inshore

DELTA DENTAL®

Delta Dental PPO EMPLOYER SPONSORED Benefit and Rate Sheet

Available in CA[1]
Group Size: 2+

PPO EMPLOYER SPONSORED DELTA DENTAL PLANS												
Plan Name	PPO $1500 w/ORTHO 00465-02400 N			PPO $2000 00465-02500 O			PPO $2000 w/ORTHO 0465-02600 P			PPO $3000 w/ORTHO 0465-03300 W		
Network	PPO Network	Premier Network	Non-Delta Dental	PPO Network	Premier Network	Non-Delta Dental	PPO Network	Premier Network	Non-Delta Dental	PPO Network	Premier Network	Non-Delta Dental
Deductible												
Individual	$50			$50			$50			$50		
Family	$150			$150			$150			$150		
Waived for Preventive	Yes			Yes			Yes			Yes		
Annual Max Benefit	$1500			$2000			$2000			$3000		
Orthodontic Lifetime Max	$1500			N/A			$2000			$1000		
Dental Benefit												
Preventive Services	100%	80%	80%	100%	80%	80%	100%	80%	80%	100%	100%	80%
Cleaning Allowances	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year
Basic Services	80%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Endodontic	80%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Periodontal	80%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Oral Surgery	80%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Major Services	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	40%
Prosthodontics	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	40%
Implants	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]
Missing Tooth Clause	No[3]	No[3]	No[3]	No[3]	No[3]	No[3]	No[3]	No[3]	No[3]	No[3]	No[3]	No[3]
Major Service Waiting Period	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Reimbursement Schedule	PPO or Premier[4]			PPO or Premier[4]			PPO or Premier[4]			PPO		
Orthodontic Benefit												
Orthodontics	50%			N/A			50%			50%		
Orthodontics Available To	Child			N/A			Adult or Child			Child		
Orthodontic Waiting Period	N/A			N/A			N/A			N/A		
Rates for 2024 Effective Dates - $15 administration fee applies to each monthly invoice.												
Member Only	$54.51			$56.10			$61.51			$62.24		
Member + Spouse/DP	$98.51			$101.45			$111.47			$112.79		
Member + 1 Child	$98.51			$101.45			$111.47			$112.79		
Member + Children	$149.42			$153.91			$169.25			$171.29		
Member + Family	$149.42			$153.91			$169.25			$171.29		
Rate Guarantee	1 year			1 year			1 year			1 year		

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. This is a summary of benefits. For more detailed information, view the carrier's Summary of Benefits.

1 Delta Dental plans are available to groups of 2 or more enrolled employees. Group must be headquartered in CA. Employees and their enrolled dependents can reside in any state. Employer Sponsored plans assume employer is paying 50%-100% of the member's premium.

2 & 3 For more detailed information, see Benefit Summary and Evidence of Coverage.

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

5 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.

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