

# Inshore Benefits Trust

## Voluntary Delta Dental Plans

Effective January 1, 2020 - December 31, 2020<sup>5,6</sup>



## Benefit Comparison and Rates for 3-500 Employees

	BENEFIT SUMMARY   VOLUNTARY DELTA DENTAL PLANS						
	PPO #465 H 100 / 80 / 50   \$1,000 W/ ORTHO		PPO #465 G 100 / 80 / 50   \$1,500		PPO #465 J 100 / 80 / 50   \$2,000		DHMO #71989 - 12A DeltaCare DHMO
Network	IN	OUT	IN	OUT	IN	OUT	DeltaCare USA
Deductible							
Individual	\$50	\$50	\$50	\$50	\$50	\$50	None
Family	\$150	\$150	\$150	\$150	\$150	\$150	None
Waived for Preventative	Yes	Yes	Yes	Yes	Yes	Yes	Not applicable
Eligibility							
Group Size Dental Services	3-500 enrolled	3-500 enrolled	3-500 enrolled	3-500 enrolled	3-500 enrolled	3-500 enrolled	3-500 enrolled
Group Size Orthodontics	3-500 enrolled	3-500 enrolled	Not applicable	Not applicable	Not applicable	Not applicable	3-500 enrolled
Waiting Periods							
Major	12 months	12 months	12 months	12 months	12 months	12 months	None
Waived for Major (if there was prior group coverage)	Yes <sup>4</sup>	Yes <sup>4</sup>	Yes <sup>4</sup>	Yes <sup>4</sup>	Yes <sup>4</sup>	Yes <sup>4</sup>	Not applicable
Orthodontics	None	None	Not applicable	Not applicable	Not applicable	Not applicable	None
Dental Services							
Preventative Care	100%	50% of approved PPO fee*	100%	50% of approved PPO fee*	100%	50% of approved PPO fee*	No charge
Basic Services	80%	50% of approved PPO fee*	80%	50% of approved PPO fee*	80%	50% of approved PPO fee*	\$0-220 copay/procedure
Major Services	50%	40% of approved PPO fee*	50%	40% of approved PPO fee*	50%	40% of approved PPO fee*	\$50-\$295 copay/procedure
Periodontal Surgery	Basic	Basic	Basic	Basic	Basic	Basic	See copay schedule
Endodontic Surgery	Basic	Basic	Basic	Basic	Basic	Basic	See copay schedule
Orthodontics							
Co-pay	50%	50% of approved PPO fee*	Not covered		Not covered		\$25 copay (first visit), \$200 start-up fee. Dependent children: \$1,700 copay Adults: \$1,900 copay
Orthodontics	Adults and Dependent Children						Adults and Dependent Children
Takeover	Yes, amounts previously used will be applied						Yes, determined by the carrier
Benefit Maximums							
Annual Benefit Maximum	\$1,000		\$1,500		\$2,000		Unlimited
Lifetime Orthodontics	\$1,000		Not applicable		Not applicable		1 treatment per member
Voluntary Dental Rates <sup>1</sup>							
\$15 monthly administrative fee applies to all groups		Employee Only		Employee + 1		Employee + 2 or more	
PPO #465 H   \$1,000 w/ Ortho		\$45.39		\$85.39		\$147.86	
PPO #465 G   \$1,500		\$53.05		\$96.83		\$147.50	
PPO #465 J   \$2,000		\$58.21		\$106.38		\$162.11	
DeltaCare HMO Region 1 & 2		\$24.99		\$40.31		\$58.93	
DeltaCare HMO Region 3		\$25.59		\$41.31		\$60.36	
DeltaCare HMO Region 4		\$26.13		\$42.22		\$61.72	
DeltaCare HMO Region 5		#50.85		\$82.95		\$122.02	

<sup>1</sup>Delta Dental plans are only available to groups headquartered in California. Plan excludes FL residents.

<sup>2</sup>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, Santa Barbara, Sierra, Solano, Sonoma, 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.

<sup>3</sup>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.

<sup>4</sup>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 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 rates 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 an offer of coverage.