



**Delta Dental HMO VOLUNTARY
Benefit and Rate Sheet**

Available in CA¹
Group Size: 2+

HMO VOLUNTARY DELTA DENTAL PLANS

Plan Name	DELTACARE 12A 71989-00030	DELTACARE 12A 71989-00031	DELTACARE 12A 71989-00032	DELTACARE 12A 71989-00033
Network	DeltaCare HMO	DeltaCare HMO	DeltaCare HMO	DeltaCare HMO
Deductible				
Individual	N/A			
Family	N/A			
Waived for Preventive	N/A			
Annual Max Benefit	Unlimited			
Orthodontic Lifetime Max	1 treatment per member			
Dental Benefit				
Preventive Services	No charge			
Cleaning Allowances	1 per 6 month period			
Basic Services	\$0 - \$220			
Endodontic	\$0 - \$310			
Periodontal	\$30 - \$300			
Oral Surgery	\$5 - \$120			
Major Services	\$50 - \$295			
Prosthodontics	\$10 - \$295			
Implants	Not covered			
Missing Tooth Clause	Not covered			
Major Service Waiting Period	N/A			
Reimbursement Schedule	Copay Schedule			
Orthodontic Benefit				
Orthodontics	\$25 copay (first visit). \$200 start-up fee Children: \$1700 copay Adults: \$1900 copay			
Orthodontics Available To	Adult or Child			
Orthodontic Waiting Period	N/A			
Rates for 2024 Effective Dates - \$15 administration fee applies to each monthly invoice.	Region 1 & 2	Region 3	Region 4	Region 5
Member Only	\$24.99	\$25.59	\$26.13	\$50.85
Member + Spouse/DP	\$40.31	\$41.31	\$42.22	\$82.95
Member + 1 Child	\$40.31	\$41.31	\$42.22	\$82.95
Member + Children	\$58.93	\$60.36	\$61.72	\$122.02
Member + Family	\$58.93	\$60.36	\$61.72	\$122.02
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.

Rating areas below are based on Employer's address:

- Region 1 & 2: Los Angeles and Orange
- Region 3: Alameda, Contra Costa, Fresno, Kern, Mariposa, Riverside, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara and Ventura
- 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
- Region 5: Butte, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Mono, San Benito, Santa Cruz, Shasta, Siskiyou, Sutter, Tahoma, Trinity, and Yuba

¹ DeltaCare plan is available to groups of 2 or more enrolled employees. Group must be headquartered in CA. Employees and their enrolled dependents must reside in CA. Voluntary plans assume employer is paying 0% - 100% of the member's premium.

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