

Inshore Benefits

Employer Sponsored Delta Dental Plans

Effective January 1, 2023*



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		

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	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	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	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	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	12 months

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Network	IN	OUT	IN	OUT	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

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

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 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, 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 a PPO plan but not both. A minimum of three employees is required under each option.

⁴ 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.

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

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

⁷SIC 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.