative / 80% Basic / 50% Major Two Point Of Service (POS) plans combining two Delta Dental networks, each with different benefit levels, are also available to any size group, as shown below: Plan I: 100% D&P / 80% Restorative / 50% Basic / 50% Major (Delta Dental PPO or Advantage) 80% D&P / 60% Restorative / 50% Basic / 50% Major (Delta Dental Premier) Plan II: 100% D&P / 80% Restorative / 80% Basic / 50% Major (Delta Dental PPO or Advantage) 80% D&P / 60% Restorative / 60% Basic / 50% Major (Delta Dental Premier)	All plans have \$50/\$150 single/family deductibles (not applicable to Diagnostic and Preventive Services). * * * Preventive Care Security (PCS) is automatically included as a benefit in all Point of Service plans. With PCS, benefits paid for Diagnostic and Preventive Services never reduce the annual plan maximum. This coverage enhancement is available as an option on all other SGP plans. * * * The plan designs shown require an employer contribution of at least 50% of the employee premium. Refer to Voluntary Plan section in this Underwriting Guide for the plan available when the employer contribution is less than that.
Plan Options (This section not applicable to Voluntary groups; see guidelines specific to	Three Annual Plan Maximum options -- \$1,000, \$1,500 and \$2,000 -- are offered in the SGP. Limits on the annual plan maximums available apply as follows: The only available plan maximum for groups (new or renewal) with fewer than 10 enrolled employees is \$1,000. New groups who had no prior dental and an initial enrollment of fewer than 20 employees may only elect \$1,000 annual plan max during the first benefit year; groups in this category with 20 or more enrolled may elect higher plan maximums.	Plan Options are available to eligible new groups and renewing groups on their contract anniversary dates. Groups ineligible at renewal for plan options elected in the previous benefit year (e.g., a group who had Ortho but now has fewer than the number of enrolled employees required for that coverage) will not be eligible to renew coverage including the option for which they have become ineligible. Option(s) may be reconsidered at next renewal.

Groups written in the SGP have a twelve-month contract year, benefit periods that match the contract term, and eligibility subject to annual Open Enrollment plan provisions. All group applications are subject to a Delta Dental of New Mexico coverage approval process that may include, but not be limited to, application verification and confirmation that the requirements outlined in this guide have been met.

TOPIC	REQUIREMENTS	ADDITIONAL INFORMATION OR REQUIREMENTS
Voluntary coverages.)	<p>Child Only or Adult/Child coverage for Orthodontic Services is available to new employer groups with 20 or more enrolled employees, or non-Voluntary groups with 10 or more enrolled employees if the prior dental plan included Orthodontic coverage.</p> <p>Renewing groups (groups currently with Delta Dental) without coverage for Orthodontic Services may add Ortho if there are 20 or more enrolled employees as of the renewal date.</p>	<p>The Lifetime Maximum for Orthodontic Services, although separate from the Annual Plan Maximum, must be same dollar amount as the group's Annual Benefit Maximum (i.e., if the group's Annual Plan Maximum is \$2,000, the available lifetime maximum for the Ortho benefit is \$2,000).</p> <p>Website Rating Toolkit, which is available to appointed brokers at DeltaDentalNM.com, is an online application for pricing Preventive Care Security and most renewal options.</p>
Benefit Waiting Periods	<p>A Benefit Waiting Period only applies to groups which are Voluntary (employer contribution of less than 50% of employee premiums).</p> <p>For those groups, a 12 month Benefit Waiting Period applies to all initial and future enrollees (regardless of the date enrolled) and is applicable to Orthodontic and Major Services, Endodontics, Surgical Periodontal, Oral Surgery Services and General Anesthesia. Voluntary groups with prior dental coverage may apply for a waiver of the Benefit Waiting Period for the employees who were covered under the Group's prior dental plan.</p>	<p>If applicable, the waiver of the Benefit Waiting Period will apply to the employees who were on the prior dental benefit plan in the month immediately preceding the Delta Dental effective date and to the dependents of those employees who enrolled as of that effective date. The Benefit Waiting Period will apply to all future enrollees including, if any, future dependents of employees for whom the Benefit Waiting Period was waived. Documentation of the employer's prior dental plan coverage and proof of premium payment in the month immediately preceding the Delta Dental effective date will be required. To be eligible for consideration, the group's prior dental coverage must have had reasonably similar levels of coverage. Plans with non-comparable benefits, such as Discount plans, are not considered prior coverage.</p>
Voluntary Plans (employer contribution less than 50% of employee premiums)	<p>Plan I (100% D&P / 80% Restorative / 50% Basic / 50% Major) is offered as the SGP Voluntary plan and is available to groups with fewer than 200 ELIGIBLE employees, subject to a minimum enrollment of 10 or more employees and a 35% participation requirement.</p> <p>Voluntary plans require the employer to payroll deduct premiums (one check to Delta Dental) and have a Section 125 Plan under which employees will be enrolling.</p>	<p>Plan maximums in excess of \$1,000 are not available under the Voluntary plan but a \$1,000 benefit for Orthodontic Services may be elected when the group size is 20 or more enrolled.</p> <p>Under the Voluntary Plan, a 12 month Benefit Waiting Period applies to Orthodontic Services, Major Services, Endodontics, Surgical Periodontal, Oral Surgery and General Anesthesia.</p>
Agent / Broker SGP Groups	<p>Broker groups are eligible for group coverage in the SGP.</p> <p>As a courtesy to brokers with active Delta Dental of New Mexico appointments, the "Specified Industry" rate adjustment that would normally apply to insurance agents will not apply.</p> <p>Although not applicable for other SGP cases with fewer than 10 enrolled, agent groups with 3 -10 enrolled employees MAY enhance the Annual Plan Maximum to \$1,500 or \$2,000.</p>	<p>SGP business on insurance agents is written net of commissions, with applicable SGP rates reflecting the corresponding premium adjustment.</p> <p>Agent groups with fewer than 10 enrolled lose eligibility for any options not normally available to groups with fewer than 10 if the agent is not appointed with Delta Dental on the renewal date.</p>
New Business Submission Requirements	<ul style="list-style-type: none"> SGP Employer Application, signed by broker and an officer of the Group (If billing sublocations are desired, include a Subgroup Information Page and Application Addendum.) If enhanced dependent eligibility is desired, an employer-signed "Age 26" Authorization Premium remittance (payable to Delta Dental) equal to first month's premium Enrollment cards for each enrolled employee Waiver cards for each eligible employee not enrolling Coverage description and proof of payment (month immediately prior to requested effective date) for prior dental plan, if applicable 	<p>New case submission requirements must be received by Delta Dental by no later than the 25th of the month prior to the requested effective date.</p> <p>Age 26 eligibility may only be elected prior to a group's effective date (or as of a renewal date); if desired, request the authorization form required prior to approval.</p> <p>The employer signature on the group application must be by someone with authority to contract for the employer. Additional documentation, such as a copy of a recent SUTA form, may be requested on a case by case basis.</p>
Billing Sub-Groups	<p>SGP groups with 25-100 employees enrolled may identify a reasonable number of billing sub-groups for ease in distinguishing between groups of employees (i.e., locations).</p> <p>If billing sublocations are desired, include a Subgroup Information Page and Application Addendum with the Group application.</p>	<p>Groups with sub-locations may pay premiums with more than one check -- either for the initial premium deposit or for monthly premium payments after group is written -- if each check clearly indicates to which sublocation that portion of the premium applies.</p> <p>Note: groups with sub-locations must identify on enrollment cards which sub-location is applicable to each enrollee.</p>
Underwriting Approval	<p>Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico.</p> <p>Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number.</p>	<p>Applications for coverage are subject to verification by Delta Dental, including but not limited to, phone call confirmation of information on enrollment cards and on the employer's group plan application.</p> <p>Agents must be licensed in New Mexico and appointed by Delta Dental of New Mexico to solicit or represent Delta Dental group plan products.</p>
Renewal Rating and Requirements	<p>Premium rates for each group in the SGP are reviewed annually.</p> <p>Premium adjustments, when applicable, will be effective on the group's contract anniversary date. Renewal rates are based on a formula that includes some consideration for the group's claims ratio (trended) in the previous period. However, because groups in the SGP have limited claims credibility, the rate increase applicable to any one group -- regardless of the that group's claims -- will not exceed the maximum rate adjustment applicable in the SGP. Assuming average claims utilization, renewal rate adjustments will approximate trend.</p>	<p>Renewing groups are not required to automatically submit any payroll documentation such as SUTA forms. SUTA forms may be requested at renewal, on a case-by-case basis, to verify continued eligibility.</p> <p>Notices of renewal rates are sent 60 days prior to the effective date of the rate change. Broker copies of renewal notices are sent prior to the group's copy.</p>
Plan Change Requests	<p>Changes to benefit levels, plan maximums or provider networks may be made on a group's anniversary date.</p>	<p>Appointed Brokers may price most group plan renewal options with a deltadentalnm.com website application called Website Rating Toolkit. The Toolkit is available in the Brokers Appointed with Delta Dental area of the site's Brokers' Section.</p> <p>Signed plan change requests must be received by Delta Dental before the group's dental plan anniversary date. Benefit changes are subject to underwriting approval and may not be made retroactively.</p>



Small Group Pool (SGP) Underwriting Guidelines / Revision Date January 2011

Groups written in the SGP have a twelve-month contract year, benefit periods that match the contract term, and eligibility subject to annual Open Enrollment plan provisions. All group applications are subject to a Delta Dental of New Mexico coverage approval process that may include, but not be limited to, application verification and confirmation that the requirements outlined in this guide have been met.

TOPIC	REQUIREMENTS	ADDITIONAL INFORMATION OR REQUIREMENTS
Ownership and Other Significant Group Changes	Notify Client Services when ownership or any other major change, such as the acquisition of another company or the addition of employees in locations outside New Mexico, occurs within a group.	Documentation confirming or updating employer contribution, Eligibility Waiting Periods, classifications of employees to be covered, etc. may be requested.

Already have groups written with Delta Dental?

Produce Delta Dental of New Mexico proposals -- for groups new to Delta Dental and/or for renewal options on existing groups -- using Website Rating Toolkit!

This easy-to-use rating application is web-based, with no download(s) required.

Website Rating Toolkit also provides for storage and retrieval of all quotes produced.

To locate the Toolkit, go to the Brokers' Section of deltadentalNM.com, click on the Brokers with Active (In-force) Delta Dental Groups, then register to create your own user name and password.

DELTA DENTAL OF NEW MEXICO SGP BROKER GUIDE

SGP RATE SHEETS

Plan Maximum	Rate Sheet	Page
\$1,000 Annual Plan Maximum (Available to groups with 3 or more employees enrolling)	Standard Rates	15
	Rates applicable to Specified Industries and Non-Voluntary Groups with No Prior Dental *	17
	Voluntary Rates (Available to groups with 10 or more employees enrolling)	19
	Voluntary Rates for Specified Industries * (Available to groups with 10 or more employees enrolling)	20
\$1,500 Annual Plan Maximum (Available to groups with 10 or more employees enrolling)	Standard Rates	21
	Rates applicable to Specified Industries and Non-Voluntary Groups with No Prior Dental *	23
\$2,000 Annual Plan Maximum (Available to groups with 10 or more employees enrolling)	Standard Rates	25
	Rates applicable to Specified Industries and Non-Voluntary Groups with No Prior Dental *	27

Coverage is always subject to Delta Dental of New Mexico underwriting and enrollment requirements and is not applicable until a group number is assigned by Delta Dental.

* These premiums include a rate adjustment that applies when the group purchasing a Delta Dental SGP plan has no prior group dental plan coverage or to groups in the industries shown below. When both situations apply, an additional rate adjustment (10%), which is not included on the rate sheets, applies.

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; and Insurance Firms/Agencies (except agents with in-force Delta Dental business are not subject to industry-adjusted rates for their own agency's coverage with Delta Dental)

Delta Dental of New Mexico




NEW BUSINESS RATES: SGP GROUPS WITH 3 OR MORE EMPLOYEES ENROLLING EFFECTIVE DATES JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

ANNUAL PLAN MAXIMUM: \$1,000




Participation Requirement is a minimum of 75% of eligible employees.
Employer Contribution must be 50% or more of Employee Only cost.

STANDARD RATES WITHOUT ORTHODONTIC BENEFITS

PLAN I RATES (100/80/50/50)

	Delta Dental	Delta Dental	Advantage	Advantage	Delta Dental	Delta Dental	Point of Service	
	PPO	PPO	Network	Network	Premier	Premier	Delta Dental	Advantage
							PPO	Network
3-Tier								
Employee	\$25.77	\$26.42	\$28.90	\$29.62	\$33.84	\$34.69	\$27.66	\$29.61
Employee + 1	\$50.65	\$51.92	\$56.80	\$58.22	\$66.55	\$68.21	\$54.38	\$58.23
Employee + Family	\$78.50	\$80.47	\$88.03	\$90.23	\$103.15	\$105.73	\$84.29	\$90.23
4-Tier								
Employee	\$25.77	\$26.42	\$28.90	\$29.62	\$33.84	\$34.69	\$27.66	\$29.61
Employee + Spouse	\$51.65	\$52.94	\$57.93	\$59.38	\$67.85	\$69.55	\$55.46	\$59.37
Employee + Child(ren)	\$47.88	\$49.08	\$53.70	\$55.04	\$62.91	\$64.48	\$51.42	\$55.04
Employee + Family	\$79.24	\$81.22	\$88.87	\$91.09	\$104.11	\$106.71	\$85.08	\$91.08

PLAN II RATES (100/80/80/50)

	Delta Dental	Delta Dental	Advantage	Advantage	Delta Dental	Delta Dental	Point of Service	
	PPO	PPO	Network	Network	Premier	Premier	Delta Dental	Advantage
							PPO	Network
3-Tier								
Employee	\$28.66	\$29.38	\$32.15	\$32.95	\$37.66	\$38.61	\$30.78	\$32.95
Employee + 1	\$56.16	\$57.56	\$62.99	\$64.56	\$73.80	\$75.64	\$60.30	\$64.56
Employee + Family	\$85.87	\$88.02	\$96.32	\$98.73	\$112.84	\$115.66	\$92.20	\$98.72
4-Tier								
Employee	\$28.66	\$29.38	\$32.15	\$32.95	\$37.66	\$38.61	\$30.78	\$32.95
Employee + Spouse	\$57.47	\$58.91	\$64.46	\$66.07	\$75.50	\$77.39	\$61.71	\$66.06
Employee + Child(ren)	\$53.28	\$54.61	\$59.75	\$61.24	\$70.01	\$71.76	\$57.20	\$61.25
Employee + Family	\$88.16	\$90.37	\$98.88	\$101.36	\$115.84	\$118.73	\$94.66	\$101.35

TABLES SHOWING RATES WITH ORTHODONTIC COVERAGE INCLUDED ARE ON THE OTHER SIDE OF THIS PAGE.



With Preventive Care Security, benefits received for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed. PCS is automatically included in Point of Service plans and is an option in all other plans.




Important Note: the rates shown on this page are not applicable to groups with no prior dental or when the group's industry falls into one of the Specified Industry categories. Please refer to the Table of Contents for the appropriate rate illustration page. The Specified Industries are:

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies (except agents with in-force Delta Dental business are not subject to industry-adjusted rates for their own agency's coverage with Delta Dental)




RATES WITH ORTHODONTIC COVERAGE

Available to groups with 20 or more employees enrolling or groups of 10 or more enrolled employees when prior plan included Orthodontic coverage.

PLAN I RATES (100/80/50/50) – \$1,000 Annual Plan Maximum / \$1,000 Ortho

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service		
							Delta Dental PPO	Advantage Network	
Child Only	3-Tier								
	Employee	\$25.77	\$26.42	\$28.90	\$29.62	\$33.84	\$34.69	\$27.66	\$29.61
	Employee + 1	\$51.25	\$52.52	\$57.40	\$58.82	\$67.15	\$68.81	\$54.98	\$58.83
	Employee + Family	\$87.33	\$89.30	\$96.86	\$99.06	\$111.98	\$114.56	\$93.12	\$99.06
	4-Tier								
	Employee	\$25.77	\$26.42	\$28.90	\$29.62	\$33.84	\$34.69	\$27.66	\$29.61
	Employee + Spouse	\$51.65	\$52.94	\$57.93	\$59.38	\$67.85	\$69.55	\$55.46	\$59.37
Employee + Child(ren)	\$54.30	\$55.50	\$60.12	\$61.46	\$69.33	\$70.90	\$57.84	\$61.46	
Employee + Family	\$88.07	\$90.05	\$97.70	\$99.92	\$112.94	\$115.54	\$93.91	\$99.91	
Child & Adult	3-Tier								
	Employee	\$26.34	\$26.99	\$29.47	\$30.19	\$34.41	\$35.26	\$28.23	\$30.18
	Employee + 1	\$52.35	\$53.62	\$58.50	\$59.92	\$68.25	\$69.91	\$56.08	\$59.93
	Employee + Family	\$88.48	\$90.45	\$98.01	\$100.21	\$113.13	\$115.71	\$94.27	\$100.21
	4-Tier								
	Employee	\$26.34	\$26.99	\$29.47	\$30.19	\$34.41	\$35.26	\$28.23	\$30.18
	Employee + Spouse	\$52.85	\$54.14	\$59.13	\$60.58	\$69.05	\$70.75	\$56.66	\$60.57
Employee + Child(ren)	\$54.87	\$56.07	\$60.69	\$62.03	\$69.90	\$71.47	\$58.41	\$62.03	
Employee + Family	\$89.27	\$91.25	\$98.90	\$101.12	\$114.14	\$116.74	\$95.11	\$101.11	

PLAN II RATES (100/80/80/50) – \$1,000 Annual Plan Maximum / \$1,000 Ortho

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service		
							Delta Dental PPO	Advantage Network	
Child Only	3-Tier								
	Employee	\$28.66	\$29.38	\$32.15	\$32.95	\$37.66	\$38.61	\$30.78	\$32.95
	Employee + 1	\$56.76	\$58.16	\$63.59	\$65.16	\$74.40	\$76.24	\$60.90	\$65.16
	Employee + Family	\$94.70	\$96.85	\$105.15	\$107.56	\$121.67	\$124.49	\$101.03	\$107.55
	4-Tier								
	Employee	\$28.66	\$29.38	\$32.15	\$32.95	\$37.66	\$38.61	\$30.78	\$32.95
	Employee + Spouse	\$57.47	\$58.91	\$64.46	\$66.07	\$75.50	\$77.39	\$61.71	\$66.06
Employee + Child(ren)	\$59.70	\$61.03	\$66.17	\$67.66	\$76.43	\$78.18	\$63.62	\$67.67	
Employee + Family	\$96.99	\$99.20	\$107.71	\$110.19	\$124.67	\$127.56	\$103.49	\$110.18	
Child & Adult	3-Tier								
	Employee	\$29.23	\$29.95	\$32.72	\$33.52	\$38.23	\$39.18	\$31.35	\$33.52
	Employee + 1	\$57.86	\$59.26	\$64.69	\$66.26	\$75.50	\$77.34	\$62.00	\$66.26
	Employee + Family	\$95.85	\$98.00	\$106.30	\$108.71	\$122.82	\$125.64	\$102.18	\$108.70
	4-Tier								
	Employee	\$29.23	\$29.95	\$32.72	\$33.52	\$38.23	\$39.18	\$31.35	\$33.52
	Employee + Spouse	\$58.67	\$60.11	\$65.66	\$67.27	\$76.70	\$78.59	\$62.91	\$67.26
Employee + Child(ren)	\$60.27	\$61.60	\$66.74	\$68.23	\$77.00	\$78.75	\$64.19	\$68.24	
Employee + Family	\$98.19	\$100.40	\$108.91	\$111.39	\$125.87	\$128.76	\$104.69	\$111.38	

**NEW BUSINESS RATES: SGP GROUPS WITH 3 OR MORE EMPLOYEES ENROLLING
EFFECTIVE DATES JANUARY 1, 2011 THROUGH DECEMBER 31, 2011**




ANNUAL PLAN MAXIMUM: \$1,000

Rates for Specified Industries* and groups <20 with no prior dental plan




Participation Requirement is a minimum of 75% of eligible employees.
Employer Contribution must be 50% or more of Employee Only cost.

STANDARD RATES WITHOUT ORTHODONTIC BENEFITS

PLAN I RATES (100/80/50/50)

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service	
							Delta Dental PPO	Advantage Network
3-Tier								
Employee	\$28.35	\$29.06	\$31.79	\$32.58	\$37.23	\$38.16	\$30.42	\$32.57
Employee + 1	\$55.72	\$57.11	\$62.48	\$64.04	\$73.21	\$75.04	\$59.82	\$64.05
Employee + Family	\$86.36	\$88.51	\$96.83	\$99.25	\$113.46	\$116.30	\$92.72	\$99.25
4-Tier								
Employee	\$28.35	\$29.06	\$31.79	\$32.58	\$37.23	\$38.16	\$30.42	\$32.57
Employee + Spouse	\$56.81	\$58.23	\$63.72	\$65.31	\$74.64	\$76.51	\$61.00	\$65.30
Employee + Child(ren)	\$52.67	\$53.98	\$59.07	\$60.54	\$69.20	\$70.93	\$56.56	\$60.55
Employee + Family	\$87.16	\$89.34	\$97.75	\$100.20	\$114.52	\$117.38	\$93.58	\$100.19

PLAN II RATES (100/80/80/50)

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service	
							Delta Dental PPO	Advantage Network
3-Tier								
Employee	\$31.53	\$32.31	\$35.36	\$36.25	\$41.43	\$42.47	\$33.86	\$36.25
Employee + 1	\$61.78	\$63.32	\$69.29	\$71.02	\$81.18	\$83.20	\$66.33	\$71.02
Employee + Family	\$94.46	\$96.82	\$105.95	\$108.60	\$124.12	\$127.22	\$101.42	\$108.59
4-Tier								
Employee	\$31.53	\$32.31	\$35.36	\$36.25	\$41.43	\$42.47	\$33.86	\$36.25
Employee + Spouse	\$63.22	\$64.80	\$70.91	\$72.68	\$83.05	\$85.13	\$67.88	\$72.67
Employee + Child(ren)	\$58.61	\$60.08	\$65.73	\$67.37	\$77.01	\$78.93	\$62.92	\$67.38
Employee + Family	\$96.98	\$99.40	\$108.77	\$111.49	\$127.42	\$130.61	\$104.13	\$111.48

TABLES SHOWING RATES WITH ORTHODONTIC COVERAGE INCLUDED ARE ON THE OTHER SIDE OF THIS PAGE.



With Preventive Care Security, benefits received for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed. PCS is automatically included in Point of Service plans and is an option in all other plans.




This rate sheet applies to groups with no prior dental plan and to the industries shown below. If both situations apply, the rates shown above are subject to a +10% premium rate adjustment.

* Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies (except agents with in-force Delta Dental business are not subject to industry-adjusted rates for their own agency's coverage with Delta Dental)




SPECIFIED INDUSTRY WITH ORTHODONTIC COVERAGE

Available to groups with 20 or more employees enrolling or groups of 10 or more
enrolled employees when prior plan included Orthodontic coverage.

PLAN I RATES (100/80/50/50) – \$1,000 Annual Plan Maximum / \$1,000 Ortho

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service		
							Delta Dental PPO	Advantage Network	
Child Only	3-Tier								
	Employee	\$28.35	\$29.06	\$31.79	\$32.58	\$37.23	\$38.16	\$30.42	\$32.57
	Employee + 1	\$56.32	\$57.71	\$63.08	\$64.64	\$73.81	\$75.64	\$60.42	\$64.65
	Employee + Family	\$95.19	\$97.34	\$105.66	\$108.08	\$122.29	\$125.13	\$101.55	\$108.08
	4-Tier								
	Employee	\$28.35	\$29.06	\$31.79	\$32.58	\$37.23	\$38.16	\$30.42	\$32.57
	Employee + Spouse	\$56.81	\$58.23	\$63.72	\$65.31	\$74.64	\$76.51	\$61.00	\$65.30
Employee + Child(ren)	\$59.09	\$60.40	\$65.49	\$66.96	\$75.62	\$77.35	\$62.98	\$66.97	
Employee + Family	\$95.99	\$98.17	\$106.58	\$109.03	\$123.35	\$126.21	\$102.41	\$109.02	
Child & Adult	3-Tier								
	Employee	\$28.92	\$29.63	\$32.36	\$33.15	\$37.80	\$38.73	\$30.99	\$33.14
	Employee + 1	\$57.42	\$58.81	\$64.18	\$65.74	\$74.91	\$76.74	\$61.52	\$65.75
	Employee + Family	\$96.34	\$98.49	\$106.81	\$109.23	\$123.44	\$126.28	\$102.70	\$109.23
	4-Tier								
	Employee	\$28.92	\$29.63	\$32.36	\$33.15	\$37.80	\$38.73	\$30.99	\$33.14
	Employee + Spouse	\$58.01	\$59.43	\$64.92	\$66.51	\$75.84	\$77.71	\$62.20	\$66.50
Employee + Child(ren)	\$59.66	\$60.97	\$66.06	\$67.53	\$76.19	\$77.92	\$63.55	\$67.54	
Employee + Family	\$97.19	\$99.37	\$107.78	\$110.23	\$124.55	\$127.41	\$103.61	\$110.22	

PLAN II RATES (100/80/80/50) – \$1,000 Annual Plan Maximum / \$1,000 Ortho

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service		
							Delta Dental PPO	Advantage Network	
Child Only	3-Tier								
	Employee	\$31.53	\$32.31	\$35.36	\$36.25	\$41.43	\$42.47	\$33.86	\$36.25
	Employee + 1	\$62.38	\$63.92	\$69.89	\$71.62	\$81.78	\$83.80	\$66.93	\$71.62
	Employee + Family	\$103.29	\$105.65	\$114.78	\$117.43	\$132.95	\$136.05	\$110.25	\$117.42
	4-Tier								
	Employee	\$31.53	\$32.31	\$35.36	\$36.25	\$41.43	\$42.47	\$33.86	\$36.25
	Employee + Spouse	\$63.22	\$64.80	\$70.91	\$72.68	\$83.05	\$85.13	\$67.88	\$72.67
Employee + Child(ren)	\$65.03	\$66.50	\$72.15	\$73.79	\$83.43	\$85.35	\$69.34	\$73.80	
Employee + Family	\$105.81	\$108.23	\$117.60	\$120.32	\$136.25	\$139.44	\$112.96	\$120.31	
Child & Adult	3-Tier								
	Employee	\$32.10	\$32.88	\$35.93	\$36.82	\$42.00	\$43.04	\$34.43	\$36.82
	Employee + 1	\$63.48	\$65.02	\$70.99	\$72.72	\$82.88	\$84.90	\$68.03	\$72.72
	Employee + Family	\$104.44	\$106.80	\$115.93	\$118.58	\$134.10	\$137.20	\$111.40	\$118.57
	4-Tier								
	Employee	\$32.10	\$32.88	\$35.93	\$36.82	\$42.00	\$43.04	\$34.43	\$36.82
	Employee + Spouse	\$64.42	\$66.00	\$72.11	\$73.88	\$84.25	\$86.33	\$69.08	\$73.87
Employee + Child(ren)	\$65.60	\$67.07	\$72.72	\$74.36	\$84.00	\$85.92	\$69.91	\$74.37	
Employee + Family	\$107.01	\$109.43	\$118.80	\$121.52	\$137.45	\$140.64	\$114.16	\$121.51	

Delta Dental of New Mexico

**NEW BUSINESS RATES: SGP GROUPS WITH 10 OR MORE EMPLOYEES ENROLLING
EFFECTIVE DATES JANUARY 1, 2011 THROUGH DECEMBER 31, 2011**




ANNUAL PLAN MAXIMUM: \$1,000

VOLUNTARY

Participation Requirement is a minimum of 35% of eligible employees.

STANDARD RATES WITHOUT ORTHODONTIC BENEFITS




PLAN I RATES (100/80/50/50)

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service	
							Delta Dental PPO	Advantage Network
3-Tier								
Employee	\$30.47	\$31.23	\$34.18	\$35.03	\$40.03	\$41.03	\$32.73	\$35.03
Employee + 1	\$57.97	\$59.42	\$65.02	\$66.64	\$76.16	\$78.06	\$62.24	\$66.65
Employee + Family	\$97.32	\$99.75	\$109.14	\$111.87	\$127.82	\$131.02	\$104.49	\$111.87
4-Tier								
Employee	\$30.47	\$31.23	\$34.18	\$35.03	\$40.03	\$41.03	\$32.73	\$35.03
Employee + Spouse	\$61.10	\$62.62	\$68.52	\$70.23	\$80.26	\$82.27	\$65.60	\$70.24
Employee + Child(ren)	\$56.65	\$58.06	\$63.52	\$65.11	\$74.42	\$76.28	\$60.82	\$65.12
Employee + Family	\$97.63	\$100.07	\$109.50	\$112.24	\$128.27	\$131.47	\$104.82	\$112.24

RATES WITH ORTHODONTIC COVERAGE

Available to groups with 20 or more employees enrolling or groups of 10 or more enrolled employees when prior plan included Orthodontic coverage.

PLAN I RATES (100/80/50/50) – \$1,000 Annual Plan Maximum / \$1,000 Ortho

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service	
							Delta Dental PPO	Advantage Network
Child Only								
3-Tier								
Employee	\$30.47	\$31.23	\$34.18	\$35.03	\$40.03	\$41.03	\$32.73	\$35.03
Employee + 1	\$58.61	\$60.06	\$65.66	\$67.28	\$76.80	\$78.70	\$62.88	\$67.29
Employee + Family	\$106.68	\$109.11	\$118.50	\$121.23	\$137.18	\$140.38	\$113.85	\$121.23
4-Tier								
Employee	\$30.47	\$31.23	\$34.18	\$35.03	\$40.03	\$41.03	\$32.73	\$35.03
Employee + Spouse	\$61.10	\$62.62	\$68.52	\$70.23	\$80.26	\$82.27	\$65.60	\$70.24
Employee + Child(ren)	\$63.46	\$64.87	\$70.33	\$71.92	\$81.23	\$83.09	\$67.63	\$71.93
Employee + Family	\$106.99	\$109.43	\$118.86	\$121.60	\$137.63	\$140.83	\$114.18	\$121.60
Child & Adult								
3-Tier								
Employee	\$31.07	\$31.83	\$34.78	\$35.63	\$40.63	\$41.63	\$33.33	\$35.63
Employee + 1	\$59.77	\$61.22	\$66.82	\$68.44	\$77.96	\$79.86	\$64.04	\$68.45
Employee + Family	\$107.90	\$110.33	\$119.72	\$122.45	\$138.40	\$141.60	\$115.07	\$122.45
4-Tier								
Employee	\$31.07	\$31.83	\$34.78	\$35.63	\$40.63	\$41.63	\$33.33	\$35.63
Employee + Spouse	\$62.37	\$63.89	\$69.79	\$71.50	\$81.53	\$83.54	\$66.87	\$71.51
Employee + Child(ren)	\$64.06	\$65.47	\$70.93	\$72.52	\$81.83	\$83.69	\$68.23	\$72.53
Employee + Family	\$108.26	\$110.70	\$120.13	\$122.87	\$138.90	\$142.10	\$115.45	\$122.87



With Preventive Care Security, benefits received for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed. PCS is automatically included in Point of Service plans and is an option in all other plans.

SEE OVER FOR VOLUNTARY SPECIFIED INDUSTRY RATES.

Delta Dental of New Mexico




**NEW BUSINESS RATES: SGP GROUPS WITH 10 OR MORE EMPLOYEES ENROLLING
EFFECTIVE DATES JANUARY 1, 2011 THROUGH DECEMBER 31, 2011**

**Annual Plan Maximum: \$1,000
VOLUNTARY - *Specified Industry***

Participation Requirement is a minimum of 35% of eligible employees.

STANDARD RATES WITHOUT ORTHODONTIC BENEFITS




PLAN I RATES (100/80/50/50)

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service	
							Delta Dental PPO	Advantage Network
3-Tier								
Employee	\$33.52	\$34.36	\$37.59	\$38.53	\$44.04	\$45.14	\$36.00	\$38.54
Employee + 1	\$63.77	\$65.36	\$71.52	\$73.31	\$83.77	\$85.87	\$68.47	\$73.32
Employee + Family	\$107.05	\$109.73	\$120.05	\$123.06	\$140.60	\$144.12	\$114.94	\$123.06
4-Tier								
Employee	\$33.52	\$34.36	\$37.59	\$38.53	\$44.04	\$45.14	\$36.00	\$38.54
Employee + Spouse	\$67.21	\$68.89	\$75.37	\$77.25	\$88.29	\$90.50	\$72.16	\$77.26
Employee + Child(ren)	\$62.31	\$63.87	\$69.87	\$71.62	\$81.86	\$83.90	\$66.90	\$71.63
Employee + Family	\$107.39	\$110.08	\$120.45	\$123.46	\$141.09	\$144.62	\$115.31	\$123.46

SPECIFIED INDUSTRY RATES WITH ORTHODONTIC COVERAGE

Available to groups with 20 or more employees enrolling or groups of 10 or more enrolled employees when prior plan included Orthodontic coverage.

PLAN I RATES (100/80/50/50) – \$1,000 Annual Plan Maximum / \$1,000 Ortho

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service	
							Delta Dental PPO	Advantage Network
Child Only								
3-Tier								
Employee	\$33.52	\$34.36	\$37.59	\$38.53	\$44.04	\$45.14	\$36.00	\$38.54
Employee + 1	\$64.41	\$66.00	\$72.16	\$73.95	\$84.41	\$86.51	\$69.11	\$73.96
Employee + Family	\$116.41	\$119.09	\$129.41	\$132.42	\$149.96	\$153.48	\$124.30	\$132.42
4-Tier								
Employee	\$33.52	\$34.36	\$37.59	\$38.53	\$44.04	\$45.14	\$36.00	\$38.54
Employee + Spouse	\$67.21	\$68.89	\$75.37	\$77.25	\$88.29	\$90.50	\$72.16	\$77.26
Employee + Child(ren)	\$69.12	\$70.68	\$76.68	\$78.43	\$88.67	\$90.71	\$73.71	\$78.44
Employee + Family	\$116.75	\$119.44	\$129.81	\$132.82	\$150.45	\$153.98	\$124.67	\$132.82
Child & Adult								
3-Tier								
Employee	\$34.12	\$34.96	\$38.19	\$39.13	\$44.64	\$45.74	\$36.60	\$39.14
Employee + 1	\$65.57	\$67.16	\$73.32	\$75.11	\$85.57	\$87.67	\$70.27	\$75.12
Employee + Family	\$117.63	\$120.31	\$130.63	\$133.64	\$151.18	\$154.70	\$125.52	\$133.64
4-Tier								
Employee	\$34.12	\$34.96	\$38.19	\$39.13	\$44.64	\$45.74	\$36.60	\$39.14
Employee + Spouse	\$68.48	\$70.16	\$76.64	\$78.52	\$89.56	\$91.77	\$73.43	\$78.53
Employee + Child(ren)	\$69.72	\$71.28	\$77.28	\$79.03	\$89.27	\$91.31	\$74.31	\$79.04
Employee + Family	\$118.02	\$120.71	\$131.08	\$134.09	\$151.72	\$155.25	\$125.94	\$134.09



With Preventive Care Security, benefits received for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed. PCS is automatically included in Point of Service plans and is an option in all other plans.

***SEE OVER FOR STANDARD RATES.**

Delta Dental of New Mexico

NEW BUSINESS RATES: SGP GROUPS WITH 10 OR MORE EMPLOYEES ENROLLING EFFECTIVE DATES JANUARY 1, 2011 THROUGH DECEMBER 31, 2011




ANNUAL PLAN MAXIMUM: \$1,500

Not available to <20 Groups with no prior dental




Participation Requirement is a minimum of 75% of eligible employees.
Employer Contribution must be 50% or more of Employee Only cost.

STANDARD RATES WITHOUT ORTHODONTIC BENEFITS

PLAN I RATES (100/80/50/50)

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service	
							Delta Dental PPO	Advantage Network
3-Tier								
Employee	\$27.18	\$27.86	\$30.49	\$31.25	\$35.71	\$36.60	\$29.18	\$31.25
Employee + 1	\$53.44	\$54.77	\$59.93	\$61.42	\$70.21	\$71.97	\$57.37	\$61.43
Employee + Family	\$82.82	\$84.89	\$92.87	\$95.19	\$108.82	\$111.54	\$88.93	\$95.20
4-Tier								
Employee	\$27.18	\$27.86	\$30.49	\$31.25	\$35.71	\$36.60	\$29.18	\$31.25
Employee + Spouse	\$54.48	\$55.84	\$61.11	\$62.63	\$71.59	\$73.38	\$58.51	\$62.64
Employee + Child(ren)	\$50.52	\$51.78	\$56.65	\$58.06	\$66.37	\$68.03	\$54.24	\$58.07
Employee + Family	\$83.60	\$85.69	\$93.75	\$96.09	\$109.83	\$112.58	\$89.77	\$96.09

PLAN II RATES (100/80/80/50)

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service	
							Delta Dental PPO	Advantage Network
3-Tier								
Employee	\$30.23	\$30.99	\$33.92	\$34.76	\$39.73	\$40.73	\$32.47	\$34.77
Employee + 1	\$59.25	\$60.74	\$66.46	\$68.12	\$77.85	\$79.80	\$63.62	\$68.11
Employee + Family	\$90.59	\$92.86	\$101.62	\$104.16	\$119.05	\$122.02	\$97.27	\$104.15
4-Tier								
Employee	\$30.23	\$30.99	\$33.92	\$34.76	\$39.73	\$40.73	\$32.47	\$34.77
Employee + Spouse	\$60.64	\$62.16	\$68.00	\$69.70	\$79.66	\$81.66	\$65.10	\$69.70
Employee + Child(ren)	\$56.21	\$57.62	\$63.03	\$64.61	\$73.86	\$75.70	\$60.35	\$64.62
Employee + Family	\$93.01	\$95.33	\$104.32	\$106.93	\$122.21	\$125.27	\$99.87	\$106.93

TABLES SHOWING RATES WITH ORTHODONTIC COVERAGE INCLUDED ARE ON THE OTHER SIDE OF THIS PAGE.



With Preventive Care Security, benefits received for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed. PCS is automatically included in Point of Service plans and is an option in all other plans.

Important Note: the rates shown on this page are not applicable to groups when the group's industry falls into one of the Specified Industry categories shown below.







Please refer to the Table of Contents to locate the appropriate Specified Industry rate page.

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies (except agents with in-force Delta Dental business are not subject to industry-adjusted rates for their own agency's coverage with Delta Dental)







RATES WITH ORTHODONTIC COVERAGE

Available to groups with 20 or more employees enrolling or groups of 10 or more enrolled employees when prior plan included Orthodontic coverage.

PLAN I RATES (100/80/50/50) – \$1,500 Annual Plan Maximum / \$1,500 Ortho

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service		
							Delta Dental PPO	Advantage Network	
Child Only	3-Tier								
	Employee	\$27.18	\$27.86	\$30.49	\$31.25	\$35.71	\$36.60	\$29.18	\$31.25
	Employee + 1	\$54.28	\$55.61	\$60.77	\$62.26	\$71.05	\$72.81	\$58.21	\$62.27
	Employee + Family	\$93.72	\$95.79	\$103.77	\$106.09	\$119.72	\$122.44	\$99.83	\$106.10
	4-Tier								
	Employee	\$27.18	\$27.86	\$30.49	\$31.25	\$35.71	\$36.60	\$29.18	\$31.25
	Employee + Spouse	\$54.48	\$55.84	\$61.11	\$62.63	\$71.59	\$73.38	\$58.51	\$62.64
Employee + Child(ren)	\$58.45	\$59.71	\$64.58	\$65.99	\$74.30	\$75.96	\$62.17	\$66.00	
Employee + Family	\$94.50	\$96.59	\$104.65	\$106.99	\$120.73	\$123.48	\$100.67	\$106.99	
Child & Adult	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service		
							Delta Dental PPO	Advantage Network	
	3-Tier								
	Employee	\$27.98	\$28.66	\$31.29	\$32.05	\$36.51	\$37.40	\$29.98	\$32.05
	Employee + 1	\$55.64	\$56.97	\$62.13	\$63.62	\$72.41	\$74.17	\$59.57	\$63.63
	Employee + Family	\$95.17	\$97.24	\$105.22	\$107.54	\$121.17	\$123.89	\$101.28	\$107.55
	4-Tier								
Employee	\$27.98	\$28.66	\$31.29	\$32.05	\$36.51	\$37.40	\$29.98	\$32.05	
Employee + Spouse	\$56.16	\$57.52	\$62.79	\$64.31	\$73.27	\$75.06	\$60.19	\$64.32	
Employee + Child(ren)	\$59.17	\$60.43	\$65.30	\$66.71	\$75.02	\$76.68	\$62.89	\$66.72	
Employee + Family	\$96.01	\$98.10	\$106.16	\$108.50	\$122.24	\$124.99	\$102.18	\$108.50	

PLAN II RATES (100/80/80/50) – \$1,500 Annual Plan Maximum / \$1,500 Ortho

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service		
							Delta Dental PPO	Advantage Network	
Child Only	3-Tier								
	Employee	\$30.23	\$30.99	\$33.92	\$34.76	\$39.73	\$40.73	\$32.47	\$34.77
	Employee + 1	\$60.09	\$61.58	\$67.30	\$68.96	\$78.69	\$80.64	\$64.46	\$68.95
	Employee + Family	\$101.49	\$103.76	\$112.52	\$115.06	\$129.95	\$132.92	\$108.17	\$115.05
	4-Tier								
	Employee	\$30.23	\$30.99	\$33.92	\$34.76	\$39.73	\$40.73	\$32.47	\$34.77
	Employee + Spouse	\$60.64	\$62.16	\$68.00	\$69.70	\$79.66	\$81.66	\$65.10	\$69.70
Employee + Child(ren)	\$64.14	\$65.55	\$70.96	\$72.54	\$81.79	\$83.63	\$68.28	\$72.55	
Employee + Family	\$103.91	\$106.23	\$115.22	\$117.83	\$133.11	\$136.17	\$110.77	\$117.83	
Child & Adult	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service		
							Delta Dental PPO	Advantage Network	
	3-Tier								
	Employee	\$31.03	\$31.79	\$34.72	\$35.56	\$40.53	\$41.53	\$33.27	\$35.57
	Employee + 1	\$61.45	\$62.94	\$68.66	\$70.32	\$80.05	\$82.00	\$65.82	\$70.31
	Employee + Family	\$102.94	\$105.21	\$113.97	\$116.51	\$131.40	\$134.37	\$109.62	\$116.50
	4-Tier								
Employee	\$31.03	\$31.79	\$34.72	\$35.56	\$40.53	\$41.53	\$33.27	\$35.57	
Employee + Spouse	\$62.32	\$63.84	\$69.68	\$71.38	\$81.34	\$83.34	\$66.78	\$71.38	
Employee + Child(ren)	\$64.86	\$66.27	\$71.68	\$73.26	\$82.51	\$84.35	\$69.00	\$73.27	
Employee + Family	\$105.42	\$107.74	\$116.73	\$119.34	\$134.62	\$137.68	\$112.28	\$119.34	

**NEW BUSINESS RATES: SGP GROUPS WITH 10 OR MORE EMPLOYEES ENROLLING
EFFECTIVE DATES JANUARY 1, 2011 THROUGH DECEMBER 31, 2011**

ANNUAL PLAN MAXIMUM: \$1,500




Rates for Specified Industries*

Not available to <20 Groups with no prior dental




Participation Requirement is a minimum of 75% of eligible employees.
Employer Contribution must be 50% or more of Employee Only cost.

STANDARD RATES WITHOUT ORTHODONTIC BENEFITS

PLAN I RATES (100/80/50/50)

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service	
							Delta Dental PPO	Advantage Network
3-Tier								
Employee	\$29.90	\$30.64	\$33.54	\$34.38	\$39.28	\$40.26	\$32.09	\$34.37
Employee + 1	\$58.78	\$60.25	\$65.92	\$67.57	\$77.24	\$79.17	\$63.11	\$67.57
Employee + Family	\$91.10	\$93.38	\$102.16	\$104.71	\$119.70	\$122.69	\$97.82	\$104.72
4-Tier								
Employee	\$29.90	\$30.64	\$33.54	\$34.38	\$39.28	\$40.26	\$32.09	\$34.37
Employee + Spouse	\$59.93	\$61.43	\$67.22	\$68.90	\$78.75	\$80.72	\$64.36	\$68.90
Employee + Child(ren)	\$55.57	\$56.96	\$62.31	\$63.87	\$73.01	\$74.84	\$59.67	\$63.88
Employee + Family	\$91.96	\$94.26	\$103.13	\$105.70	\$120.82	\$123.84	\$98.74	\$105.70

PLAN II RATES (100/80/80/50)

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service	
							Delta Dental PPO	Advantage Network
3-Tier								
Employee	\$33.26	\$34.09	\$37.31	\$38.24	\$43.71	\$44.80	\$35.71	\$38.24
Employee + 1	\$65.18	\$66.81	\$73.10	\$74.93	\$85.64	\$87.78	\$69.98	\$74.92
Employee + Family	\$99.65	\$102.14	\$111.78	\$114.57	\$130.95	\$134.22	\$107.00	\$114.57
4-Tier								
Employee	\$33.26	\$34.09	\$37.31	\$38.24	\$43.71	\$44.80	\$35.71	\$38.24
Employee + Spouse	\$66.70	\$68.37	\$74.80	\$76.67	\$87.63	\$89.82	\$71.61	\$76.67
Employee + Child(ren)	\$61.83	\$63.38	\$69.33	\$71.07	\$81.24	\$83.27	\$66.39	\$71.08
Employee + Family	\$102.31	\$104.86	\$114.75	\$117.62	\$134.43	\$137.79	\$109.85	\$117.62

TABLES SHOWING RATES WITH ORTHODONTIC COVERAGE INCLUDED ARE ON THE OTHER SIDE OF THIS PAGE.



With Preventive Care Security, benefits received for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed. PCS is automatically included in Point of Service plans and is an option in all other plans.










This rate sheet applies to groups in the industries shown below:

* Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies (except agents with in-force Delta Dental business are not subject to industry-adjusted rates for their own agency's coverage with Delta Dental)










SPECIFIED INDUSTRY RATES WITH ORTHODONTIC COVERAGE

Available to groups with 20 or more employees enrolling or groups of 10 or more
enrolled employees when prior plan included Orthodontic coverage.

PLAN I RATES (100/80/50/50) – \$1,500 Annual Plan Maximum / \$1,500 Ortho

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service							
							Delta Dental PPO	Advantage Network						
Child Only	3-Tier													
	Employee	\$29.90	\$30.64	\$33.54	\$34.38	\$39.28	\$40.26	\$32.09	\$34.37					
	Employee + 1	\$59.62	\$61.09	\$66.76	\$68.41	\$78.08	\$80.01	\$63.95	\$68.41					
	Employee + Family	\$102.00	\$104.28	\$113.06	\$115.61	\$130.60	\$133.59	\$108.72	\$115.62					
	4-Tier													
	Employee	\$29.90	\$30.64	\$33.54	\$34.38	\$39.28	\$40.26	\$32.09	\$34.37					
	Employee + Spouse	\$59.93	\$61.43	\$67.22	\$68.90	\$78.75	\$80.72	\$64.36	\$68.90					
Employee + Child(ren)	\$63.50	\$64.89	\$70.24	\$71.80	\$80.94	\$82.77	\$67.60	\$71.81						
Employee + Family	\$102.86	\$105.16	\$114.03	\$116.60	\$131.72	\$134.74	\$109.64	\$116.60						
Child & Adult	Delta Dental PPO		Delta Dental PPO 		Advantage Network		Advantage Network 		Delta Dental Premier		Delta Dental Premier 		Point of Service	
	Delta Dental PPO		Delta Dental PPO 		Advantage Network		Advantage Network 		Delta Dental Premier		Delta Dental Premier 		Point of Service	
	3-Tier													
	Employee	\$30.70	\$31.44	\$34.34	\$35.18	\$40.08	\$41.06	\$32.89	\$35.17					
	Employee + 1	\$60.98	\$62.45	\$68.12	\$69.77	\$79.44	\$81.37	\$65.31	\$69.77					
	Employee + Family	\$103.45	\$105.73	\$114.51	\$117.06	\$132.05	\$135.04	\$110.17	\$117.07					
	4-Tier													
Employee	\$30.70	\$31.44	\$34.34	\$35.18	\$40.08	\$41.06	\$32.89	\$35.17						
Employee + Spouse	\$61.61	\$63.11	\$68.90	\$70.58	\$80.43	\$82.40	\$66.04	\$70.58						
Employee + Child(ren)	\$64.22	\$65.61	\$70.96	\$72.52	\$81.66	\$83.49	\$68.32	\$72.53						
Employee + Family	\$104.37	\$106.67	\$115.54	\$118.11	\$133.23	\$136.25	\$111.15	\$118.11						

PLAN II RATES (100/80/80/50) – \$1,500 Annual Plan Maximum / \$1,500 Ortho

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service							
							Delta Dental PPO	Advantage Network						
Child Only	3-Tier													
	Employee	\$33.26	\$34.09	\$37.31	\$38.24	\$43.71	\$44.80	\$35.71	\$38.24					
	Employee + 1	\$66.02	\$67.65	\$73.94	\$75.77	\$86.48	\$88.62	\$70.82	\$75.76					
	Employee + Family	\$110.55	\$113.04	\$122.68	\$125.47	\$141.85	\$145.12	\$117.90	\$125.47					
	4-Tier													
	Employee	\$33.26	\$34.09	\$37.31	\$38.24	\$43.71	\$44.80	\$35.71	\$38.24					
	Employee + Spouse	\$66.70	\$68.37	\$74.80	\$76.67	\$87.63	\$89.82	\$71.61	\$76.67					
Employee + Child(ren)	\$69.76	\$71.31	\$77.26	\$79.00	\$89.17	\$91.20	\$74.32	\$79.01						
Employee + Family	\$113.21	\$115.76	\$125.65	\$128.52	\$145.33	\$148.69	\$120.75	\$128.52						
Child & Adult	Delta Dental PPO		Delta Dental PPO 		Advantage Network		Advantage Network 		Delta Dental Premier		Delta Dental Premier 		Point of Service	
	Delta Dental PPO		Delta Dental PPO 		Advantage Network		Advantage Network 		Delta Dental Premier		Delta Dental Premier 		Point of Service	
	3-Tier													
	Employee	\$34.06	\$34.89	\$38.11	\$39.04	\$44.51	\$45.60	\$36.51	\$39.04					
	Employee + 1	\$67.38	\$69.01	\$75.30	\$77.13	\$87.84	\$89.98	\$72.18	\$77.12					
	Employee + Family	\$112.00	\$114.49	\$124.13	\$126.92	\$143.30	\$146.57	\$119.35	\$126.92					
	4-Tier													
Employee	\$34.06	\$34.89	\$38.11	\$39.04	\$44.51	\$45.60	\$36.51	\$39.04						
Employee + Spouse	\$68.38	\$70.05	\$76.48	\$78.35	\$89.31	\$91.50	\$73.29	\$78.35						
Employee + Child(ren)	\$70.48	\$72.03	\$77.98	\$79.72	\$89.89	\$91.92	\$75.04	\$79.73						
Employee + Family	\$114.72	\$117.27	\$127.16	\$130.03	\$146.84	\$150.20	\$122.26	\$130.03						

Delta Dental of New Mexico

NEW BUSINESS RATES: SGP GROUPS WITH 10 OR MORE EMPLOYEES ENROLLING EFFECTIVE DATES JANUARY 1, 2011 THROUGH DECEMBER 31, 2011




ANNUAL PLAN MAXIMUM: \$2,000

Not available to <20 Groups with no prior dental




Participation Requirement is a minimum of 75% of eligible employees.
Employer Contribution must be 50% or more of Employee Only cost.

STANDARD RATES WITHOUT ORTHODONTIC BENEFITS

PLAN I RATES (100/80/50/50)

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service	
							Delta Dental PPO	Advantage Network
3-Tier								
Employee	\$27.47	\$28.16	\$30.80	\$31.57	\$36.08	\$36.98	\$29.49	\$31.57
Employee + 1	\$54.00	\$55.35	\$60.56	\$62.07	\$70.95	\$72.72	\$57.97	\$62.07
Employee + Family	\$83.69	\$85.78	\$93.83	\$96.18	\$109.95	\$112.70	\$89.85	\$96.19
4-Tier								
Employee	\$27.47	\$28.16	\$30.80	\$31.57	\$36.08	\$36.98	\$29.49	\$31.57
Employee + Spouse	\$55.05	\$56.43	\$61.75	\$63.29	\$72.34	\$74.14	\$59.12	\$63.29
Employee + Child(ren)	\$51.05	\$52.32	\$57.24	\$58.67	\$67.07	\$68.74	\$54.80	\$58.67
Employee + Family	\$84.47	\$86.58	\$94.73	\$97.10	\$110.98	\$113.76	\$90.70	\$97.09

PLAN II RATES (100/80/80/50)

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service	
							Delta Dental PPO	Advantage Network
3-Tier								
Employee	\$30.55	\$31.32	\$34.27	\$35.13	\$40.15	\$41.15	\$32.81	\$35.13
Employee + 1	\$59.87	\$61.37	\$67.14	\$68.82	\$78.66	\$80.63	\$64.28	\$68.83
Employee + Family	\$91.55	\$93.83	\$102.67	\$105.24	\$120.29	\$123.29	\$98.28	\$105.24
4-Tier								
Employee	\$30.55	\$31.32	\$34.27	\$35.13	\$40.15	\$41.15	\$32.81	\$35.13
Employee + Spouse	\$61.27	\$62.80	\$68.71	\$70.43	\$80.49	\$82.50	\$65.77	\$70.42
Employee + Child(ren)	\$56.80	\$58.22	\$63.69	\$65.29	\$74.63	\$76.50	\$60.98	\$65.29
Employee + Family	\$93.98	\$96.33	\$105.41	\$108.05	\$123.49	\$126.57	\$100.90	\$108.04

TABLES SHOWING RATES WITH ORTHODONTIC COVERAGE INCLUDED ARE ON THE OTHER SIDE OF THIS PAGE.



With Preventive Care Security, benefits received for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed. PCS is automatically included in Point of Service plans and is an option in all other plans.

Important Note: the rates shown on this page are not applicable to groups when the group's industry falls into one of the Specified Industry categories shown below.




Please refer to the Table of Contents to locate the appropriate Specified Industry rate page.

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies (except agents with in-force Delta Dental business are not subject to industry-adjusted rates for their own agency's coverage with Delta Dental)




RATES WITH ORTHODONTIC COVERAGE

Available to groups with 20 or more employees enrolling or groups of 10 or more enrolled employees when prior plan included Orthodontic coverage.

PLAN I RATES (100/80/50/50) – \$2,000 Annual Plan Maximum / \$2,000 Ortho

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service		
							Delta Dental PPO	Advantage Network	
Child Only	3-Tier								
	Employee	\$27.47	\$28.16	\$30.80	\$31.57	\$36.08	\$36.98	\$29.49	\$31.57
	Employee + 1	\$55.20	\$56.55	\$61.76	\$63.27	\$72.15	\$73.92	\$59.17	\$63.27
	Employee + Family	\$101.44	\$103.53	\$111.58	\$113.93	\$127.70	\$130.45	\$107.60	\$113.94
	4-Tier								
	Employee	\$27.47	\$28.16	\$30.80	\$31.57	\$36.08	\$36.98	\$29.49	\$31.57
	Employee + Spouse	\$55.05	\$56.43	\$61.75	\$63.29	\$72.34	\$74.14	\$59.12	\$63.29
	Employee + Child(ren)	\$63.98	\$65.25	\$70.17	\$71.60	\$80.00	\$81.67	\$67.73	\$71.60
	Employee + Family	\$102.44	\$104.55	\$112.70	\$115.07	\$128.95	\$131.73	\$108.67	\$115.06
	Child & Adult	3-Tier							
Employee		\$28.62	\$29.31	\$31.95	\$32.72	\$37.23	\$38.13	\$30.64	\$32.72
Employee + 1		\$57.42	\$58.77	\$63.98	\$65.49	\$74.37	\$76.14	\$61.39	\$65.49
Employee + Family		\$103.77	\$105.86	\$113.91	\$116.26	\$130.03	\$132.78	\$109.93	\$116.27
4-Tier									
Employee		\$28.62	\$29.31	\$31.95	\$32.72	\$37.23	\$38.13	\$30.64	\$32.72
Employee + Spouse		\$57.46	\$58.84	\$64.16	\$65.70	\$74.75	\$76.55	\$61.53	\$65.70
Employee + Child(ren)		\$65.13	\$66.40	\$71.32	\$72.75	\$81.15	\$82.82	\$68.88	\$72.75
Employee + Family		\$104.63	\$106.74	\$114.89	\$117.26	\$131.14	\$133.92	\$110.86	\$117.25

PLAN II RATES (100/80/80/50) – \$2,000 Annual Plan Maximum / \$2,000 Ortho

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service		
							Delta Dental PPO	Advantage Network	
Child Only	3-Tier								
	Employee	\$30.55	\$31.32	\$34.27	\$35.13	\$40.15	\$41.15	\$32.81	\$35.13
	Employee + 1	\$61.07	\$62.57	\$68.34	\$70.02	\$79.86	\$81.83	\$65.48	\$70.03
	Employee + Family	\$109.30	\$111.58	\$120.42	\$122.99	\$138.04	\$141.04	\$116.03	\$122.99
	4-Tier								
	Employee	\$30.55	\$31.32	\$34.27	\$35.13	\$40.15	\$41.15	\$32.81	\$35.13
	Employee + Spouse	\$61.27	\$62.80	\$68.71	\$70.43	\$80.49	\$82.50	\$65.77	\$70.42
	Employee + Child(ren)	\$69.73	\$71.15	\$76.62	\$78.22	\$87.56	\$89.43	\$73.91	\$78.22
	Employee + Family	\$111.95	\$114.30	\$123.38	\$126.02	\$141.46	\$144.54	\$118.87	\$126.01
	Child & Adult	3-Tier							
Employee		\$31.70	\$32.47	\$35.42	\$36.28	\$41.30	\$42.30	\$33.96	\$36.28
Employee + 1		\$63.29	\$64.79	\$70.56	\$72.24	\$82.08	\$84.05	\$67.70	\$72.25
Employee + Family		\$111.63	\$113.91	\$122.75	\$125.32	\$140.37	\$143.37	\$118.36	\$125.32
4-Tier									
Employee		\$31.70	\$32.47	\$35.42	\$36.28	\$41.30	\$42.30	\$33.96	\$36.28
Employee + Spouse		\$63.68	\$65.21	\$71.12	\$72.84	\$82.90	\$84.91	\$68.18	\$72.83
Employee + Child(ren)		\$70.88	\$72.30	\$77.77	\$79.37	\$88.71	\$90.58	\$75.06	\$79.37
Employee + Family		\$114.14	\$116.49	\$125.57	\$128.21	\$143.65	\$146.73	\$121.06	\$128.20

**NEW BUSINESS RATES: SGP GROUPS WITH 10 OR MORE EMPLOYEES ENROLLING
EFFECTIVE DATES JANUARY 1, 2011 THROUGH DECEMBER 31, 2011**

ANNUAL PLAN MAXIMUM: \$2,000

Rates for Specified Industries*




Not available to <20 Groups with no prior dental

Participation Requirement is a minimum of 75% of eligible employees.




Employer Contribution must be 50% or more of Employee Only cost.

STANDARD RATES WITHOUT ORTHODONTIC BENEFITS

PLAN I RATES (100/80/50/50)

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service	
							Delta Dental PPO	Advantage Network
3-Tier								
Employee	\$30.22	\$30.97	\$33.88	\$34.73	\$39.69	\$40.68	\$32.44	\$34.72
Employee + 1	\$59.40	\$60.88	\$66.61	\$68.28	\$78.04	\$80.00	\$63.77	\$68.28
Employee + Family	\$92.06	\$94.36	\$103.22	\$105.80	\$120.94	\$123.97	\$98.83	\$105.81
4-Tier								
Employee	\$30.22	\$30.97	\$33.88	\$34.73	\$39.69	\$40.68	\$32.44	\$34.72
Employee + Spouse	\$60.56	\$62.07	\$67.92	\$69.62	\$79.57	\$81.56	\$65.03	\$69.62
Employee + Child(ren)	\$56.15	\$57.55	\$62.96	\$64.53	\$73.77	\$75.62	\$60.28	\$64.54
Employee + Family	\$92.91	\$95.24	\$104.21	\$106.81	\$122.08	\$125.13	\$99.77	\$106.80

PLAN II RATES (100/80/80/50)

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service	
							Delta Dental PPO	Advantage Network
3-Tier								
Employee	\$33.61	\$34.45	\$37.70	\$38.64	\$44.16	\$45.27	\$36.09	\$38.64
Employee + 1	\$65.86	\$67.51	\$73.85	\$75.70	\$86.53	\$88.69	\$70.71	\$75.71
Employee + Family	\$100.70	\$103.22	\$112.94	\$115.76	\$132.32	\$135.62	\$108.11	\$115.76
4-Tier								
Employee	\$33.61	\$34.45	\$37.70	\$38.64	\$44.16	\$45.27	\$36.09	\$38.64
Employee + Spouse	\$67.40	\$69.08	\$75.59	\$77.47	\$88.54	\$90.75	\$72.35	\$77.46
Employee + Child(ren)	\$62.48	\$64.04	\$70.06	\$71.81	\$82.10	\$84.15	\$67.08	\$71.82
Employee + Family	\$103.38	\$105.96	\$115.96	\$118.86	\$135.83	\$139.23	\$110.99	\$118.85

TABLES SHOWING RATES WITH ORTHODONTIC COVERAGE INCLUDED ARE ON THE OTHER SIDE OF THIS PAGE.



With Preventive Care Security, benefits received for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed. PCS is automatically included in Point of Service plans and is an option in all other plans.







This rate sheet applies to groups in the industries shown below:

* Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies (except agents with in-force Delta Dental business are not subject to industry-adjusted rates for their own agency's coverage with Delta Dental)







SPECIFIED INDUSTRY RATES WITH ORTHODONTIC COVERAGE

Available to groups with 20 or more employees enrolling or groups of 10 or more
enrolled employees when prior plan included Orthodontic coverage.

PLAN I RATES (100/80/50/50) – \$2,000 Annual Plan Maximum / \$2,000 Ortho

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service		
							Delta Dental PPO	Advantage Network	
Child Only	3-Tier								
	Employee	\$30.22	\$30.97	\$33.88	\$34.73	\$39.69	\$40.68	\$32.44	\$34.72
	Employee + 1	\$60.60	\$62.08	\$67.81	\$69.48	\$79.24	\$81.20	\$64.97	\$69.48
	Employee + Family	\$109.81	\$112.11	\$120.97	\$123.55	\$138.69	\$141.72	\$116.58	\$123.56
	4-Tier								
	Employee	\$30.22	\$30.97	\$33.88	\$34.73	\$39.69	\$40.68	\$32.44	\$34.72
	Employee + Spouse	\$60.56	\$62.07	\$67.92	\$69.62	\$79.57	\$81.56	\$65.03	\$69.62
Employee + Child(ren)	\$69.08	\$70.48	\$75.89	\$77.46	\$86.70	\$88.55	\$73.21	\$77.47	
Employee + Family	\$110.88	\$113.21	\$122.18	\$124.78	\$140.05	\$143.10	\$117.74	\$124.77	
Child & Adult	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service		
							Delta Dental PPO	Advantage Network	
	3-Tier								
	Employee	\$31.37	\$32.12	\$35.03	\$35.88	\$40.84	\$41.83	\$33.59	\$35.87
	Employee + 1	\$62.82	\$64.30	\$70.03	\$71.70	\$81.46	\$83.42	\$67.19	\$71.70
	Employee + Family	\$112.14	\$114.44	\$123.30	\$125.88	\$141.02	\$144.05	\$118.91	\$125.89
	4-Tier								
Employee	\$31.37	\$32.12	\$35.03	\$35.88	\$40.84	\$41.83	\$33.59	\$35.87	
Employee + Spouse	\$62.97	\$64.48	\$70.33	\$72.03	\$81.98	\$83.97	\$67.44	\$72.03	
Employee + Child(ren)	\$70.23	\$71.63	\$77.04	\$78.61	\$87.85	\$89.70	\$74.36	\$78.62	
Employee + Family	\$113.07	\$115.40	\$124.37	\$126.97	\$142.24	\$145.29	\$119.93	\$126.96	

PLAN II RATES (100/80/80/50) – \$2,000 Annual Plan Maximum / \$2,000 Ortho

	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service		
							Delta Dental PPO	Advantage Network	
Child Only	3-Tier								
	Employee	\$33.61	\$34.45	\$37.70	\$38.64	\$44.16	\$45.27	\$36.09	\$38.64
	Employee + 1	\$67.06	\$68.71	\$75.05	\$76.90	\$87.73	\$89.89	\$71.91	\$76.91
	Employee + Family	\$118.45	\$120.97	\$130.69	\$133.51	\$150.07	\$153.37	\$125.86	\$133.51
	4-Tier								
	Employee	\$33.61	\$34.45	\$37.70	\$38.64	\$44.16	\$45.27	\$36.09	\$38.64
	Employee + Spouse	\$67.40	\$69.08	\$75.59	\$77.47	\$88.54	\$90.75	\$72.35	\$77.46
Employee + Child(ren)	\$75.41	\$76.97	\$82.99	\$84.74	\$95.03	\$97.08	\$80.01	\$84.75	
Employee + Family	\$121.35	\$123.93	\$133.93	\$136.83	\$153.80	\$157.20	\$128.96	\$136.82	
Child & Adult	Delta Dental PPO	Delta Dental PPO 	Advantage Network	Advantage Network 	Delta Dental Premier	Delta Dental Premier 	Point of Service		
							Delta Dental PPO	Advantage Network	
	3-Tier								
	Employee	\$34.76	\$35.60	\$38.85	\$39.79	\$45.31	\$46.42	\$37.24	\$39.79
	Employee + 1	\$69.28	\$70.93	\$77.27	\$79.12	\$89.95	\$92.11	\$74.13	\$79.13
	Employee + Family	\$120.78	\$123.30	\$133.02	\$135.84	\$152.40	\$155.70	\$128.19	\$135.84
	4-Tier								
Employee	\$34.76	\$35.60	\$38.85	\$39.79	\$45.31	\$46.42	\$37.24	\$39.79	
Employee + Spouse	\$69.81	\$71.49	\$78.00	\$79.88	\$90.95	\$93.16	\$74.76	\$79.87	
Employee + Child(ren)	\$76.56	\$78.12	\$84.14	\$85.89	\$96.18	\$98.23	\$81.16	\$85.90	
Employee + Family	\$123.54	\$126.12	\$136.12	\$139.02	\$155.99	\$159.39	\$131.15	\$139.01	

DELTA DENTAL OF NEW MEXICO SGP BROKER GUIDE

SGP SUMMARIES OF BENEFITS PREPARED FOR PROPOSAL ILLUSTRATION PURPOSES ONLY

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SUMMARY OF BENEFITS SGP Plan I

SGP groups have a 12-month contract year, benefit periods that match the contract term, and eligibility subject to annual Open Enrollment.

	Delta Dental Pays	You Pay
Diagnostic and Preventive Services		
• Oral Evaluations - twice in a calendar year	100%	0%
• Routine or Periodontal Cleanings – twice in a calendar year	100%	0%
• X-rays - full mouth series once every 5 years/Bitewings - twice in a calendar year	100%	0%
• Fluoride Application- through age 18, twice in a calendar year	100%	0%
• Emergency Treatment - for relief of pain	100%	0%
• Sealants - through age 15, permanent molars only, 3 year limitation	100%	0%
• Space Maintainers - through age 13	100%	0%
Basic and Restorative Services		
• Amalgam fillings – anterior and posterior teeth	80%	20%
• Composite resin fillings - anterior teeth only	80%	20%
• Stainless steel crowns	80%	20%
• Extractions - non-surgical	50%	50%
• Oral Surgery - maxillofacial surgical procedures of the oral cavity, including surgical extractions	50%	50%
• Endodontics - pulp therapy and root canal filling	50%	50%
• Periodontics - non-surgical and surgical	50%	50%
• General Anesthesia - intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed provider for a covered oral surgery procedure	50%	50%
Major Services		
• Crowns and Cast Restorations, including repairs - when teeth cannot be restored with amalgam or composite resin restorations	50%	50%
• Prosthodontics - procedures for construction or repair of fixed bridges, partials or complete dentures	50%	50%
• Implants – specified services, including repairs, and related prosthodontics, subject to clinical review/approval	50%	50%
Orthodontic Services (child only or adult/child options available)		
• Procedures performed by a dentist using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%

Benefit levels shown above are based on the dentist's submitted charge subject to the applicable Delta Dental Maximum Approved Fee.

Maximum Benefit Amount up to – \$1,000, \$1,500 or \$2,000 Annual Maximums (per enrolled person per benefit period) and Orthodontic Lifetime Maximums are available subject to underwriting guidelines. When optional Preventive Care Security is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum.

Deductible – \$50 per enrolled person per benefit period limited to a maximum deductible of \$150 per family per benefit period. The deductible does not apply to Diagnostic and Preventive Services or, if included as a benefit, Orthodontic Services.

Eligibility Provisions – Coverage for subscribers is effective subject to the Eligibility Waiting Period(s) defined by the Group and approved by Delta Dental.

When Coverage Ends – Standard provisions apply; refer to the “Termination of Coverage” section in the Dental Benefit Handbook.

This Summary of Benefits has been prepared for Proposal Presentation. It does not imply coverage and is intended only to highlight benefit levels. It does not reflect all limitations or plan provisions and does not provide complete coverage information. A final Summary of Benefits will become a part of the Delta Dental contract with the Group and will be provided to subscribers, once coverage is approved, with a Dental Benefit Handbook.

ENROLLED PERSONS ARE ENTITLED TO A PRE-DETERMINATION OF BENEFITS anytime more costly procedures are anticipated. When requested by a dental provider, an advance estimate of benefits payable can be provided by Delta Dental before dental care services are received. Pre-determination is strongly recommended and there is no charge for this service.

Delta Dental PPO Point of Service SUMMARY OF BENEFITS SGP Plan I

	Delta Dental PPO Dentist		Delta Dental Premier and Non-Participating Dentist*	
	Delta Dental Pays	You Pay	Delta Dental Pays	You Pay
SGP groups have a 12-month contract year, benefit periods that match the contract term, and eligibility subject to annual Open Enrollment.				
Diagnostic and Preventive Services				
• Oral Evaluations - twice in a calendar year	100%	0%	80%	20%
• Routine or Periodontal Cleanings – twice in a calendar year	100%	0%	80%	20%
• X-rays - full mouth series once every 5 years/Bitewings - twice in a calendar year	100%	0%	80%	20%
• Fluoride Application- through age 18, twice in a calendar year	100%	0%	80%	20%
• Emergency Treatment - for relief of pain	100%	0%	80%	20%
• Sealants - through age 15, permanent molars only, 3 year limitation	100%	0%	80%	20%
• Space Maintainers - through age 13	100%	0%	80%	20%
Basic and Restorative Services				
• Amalgam fillings – anterior and posterior teeth	80%	20%	60%	40%
• Composite resin fillings - anterior teeth only	80%	20%	60%	40%
• Stainless steel crowns	80%	20%	60%	40%
• Extractions - non-surgical	50%	50%	50%	50%
• Oral Surgery - maxillofacial surgical procedures of the oral cavity, including surgical extractions	50%	50%	50%	50%
• Endodontics - pulp therapy and root canal filling	50%	50%	50%	50%
• Periodontics - non-surgical and surgical	50%	50%	50%	50%
• General Anesthesia - intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed provider for a covered oral surgery procedure	50%	50%	50%	50%
Major Services				
• Crowns and Cast Restorations, including repairs - when teeth cannot be restored with amalgam or composite resin restorations	50%	50%	50%	50%
• Prosthodontics - procedures for construction or repair of fixed bridges, partials or complete dentures	50%	50%	50%	50%
• Implants – specified services, including repairs, and related prosthodontics, subject to clinical review/approval	50%	50%	50%	50%
Orthodontic Services (child only or adult/child options available)				
• Procedures performed by a dentist using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%	50%	50%

Plan I SOB
PROPOSAL ILLUSTRATION

*Although benefit levels are the same for non-participating providers, Maximum Approved Fees may be greatly reduced for out-of-network services. Out-of-pocket costs will typically be higher if services are received from a dentist who does not participate in one of Delta Dental's provider networks.

Maximum Benefit Amount up to – \$1,000, \$1,500 or \$2,000 Annual Maximums (per enrolled person per benefit period) and Orthodontic Lifetime Maximums are available subject to underwriting guidelines. Benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum (Preventive Care Security is automatically included with this plan).

Deductible – \$50 per enrolled person per benefit period limited to a maximum deductible of \$150 per family per benefit period. The deductible does not apply to Diagnostic and Preventive Services or, if included as a benefit, Orthodontic Services.

Eligibility Provisions – Coverage for subscribers is effective subject to the Eligibility Waiting Period(s) defined by the Group and approved by Delta Dental.

When Coverage Ends – Standard provisions apply; refer to the “Termination of Coverage” section in the Dental Benefit Handbook.

This Summary of Benefits has been prepared for Proposal Presentation. It does not imply coverage and is intended only to highlight benefit levels. It does not reflect all limitations or plan provisions and does not provide complete coverage information. A final Summary of Benefits will become a part of the Delta Dental contract with the Group and will be provided to subscribers, once coverage is approved, with a Dental Benefit Handbook.

ENROLLED PERSONS ARE ENTITLED TO A PRE-DETERMINATION OF BENEFITS anytime more costly procedures are anticipated. When requested by a dental provider, an advance estimate of benefits payable can be provided by Delta Dental before dental care services are received. Pre-determination is strongly recommended and there is no charge for this service.

Advantage Network Point of Service SUMMARY OF BENEFITS SGP Plan I

SGP groups have a 12-month contract year, benefit periods that match the contract term, and eligibility subject to annual Open Enrollment.

	Advantage Network Dentist		Delta Dental Premier and Non-Participating Dentist*	
	Delta Dental Pays	You Pay	Delta Dental Pays	You Pay
Diagnostic and Preventive Services				
• Oral Evaluations - twice in a calendar year	100%	0%	80%	20%
• Routine or Periodontal Cleanings – twice in a calendar year	100%	0%	80%	20%
• X-rays - full mouth series once every 5 years/Bitewings - twice in a calendar year	100%	0%	80%	20%
• Fluoride Application- through age 18, twice in a calendar year	100%	0%	80%	20%
• Emergency Treatment - for relief of pain	100%	0%	80%	20%
• Sealants - through age 15, permanent molars only, 3 year limitation	100%	0%	80%	20%
• Space Maintainers - through age 13	100%	0%	80%	20%
Basic and Restorative Services				
• Amalgam fillings – anterior and posterior teeth	80%	20%	60%	40%
• Composite resin fillings - anterior teeth only	80%	20%	60%	40%
• Stainless steel crowns	80%	20%	60%	40%
• Extractions - non-surgical	50%	50%	50%	50%
• Oral Surgery - maxillofacial surgical procedures of the oral cavity, including surgical extractions	50%	50%	50%	50%
• Endodontics - pulp therapy and root canal filling	50%	50%	50%	50%
• Periodontics - non-surgical and surgical	50%	50%	50%	50%
• General Anesthesia - intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed provider for a covered oral surgery procedure	50%	50%	50%	50%
Major Services				
• Crowns and Cast Restorations, including repairs - when teeth cannot be restored with amalgam or composite resin restorations	50%	50%	50%	50%
• Prosthodontics - procedures for construction or repair of fixed bridges, partials or complete dentures	50%	50%	50%	50%
• Implants – specified services, including repairs, and related prosthodontics, subject to clinical review/approval	50%	50%	50%	50%
Orthodontic Services (child only or adult/child options available)				
• Procedures performed by a dentist using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%	50%	50%

*Although benefit levels are the same for non-participating providers, Maximum Approved Fees may be greatly reduced for out-of-network services. Out-of-pocket costs will typically be higher if services are received from a dentist who does not participate in one of Delta Dental's provider networks.

Maximum Benefit Amount up to – \$1,000, \$1,500 or \$2,000 Annual Maximums (per enrolled person per benefit period) and Orthodontic Lifetime Maximums are available subject to underwriting guidelines. Benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum (Preventive Care Security is automatically included with this plan).

Deductible – \$50 per enrolled person per benefit period limited to a maximum deductible of \$150 per family per benefit period. The deductible does not apply to Diagnostic and Preventive Services or, if included as a benefit, Orthodontic Services.

Eligibility Provisions – Coverage for subscribers is effective subject to the Eligibility Waiting Period(s) defined by the Group and approved by Delta Dental.

When Coverage Ends – Standard provisions apply; refer to the "Termination of Coverage" section in the Dental Benefit Handbook.

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SUMMARY OF BENEFITS SGP Plan I VOLUNTARY

SGP groups have a 12-month contract year, benefit periods that match the contract term, and eligibility subject to annual Open Enrollment.

	Delta Dental Pays	You Pay
Diagnostic and Preventive Services		
• Oral Evaluations - twice in a calendar year	100%	0%
• Routine or Periodontal Cleanings – twice in a calendar year	100%	0%
• X-rays - full mouth series once every 5 years/Bitewings - twice in a calendar year	100%	0%
• Fluoride Application- through age 18, twice in a calendar year	100%	0%
• Emergency Treatment - for relief of pain	100%	0%
• Sealants - through age 15, permanent molars only, 3 year limitation	100%	0%
• Space Maintainers - through age 13	100%	0%
Basic and Restorative Services		
• Amalgam fillings – anterior and posterior teeth	80%	20%
• Composite resin fillings - anterior teeth only	80%	20%
• Stainless steel crowns	80%	20%
• Extractions - non-surgical	50%	50%
• Oral Surgery - maxillofacial surgical procedures of the oral cavity, including surgical extractions	50%	50%
• Endodontics - pulp therapy and root canal filling	50%	50%
• Periodontics - non-surgical and surgical	50%	50%
• General Anesthesia - intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed provider for a covered oral surgery procedure	50%	50%
Major Services		
• Crowns and Cast Restorations, including repairs - when teeth cannot be restored with amalgam or composite resin restorations	50%	50%
• Prosthodontics - procedures for construction or repair of fixed bridges, partials or complete dentures	50%	50%
• Implants – specified services, including repairs, and related prosthodontics, subject to clinical review/approval	50%	50%
Orthodontic Services (child only or adult/child options available)		
• Procedures performed by a dentist using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%

Benefit levels shown above are based on the dentist's submitted charge subject to the applicable Delta Dental Maximum Approved Fee.

Maximum Benefit Amount up to – \$1,000 per enrolled person per benefit period. Delta Dental payment for Orthodontic Services, if included as a benefit, will not exceed a Lifetime Maximum of \$1,000 per enrolled person. When optional Preventive Care Security is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum.

Deductible – \$50 per enrolled person per benefit period limited to a maximum deductible of \$150 per family per benefit period. The deductible does not apply to Diagnostic and Preventive Services or, if included as a benefit, Orthodontic Services.

Eligibility Provisions – Coverage for subscribers is effective subject to the Eligibility Waiting Period(s) defined by the Group and approved by Delta Dental.

Special Benefit Provisions – Groups with prior dental coverage may apply for a waiver of the Benefit Waiting Period for the employees who were covered under the Group's prior dental plan. Otherwise, a twelve (12) month Benefit Waiting Period for Surgical Periodontics, Endodontics, Oral Surgery, General Anesthesia, Major Services and Orthodontic Services applies to all initial and future enrollees.

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Delta Dental PPO Point of Service SUMMARY OF BENEFITS SGP Plan I VOLUNTARY

SGP groups have a 12-month contract year, benefit periods that match the contract term, and eligibility subject to annual Open Enrollment.

	Delta Dental PPO Dentist		Delta Dental Premier and Non-Participating Dentist*	
	Delta Dental Pays	You Pay	Delta Dental Pays	You Pay
Diagnostic and Preventive Services				
• Oral Evaluations - twice in a calendar year	100%	0%	80%	20%
• Routine or Periodontal Cleanings – twice in a calendar year	100%	0%	80%	20%
• X-rays - full mouth series once every 5 years/Bitewings - twice in a calendar year	100%	0%	80%	20%
• Fluoride Application- through age 18, twice in a calendar year	100%	0%	80%	20%
• Emergency Treatment - for relief of pain	100%	0%	80%	20%
• Sealants - through age 15, permanent molars only, 3 year limitation	100%	0%	80%	20%
• Space Maintainers - through age 13	100%	0%	80%	20%
Basic and Restorative Services				
• Amalgam fillings – anterior and posterior teeth	80%	20%	60%	40%
• Composite resin fillings - anterior teeth only	80%	20%	60%	40%
• Stainless steel crowns	80%	20%	60%	40%
• Extractions - non-surgical	50%	50%	50%	50%
• Oral Surgery - maxillofacial surgical procedures of the oral cavity, including surgical extractions	50%	50%	50%	50%
• Endodontics - pulp therapy and root canal filling	50%	50%	50%	50%
• Periodontics - non-surgical and surgical	50%	50%	50%	50%
• General Anesthesia - intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed provider for a covered oral surgery procedure	50%	50%	50%	50%
Major Services				
• Crowns and Cast Restorations, including repairs - when teeth cannot be restored with amalgam or composite resin restorations	50%	50%	50%	50%
• Prosthodontics - procedures for construction or repair of fixed bridges, partials or complete dentures	50%	50%	50%	50%
• Implants – specified services, including repairs, and related prosthodontics, subject to clinical review/approval	50%	50%	50%	50%
Orthodontic Services (child only or adult/child options available)				
• Procedures performed by a dentist using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%	50%	50%

PROPOSAL ILLUSTRATION
Plan I Voluntary SOB

***Although benefit levels are the same for non-participating providers, Maximum Approved Fees may be greatly reduced for out-of-network services. Out-of-pocket costs will typically be higher if services are received from a dentist who does not participate in one of Delta Dental's provider networks.**

Maximum Benefit Amount up to – \$1,000 per enrolled person per benefit period. Delta Dental payment for Orthodontic Services, if included as a benefit, will not exceed a Lifetime Maximum of \$1,000 per enrolled person. Benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum (Preventive Care Security is automatically included with this plan).

Deductible – \$50 per enrolled person per benefit period limited to a maximum deductible of \$150 per family per benefit period. The deductible does not apply to Diagnostic and Preventive Services or, if included as a benefit, Orthodontic Services.

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Special Benefit Provisions – Groups with prior dental coverage may apply for a waiver of the Benefit Waiting Period for the employees who were covered under the Group's prior dental plan. Otherwise, a twelve (12) month Benefit Waiting Period for Surgical Periodontics, Endodontics, Oral Surgery, General Anesthesia, Major Services and Orthodontic Services applies to all initial and future enrollees.

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Advantage Network Point of Service SUMMARY OF BENEFITS SGP Plan I VOLUNTARY

SGP groups have a 12-month contract year, benefit periods that match the contract term, and eligibility subject to annual Open Enrollment.

	Advantage Network Dentist		Delta Dental Premier and Non-Participating Dentist*	
	Delta Dental Pays	You Pay	Delta Dental Pays	You Pay
Diagnostic and Preventive Services				
• Oral Evaluations - twice in a calendar year	100%	0%	80%	20%
• Routine or Periodontal Cleanings – twice in a calendar year	100%	0%	80%	20%
• X-rays - full mouth series once every 5 years/Bitewings - twice in a calendar year	100%	0%	80%	20%
• Fluoride Application- through age 18, twice in a calendar year	100%	0%	80%	20%
• Emergency Treatment - for relief of pain	100%	0%	80%	20%
• Sealants - through age 15, permanent molars only, 3 year limitation	100%	0%	80%	20%
• Space Maintainers - through age 13	100%	0%	80%	20%
Basic and Restorative Services				
• Amalgam fillings – anterior and posterior teeth	80%	20%	60%	40%
• Composite resin fillings - anterior teeth only	80%	20%	60%	40%
• Stainless steel crowns	80%	20%	60%	40%
• Extractions - non-surgical	50%	50%	50%	50%
• Oral Surgery - maxillofacial surgical procedures of the oral cavity, including surgical extractions	50%	50%	50%	50%
• Endodontics - pulp therapy and root canal filling	50%	50%	50%	50%
• Periodontics - non-surgical and surgical	50%	50%	50%	50%
• General Anesthesia - intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed provider for a covered oral surgery procedure	50%	50%	50%	50%
Major Services				
• Crowns and Cast Restorations, including repairs - when teeth cannot be restored with amalgam or composite resin restorations	50%	50%	50%	50%
• Prosthodontics - procedures for construction or repair of fixed bridges, partials or complete dentures	50%	50%	50%	50%
• Implants – specified services, including repairs, and related prosthodontics, subject to clinical review/approval	50%	50%	50%	50%
Orthodontic Services (child only or adult/child options available)				
• Procedures performed by a dentist using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%	50%	50%

Plan I Voluntary SOB
PROPOSAL ILLUSTRATION

***Although benefit levels are the same for non-participating providers, Maximum Approved Fees may be greatly reduced for out-of-network services. Out-of-pocket costs will typically be higher if services are received from a dentist who does not participate in one of Delta Dental's provider networks.**

Maximum Benefit Amount up to – \$1,000 per enrolled person per benefit period. Delta Dental payment for Orthodontic Services, if included as a benefit, will not exceed a Lifetime Maximum of \$1,000 per enrolled person. Benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum (Preventive Care Security is automatically included with this plan).

Deductible – \$50 per enrolled person per benefit period limited to a maximum deductible of \$150 per family per benefit period. The deductible does not apply to Diagnostic and Preventive Services or, if included as a benefit, Orthodontic Services.

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SUMMARY OF BENEFITS SGP Plan II

SGP groups have a 12-month contract year, benefit periods that match the contract term, and eligibility subject to annual Open Enrollment.

	Delta Dental Pays	You Pay
Diagnostic and Preventive Services		
• Oral Evaluations - twice in a calendar year	100%	0%
• Routine or Periodontal Cleanings – twice in a calendar year	100%	0%
• X-rays - full mouth series once every 5 years/Bitewings - twice in a calendar year	100%	0%
• Fluoride Application- through age 18, twice in a calendar year	100%	0%
• Emergency Treatment - for relief of pain	100%	0%
• Sealants - through age 15, permanent molars only, 3 year limitation	100%	0%
• Space Maintainers - through age 13	100%	0%
Basic and Restorative Services		
• Amalgam fillings – anterior and posterior teeth	80%	20%
• Composite resin fillings - anterior teeth only	80%	20%
• Stainless steel crowns	80%	20%
• Extractions - non-surgical	80%	20%
• Oral Surgery - maxillofacial surgical procedures of the oral cavity, including surgical extractions	80%	20%
• Endodontics - pulp therapy and root canal filling	80%	20%
• Periodontics - non-surgical and surgical	80%	20%
• General Anesthesia - intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed provider for a covered oral surgery procedure	80%	20%
Major Services		
• Crowns and Cast Restorations, including repairs - when teeth cannot be restored with amalgam or composite resin restorations	50%	50%
• Prosthodontics - procedures for construction or repair of fixed bridges, partials or complete dentures	50%	50%
• Implants – specified services, including repairs, and related prosthodontics, subject to clinical review/approval	50%	50%
Orthodontic Services (child only or adult/child options available)		
• Procedures performed by a dentist using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%

Benefit levels shown above are based on the dentist's submitted charge subject to the applicable Delta Dental Maximum Approved Fee.

Maximum Benefit Amount up to – \$1,000, \$1,500 or \$2,000 Annual Maximums (per enrolled person per benefit period) and Orthodontic Lifetime Maximums are available subject to underwriting guidelines. When optional Preventive Care Security is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum.

Deductible – \$50 per enrolled person per benefit period limited to a maximum deductible of \$150 per family per benefit period. The deductible does not apply to Diagnostic and Preventive Services or, if included as a benefit, Orthodontic Services.

Eligibility Provisions – Coverage for subscribers is effective subject to the Eligibility Waiting Period(s) defined by the Group and approved by Delta Dental.

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Delta Dental PPO Point of Service SUMMARY OF BENEFITS SGP Plan II

	Delta Dental PPO Dentist		Delta Dental Premier and Non-Participating Dentist*	
	Delta Dental Pays	You Pay	Delta Dental Pays	You Pay
SGP groups have a 12-month contract year, benefit periods that match the contract term, and eligibility subject to annual Open Enrollment.				
Diagnostic and Preventive Services				
• Oral Evaluations - twice in a calendar year	100%	0%	80%	20%
• Routine or Periodontal Cleanings – twice in a calendar year	100%	0%	80%	20%
• X-rays - full mouth series once every 5 years/Bitewings - twice in a calendar year	100%	0%	80%	20%
• Fluoride Application- through age 18, twice in a calendar year	100%	0%	80%	20%
• Emergency Treatment - for relief of pain	100%	0%	80%	20%
• Sealants - through age 15, permanent molars only, 3 year limitation	100%	0%	80%	20%
• Space Maintainers - through age 13	100%	0%	80%	20%
Basic and Restorative Services				
• Amalgam fillings – anterior and posterior teeth	80%	20%	60%	40%
• Composite resin fillings - anterior teeth only	80%	20%	60%	40%
• Stainless steel crowns	80%	20%	60%	40%
• Extractions - non-surgical	80%	20%	60%	40%
• Oral Surgery - maxillofacial surgical procedures of the oral cavity, including surgical extractions	80%	20%	60%	40%
• Endodontics - pulp therapy and root canal filling	80%	20%	60%	40%
• Periodontics - non-surgical and surgical	80%	20%	60%	40%
• General Anesthesia - intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed provider for a covered oral surgery procedure	80%	20%	60%	40%
Major Services				
• Crowns and Cast Restorations, including repairs - when teeth cannot be restored with amalgam or composite resin restorations	50%	50%	50%	50%
• Prosthodontics - procedures for construction or repair of fixed bridges, partials or complete dentures	50%	50%	50%	50%
• Implants – specified services, including repairs, and related prosthodontics, subject to clinical review/approval	50%	50%	50%	50%
Orthodontic Services (child only or adult/child options available)				
• Procedures performed by a dentist using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%	50%	50%

Plan II SOB
PROPOSAL ILLUSTRATION

***Although benefit levels are the same for non-participating providers, Maximum Approved Fees may be greatly reduced for out-of-network services. Out-of-pocket costs will typically be higher if services are received from a dentist who does not participate in one of Delta Dental's provider networks.**

Maximum Benefit Amount up to – \$1,000, \$1,500 or \$2,000 Annual Maximums (per enrolled person per benefit period) and Orthodontic Lifetime Maximums are available subject to underwriting guidelines. Benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum (Preventive Care Security is automatically included with this plan).

Deductible – \$50 per enrolled person per benefit period limited to a maximum deductible of \$150 per family per benefit period. The deductible does not apply to Diagnostic and Preventive Services or Orthodontic Services.

Eligibility Provisions – Coverage for subscribers is effective subject to the Eligibility Waiting Period(s) defined by the Group and approved by Delta Dental.

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Advantage Network Point of Service SUMMARY OF BENEFITS SGP Plan II

SGP groups have a 12-month contract year, benefit periods that match the contract term, and eligibility subject to annual Open Enrollment.

	Advantage Network Dentist		Delta Dental Premier and Non-Participating Dentist*	
	Delta Dental Pays	You Pay	Delta Dental Pays	You Pay
Diagnostic and Preventive Services				
• Oral Evaluations - twice in a calendar year	100%	0%	80%	20%
• Routine or Periodontal Cleanings – twice in a calendar year	100%	0%	80%	20%
• X-rays - full mouth series once every 5 years/Bitewings - twice in a calendar year	100%	0%	80%	20%
• Fluoride Application- through age 18, twice in a calendar year	100%	0%	80%	20%
• Emergency Treatment - for relief of pain	100%	0%	80%	20%
• Sealants - through age 15, permanent molars only, 3 year limitation	100%	0%	80%	20%
• Space Maintainers - through age 13	100%	0%	80%	20%
Basic and Restorative Services				
• Amalgam fillings – anterior and posterior teeth	80%	20%	60%	40%
• Composite resin fillings - anterior teeth only	80%	20%	60%	40%
• Stainless steel crowns	80%	20%	60%	40%
• Extractions - non-surgical	80%	20%	60%	40%
• Oral Surgery - maxillofacial surgical procedures of the oral cavity, including surgical extractions	80%	20%	60%	40%
• Endodontics - pulp therapy and root canal filling	80%	20%	60%	40%
• Periodontics - non-surgical and surgical	80%	20%	60%	40%
• General Anesthesia - intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed provider for a covered oral surgery procedure	80%	20%	60%	40%
Major Services				
• Crowns and Cast Restorations, including repairs - when teeth cannot be restored with amalgam or composite resin restorations	50%	50%	50%	50%
• Prosthodontics - procedures for construction or repair of fixed bridges, partials or complete dentures	50%	50%	50%	50%
• Implants – specified services, including repairs, and related prosthodontics, subject to clinical review/approval	50%	50%	50%	50%
Orthodontic Services (child only or adult/child options available)				
• Procedures performed by a dentist using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%	50%	50%

*Although benefit levels are the same for non-participating providers, Maximum Approved Fees may be greatly reduced for out-of-network services. Out-of-pocket costs will typically be higher if services are received from a dentist who does not participate in one of Delta Dental's provider networks.

Maximum Benefit Amount up to – \$1,000, \$1,500 or \$2,000 Annual Maximums (per enrolled person per benefit period) and Orthodontic Lifetime Maximums are available subject to underwriting guidelines. Benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum (Preventive Care Security is automatically included with this plan).

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DELTA DENTAL OF NEW MEXICO SGP BROKER GUIDE
NETWORK INFORMATION

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DELTA DENTAL PROVIDER NETWORKS INFORMATION

The provider network which is considered “In-Network” for a group dental plan is indicated on the group’s Summary of Benefits. Out-of-pocket costs can be much higher if services are received from non-participating dentists, so it is important to receive services from In-Network dentists whenever possible.

- ✓ A Delta Dental dentist will not bill a Delta Dental patient for any amount over the Delta Dental Maximum Approved Fee applicable to the service provided and his or per provider agreement with Delta Dental. Members are protected from unexpected “balance bill” charges.
- ✓ Participating dentists have agreed to bill Delta Dental, avoiding the need for Delta Dental members to pay first and wait for reimbursement. For covered services, subscribers are initially responsible only for co-payments and deductibles, if any.
- ✓ Delta Dental dentists agree to fee maximums for both covered *and* non-covered services. This can be an important benefit because members are responsible for full payment of non-covered services. If non-covered services are needed, and the cost of that care is reduced, members save money.
- ✓ Members have direct access to Delta Dental dentists. Availability and appointment scheduling is always independently determined by each individual dentist, not by Delta Dental.
- ✓ Pre-selection of a dentist is never required. Each member of the family may use a different dentist.

How Benefit Payment is Based on the Dentist Selected

Delta Dental has more than one provider network. A patient's share of the cost for any covered service depends on whether the dentist participates in the provider network(s) indicated on the group’s Summary of Benefits.

- Delta Dental Premier[®] is a national provider network, with dentists in every state. This network is designed to provide the broadest selection of dentists and approximately three out of every four dentists in the country participate.
- Delta Dental PPOSM is a second, smaller national network which is designed to offer access to more deeply discounted dental care services (provides additional cost savings).
- Advantage is a provider network which is offered exclusively in New Mexico.

Some group plans are designed to feature one In-Network Delta Dental provider network. Other group plans feature Delta Dental Premier[®] in addition to a second Delta Dental network. In these plans, which are called Point-of-Service plans, services received from any dentist in either network are considered In-Network.

If a dentist participates in the provider network indicated on the group’s Summary of Benefits:

- All services received from that dentist are considered In-Network.

If the patient is enrolled in a single network plan and the dentist participates in Delta Dental Premier, but not in the network indicated on the group’s Summary of Benefits:

- Services received from that dentist are considered out-of-network and subscribers are responsible for payment of the charges over and above the approved fees applicable to the group’s network.
- These dentists are allowed to balance bill patients up to Delta Dental Premier Maximum Approved Fees. The amount of balance billing is limited, however, because Delta Dental Premier dentists are subject to the Maximum Approved Fees applicable to that network.

SEE THE REVERSE SIDE OF THIS PAGE FOR IMPORTANT ADDITIONAL NETWORK INFORMATION AND THE STEPS TO FOLLOW TO LOCATE A PARTICIPATING DELTA DENTAL DENTIST.

Non-participating dentists are dentists who do not participate in *any* Delta Dental dentist network. Benefits apply for covered services received from a non-participating dentist, however:

- These dentists are *not subject to* agreements which would require them to honor Delta Dental pricing maximums for both covered *and* non-covered services;
- Non-participating dentists may bill their patients up to the full amount of their submitted charges. Benefit payments for covered services received from a non-participating dentist are subject to Delta Dental fee maximums and these may be greatly reduced for non-participating providers;
- Non-participating dentists are not subject to other member protections, such as guarantees on restorative services, which are required of dentists who participate with Delta Dental;
- Payments made by Delta Dental for services received from a non-participating provider may be paid to the provider or directly to the enrolled subscriber, depending on the state in which the services were received and whether there was a valid Assignment of Benefits. Subscribers who use non-participating providers may be responsible for payment at the time services are received for the full amount due if required by the non-participating provider.

Maximize benefits by selecting, whenever possible, an In-Network Delta Dental dentist.

For online access to New Mexico provider directories, or to search for a dentist nationally, visit the website at DeltaDentalNM.com and click on either the In-State or Nationwide links in the [Searching for a Dentist](#) box.

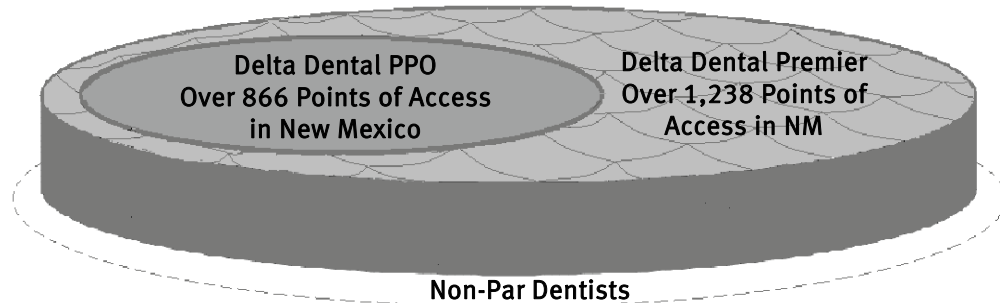
Be sure to select the provider network shown on the group's Summary of Benefits.

For assistance, subscribers may also call Delta Dental Benefit Services at (505) 855-7111 or toll free at (877) 395-9420.

Delta Dental Plans Association is the source of the provider/network statistical information shown on these Network Information Pages.

QUESTIONS? CALL DELTA DENTAL BENEFIT SERVICES AT (505) 855-7111 OR (877) 395-9420

**DELTA DENTAL OF NEW MEXICO
ILLUSTRATING THE PLUS PREMIER FEATURE
FOR PLANS FEATURING DELTA DENTAL PPOSM**



With all Delta Dental plans, subscribers have benefits for covered services with any dentist, anywhere. The highest levels of benefits apply when subscribers use in-network dentists – dentists in the network selected by the group. Subscribers who use non-network dentists are likely to have additional out-of-pocket costs and balance billing.

Subscribers enrolled in plans featuring Delta Dental PPO can, however, help control the additional costs associated with receiving services from a non-network dentist by selecting a Delta Dental Premier dentist. Known as the Plus Premier feature, Delta Dental Premier Maximum Approved Fees limit the amount that can be balance-billed to a patient. As an example, a Delta Dental PPO subscriber who chooses a Delta Dental Premier dentist will pay the difference between the Maximum Approved Fees allowed under Delta Dental PPO and Delta Dental Premier, but no amount over the Delta Dental Premier Maximum Approved Fee can be balance-billed to the subscriber.

In addition, any Delta Dental Premier dentist will bill Delta Dental first, avoiding the need for Delta Dental subscribers to pay first and wait for reimbursement. Delta Dental cost management expertise also incorporates coordination of benefits, utilization reviews, in-office fee audits and peer review, saving our purchasing groups millions of dollars annually.

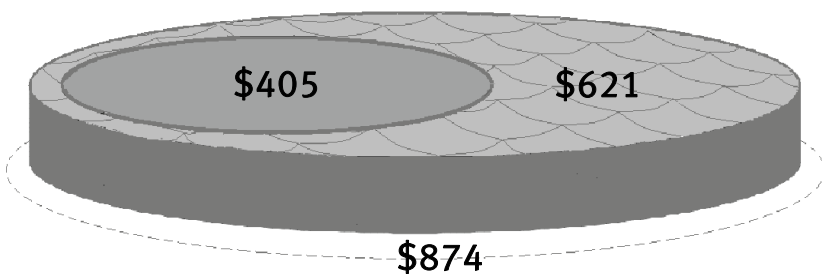
**Assumptions used in member out-of-pocket
cost illustration (see over)**

- Procedure Code 2790 (Crown—Full Cast High Noble Metal)
- Submitted charges of \$1,177
- Delta Dental Premier Maximum Approved Fee of \$1,026
- Delta Dental PPO Maximum Approved Fee of \$810
- An Out-of-Network (Non-Par) Delta Dental of New Mexico Maximum Approved Fee of \$606
- A 50% benefit level for Major Services
- Fees shown in example are representative and intended only as an illustration; actual fees will vary based on the procedure and the date of service.

**DELTA DENTAL OF NEW MEXICO
ILLUSTRATING THE PLUS PREMIER FEATURE
FOR PLANS FEATURING DELTA DENTAL PPOSM**

	Delta Dental PPO Provider	Delta Dental Premier Provider	Out of Network (Non-Participating ("Non-Par") Provider)
Dentist Submitted Charge	Billed Amount	Billed Amount	Billed Amount
Delta Dental Maximum Approved Fee	Delta Dental PPO Maximum Approved Fee	Delta Dental Premier Maximum Approved Fee	Non-Par Delta Dental Maximum Approved Fee
Delta Dental Pays (50% Benefit for Major Services)	50% of Submitted Charges subject to Delta Dental PPO Maximum Approved Fee	50% of Submitted Charges subject to Delta Dental PPO Maximum Approved Fee	50% of Non-Par Maximum Approved Fee
Member Pays (50% Co-payment for Major Services)	50% of Submitted Charges subject to Delta Dental PPO Maximum Approved Fee	50% of submitted Charges subject to Delta Dental PPO Maximum Approved Fee plus Balance Remaining capped at Delta Dental Premier Maximum Approved Fee	50% of Non-Par Maximum Approved Fee plus Balance Remaining up to Billed Amount (No Cap)

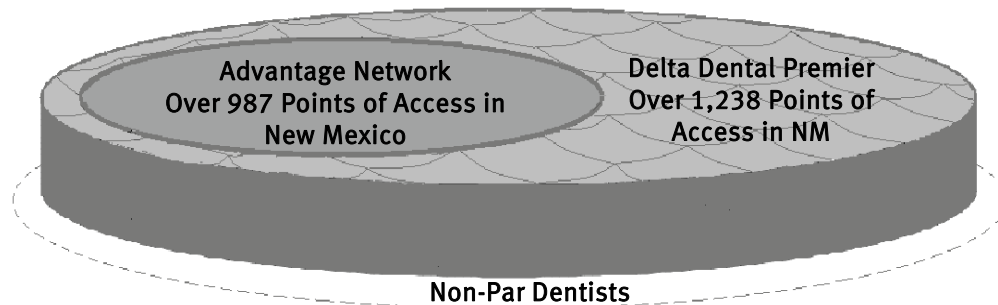
	Delta Dental PPO Provider	Delta Dental Premier Provider	Out of Network (Non-Participating ("Non-Par") Provider)
Dentist Submitted Charge	\$1,177	\$1,177	\$1,177
Delta Dental Maximum Approved Fee	\$810	\$1,026	\$606
Delta Dental Pays (50% Benefit for Major Services)	50% of \$810 = \$405	50% of \$810 = \$405	50% of \$606 = \$303
Member Pays (50% Co-payment for Major Services)	50% of \$810 = \$405	50% of \$810 = \$405 plus \$1,026 — \$810 = \$216 = \$621	50% of \$606 = \$303 plus \$1,177 — \$606 = \$571 = \$874



This example illustrates the differences in out-of-pocket costs when a patient sees a Delta Dental PPO dentist (as featured in the employer's plan) and also the savings — \$253 — on a single procedure that can occur if the patient elects to receive out-of-network services from a dentist who participates with Delta Dental Premier instead of a dentist who does not.

**DELTA DENTAL OF NEW MEXICO
ILLUSTRATING THE PLUS PREMIER FEATURE**

FOR PLANS FEATURING THE ADVANTAGE NETWORK



With all Delta Dental plans, subscribers have benefits for covered services with any dentist, anywhere. The highest levels of benefits apply when subscribers use in-network dentists – dentists in the network selected by the group. Subscribers who use non-network dentists are likely to have additional out-of-pocket costs and balance billing.

Subscribers enrolled in plans featuring the Advantage Network can, however, help control the additional costs associated with receiving services from a non-network dentist. Out-of-pocket costs applicable to non-network services can be reduced by selecting a Delta Dental Premier dentist. Known as the Plus Premier feature, Delta Dental Premier Maximum Approved Fees limit the amount that can be balance-billed to a patient. As an example, an Advantage Network subscriber who chooses a Delta Dental Premier dentist will pay the difference between the Maximum Approved Fees allowed under the Advantage Network and Delta Dental Premier, but no amount over the Delta Dental Premier Maximum Approved Fee can be balance-billed to the subscriber.

In addition, any Delta Dental Premier dentist will bill Delta Dental first, avoiding the need for Delta Dental subscribers to pay first and wait for reimbursement. Delta Dental cost management expertise also incorporates coordination of benefits, utilization reviews, in-office fee audits and peer review, saving our purchasing groups millions of dollars annually.

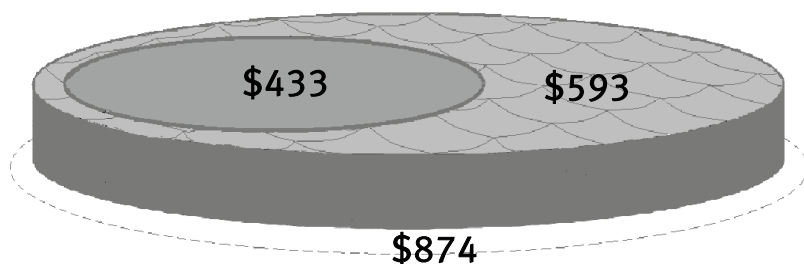
**Assumptions used in member out-of-pocket
cost illustration (see over)**

- Procedure Code 2790 (Crown—Full Cast High Noble Metal)
- Submitted charges of \$1,177
- Delta Dental Premier Maximum Approved Fee of \$1,026
- Advantage Network Maximum Approved Fee of \$866
- An Out-of-Network (Non-Par) Delta Dental of New Mexico Maximum Approved Fee of \$606
- A 50% benefit level for Major Services
- Fees shown in example are representative and intended only as an illustration; actual fees will vary based on the procedure and the date of service.

**DELTA DENTAL OF NEW MEXICO
ILLUSTRATING THE PLUS PREMIER FEATURE
FOR PLANS FEATURING THE ADVANTAGE NETWORK**

	Advantage Network Provider	Delta Dental Premier Provider	Out-of-Network (Non-Participating (Non-Par Provider))
Dentist Submitted Charge	Billed Amount	Billed Amount	Billed Amount
Delta Dental Maximum Approved Fee	Advantage Network Maximum Approved Fee	Delta Dental Premier Maximum Approved Fee	Non-Par Delta Dental Maximum Approved Fee
Delta Dental Pays (50% Benefit for Major Services)	50% of Submitted Charges subject to Advantage Maximum Approved Fee	50% of Submitted Charges subject to Advantage Maximum Approved Fee	50% of Non-Par Maximum Approved Fee
Member Pays (50% Co-payment for Major Services)	50% of Submitted Charges subject to Advantage Maximum Approved Fee	50% of Submitted Charges subject to Advantage Maximum Approved Fee plus Balance Remaining capped at Delta Dental Premier Maximum Approved Fee	50% of Non-Par Maximum Approved Fee plus Balance Remaining up to Billed Amount (No Cap)

	Advantage Network Provider	Delta Dental Premier Provider	Out-of-Network (Non-Participating (“Non-Par” Provider))
Dentist Submitted Charge	\$1,177	\$1,177	\$1,177
Delta Dental Maximum Approved Fee	\$866	\$1,026	\$606
Delta Dental Pays (50% Benefit for Major Services)	50% of \$866 = \$433	50% of \$866 = \$433	50% of \$606 = \$303
Member Pays (50% Co-payment for Major Services)	50% of \$866 = \$433	50% of \$866 = \$433 plus \$1,026 — \$866 = \$160 = \$593	50% of \$606 = \$303 plus \$1,177 — \$606 = \$571 = \$874



This example illustrates the differences in out-of-pocket costs when a patient sees an Advantage dentist (as featured in the employer’s plan) and also the savings — \$281 — on a single procedure that can occur if the patient elects to receive out-of-network services from a dentist who participates with Delta Dental Premier instead of a dentist who does not.

DELTA DENTAL OF NEW MEXICO SGP BROKER GUIDE
APPLICATIONS

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SGP EMPLOYER APPLICATION AND ELIGIBILITY STATEMENT

SECTION I: GROUP IDENTIFICATION

Employer (Group) name _____ Group number _____

Employer's industry (describe) _____

Requested coverage effective date: First day of _____, 20_____

Has this Group been previously covered by Delta Dental? Yes No If yes, prior group number _____ Term Date _____

Street address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____ Tax ID# _____

Group contact _____ Title _____ E-Mail _____

Billing contact, if different _____ Title _____ E-Mail _____

Billing e-mail address for electronic statement notification _____

SECTION II: BENEFITS / NETWORK

Plan design:	<input type="radio"/> SGP Plan I (100/80/50/50)	<input type="radio"/> SGP Plan II (100/80/80/50)	<input type="radio"/> SGP Plan I Point of Service	<input type="radio"/> SGP Plan II Point of Service
Provider Network:	<input type="radio"/> Delta Dental Premier®	<input type="radio"/> Advantage	<input type="radio"/> Delta Dental PPO SM	<input type="radio"/> If POS: Delta Dental PPO with Delta Dental Premier <input type="radio"/> If POS: Advantage with Delta Dental Premier
Preventive Care Security Option: <i>(automatically included if POS Plan was selected)</i>	<input type="radio"/> Yes	<input type="radio"/> No		
Plan Maximums:	<input type="radio"/> \$1,000	<input type="radio"/> \$1,500 (10 or more enrolling)	<input type="radio"/> \$2,000 (10 or more enrolling)	
Orthodontic Services (may select if 20 or more employees enrolling or if 10 or more enrolling and group has prior Ortho): <input type="radio"/> Child only <input type="radio"/> Child and adult <i>The Lifetime Maximum for Ortho coverage will be separate from, but in amount equal to, the Annual Plan Maximum.</i>				

Prior Group Dental Coverage? Yes No Carrier _____

A six (6) month Benefit Waiting Period for some services will apply to initial enrollees unless proof of prior comparable coverage, including a billing for the month immediately prior to the Delta Dental requested effective date, is submitted with this application.

SECTION III: ENROLLMENT/ELIGIBILITY/BILLING

Billing subgroup numbers, which distinguish classes of employees (by department, location, etc.) on the monthly billing statements, are available to groups enrolling 25 or more employees.

Subgroup(s) requested? Yes No If "Yes," please request and complete a Subgroup Information Page Addendum for this application.

Benefit Manager Toolkit™, the Delta Dental online eligibility and enrollment service, is provided at no cost to all groups. If you do not have access to the Internet, please check here to elect traditional enrollment card processing.

BMT Authorized Users:

Name _____ Title _____ Phone _____ E-Mail _____

Name _____ Title _____ Phone _____ E-Mail _____

Classification of eligible employees:

- All full time employees (_____ hours worked per week) **OR**
- CARVE OUT (Eligibility limited to one or more classes of employees), as defined below. Carve out enrollment may never be less than 10% of the total number of employees. Carve out groups with no prior dental are subject to a Benefit Waiting Period for some services which will apply to all (initial and future) enrollees. To be eligible for Ortho, carve out groups always require 20 enrolled employees.

Seasonal, temporary, part time and all employees not meeting the definition(s) shown above will not be eligible for coverage.

Employer's Eligibility Waiting Period:

Coverage for eligible employees is effective *the first of the month following* _____ days **OR** _____ months of employment.

Same for all classes of employees? Yes No – If No, please explain on the line provided below:

Census

A.	TOTAL number of employees (full time, part time, seasonal, etc.)		_____
B.	Ineligible employees		
	(i) Part time (ineligible)		_____
	(ii) In probationary period (have not met Employer's Eligibility Waiting Period)	+	_____
	(iii) Other ineligible class(es), if carve out eligibility applies	+	_____
C.	Total number of ineligible employees	=	_____
D.	Eligible employees (A minus C)		_____
E.	Number of employees enrolling with Delta Dental (must be at least 50% of Line D)		_____
	Indicate number of employees enrolling in each coverage category:		
	3-Tier	OR	4-Tier
	Employee only _____		Employee only _____
	Employee + 1 Dependent _____		Employee + Spouse _____
	Employee + Family _____		Employee + Child(ren) _____
			Employee + Family _____
F.	Eligible employees not enrolling with Delta Dental due to other dental coverage (waivers required). E plus F must be at least 75% eligible employees (D).		_____
G.	Employees not enrolling for other reason (waivers required).		_____
	Total E+F+G (should match total number of eligible employees shown D)		_____
Group Officer initial here to verify accuracy of census data as of application date.			

Premiums / Rating Tier Selected

Indicate below the monthly premiums for the plan selected. (Rates shown should include options and Specified Industry and/or Carve out adjustment, if applicable. If questions, refer to the Delta Dental SGP Underwriting Guide for more information.)

3-TIER RATES		4-TIER RATES	
Employee Only	\$ _____	Employee Only	\$ _____
Employee + 1	\$ _____	Employee + Spouse	\$ _____
Employee + Family	\$ _____	Employee + Child(ren)	\$ _____
		Employee + Family	\$ _____

SECTION IV: EMPLOYER SIGNATURE AND ACKNOWLEDGMENT

The premium contribution made by the Employer (Group) toward the cost of each employee's coverage in this dental plan will be: _____ % of the Employee Only premiums shown above and _____ % of the cost of any dependent coverage they may elect.

I understand that coverage cannot be bound by my agent; that my prior dental plan, if any, should not be terminated until coverage is approved by Delta Dental; and that coverage is subject to the Delta Dental Underwriting Guidelines, a copy of which is available to me upon request. I acknowledge that this Group Application will be the basis of any group contract written by Delta Dental for my group and believe that all information provided herein is accurate to the best of my knowledge.

Typed/printed name of Group Officer _____ Title _____

Executed this _____ day of _____, 20____. Authorized Signature (Group Officer) _____
 Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

SECTION V: AGENT DATA, SIGNATURE AND ACKNOWLEDGMENT

Individual Agent Name _____ Agency Name _____
 Street address _____ City _____ State _____ Zip _____
 Telephone (____) _____ Fax (____) _____ E-Mail Address _____
 Mailing address (if different from above) _____

New Business Checklist (please indicate the total number of forms being submitted with this Application):

Enrollment cards _____ Waivers (must equal to Line F + Line G above) _____
 Deposit check in the amount of \$ _____ Prior dental plan documentation included? (here if applicable)
 (Deposit check must be from Group, made payable to Delta Dental, in an amount equal to the first month's premium.)

The information provided by the employer on this Group Application is accurate to the best of my knowledge and I believe this group meets the requirements stated in the Delta Dental Underwriting Guide, a copy of which has been provided to me.

Executed this _____ day of _____, 20____, Agent Signature _____



SGP EMPLOYER APPLICATION AND ELIGIBILITY STATEMENT—VOLUNTARY PLANS

SECTION I: GROUP IDENTIFICATION

Employer (Group) name _____ Group number _____

Employer's industry (describe) _____

Requested coverage effective date: First day of _____, 20____

Has this Group been previously covered by Delta Dental? Yes No If yes, prior group number _____ Term Date _____

Street address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____ Tax ID# _____

Group contact _____ Title _____ E-Mail _____

Billing contact, if different _____ Title _____ E-Mail _____

Billing e-mail address for electronic statement notification _____

SECTION II: BENEFITS / NETWORK

Plan design: *All plans have \$50/\$150 deductibles and a \$1,000 Annual Plan Maximum.* Plan I Voluntary Plan I Voluntary Point of Service

Provider Network:

Delta Dental Premier® Advantage Delta Dental PPOSM **If POS:** Delta Dental PPO with Delta Dental Premier **If POS:** Advantage with Delta Dental Premier

Orthodontic Services (may select if 20 or more employees enrolling): Child only Child and adult

The Lifetime Maximum for Ortho coverage is \$1,000.

Prior Group Dental Coverage? Yes No Carrier _____

A twelve (12) month Benefit Waiting Period will apply to some services for all initial enrollees not covered under the Group's prior plan, and to all future enrollees. Proof of prior comparable coverage, including a billing for the month immediately prior to the Delta Dental requested effective date, is required for any Benefit Waiting Period credits.

SECTION III: ENROLLMENT/ELIGIBILITY/BILLING

Billing subgroup numbers, which distinguish classes of employees (by department, location, etc.) on the monthly billing statements, are available to groups enrolling 25 or more employees.

Subgroup(s) requested? Yes No If "Yes," please request and complete a Subgroup Information Page Addendum for this application.

Classification of eligible employees:

Defined as all full time employees working _____ hours per week.
Seasonal, temporary, part time and all employees not meeting the definition(s) shown above will not be eligible for coverage.

Employer's Eligibility Waiting Period:

Coverage for eligible employees is effective *the first of the month* following _____ days OR _____ months of employment.

Same for all classes of employees? Yes No – If No, please explain:

Census

A.	TOTAL number of employees (full time, part time, seasonal, etc.)		_____
B.	Ineligible employees		
	(i) Part time (ineligible)		_____
	(ii) In probationary period (have not met Employer's Eligibility Waiting Period)	+	_____
	(iii) Other ineligible class(es)	+	_____
C.	Total number of ineligible employees	=	_____
D.	Eligible employees (A minus C)		_____
E.	Number of employees enrolling with Delta Dental		_____
	<i>Note: must be at least 35% of total number of employees</i>		
	Indicate number of employees enrolling in each coverage category:		
	3-Tier	OR	4-Tier
	Employee only _____		Employee only _____
	Employee + 1 Dependent _____		Employee + Spouse _____
	Employee + Family _____		Employee + Child(ren) _____
			Employee + Family _____
F.	Employees not enrolling for other reason (waivers required).		_____
	Total E+F+G (should match total number of eligible employees shown D)		_____
	Group Officer initial here to verify accuracy of census data as of application date.		

Premiums / Rating Tier Selected

Indicate below the monthly premiums for the plan selected. (Rates shown should include options and Specified Industry adjustment, if applicable. If questions, refer to the Delta Dental SGP Underwriting Guide for more information.)

3-TIER RATES		4-TIER RATES	
Employee Only	\$ _____	Employee Only	\$ _____
Employee + 1	\$ _____	Employee + Spouse	\$ _____
Employee + Family	\$ _____	Employee + Child(ren)	\$ _____
		Employee + Family	\$ _____

SECTION IV: EMPLOYER SIGNATURE AND ACKNOWLEDGMENT

By signing this application, I confirm that all Voluntary Premiums paid by employees will be collected under our group's IRS-qualified Section 125 Plan.

I understand that coverage cannot be bound by my agent; that my prior dental plan, if any, should not be terminated until coverage is approved by Delta Dental; and that coverage is subject to the Delta Dental Underwriting Guidelines, a copy of which is available to me upon request. I acknowledge that this Group Application will be the basis of any group contract written by Delta Dental for my group and believe that all information provided herein is accurate to the best of my knowledge.

Typed/printed name of Group Officer _____ Title _____

Executed this _____ day of _____, 20____. Authorized Signature (Group Officer) _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

SECTION V: AGENT DATA, SIGNATURE AND ACKNOWLEDGMENT

Individual Agent Name _____ Agency Name _____

Street address _____ City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____ E-Mail Address _____

Mailing address (if different from above) _____

New Business Checklist (please indicate the total number of forms being submitted with this Application):

Enrollment cards _____ Waivers (must equal to Line F + Line G above) _____

Deposit check in the amount of \$ _____ Prior dental plan documentation included? (✓ here if applicable)

(Deposit check must be from Group, made payable to Delta Dental, in an amount equal to the first month's premium.)

The information provided by the employer on this Group Application is accurate to the best of my knowledge and I believe this group meets the requirements stated in the Delta Dental Underwriting Guide, a copy of which has been provided to me.

Executed this _____ day of _____, 20____, Agent Signature _____

EMPLOYER SUBGROUP INFORMATION PAGE AND APPLICATION ADDENDUM

- This addendum is hereby made a part of the Employer Application applicable to the employer indicated below, for a billing subgroup to be effective per the group's requested coverage effective date as of the first day of _____, 20_____.
- This addendum is hereby made a part of the Employer Application applicable to the employer indicated below, for the addition of a billing subgroup(s) to the group's in-force Delta Dental of New Mexico group, # _____ for an effective date as of the first day of _____, 20_____.

Employer (Group) name _____ Group number _____

SUBGROUP #0002

Subgroup name _____ Subgroup number _____

Street address _____ City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____ Tax ID# _____

Subgroup contact _____ Title _____ E-Mail _____

Billing address (if different from employer's primary billing address) _____

SUBGROUP #0003

Subgroup name _____ Subgroup number _____

Street address _____ City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____ Tax ID# _____

Subgroup contact _____ Title _____ E-Mail _____

Billing address (if different from employer's primary billing address) _____

Billing subgroups are subject to approval by Delta Dental of New Mexico. To be approved for subgroup billings, employers enrolled in a SGP plan require a minimum of 25 employees per subgroup, with a maximum of four subgroups per employer. Please use an additional Subgroup Information Page and Application Addendum if more than two subgroups are being requested.

EMPLOYER SIGNATURE AND ACKNOWLEDGMENT

I understand that subgroups are approved for billing convenience only; that the approval of a subgroup(s) does not create a different premium due date(s) for any subgroup(s) under my primary group number; and that coverage for my entire group will be terminated for non-payment if premium payment for any individual subgroup is not made on a timely basis.

Executed this _____ day of _____, 20_____.

Authorized Signature (Group) _____ Title _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Dental Benefits Enrollment/Coverage Status Form

PART A – Employee/Employer Information

Employee name <i>(last, first, middle initial)</i> <u>Doe, John A.</u>	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Married? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Social Security Number <u>123 45 6789</u>	Date of Birth <u>07/11/1967</u>
Name of Employer <u>ABC Company</u>	Employee's Work Site Location/Branch <u>123 Division, Albuquerque</u>		Date of Hire <u>01/01/2007</u>	
Employee Position/Title <u>Manager</u>	Do you have other dental benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of other plan, if applicable: _____	
Home mailing address <i>(including City, State, ZIP Code)</i> <u>123 Street Ave. Albuquerque, NM 87110</u>				<input type="checkbox"/> Check here if new address

PART B – Enrollment or Other Action Required

<input checked="" type="checkbox"/> Enroll in Dental Plan Enrollee Category <input type="checkbox"/> Active Employee <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA Network Selection, if applicable to your plan _____	<input type="checkbox"/> Waive Coverage—Please complete and sign Part F	<input type="checkbox"/> Cancel Employee Coverage (also cancels dependent coverage, if applicable) <input type="checkbox"/> Add Dependents (list new dependents to be covered in Part D) <input type="checkbox"/> Cancel Dependent Coverage <input type="checkbox"/> On all dependents currently enrolled <input type="checkbox"/> On dependent(s) listed here: _____
Coverage Effective/Change/Coverage Termination Date <u>03 01 2007</u> , Reason for Action <i>(at least one box must be checked; check all that apply):</i>		
<input checked="" type="checkbox"/> New Hire	<input type="checkbox"/> Birth <input type="checkbox"/> Adoption	Date: _____ <input type="checkbox"/> Death Date: _____
<input type="checkbox"/> Initial or Open Enrollment	<input type="checkbox"/> Termination of Employment	Date: _____ <input type="checkbox"/> Change of Address
<input type="checkbox"/> Marriage Date: _____	<input type="checkbox"/> Loss of Eligibility due to: <input type="checkbox"/> Retirement <input type="checkbox"/> Age	<input type="checkbox"/> Other _____
<input type="checkbox"/> Divorce Date: _____	<input type="checkbox"/> Other _____	

PART C – Dependent Information – For Dependents to be Enrolled *(For additional dependents, use a separate sheet and attach.)*

Dependent to be enrolled <i>(last, first, middle initial)</i> <u>Doe, Jane B.</u>	Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Social Security Number <u>234-56-7891</u>	Date of Birth <u>08/29/1969</u>
Relationship <u>Spouse</u>	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of other plan, if applicable: _____
Dependent to be enrolled <i>(last, first, middle initial)</i> <u>Doe, Johnny C.</u>	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Social Security Number <u>345-67-8912</u>	Date of Birth <u>03/15/1993</u>
Relationship <u>Son</u>	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of other plan, if applicable: _____
Dependent to be enrolled <i>(last, first, middle initial)</i> <u>Doe, Janey D.</u>	Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Social Security Number <u>456-78-9123</u>	Date of Birth <u>10/20/1995</u>
Relationship <u>Daughter</u>	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of other plan, if applicable: _____
Dependent to be enrolled <i>(last, first, middle initial)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____ - _____ - _____	Date of Birth ____/____/____
Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of other plan, if applicable: _____

PART D – Signature for Enrollment and Change of Status

If enrolled, I agree to make the required contribution as stated in the group contract and to repay promptly any benefit payments to which I or my dependents were not entitled. I certify that the information contained in this form is true and correct to the best of my knowledge. **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.**

Signature John A. Doe Date 4/1/2007

PART E – For Delta Dental Use Only

Group Number _____ Effective Date of Enrollment and/or Change _____ Termination Date _____

PART F – Waiver of Coverage — Sign this section only if you are waiving Delta Dental coverage

I hereby decline coverage because: I have other dental coverage. If other coverage, who is your current carrier? _____
 Other Reason for Waiver: _____

I understand that future enrollment of myself or my dependent(s) is subject to the eligibility requirements of my employer's dental plan.
Please check with your group administrator to see if your plan allows for a future open enrollment period.

Signature _____ Date _____

Dental Benefits Enrollment/Coverage Status Form

PART A – Employee/Employer Information

Employee name (last, first, middle initial) <i>Doe, John A.</i>	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Married? <input type="checkbox"/> Y <input type="checkbox"/> N	Social Security Number <i>123 45 6789</i>	Date of Birth <i>07/11/1967</i>
Name of Employer <i>ABC Company</i>	Employee's Work Site Location/Branch <i>123 Division, Albuquerque</i>		Date of Hire <i>01/01/2007</i>	
Employee Position/Title <i>Manager</i>	Do you have other dental benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Name of other plan, if applicable: _____
Home mailing address (including City, State, ZIP Code) <i>123 Street Ave. Albuquerque, NM 87110</i>				<input type="checkbox"/> Check here if new address

PART B – Enrollment or Other Action Required

<input type="checkbox"/> Enroll in Dental Plan Enrollee Category <input type="checkbox"/> Active Employee <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA Network Selection, if applicable to your plan _____	<input type="checkbox"/> Waive Coverage—Please complete and sign Part F	<input checked="" type="checkbox"/> Cancel Employee Coverage (also cancels dependent coverage, if applicable) <input type="checkbox"/> Add Dependents (list new dependents to be covered in Part D) <input type="checkbox"/> Cancel Dependent Coverage <input type="checkbox"/> On all dependents currently enrolled <input type="checkbox"/> On dependent(s) listed here: _____
---	--	---

Coverage Effective/Change/Coverage Termination Date *07/01/2007*, Reason for Action (at least one box must be checked; check all that apply):

<input type="checkbox"/> New Hire	<input type="checkbox"/> Birth <input type="checkbox"/> Adoption	Date: _____	<input type="checkbox"/> Death	Date: _____
<input type="checkbox"/> Initial or Open Enrollment	<input checked="" type="checkbox"/> Termination of Employment	Date: <i>6/28/2007</i>	<input type="checkbox"/> Change of Address	_____
<input type="checkbox"/> Marriage	Date: _____	<input type="checkbox"/> Loss of Eligibility due to: <input type="checkbox"/> Retirement <input type="checkbox"/> Age	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Divorce	Date: _____	<input type="checkbox"/> Other	_____	_____

PART C – Dependent Information – For Dependents to be Enrolled (For additional dependents, use a separate sheet and attach.)

Dependent to be enrolled (last, first, middle initial)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____ - _____ - _____	Date of Birth ____/____/____
Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of other plan, if applicable: _____		
Dependent to be enrolled (last, first, middle initial)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____ - _____ - _____	Date of Birth ____/____/____
Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of other plan, if applicable: _____		
Dependent to be enrolled (last, first, middle initial)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____ - _____ - _____	Date of Birth ____/____/____
Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of other plan, if applicable: _____		
Dependent to be enrolled (last, first, middle initial)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____ - _____ - _____	Date of Birth ____/____/____
Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of other plan, if applicable: _____		

PART D – Signature for Enrollment and Change of Status

If enrolled, I agree to make the required contribution as stated in the group contract and to repay promptly any benefit payments to which I or my dependents were not entitled. I certify that the information contained in this form is true and correct to the best of my knowledge. **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.**

Signature *Group Administrator* Date *7/1/07*

PART E – For Delta Dental Use Only

Group Number _____ Effective Date of Enrollment and/or Change _____ Termination Date _____

PART F – Waiver of Coverage — Sign this section only if you are waiving Delta Dental coverage

I hereby decline coverage because: I have other dental coverage. If other coverage, who is your current carrier? _____
 Other Reason for Waiver: _____

I understand that future enrollment of myself or my dependent(s) is subject to the eligibility requirements of my employer's dental plan. **Please check with your group administrator to see if your plan allows for a future open enrollment period.**

Signature _____ Date _____

Dental Benefits Enrollment/Coverage Status Form

PART A – Employee/Employer Information

Employee name <i>(last, first, middle initial)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Married? <input type="checkbox"/> Y <input type="checkbox"/> N	Social Security Number ____ - ____ - _____	Date of Birth ____ / ____ / _____
Name of Employer	Employee's Work Site Location/Branch		Date of Hire ____ / ____ / _____	
Employee Position/Title	Do you have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of other plan, if applicable: _____	
Home mailing address <i>(including City, State, ZIP Code)</i>				<input type="checkbox"/> Check here if new address

PART B – Enrollment or Other Action Required

<input type="checkbox"/> Enroll in Dental Plan Enrollee Category <input type="checkbox"/> Active Employee <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA Network Selection, if applicable to your plan _____	<input type="checkbox"/> Waive Coverage—Please complete and sign Part F	<input type="checkbox"/> Cancel Employee Coverage (also cancels dependent coverage, if applicable) <input type="checkbox"/> Add Dependents (list new dependents to be covered in Part C) <input type="checkbox"/> Cancel Dependent Coverage <input type="checkbox"/> On all dependents currently enrolled <input type="checkbox"/> On dependent(s) listed here: _____
Coverage Effective/Change/Coverage Termination Date _____, Reason for Action (at least one box must be checked; check all that apply): <input type="checkbox"/> New Hire <input type="checkbox"/> Initial or Open Enrollment <input type="checkbox"/> Marriage Date: _____ <input type="checkbox"/> Divorce Date: _____ <input type="checkbox"/> Birth <input type="checkbox"/> Adoption Date: _____ <input type="checkbox"/> Termination of Employment Date: _____ <input type="checkbox"/> Loss of Eligibility due to: <input type="checkbox"/> Retirement <input type="checkbox"/> Age <input type="checkbox"/> Other _____ <input type="checkbox"/> Death Date: _____ <input type="checkbox"/> Change of Address <input type="checkbox"/> Other _____		

PART C – Dependent Information – For Dependents to be Enrolled *(For additional dependents, use a separate sheet and attach.)*

Dependent to be enrolled <i>(last, first, middle initial)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - _____	Date of Birth ____ / ____ / _____
	Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of other plan, if applicable: _____
Dependent to be enrolled <i>(last, first, middle initial)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - _____	Date of Birth ____ / ____ / _____
	Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of other plan, if applicable: _____
Dependent to be enrolled <i>(last, first, middle initial)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - _____	Date of Birth ____ / ____ / _____
	Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of other plan, if applicable: _____
Dependent to be enrolled <i>(last, first, middle initial)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - _____	Date of Birth ____ / ____ / _____
	Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of other plan, if applicable: _____

PART D – Signature for Enrollment and Change of Status

If enrolled, I agree to make the required contribution as stated in the group contract and to repay promptly any benefit payments to which I or my dependents were not entitled. I certify that the information contained in this form is true and correct to the best of my knowledge. **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.**

Signature _____ Date _____

PART E – For Delta Dental Use Only

Group Number _____ Effective Date of Enrollment and/or Change _____ Termination Date _____

Waiver of Coverage—Sign here only if you are waiving Delta Dental coverage.

I hereby decline coverage because: I have other dental coverage. If other coverage, who is your current carrier? _____
 Other Reason for Waiver: _____

I understand that future enrollment of myself or my dependent(s) is subject to the eligibility requirements of my employer's dental plan.
Please check with your group administrator to see if your plan allows for a future open enrollment period.

Signature _____ Date _____

DELTA DENTAL OF NEW MEXICO

WEBSITE RATING TOOLKIT

Introduction

Website Rating Toolkit is a web-based rating application which enables brokers to quickly and easily prepare accurate and professional proposals for groups considering a Delta Dental Small Group Pool dental plan (generally, groups with < 100 eligible) and for pricing renewal options for in-force groups.

Access the Toolkit in the [Brokers](#) area of DeltaDentalNM.com by clicking on the [Brokers with Active \(In-Force\) Delta Dental Groups](#) link. If you have not already registered, you'll be asked to select a username and password. Delta Dental confirms that there is an active agent appointment on file and notifies you, normally within a few hours, that the authentication process is complete.

In this section of the site you'll find forms and other documents at your fingertips along with a grey tab labeled Website Rating Toolkit. Click on the tab, then select "Prepare New Proposal" or "Price Renewal Options". After that, just follow the user-friendly steps to produce a presentation-ready proposal, which can be completed in less than a minute.

Proposals for Groups Written Outside the Small Group Pool (SGP)

Website Rating Toolkit is not designed to prepare proposals for groups which are ineligible for the Small Group Pool due to size. Larger employer groups are rated based on different commission schedules and other criteria, including claims experience from the prior dental plan. For more information on the information needed to request a quote on a larger employer, please refer to the Additional Information for Brokers section of this Guide.

Producing Small Group Pool Proposals for Groups New to Delta Dental

All Website Rating Toolkit quotes are prepared assuming a first of month effective date. New business SGP rates do not change, except annually, so there is no need to update a proposal (within the same calendar year) if the proposed effective date changes.

Both three and four-tier rates are automatically included with each proposal so you may select the rating structure that best fits your client's needs.

Preventive Care Security (PCS) is automatically shown as an option on all quotes except Point-of-Service plans, which automatically include that benefit.

Coverage for new groups is subject to the guidelines shown in the current version of SGP Underwriting Guidelines and to underwriting approval. In addition to any participation and/or industry considerations, minimum group sizes apply to some plans and/or options. A client's existing dental coverage, if any, should not be terminated until a group number, indicating coverage approval, has been assigned by Delta Dental of New Mexico. SGP Underwriting Guidelines are available in the Brokers section of the website.

A sample Summary of Benefits will automatically be included for the plan type(s) you select as part of your proposal. Summaries of Benefits do not contain plan provisions, limitations, and exclusions. For complete coverage information, please also refer to the Delta Dental standard Dental Benefit Handbook (also available in the [Brokers with Active \(In-Force\) Delta Dental Groups](#) section).

For each group, you may get a maximum of three different proposals (one Plan I option, one Plan II option, and a Voluntary quote) at a time. If you want additional quotes (i.e., two Plan I options or four total proposals), simply change the name of the group and request pricing under that second name. As an example, you could produce three sets of rates for “ABC Bakery” and another three sets of rates for “ABC Bakery 2”.

Pricing Renewal Options for Groups in the Small Group Pool

The Toolkit allows you to price options for an existing Delta Dental of New Mexico SGP client (generally, those with fewer than 100 enrollees). Renewal rates for Delta Dental groups which are written outside of the Small Group Pool are provided by Delta Dental.

SGP clients may select different coverage options in conjunction with their group plan anniversary dates. To price options, you'll need just the renewal rates for the current benefits (as shown in the renewal letter from Delta Dental) and to know the client's current plan design. Please note that coverage materials for each of your clients is also available for viewing or printing in the [Brokers with Active \(In-Force\) Delta Dental Groups](#) section of the website.

Preventive Care Security is the most popular coverage option. Please note that because PCS is automatically part of the plan design for all Point-of-Service plans, this will not appear as a rating option if the current plan design is already a Point-of-Service plan.

Plan changes on an existing group are subject to the guidelines shown in the current version of SGP Underwriting Guidelines and to underwriting approval. Please note that minimum group sizes apply to some plans and/or options. SGP Underwriting Guidelines are available on the website, both as a separate document and in the electronic version of the SGP Resource Guide for Brokers.

Website Rating Toolkit produces a rate page reflecting the premiums which are applicable with the proposed benefits. The rate page includes the client authorization that will be required to implement the proposed benefit change.

A sample Summary of Benefits will automatically be included with the rate page IF you have asked for a pricing option that would change the client's level of benefits (i.e., Plan I to Plan II or Plan II to Plan I). Please note that the sample Summary will be included to highlight the proposed change in benefit levels and will not include group-specific plan maximums or reflect group-specific benefits for Orthodontic Services, if any. Summaries of Benefits do not contain plan provisions, limitations, and exclusions. For complete coverage information, please also refer to the Delta Dental standard Dental Benefit Handbook.

Applications / Authorization Forms Available with Your Proposal

When Website Rating Toolkit prepares a proposal for a new group, you will also be given the option to view and print the documents (an application and an enrollment card) required for case submission.

When coverage options for an existing group are priced, the Toolkit automatically illustrates them on a signature-ready form which is required as the change authorization from the Group.

Provider Directories to Accompany Proposals

Provider networks are an important consideration in any benefit decision. Network-specific New Mexico directories are available in addition to helpful search tools that can be used to produce provider information based on multiple types of criteria. Provider data are routinely updated by Delta Dental but the directories will, of course, be accurate only as of the date produced.

New Mexico provider directories are located in the [Brokers](#) area of DeltaDentalNM.com under the [Dentist Directories](#) link. Simply select the network applicable to the proposal you have prepared. Please note that Delta Dental PPO and Advantage Network directories automatically also include a list of Delta Dental Premier dentists.

Dentist search tools can be accessed by clicking in the “Searching for a Dentist?” box on the Home Page. Personalized dentist directories may be produced by network, type of dentist (e.g., general dentists or orthodontists, etc.), and by city or zip code. A mile radius for locations and the size of the list (up to 250 at a time) can be specified. Please note that there are different links for In-State and Nationwide searches.

Website Storage of Proposals

You may print completed proposals and renewal option rating illustrations, save copies of them to your own computer, or refer back to the Toolkit when future access is needed. For your convenience, proposals you prepare are automatically saved and easily retrieved with the same login ID you used to access the Toolkit. Select “Access Previous Proposals” after you click on the Website Rating Toolkit tab.

Need Help?

Every effort has been made to make Website Rating Toolkit self-explanatory but please call and ask for our Sales or Client Services Department if you have any questions.

DELTA DENTAL OF NEW MEXICO SGP BROKER GUIDE

ADDITIONAL INFORMATION FOR BROKERS

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DELTA DENTAL OF NEW MEXICO

AGE 26 (AND ASSOCIATED DEPENDENT ELIGIBILITY) OPTION

Introduction

The Patient Protection and Affordable Care Act (PPACA) enacted on March 23, 2010 requires all plans or issuers that make “Essential Benefit” coverage available to children must make such coverage available for children up to the age of 26, effective for all new or renewing groups on or after September 23, 2010. Dental plans **are not subject to** this age 26 requirement as they do not fall under the PPACA definition of “Essential Benefits.”

Delta Dental will, however, permit any group to independently elect a new eligibility definition for children, which includes the “to age 26” change, if that change is made in conjunction (same date) with a dental plan renewal. There is no premium increase applicable to the expanded definition of eligibility and this may be a good option for employers who desire dental plan eligibility consistent with the guidelines that will be required under their medical plans.

Because there could be some tax or other implications associated with an expanded definition of dental plan eligibility that is not mandated by law, it may also be important to other employers to keep their dental plan eligibility as is. Accordingly, a change in the way dental plan eligibility for children is defined will only be made if requested by the Group.

Electing This Option

Groups desiring the expanded definition of eligibility complete a formal authorization using the online form provided by Delta Dental at DeltaDentalNM.com. To be considered, the form needs to be completed and submitted at least 15 days prior to the group’s renewal date.

Plan Administrators can access the Authorization Form, which contains important additional information, in the Employers Section of the website – under the same Group Plan Administrators with Delta Dental link they use to review dental plan billings and their other dental plan documents – behind a tab labeled “Age 26 Option”. Once there, the Plan Administrator should print a copy of the form then click on the “I Agree” button in the document. It will automatically be sent to the Delta Dental Client Services Department for processing. Once approved, the Plan Administrator receives a confirmation email and enrolled employees will be sent an updated Summary of Benefits which reflects the change (in the “Special Eligibility Provisions” section).

Delta Dental cannot provide legal or tax advice relative to this option and those types of questions should be referred to the appropriate professional consultants.

ADDITIONAL INFORMATION FOR BROKERS

New Group Submission Requirements

New business applications must be completed and received by Delta Dental before the 25th of the month prior to the requested effective date. Submit:

1. Completed enrollment forms for all employees who are enrolling;
2. Enrollment forms with completed waiver sections for all employees declining enrollment;
3. Completed Group application signed by an officer of the company and the agent;
4. First month's premium check made payable to Delta Dental;
5. A coverage summary and a copy of the billing from the previous dental carrier (if applicable) for the month immediately preceding the requested effective date. As an example, if coverage is being requested for a September 1st effective date, the September billing showing August premium credit should be included.

Additional documentation may be requested on a case-by-case basis. Underwriting guidelines for the Small Group Pool are available from Delta Dental (in another section of this Guide). Underwriting requirements for large groups may vary based on the criteria assumed for the proposal.

Brokers may not bind coverage, which is not in effect until approved by Delta Dental. The notice of cancellation should not be sent to the prior carrier, if applicable, until a Delta Dental Group Number has been assigned.

Groups Not Eligible for Small Group Pool

The rates provided in this Guide only apply to cases which are eligible for the Small Group Pool. Larger employer Groups are rated based on different commission schedules and other criteria, including claims experience from the prior dental plan.

To request a quote on a case not eligible for the SGP, contact a Delta Dental Sales Executive and provide:

1. Company name and address, and a description of the type of business;
2. Information on the total number of eligible employees vs. those in other categories (part time, seasonal, etc.);
3. Census – the list of employees desiring coverage, indicating which employees need dependent coverage by category of dependents (spouse only, spouse and children, etc.);
4. An indication of which, if any, employees are located in a different state;
5. The percentage of premium (employee and dependent) that will be contributed by the employer;
6. The desired coverage effective date;
7. A copy of the Group's current benefits and/or the benefit design requested;

8. A copy of the Group's current rates and the renewal rates, if available, from the in-force carrier;
9. Claims experience from the in-force dental insurance plan (12 months past claims and enrollment information).

Commission Schedules

Delta Dental of New Mexico Small Group Pool plans include a 10% level commission. For larger Groups, the following standard schedule applies. The number of employees indicated refers to the number enrolled as of the contract effective date or the date on which the renewal premiums were calculated. Commission percentages apply to monthly premiums collected.

<u># EMPLOYEES</u>	<u>COMMISSION %</u>
1 to 50	10.00
51 to 100	8.07
101 to 150	6.24
151 to 200	5.27
201 to 250	4.65
251 to 300	4.20
301 to 350	3.87
351 to 400	3.60
401 to 450	3.38
451 to 500	3.20
501 to 550	3.04
551 to 600	2.91
601 to 650	2.79
651 to 700	2.68
701 to 750	2.59
751 to 800	2.50
801 to 850	2.43
851 to 900	2.36
901 to 950	2.29
951 to 1000	2.23
1001 to 1100	2.15
1101 to 1200	2.05
1201 to 1300	1.97
1301 to 1400	1.90
1401 to 1500	1.83
1501 to 1600	1.77
1601 to 1700	1.71
1701 to 1800	1.66
1801 to 1900	1.62
1901 to 2000	1.58
2001 or more	1.53

Alternate schedules, including level commissions, are available but subject to approval by Delta Dental prior to rating. Group plans for agents who select Delta Dental coverage for their own employees are written net of commissions.

Group Plan Administration Guide

Delta Dental of New Mexico provides a Group Plan Administration Guide to give employers a quick reference for assistance with day-to-day dental plan administration. This Guide is available for viewing and/or copying in the Employers section of DeltaDentalNM.com.

The Guide covers topics such as how employers access their dental plan billings, when benefit changes can be made, limitations relative to retroactive premium credits and many other important topics.

For Broker convenience, the Group Plan Administration Guide is also available in the Brokers section of the website.

Delta Dental Logo Use

The Delta Dental logo is one of the proprietary branding elements owned by Delta Dental. Use of the logo by anyone other than Delta Dental requires written authorization and confirmation that the approved use will meet all graphic and other legally required standards.

Subject to those requirements, the logo is readily available to agents who desire to use it in their Yellow Pages or other advertising.

For assistance with logo use and/or the creation of co-branded materials, contact the Sales and Marketing department at Delta Dental.

Broker Tools and Information Available 24/7!

Delta Dental of New Mexico offers fast, free, and easy ways for Appointed Brokers to access helpful tools and information. For access, click on the [Brokers with Active \(In-Force\) Delta Dental Groups](#) link in the Brokers' Section of [deltadentalNM.com](#).

Broker—specific and Product Information Available

- Small Group Pool (SGP) Broker Resource Guide (product information, rates, underwriting guidelines)
- Proposal documents to view or print (Summaries of Benefits, Applications, and Enrollment Forms)
- Client-specific benefit documents for groups already with Delta Dental
- Commission Statements

Website Rating Toolkit

Appointed Brokers can prepare personalized client proposals with this user-friendly tool for in-office quote generation. Complete easy step-by-step onscreen instructions to get rates for Small Group Pool (SGP) groups in less than a minute.

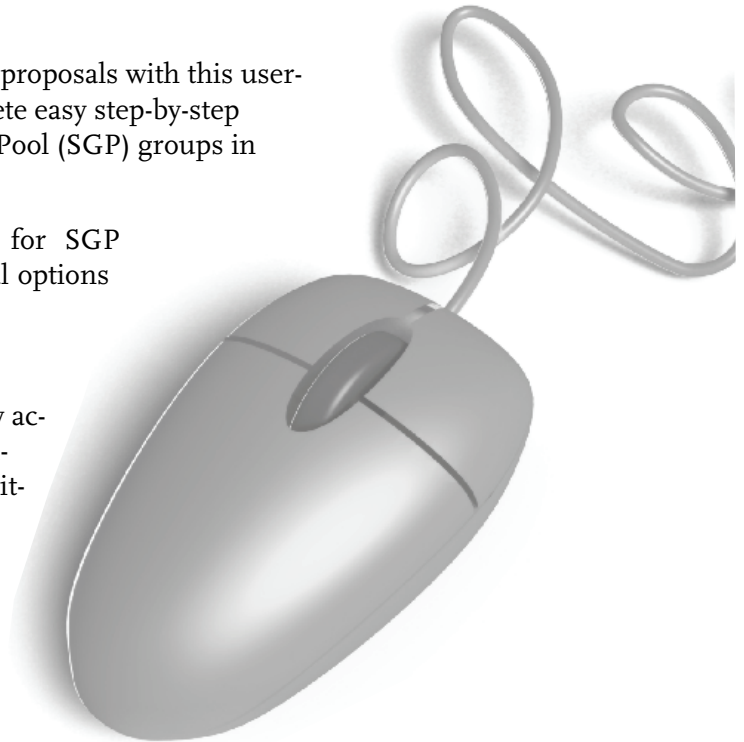
The Toolkit rating application prepares quotes for SGP groups new to Delta Dental and also prices renewal options for existing SGP groups.

Dentist Directories

Network-specific provider directories can be quickly accessed from the Broker area of the website. In addition, personalized directories based on the user's criteria are available from the ["Searching for a Dentist?"](#) Box on the Home Page.

***Networks, products, services.
More ways than ever to serve you!***

Client and Broker Services: (505) 998-7555
Toll Free: (877) 998-7555
Fax: (505) 883-7444



- ⇒ Dental plan expertise second-to-none
- ⇒ Premium and plan design flexibility
- ⇒ Unparalleled service after the sale
- ⇒ Broker-friendly website resources



**Great service is our way of saying
"Thank you for your business."**