



Delta Dental PPO PREMIER VOLUNTARY Benefit and Rate Sheet

Available in CA¹
Group Size: 2+

| PPO PREMIER VOLUNTARY DELTA DENTAL PLANS | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------|-------------------------------------|---------------------|---------------------|-----------------------------|---------------------|---------------------|-------------------------------------|---------------------|---------------------|-------------------------------------|---------------------|---------------------|
| Plan Name | PPO \$1500 w/ORTHO 00465-03000 T | | | PPO \$2000 00465-03100 U | | | PPO \$2000 w/ORTHO 00465-03200 V | | | PPO \$3000 w/ORTHO 00465-03400 X | | |
| 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 | 12 months | 12 months | 12 months | 12 months | 12 months | 12 months | 12 months | 12 months | 12 months | 12 months | 12 months | 12 months |
| Reimbursement Schedule | PPO or Premier ⁴ | | | PPO or Premier ⁴ | | | PPO or Premier ⁴ | | | PPO ⁵ | | |
| Orthodontic Benefit | | | | | | | | | | | | |
| Orthodontics | 50% | | | N/A | | | 50% | | | 50% | | |
| Orthodontics Available To | Child | | | N/A | | | Adult and Child | | | Child | | |
| Orthodontic Waiting Period | 12 months | | | N/A | | | 12 months | | | 12 months | | |
| Rates for 2024 Effective Dates - \$15 administration fee applies to each monthly invoice. | | | | | | | | | | | | |
| Member Only | \$64.92 | | | \$67.25 | | | \$72.66 | | | \$73.52 | | |
| Member + Spouse/DP | \$117.77 | | | \$122.08 | | | \$132.09 | | | \$133.65 | | |
| Member + 1 Child | \$117.77 | | | \$122.08 | | | \$132.09 | | | \$133.65 | | |
| Member + Children | \$178.91 | | | \$185.50 | | | \$200.84 | | | \$203.23 | | |
| Member + Family | \$178.91 | | | \$185.50 | | | \$200.84 | | | \$203.23 | | |
| 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. Voluntary plans assume employer is paying 0%-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.

Inshore Benefits is a product portfolio of North Ranch Benefits Trust | Website: [InshoreBenefits.com](https://www.inshorebenefits.com)
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