

How to request a proposal (2–99 lives)

Delta Dental is happy to provide you with a proposal for your members. To provide the most competitive proposal possible, we need the following information:

- Company name, address, location(s), and telephone/fax numbers
- Type of business (SIC/NAICS code or industry)
- Number of employees at each location
- Census: Ages of eligible employees; number of single, two-party or family groups (please include ZIP codes of all covered employees, if possible)
- Copy of current dental plan design, including benefit booklet
- Effective date of the proposed plan
- Employer/employee contribution levels

Please note the following minimum requirements before requesting proposals (2–99 lives):

•	Minimum group size:	2–9 product	
	Delta Dental requires a minimum of 2 employees (certain industry codes may require other group size minimums).	participation requirements	
•	Contribution and participation guidelines:	Number eligible	Minimum # insured
	Voluntary: High plan—100% employee contribution/50% participation Standard plan—100% employee contribution/35% participation	2 3 4	2 3 3
	Non-voluntary: 100% employer contribution/100% participation	5	4
	Contributory: High plan—50% employer contribution/75% participation	6 7	4 4
	Standard plan—25% employer contribution/50% participation	8	5
	2–9 product: See participation chart to the right	9 10–18	5 50%

To request a proposal, please contact:

For groups headquartered in Ohio

Small Market Sales PO Box 30416 Lansing, MI 48909 P (800) 537-5527 F (517) 347-5420 smallmarketsales@deltadentalmi.com

