

**Benefit Comparison and Rates**

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

IFP DPPO DENTAL PLANS			IFP DHMO DENTAL PLANS - Available in CA Only		
Split Value DT F0060H	Ind 1000 Value DT F0060D/DT F0060E/DT F0060F		Low Option DHMO 4H G0073A/4HG0073B U30	Medium Option DHMO 4H G0073C/4H G0073D U40	High Option DHMO 4H G0073E/4H G0073F U50
Network	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
Deductible					
Individual	\$50	\$50	N/A	N/A	N/A
Family Limit	3 per family	Per covered family member	N/A	N/A	N/A
Waived For	Preventive Care	Preventive Care	N/A	N/A	N/A
Waiting Periods					
Major	None	12 months	None	None	None
Waived for Major (if there was prior group coverage)	N/A	N/A	N/A	N/A	N/A
Orthodontics	None	N/A	N/A	N/A	N/A
Dental Services					
You pay a copay for each covered benefit					
Preventive Care	100%	100%	\$0/cleaning 2x/year	\$0/cleaning 2x/year	\$0/cleaning 2x/year
Basic Services	80%	60%	See Copay Schedule	See Copay Schedule	See Copay Schedule
Major Services	50%	50%	See Copay Schedule	See Copay Schedule	See Copay Schedule
Periodontal Surgery	50%	50%	\$200 - \$380	\$80 - \$255	\$75 - \$195
Endodontic Surgery	N/A	N/A	N/A	N/A	N/A
Orthodontics					
You pay a copay for each covered benefit					
Copay	N/A	N/A	\$2,500 - \$2,800	\$1,500 - \$2,800	\$2,500 - \$2,800
Orthodontics	50%	N/A	See Plan Benefits	See Plan Benefits	See Plan Benefits
Available to	Adult & Child	N/A	Adult & Child	Adult & Child	Child
Benefit Maximums					
Annual Benefit Maximum	\$1,500/\$1,000 OON	\$1,000	N/A	N/A	N/A
Lifetime Orthodontics	\$1,000	N/A	N/A	N/A	N/A
Dental Rates - A \$5.00 administration fee applies to each monthly invoice.					
Employee Only	\$48.63	\$65.73 - NOR CAL \$59.93 - SO CAL	\$19.30 - NOR CAL \$15.14 - SO CAL	\$23.63 - NOR CAL \$19.33 - SO CAL	\$30.68 - NOR CAL \$25.08 - SO CAL
Employee +1	\$95.87	\$138.90 - NOR CAL \$126.63 - SO CAL	\$37.09 - NOR CAL \$29.39 - SO CAL	\$44.98 - NOR CAL \$37.06 - SO CAL	\$56.23 - NOR CAL \$46.30 - SO CAL
Employee +Family	\$126.66	\$200.14 - NOR CAL \$182.18 - SO CAL	\$62.26 - NOR CAL \$51.44 - SO CAL	\$72.20 - NOR CAL \$60.97 - SO CAL	\$91.20 - NOR CAL \$77.06 - 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.

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.