



# DeltaCare USA

These monthly rates are for effective dates of January 1, 2010 through and including December 1, 2010, and include a 12-month initial guarantee. These rates are for new groups only and **cannot be used for existing groups.**

<b>AREA 1</b>
<b>Los Angeles and Orange Counties</b>

<b>AREA 2</b>
<b>Alameda, Baja, Contra Costa, Kern, Mariposa, Riverside, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara and Ventura Counties</b>

<b>AREA 3</b>
<b>All other California Counties</b>

<b>PLAN DC I</b>			
	<b>Employee</b>	<b>Employee + 1</b>	<b>Family</b>
<b>Area 1</b>	\$21.36	\$38.04	\$55.22
<b>Area 2</b>	\$24.37	\$43.43	\$63.02
<b>Area 3</b>	\$26.83	\$47.82	\$69.41

<b>PLAN DC II</b>			
	<b>Employee</b>	<b>Employee + 1</b>	<b>Family</b>
<b>Area 1</b>	\$18.86	\$33.52	\$48.65
<b>Area 2</b>	\$21.52	\$38.27	\$55.50
<b>Area 3</b>	\$23.68	\$42.13	\$61.14

<b>PLAN DC III</b>			
	<b>Employee</b>	<b>Employee + 1</b>	<b>Family</b>
<b>Area 1</b>	\$17.63	\$30.27	\$42.93
<b>Area 2</b>	\$20.09	\$34.54	\$48.97
<b>Area 3</b>	\$22.11	\$38.00	\$53.94

THERE IS A MONTHLY ADMINISTRATIVE FEE AS FOLLOWS:

- UNDER 6 EMPLOYEE LIVES \$10.00
- 6 THROUGH 15 EMPLOYEE LIVES \$15.00
- 16 AND OVER EMPLOYEE LIVES \$20.00

If more than one product is purchased from the Multi Benefit Plans, only one monthly administrative fee is applicable.

DUE TO GROWTH OR REDUCTION IN NUMBER OF EMPLOYEE LIVES ENROLLED, MONTHLY ADMINISTRATIVE FEE WILL ONLY CHANGE ON THE EMPLOYER ANNIVERSARY DATE.



## Dual Choice Option

EMPLOYERS MAY OFFER A "DUAL CHOICE" PROGRAM, WHEREIN EMPLOYEES CAN CHOOSE FROM MORE THAN ONE DELTA DENTAL PROGRAM. FOR EXAMPLE, AN EMPLOYER CAN OFFER:

**DELTA CARE USA**, DELTA'S HMO PROGRAM, ALONGSIDE **DELTA DENTAL**, DELTA'S PPO PROGRAM.

### DUAL CHOICE ENROLLMENT GUIDELINES

#### **WHICH COMPANIES ARE ELIGIBLE FOR DUAL CHOICE?**

TO MAKE SURE A COMPANY IS ELIGIBLE TO OFFER DUAL CHOICE, PLEASE REFER TO OUR LIST OF ELIGIBLE INDUSTRIES FOR DELTA DENTAL PPO PROGRAMS. MOST INDUSTRIES DO QUALIFY, ALTHOUGH SOME ARE SURCHARGED AND SOME ARE EXCLUDED UNDER PPO INDUSTRY GUIDELINES.

#### **IS THERE A MINIMUM ENROLLMENT REQUIREMENT?**

FOR DUAL CHOICE AT LEAST 3 EMPLOYEES MUST ENROLL IN THE DELTA CARE USA PROGRAM AND AT LEAST 3 IN THE DELTA DENTAL PPO.

#### **HOW LONG ARE DUAL CHOICE RATES GUARANTEED?**

INITIAL DUAL CHOICE RATES ARE GUARANTEED FOR ONE YEARS FOR BOTH DELTA CARE USA AND DELTA DENTAL PPO.

#### **CAN AN EMPLOYEE MOVE FROM PPO TO DELTA CARE USA OR VISA VERSA**

YES, BUT ONLY AT THE EMPLOYER'S OPEN ENROLLMENT DATE, WHICH IS THE 30-DAYS PRIOR TO THE EMPLOYER'S ANNIVERSARY DATE.



#### **Administered by:**

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