Inshore Benefits

Voluntary Humana Dental Plans

Effective January 1, 2023*

Benefit Comparison and Rates for 2-500 Employees

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

	BENEFIT SUMMARY | VOLUNTARY HUMANA DENTAL PLANS						
	PPO PREVENTIVE PLUS 14 100 / 80 / 50 | $1,000 #03CA3V0614		PPO TRADITIONAL PREFERRED 14 100 / 80 / 50 | $1,500 #03CA3V0586		PPO 14 100 / 100 / 60 | UNLIMITED #03CA3V0619		DHMO LS200 #03LD3V0002
Network	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**HMO**
Deductible							
Individual	$50	$50	$50	$50	$50	$50	None
Family	$150	$150	$150	$150	$150	$150	None
Waived for Preventive	Yes	Yes	Yes	Yes	Yes	Yes	Not applicable
Eligibility							
Group Size Dental Services	2-500 enrolled	2-500 enrolled	2-500 enrolled	2-500 enrolled	2-500 enrolled	2-500 enrolled	2-500 enrolled
Group Size Orthodontics	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	2-500 enrolled
Waiting Periods							
Major	Not applicable	Not applicable	12 months	12 months	12 months	12 months	None
Waived for Major (if there was prior group coverage)	Not applicable	Not applicable	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Not applicable
Orthodontics	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	None

Phone: (800) 801-2300 | Fax: (800) 609-0111 | Email: inshore@pathianadministrators.com | Website: inshorebenefits.com

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Network	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**HMO**
Dental Services							
Preventive Care	100% (Deductible waived)	100% (Deductible waived)*	100% (Deductible waived)	100% (Deductible waived)	100% (Deductible waived)	100% (Deductible waived)	$0-$45 copay/procedure
Basic Services	80% after deductible	80% after deductible*	80% after deductible*	80% after deductible*	100% after deductible*	80% after deductible*	$0-$425 copay/procedure
Major Services	Not covered[3]	Not covered[3]	50% after deductible	50% after deductible*	60% after deductible	50% after deductible*	$0-$2,000 copay/procedure
Periodontal Surgery	Not covered	Not covered	Basic	Basic	Basic	Basic	See copay schedule
Endodontic Surgery	Not covered	Not covered	Basic	Basic	Basic	Basic	See copay schedule
Orthodontics							
Co-pay	Not applicable		Not applicable		Not applicable		Dependent children: $1,300 - $1,550 copay Adults: $1,300 - $1,695 copay
Orthodontics	Not covered		Not covered		Not covered		Covered
Takeover	Not applicable		Not applicable		Not applicable		Not applicable

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Network	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**HMO**
Benefit Maximums							
Annual Benefit Maximum	$1,000[1]		$1,500[1]		Unlimited		Unlimited
Lifetime Orthodontics	Not covered		Not covered		Not covered		Not covered
Voluntary Dental Rates[3] — *A $15 monthly administration fee applies to all groups.*							
Employee Only	$34.91		$68.13		$75.92		$17.35
Employee +Spouse	$76.27		$152.32		$174.68		$37.67
Employee +Children	$72.24		$105.84		$118.64		$31.96
Family	$121.53		$191.30		$216.66		$52.90

* The out-of-network claim is based on the in-network fee schedule (INFS). The member is responsible for the amount charged above the INFS amount.
[1] After the annual benefit maximum is reached, you will receive 30% coinsurance on preventive, basic, and major services for the rest of the plan year. Implants and orthodontia excluded.
[2] The waiting period for Major Services is 12 months for new group business and for new hires to existing groups. The 12 month Major Services waiting period can be waived for new group enrollment only (proof of 12 months of continuous prior dental coverage is required).
[3] Humana Dental plans are only available to groups headquartered in CA.

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 summery is not guaranteed and the information herein is subject to change without notice. This is not an offer of coverage.