

Benefit Comparison and Rates for 1-500 Employees

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

	Voluntary DPPO Plan	Voluntary DHMO Dental Plans - Available in CA Only	
	1500 Standard DT F0237A	Low Option DHMO 4H G0073A/4H G0073B U30	High Option DHMO 4H G0073E/4H G0073F U50
Network	IN NETWORK	IN NETWORK ONLY	IN NETWORK ONLY
Deductible			
Individual	\$50	N/A	N/A
Family Limit	3 per family	N/A	N/A
Waived For	Preventive Care	N/A	N/A
Eligibility			
Group Size Dental Services	1-500 enrolled	1-500 enrolled	1-500 enrolled
Group Size Orthodontics	1-500 enrolled	1-500 enrolled	1-500 enrolled
Waiting Periods			
Major	None	None	None
Waived for Major (if there was prior group coverage)	N/A	N/A	N/A
Orthodontics	N/A	N/A	N/A
Dental Services			
You pay a copay for each covered benefit			
Preventive Care	100%	\$0/cleaning 2x/year	\$0/cleaning 2x/year
Basic Services	80%	See Copay Schedule	See Copay Schedule
Major Services	50%	See Copay Schedule	See Copay Schedule
Periodontal Surgery	50%	\$200 - \$380	\$75 - \$195
Endodontic Surgery	N/A	N/A	N/A
Orthodontics			
You pay a copay for each covered benefit			
Copay	N/A	\$2,500 - \$2,800	\$2,500 - \$2,800
Orthodontics	50%	See plan benefits	See plan benefits
Available to	Adult & Child	Adult & Child	Child
Benefit Maximums			
Annual Benefit Maximum	\$1,500	N/A	N/A
Lifetime Orthodontics	\$1,100	N/A	N/A
Dental Rates - A \$15.00 administration fee applies to each monthly invoice.			
Employee Only	\$66.08	\$16.28 - NOR CAL \$12.86 - SO CAL	\$25.62 - NOR CAL \$21.02 - SO CAL
Employee +1	\$129.84	\$30.87 - NOR CAL \$24.56 - SO CAL	\$46.56 - NOR CAL \$38.43 - SO CAL
Employee +Family	\$171.40	\$51.53 - NOR CAL \$42.65 - SO CAL	\$75.29 - NOR CAL \$63.68 - SO CAL

*Southern California | Available in: Orange, Los Angeles, Riverside, San Bernardino, Kern, Santa Barbara, Ventura, San Diego counties. **Northern California | Available in: Sacramento, Placer, San Mateo, Fresno, San Joaquin, Stanislaus, Alameda, Contra Costa, Marin, Santa Clara, San Francisco counties. This 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.