

Inshore Benefits Trust

Employer Sponsored Delta Dental Plans

Effective January 1, 2022 - December 31, 2022

Benefit Comparison and Rates for 3-500 Employees



BENEFIT SUMMARY | EMPLOYER SPONSORED DELTA DENTAL PLANS

| | | | | | |
|--|--|--|--|--|--|
| ERS PPO #465 2300 \$2,000 100 / 80 / 50 WITH ORTHO | ERS PPO #465 2100 \$1,500 100/80/50 WITH ORTHO | ERS PPO #465 2200 \$1,500 100/80/50 | ERS PPO PREMIER #465 2500 \$2,000 100 / 80 / 50 | ERS PPO PREMIER #465 2600 \$2,000 100/80/50 WITH ORTHO | ERS PPO PREMIER #465 2400 \$1,500 100/80/50 WITH ORTHO |
|--|--|--|--|--|--|

| Network | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT |
|-----------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Deductible | | | | | | | | | | | | |
| Individual | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 |
| Family | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 |
| Waived for Preventive | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

| 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 | 3-500 enrolled | 3-500 enrolled | 3-500 enrolled | 3-500 enrolled | 3-500 enrolled |
| Group Size Orthodontics | 3-500 enrolled | 3-500 enrolled | 3-500 enrolled | 3-500 enrolled | Not applicable | Not applicable | Not applicable | Not applicable | 3-500 enrolled | 3-500 enrolled | 3-500 enrolled | 3-500 enrolled |

| Waiting Periods | | | | | | | | | | | | |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Major | 12 months | 12 months | 12 months | 12 months | 12 months | 12 months | 12 months | 12 months | 12 months | 12 months | 12 months | 12 months |
| Waived for Major (if there was prior group coverage) | Yes ⁴ | Yes ⁴ | Yes ⁴ | Yes ⁴ | Yes ⁴ | Yes ⁴ | Yes ⁴ | Yes ⁴ | Yes ⁴ | Yes ⁴ | Yes ⁴ | Yes ⁴ |
| Orthodontics | 12 months | 12 months | 12 months | 12 months | Not applicable | Not applicable | Not applicable | Not applicable | 12 months | 12 months | 12 months | 12 months |

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| Network | IN | | OUT | | IN | | OUT | | IN | | OUT | | IN | | OUT | |
|---------|----|--|-----|--|----|--|-----|--|----|--|-----|--|----|--|-----|--|
|---------|----|--|-----|--|----|--|-----|--|----|--|-----|--|----|--|-----|--|

Dental Services

| | | | | | | | | | | | | |
|---------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Preventative Care | 100% | 100% | 100% | 80% | 100% | 100% | 100% | 80% | 100% | 80% | 100% | 80% |
| Basic Services | 80% | 80% | 80% | 80% | 80% | 80% | 80% | 60% | 80% | 60% | 80% | 60% |
| Major Services | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% |
| Periodontal Surgery | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic |
| Endodontic Surgery | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic | Basic |

Orthodontics

| | | | | | | | | | | |
|--------------|-----|-----|-----|-----|-------------|-------------|-----|-----|-----|-----|
| Co-pay | N/A | | N/A | | Not covered | Not covered | N/A | | N/A | |
| Orthodontics | 50% | 50% | 50% | 50% | | | 50% | 50% | 50% | 50% |
| Takeover | N/A | | N/A | | | | N/A | | N/A | |

Benefit Maximums

| | | | | | | |
|------------------------|---------|---------|----------------|----------------|---------|---------|
| Annual Benefit Maximum | \$2,000 | \$1,500 | \$1,500 | \$2,000 | \$2,000 | \$1,500 |
| Lifetime Orthodontics | \$1,500 | \$1,500 | Not applicable | Not applicable | \$2,000 | \$1,500 |

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| Voluntary Dental Rates ¹ — A \$15 monthly administration fee applies to all groups. | | | | | | |
|--|----------|----------|----------|----------|----------|----------|
| Employee Only | \$57.28 | \$54.51 | \$54.51 | \$56.10 | \$61.51 | \$54.51 |
| Employee +1 | \$103.65 | \$98.53 | \$96.86 | \$101.45 | \$111.47 | \$98.51 |
| Employee +2 or more | \$157.29 | \$149.47 | \$137.95 | \$153.91 | \$169.25 | \$149.42 |

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

²DeltaCare 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, 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.

³DeltaCare 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.

⁴The 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.