

Voluntary Humana Dental Plans

Benefit Comparison and Rates for 2-500 employees



| 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 | | DeltaCare HMO # 71989 - 12A |
| Network | PPO | Out of Network | PPO | Out of Network | PPO | Out of Network | Regions 1-5 |
| 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, only available to members enrolled at groups initial enrollment | | Yes, only available to members enrolled at groups initial enrollment | | Yes, only available to members enrolled at groups initial enrollment | | 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 | Child only | | Not Covered | | Not Covered | | Child and Adult |
| Takeover | Yes, amounts previously used will be applied | | Not Covered | | Not Covered | | Yes, amounts previously used will be applied |
| 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.

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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