2025 Dental Selection Form: **Delta Dental of New York**

Rates apply to groups headquartered in the CDPHP 29-county service area. Monthly plan rates are valid for effective dates: January 1, 2025 through December 1, 2025.

Important notes regarding Pediatric Plan :

Small Groups Only — In accordance with the essential pediatric dental coverage requirement outlined in the Affordable Care Act, any employee (and applicable dependents) that enroll in a business plan will be automatically enrolled in the Pediatric Plan. Rates will be billed for each family member who is 18 years old or younger.

MONTHLY RATES

Commercial Delta Dental PPO℠ Plans**
Available to groups with 300 eligibles or less.

Pediatric Plan*

	BASIC OPTION		ESSENTIAL OPTION		TRADITIONAL OPTION		COMPREHENSIVE OPTION		DELTA DENTAL PPO PEDIATRIC BASIC PLAN
NETWORK	**PPO**	**PPO+ PREMIER**	**PPO**	**PPO+ PRE-MIER**	**PPO**	**PPO+ PREMIER**	**PPO**	**PPO+ PREMIER**	PPO
Albany Area Monthly Rate per Individual < 19	N/A								$16.49
Mid-Hudson Area Monthly Rate per Individual < 19									$18.45
Syracuse Area Monthly Rate per Individual < 19									$16.22
Utica/Watertown Area Monthly Rate per Individuals < 19									$16.12
Employee Only	$13.78	$19.24	$26.79	$35.02	$34.83	$45.55	$34.38	$42.44	N/A
Employee & Spouse	$30.18	$42.12	$57.07	$74.57	$73.76	$96.39	$73.24	$90.41	
Employee & Child(ren)	$35.86	$43.96	$50.99	$66.64	$70.48	$92.11	$71.77	$87.68	
Employee & Family	$51.73	$63.42	$83.02	$108.50	$112.24	$146.70	$116.31	$141.84	
SELECT YOUR PLAN									
CHOOSE YOUR PLAN *Please review all options and select ONE from this row*	24000003 Plan C ◯	24000004 Plan D ◯	24000006 Plan F ◯	24000007 Plan G ◯	24000010 Plan J ◯	24000011 Plan K ◯	24000012 Plan L ◯	24000013 Plan M ◯	Plan 70 ◯

Previous Group Dental Insurance: ◯ Yes ◯ No – Waiting period applies for groups with less than 25 eligibles

Group Name	Group Number	Effective Date
Broker	Tax ID Number	

The Company agrees to execute a group contract with the same Effective Date and dental plan selection within 90 days hereof.

Employer Signature	Print Name	Date

CDPHN receives variable compensation from Delta Dental of New York, Inc., based in whole or in part on types of contracts and volume sold. You may contact CDPHN directly to obtain information about this compensation.

* Rates for the pediatric plan are capped at three individuals.
** Rates include Delta Dental SmileWay benefits for eligible members, see plan highlights for more details.