DELTA DENTAL®

inshore

Delta Dental PPO VOLUNTARY
Benefit and Rate Sheet for 2027 Effective Dates

Available in CO[1]
Group Size: 2+

Choose One Plan:	☐			☐			☐		
Plan Name	PPO + PREMIER $1500 W2882			MAC PPO $2000 W2883			MAC PPO $1000 w/ORTHO W2884		
Network	PPO Provider	Premier Provider	Non-Participating Provider	PPO Provider	Premier Provider	Non-Participating Provider	PPO Provider	Premier Provider	Non-Participating Provider
Deductible									
Individual	$100			$50			$50		
Family	$300			$150			$150		
Waived for Preventive	Yes			Yes			Yes		
Annual Max Benefit	$1500			$2000			$1000		
Orthodontic Lifetime Max	N/A			N/A			$1000		
Dental Benefit									
Preventive Services	100%	100%	50%	100%	50%	50%	100%	50%	50%
Cleaning Allowances	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year
Basic Services	80%	80%	50%	80%	50%	50%	80%	50%	50%
Endodontic	Major Service 50%	Major Service 50%	40%	80%	50%	50%	80%	50%	50%
Periodontal	Major Service 50%	Major Service 50%	40%	80%	50%	50%	80%	50%	50%
Oral Surgery	Major Service 50%	Major Service 50%	40%	80%	50%	50%	80%	50%	50%
Major Services	50%	50%	40%	50%	40%	40%	50%	40%	40%
Prosthodontics	50%	50%	40%	50%	40%	40%	50%	40%	40%
Implants	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Missing Tooth Clause	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Reimbursement Schedule	PPO or Premier[2]			PPO[3]			PPO[3]		
Orthodontic Benefit									
Orthodontics	N/A			N/A			50%		
Orthodontics Available To	N/A			N/A			Adult and Child		
Monthly Rates									
Member Only	$49.29			$46.72			$39.13		
Member + Spouse/DP	$91.33			$86.41			$74.02		
Member + 1 Child	$91.33			$86.41			$74.02		
Member + Children	$154.38			$145.99			$136.88		
Member + Family	$154.38			$145.99			$136.88		
Rate Guarantee	1 year			1 year			1 year		
Monthly Admin Fee[4]	$15								

SIC code is required. Certain industries are ineligible to purchase these plans, such as: Dental Offices 8021, Dental Labs 8071, Medical Labs 8072, and Seasonal Employees, Part-time help and groups without an SIC. This is a summary of benefits. For more detailed information, view the carrier's Summary of Benefits.

1 Delta Dental plans are available to groups of 2 or more enrolled employees. Group must be headquartered in CO. Employees and their enrolled dependents can reside in any state. Voluntary plans assume employer is paying 0%-100% of the member's premium.

2 Reimbursement is based on PPO allowable fees for PPO dentists, Premier maximum allowable fees for Premier dentists and program allowance for non-Delta Dental dentists. You may incur additional out-of-pocket costs at Premier or a non-participating provider.

3 Reimbursement for all providers is based on the PPO contracted fee.

4 No administration Fee when purchasing two or more Inshore Benefits products. If at any time, a single plan is selected an administrative fee of $15 will be assessed monthly.

Inshore Benefits is a product portfolio of North Ranch Benefits Trust | Website: InshoreBenefits.com
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