

Voluntary Delta Dental Plans

Benefit Comparison and Rates for 3-500 employees



POWERED BY WARNER PACIFIC

BENEFIT SUMMARY							
	PPO #465 H 100/80/50 \$1,000 with Ortho		PPO #465 G 100/80/50 \$1,500		PPO #465 J 100/80/50 \$2,000		DHMO # 71989 - 12A DeltaCare DHMO
Network	PPO	Out of Network	PPO	Out of Network	PPO	Out of Network	DeltaCare USA
DEDUCTIBLE							
Individual	\$50		\$50		\$50		None
Family	\$150		\$150		\$150		None
Waived for Preventive	Yes		Yes		Yes		Not applicable
ELIGIBILITY							
Group Size Dental Services	3-500 enrolled		3-500 enrolled		3-500 enrolled		3-500 enrolled
Group Size Ortho	3-500 enrolled		Not applicable		Not applicable		3-500 enrolled
WAITING PERIODS							
Major	12 months		12 months		12 months		None
Waived for major if there was prior group coverage?	Yes ⁴		Yes ⁴		Yes ⁴		Not applicable
Ortho	12 months		Not applicable		Not applicable		None
DENTAL SERVICES							
Preventive Care	No Charge	All charges above the PPO contracted fee*	No Charge	All charges above the PPO contracted fee*	No Charge	All charges above the PPO contracted fee*	No Charge
Basic Services	20%	20% of approved PPO fee*	20%	20% of approved PPO fee*	20%	20% of approved PPO fee*	\$0-\$220 copay/ procedure
Major Services	50%	50% of approved PPO fee*	50%	50% of approved PPO fee*	50%	50% of approved PPO fee*	\$50-\$280 copay/ procedure
Periodontal Surgery	Basic		Basic		Basic		See copay schedule
Endodontic Surgery	Basic		Basic		Basic		See copay schedule
ORTHO							
Co-pay	50%	50% of approved PPO fee*	Not Covered		Not Covered		\$25 copay (first visit), \$200 start-up fee. Dependent children: \$1700 copay Adults: \$1900 copay
Orthodontics	Adults and Dependent Children						Adults and Dependent Children
Takeover	Yes, amounts previously used will be applied						Yes, determined by carrier
BENEFIT MAXIMUMS							
Annual Benefit	\$1,000		\$1,500		\$2,000		Unlimited
Lifetime - Ortho	\$1,000		Not applicable		Not applicable		1 treatment per member

*Non-Delta Dental dentists may balance bill.

Groups cannot enroll in these plans if they have had other Delta Dental coverage in the past 12 months.

Voluntary Dental Rates ¹		Rates effective 1/1/2017 through 12/31/17		
\$15 monthly administration fee applies to all groups		Rating Tier		
PPO Plans		Employee Only	Employee + 1	Employee + 2 or more
#465 H	\$1,000 w/Ortho	\$45.39	\$ 85.39	\$147.86
#465 G	\$1,500	\$53.05	\$ 96.83	\$147.50
#465 J	\$2,000	\$58.21	\$106.38	\$162.11
DeltaCare HMO ^{2,3}		Employee Only	Employee + 1	Employee + 2 or more
#71989-12A	Region 1 & 2	\$24.99	\$40.31	\$58.93
	Region 3	\$25.59	\$41.31	\$60.36
	Region 4	\$26.13	\$42.22	\$61.72
	Region 5	\$50.85	\$82.95	\$122.02

¹ Delta Dental plans are only available to groups headquartered in California.

² DeltaCare HMO (regions based on Employer's address): **Region 1 & 2:** Los Angeles and Orange counties; **Region 3:** Alameda, Contra Costa, Fresno, Kern, Mariposa, Riverside, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara and Ventura counties; **Region 4:** Alpine, Amador, Calaveras, Colusa, El Dorado, Imperial, Inyo, Kings, Madera, Marin, Merced, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, San Luis Obispo, Santa Barbara, Sierra, Solano, Stanislaus, Tuolumne, Tulare and Yolo counties; **Region 5:** Butte, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Mono, San Benito, Santa Cruz, Shasta, Siskiyou, Sutter, Tehama, Trinity and Yuba counties.

³ DeltaCare HMO can be dual optioned with either a Premier or a PPO plan but not both. A minimum of three employees is required under each option.

⁴ The waiting period for Major Services is 12 months for new business. The 12 month Major Services waiting period can be waived for initial enrollment upon proof of 12 months of continuous prior dental coverage.

Certain industries are ineligible to purchase these plans: Associations and Trusts * (except #8661) 8600-8699; Beauty & Barber Shops 7231-7241; Dentist offices, Dentist Labs and Medical Labs 8021, 8071, 8072; Employment Agencies 7361-7363; International Affairs 9721; Misc. Business Services 7389; Misc. Services not elsewhere classified 8999; Partnerships No SIC; Private Households 8811; Religious Organizations (except Churches #8661) No SIC; Seasonal Employees (Christmas/Part-time help) No SIC; and Seasonal Employees (Agriculture) 0761-0783. * Management and the Administrative staff of associations and trusts are eligible.

The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Either of these is available upon request. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not guaranteed and the information herein is subject to change without notice. This is not an office of coverage.

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