



**Benefit Comparison and Rates for 3-500 Employees**

BENEFIT SUMMARY   VOLUNTARY DELTA DENTAL PLANS													
PPO 100/80/50 \$1500 <sup>5</sup> WITH ORTHO #00465-02700/02701 Q		PPO 100/80/50 \$2000 <sup>5</sup> #00465-02800/02801 R		PPO 100/80/50 \$2000 <sup>5</sup> WITH ORTHO #00465-02900/02901 S		PPO 100/80/50 \$1500 <sup>6</sup> WITH ORTHO #00465-03000/03001 T		PPO 100/80/50 \$2000 <sup>6</sup> #00465-03100/03101 U		PPO 100/80/50 \$2000 <sup>6</sup> WITH ORTHO #00465-03200/03201 V		DeltaCare 12A DHMO #71989	

Network	IN		OUT		IN		OUT		IN		OUT		IN		OUT		N/A
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Deductible																	
<b>Individual</b>	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	None
<b>Family</b>	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	None
<b>Waived for Preventive</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not applicable

Eligibility																	
<b>Group Size Dental Services</b>	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	3-500 enrolled	3-500 enrolled	3-500 enrolled	3-500 enrolled	3-500 enrolled
<b>Group Size Orthodontics</b>	3-500 enrolled	3-500 enrolled	Not applicable	Not applicable	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	3-500 enrolled

Dental Services																	
<b>Preventative Care</b>	100%	100%	100%	100%	100%	80%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	No charge
<b>Basic Services</b>	80%	80%	80%	60%	80%	80%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	\$0-220 copay/procedure
<b>Major Services</b>	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	\$50-\$295 copay/procedure
<b>Periodontal Surgery</b>	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	See copay schedule
<b>Endodontic Surgery</b>	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	See copay schedule

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Network	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	N/A
<b>Waiting Periods</b>													
<b>Major</b>	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	None
<b>Waived for Major</b> <small>(if there was prior group coverage)</small>	Yes <sup>4</sup>	Yes <sup>4</sup>	Yes <sup>4</sup>	Yes <sup>4</sup>	Yes <sup>4</sup>	Yes <sup>4</sup>	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
<b>Orthodontics</b>	12 months	12 months	12 months	12 months	Not applicable	Not applicable	Not applicable	Not applicable	12 months	12 months	12 months	12 months	None
<b>Orthodontics</b>													
<b>Co-pay</b>	N/A		Not Covered		N/A		N/A		Not Covered		N/A		\$25 copay (first visit), \$200 start-up fee. Dependent children: \$1,700 copay Adults: \$1,900 copay
<b>Orthodontics</b>	50%	50%	Not Covered		50%	50%	50%	50%	Not Covered		50%	50%	Adults and Dependent Children
<b>Takeover</b>	N/A		Not Covered		N/A		N/A		Not Covered		N/A		Yes, determined by the carrier
<b>Benefit Maximums</b>													
<b>Annual Benefit Maximum</b>	\$1,500	\$2,000	\$2,000	\$2,000	\$1,500	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	Unlimited
<b>Lifetime Orthodontics</b>	\$1,500	Not applicable	\$1,500	\$1,500	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	1 treatment per member



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Voluntary Dental Rates <sup>1</sup> — A \$15 monthly administration fee applies to all groups.							
<b>Employee Only</b>	\$64.92	\$63.20	\$68.30	\$64.92	\$67.25	\$72.66	Region 1 & 2: \$24.99 Region 3: \$25.59 Region 4: \$26.13 Region 5: \$50.85
<b>Employee +1</b>	\$117.78	\$106.05	\$124.03	\$117.77	\$122.08	\$132.09	Region 1 & 2: \$40.31 Region 3: \$41.31 Region 4: \$42.22 Region 5: \$82.95
<b>Employee +2 or more</b>	\$178.95	\$160.98	\$188.50	\$178.91	\$185.50	\$200.84	Region 1 & 2: \$58.93 Region 3: \$60.36 Region 4: \$61.72 Region 5: \$122.02

\* Rates are subject to change. Check with Inshore Benefits for the most current benefits and rates for your requested effective date.

<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 Bernadino, San Diego, San Francisco, San Mteo, 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.

<sup>3</sup>DeltaCare HMO can be dual optioned with 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 at initial enrollment upon **proof** of 12 months of prior, continuous dental coverage.

<sup>5</sup>Reimbursement is based on PPO contracted fees for PPO dentists, PPO Contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

<sup>6</sup>Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

<sup>7</sup>SIC code is required. Certain industries are ineligible to purchase these plans, such as: Dental Offices 8021, Dental Labs 8071, Medical Labs 8072, and Seasonal Employees, Part-time help and groups without an SIC.

\* 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.