

Inshore Benefits

CO Voluntary Delta Dental Plans
Effective January 1, 2022 - December 31, 2023



Benefit Comparison and Rates for 2-500 Employees

BENEFIT SUMMARY VOLUNTARY DELTA DENTAL PLANS													
	PPO \$750			PPO + Premier \$1,500			MAC PPO \$2,000			MAC PPO + Ortho \$1,000			
Network	PPO PROVIDER	PREMIER PROVIDER	NON PARTICIPATING PROVIDER	PPO PROVIDER	PREMIER PROVIDER	NON PARTICIPATING PROVIDER	PPO PROVIDER	PREMIER PROVIDER	NON PARTICIPATING PROVIDER	PPO PROVIDER	PREMIER PROVIDER	NON PARTICIPATING PROVIDER	
Deductible (Basic and Major)													
Individual	\$50			\$100			\$50			\$50			
Family	\$150			\$300			\$150			\$150			
Calendar Year Max	\$750			\$1,500			\$2,000			\$1,000			
Orthodontic Lifetime Max	Not included			Not included			Not included			\$1,000			
Diagnostic & Preventive Services													
Oral Exams & Cleanings	100%	N/A	N/A	100%	100%	50%	100%	50%	50%	100%	50%	50%	
Limited Oral Evaluation - Problem Focused	100%	N/A	N/A	100%	100%	50%	100%	50%	50%	100%	50%	50%	
Screenings	100%	N/A	N/A	100%	100%	50%	100%	50%	50%	100%	50%	50%	
Sealants	100%	N/A	N/A	100%	100%	50%	100%	50%	50%	100%	50%	50%	
Bitewing X-Rays	100%	N/A	N/A	100%	100%	50%	100%	50%	50%	100%	50%	50%	
Full-mouth X-Rays	100%	N/A	N/A	100%	100%	50%	100%	50%	50%	100%	50%	50%	
Flouride	100%	N/A	N/A	100%	100%	50%	100%	50%	50%	100%	50%	50%	
Space Maintainers	100%	N/A	N/A	100%	100%	50%	100%	50%	50%	100%	50%	50%	
Basic Services													
Fillings	40%	N/A	N/A	80%	80%	50%	80%	50%	50%	80%	50%	50%	
Simple Extractions	40%	N/A	N/A	80%	80%	50%	80%	50%	50%	80%	50%	50%	
Oral Surgery	40%	N/A	N/A	Major Services 50%	Major Services 50%	Major Services 40%	80%	50%	50%	80%	50%	50%	
Endodontics/Periodontics	40%	N/A	N/A	Major Services 50%	Major Services 50%	Major Services 40%	80%	50%	50%	80%	50%	50%	
Anesthesia Services	40%	N/A	N/A	Major Services 50%	Major Services 50%	Major Services 40%	80%	50%	50%	80%	50%	50%	
Major Services													
Denture Repair/Reline	40%	N/A	N/A	50%	50%	40%	50%	40%	40%	50%	40%	40%	
Crowns, Implants	40%	N/A	N/A	50%	50%	40%	50%	40%	40%	50%	40%	40%	
Dentures, Bridges	40%	N/A	N/A	50%	50%	40%	50%	40%	40%	50%	40%	40%	
Occlusal Guards	40%	N/A	N/A	50%	50%	40%	50%	40%	40%	50%	40%	40%	
Orthodontic Services (Adult/Child¹)													
Orthodontics 12 month waiting period	Not included			Not included			Not included			50%	50%	50%	
Voluntary Dental Rates - \$15 monthly administrative fee applies to all groups													
Single	\$27.20			\$40.48			\$38.69			\$32.58			
Two Party	\$49.34			\$74.60			\$71.19			\$61.06			
Family	\$82.57			\$125.76			\$119.95			\$111.62			

¹ Adult/Child (dependent children to age 26).

Certain industries are ineligible to purchase these plans: Civic/Social Clubs 8641/813410; Private Households 8811/814110; Non-classifiable 9999.