Voluntary Delta Dental Plans

Benefit Comparison and Rates for 3-500 employees





PPO #465 H 100/80/50 S1,000 with Ortho	BENEFIT SUMMARY									
DEDUCTIBLE Individual S50 S50 S50 None		100/80/50		100/80/50		100/80/5Ó				
Individual S50 S50 S50 None Family S150 S150 S150 None None S150 None None S150 None None S150 None No	Network	PPO	Out of Network	PPO	Out of Network	PPO	Out of Network	DeltaCare USA		
Family \$150 \$150 \$150 None Waived for Preventive Yes Yes Yes Not applicable ELIGIBILITY Group Size Dental Services 3-500 enrolled 3-500 enrolled Not applicable Not applicable None Preventive Group Size Option 12 months 12 months None Waived for major if there was prior group coverage? Yes Yes Yes Yes Not applicable None DENTAL SERVICES Preventive Care No Charge All Charges above the PPO Contracted fee PPO Charge Dental Services 20% approved PPO fee	DEDUCTIBLE									
Waived for Preventive ELIGIBILITY Group Size Dental Services 3-500 enrolled 12 months 12 m	Individual	\$50		\$50		\$50		None		
ELIGIBILITY Group Size Dental Services 3-500 enrolled 3-500 enrol	Family	\$150		\$150		\$150		None		
Group Size Dental Services 3-500 enrolled 3-500 enrolled 3-500 enrolled Group Size Ortho 3-500 enrolled Not applicable Not applicable 3-500 enrolled 3-500 enrolled MAITING PERIODS Major 12 months 12 months 12 months None Waived for major if there was prior group coverage? Yes¹ Yes⁴ Yes⁴ Not applicable Not applicable None DENTAL SERVICES Preventive Care No Charge Ochrarde fee* Ocharge Ocharge Ochrarded fee* Ocharge	Waived for Preventive	Yes		Yes		Yes		Not applicable		
See copay schedule See cop	ELIGIBILITY									
Major 12 months 12 months 12 months None Waived for major if there was prior group coverage? Yes4 Yes4 Yes4 Yes4 Not applicable Ortho 12 months Not applicable Not applicable None DENTAL SERVICES Preventive Care No Charge above the PPO Charge above the PPO Contracted fee* Charge above the PPO Contracted fee* PPO Cear PPO fee* PPO fee* PPO fee* PPO fee* PPO fee* Major Services 50% approved PPO fee* Basic Basic Basic See copay schedule Endodontic Surgery Basic Basic Basic See copay schedule Co-pay So% of approved PPO fee* PPO fee* PPO fee* Takeover Yes, amounts previously used will be applied Annual Benefit S1,000 S1,500 S2,000 Unlimited	Group Size Dental Services	3-500 enrolled		3-500 enrolled		3-500 enrolled		3-500 enrolled		
Major 12 months 12 months 12 months None Waived for major if there was prior group coverage? Ortho Yes4 Yes4 Yes4 Not applicable Ortho 12 months Not applicable Not applicable None DENTAL SERVICES Image: Services of Charge above the PPO Charge above the PPO Charge above the PPO Contracted fee* All charges above the PPO Contracted fee* All charges above the PPO Contracted fee* No Charge Basic Services 20% approved APD fee* 20% approved PPO fee* 20% of approved PPO fee* 20% of approved PPO fee* 50% of	Group Size Ortho	3-500 enrolled		Not applicable		Not applicable		3-500 enrolled		
Waived for major if there was prior group coverage? Ortho 12 months Not applicable Not applicable None DENTAL SERVICES Preventive Care No Charge on	WAITING PERIODS									
Was prior group coverage? Ortho 12 months Not applicable None None DENTAL SERVICES Preventive Care Charge Solv of approved PPO fee* PPO fee* PPO fee* PPO fee* Basic Basic Basic Basic See copay Schedule See copay Schedule Charge See copay Schedule Charge Charge Solv of approved PPO fee* PPO fee* Solv of approved PPO fee* PPO fee* Solv of approved PPO fee* PPO fee* Solv of approved PPO fee*	Major	12 months		12 months		12 months		None		
Preventive Care No		Yes ⁴		Yes ⁴		Yes ⁴		Not applicable		
Preventive Care No Charge All charges above the PPO Charge Charge Charge above the PPO Contracted fee*	Ortho	12 months		Not applicable		Not applicable		None		
Preventive Care Charge Ch	DENTAL SERVICES									
Basic Services 20% approved PPO fee* 20% approved PPO fee* 50% of approved Adults and Dependent children: \$1700 copay Adults: \$1900 copay 50% of approved PPO fee* 50% of appr	Preventive Care		above the PPO		above the PPO		above the PPO			
Major Services 50% approved PPO fee* 50% approved PPO fee* 50% 50% of approved PPO fee* 50% 50% of approved PPO fee* 50% procedure Periodontal Surgery Basic Basic Basic See copay schedule Endodontic Surgery Basic Basic See copay schedule ORTHO Co-pay 50% of approved PPO fee* 50% of approved PPO fee* 50% of approved PPO fee* 51700 copay Adults: \$1900 copay Adults: \$1900 copay Adults: \$1900 copay Adults: \$1000 copay Adul	Basic Services	20%	approved PPO fee*	20%	approved PPO fee*	20%				
Endodontic Surgery Basic Basic Basic See copay schedule Co-pay Sow of approved PPO fee* Orthodontics Adults and Dependent Children Takeover Yes, amounts previously used will be applied Annual Benefit \$1,000 \$1,500 Sasic Basic Basic See copay schedule \$25 copay (first visit), \$200 start-up fee. Dependent children: \$1,700 copay Adults: \$1900 copay Adults: \$1900 copay Adults and Dependent Children Yes, determined by carrier	Major Services	50%	approved	50%	approved	50%				
ORTHO Co-pay Sow proved PPO fee* Orthodontics Adults and Dependent Children Takeover Yes, amounts previously used will be applied Annual Benefit \$1,000 \$1,500 \$25 copay (first visit), \$200 start-up fee. Dependent children: \$1700 copay Adults: \$1900 copay Adults: \$1900 copay Adults: \$1900 copay Yes, determined by carrier Unlimited	Periodontal Surgery	Basic		Basic		Basic		See copay schedule		
Co-pay Sow of approved PPO fee* Orthodontics Adults and Dependent Children Takeover Yes, amounts previously used will be applied Annual Benefit \$1,000 \$1,500 \$25 copay (first visit), \$200 start-up fee. Dependent children: \$1700 copay Adults: \$1900 copay Adults and Dependent Children Yes, determined by carrier \$25 copay (first visit), \$200 start-up fee. Dependent children: \$1700 copay Adults: \$1900 copay Adults and Dependent Children Yes, determined by carrier	Endodontic Surgery	Basic		Basic		Basic		See copay schedule		
Co-pay 50% of approved PPO fee* Not Covered Adults: \$1900 copay Adults: \$1900 copay Adults and Dependent Children Children Yes, amounts previously used will be applied PO fee* Not Covered Not Covered Not Covered Yes, determined by carrier Yes, determined by carrier SINDIAN SIND	ORTHO									
Orthodontics Adults and Dependent Children Takeover Yes, amounts previously used will be applied Pender State of the control of the contr	Co-pay	50%	approved					\$200 start-up fee. Dependent children: \$1700 copay		
BENEFIT MAXIMUMS Annual Benefit \$1,000 \$1,500 \$2,000 Unlimited	Orthodontics			Not Covered		Not Covered				
Annual Benefit \$1,000 \$1,500 \$2,000 Unlimited	Takeover							Yes, determined by carrier		
1,700	BENEFIT MAXIMUMS									
Lifetime - Ortho \$1,000 Not applicable Not applicable 1 treatment per member	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 1/1/18 through 12/31/18			
\$15 monthly administration fee applies to all groups PPO Plans			Rating Tier			
		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.

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.

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, Sonoma, Stanislaus, Tuolomne, 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.