

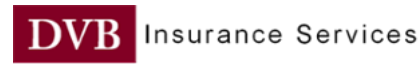
# GGRA / DVB Delta Dental Plan

Voluntary Delta Dental Plans

Effective January 1, 2019 through December 31, 2019



## Benefit Comparison and Rates for 3-500 Employees



BENEFIT SUMMARY   VOLUNTARY DELTA DENTAL PLANS						
	PPO #465 G 100 / 80 / 50   \$1,500		PPO #465 J 100 / 80 / 50   \$2,000		Premier #464 E 100 / 80 / 50   \$1,500	
Network	IN	OUT	IN	OUT	IN	OUT
<b>Deductible</b>						
Individual	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150	\$150	\$150
Waived for Preventative	Yes	Yes	Yes	Yes	Yes	Yes
<b>Eligibility</b>						
Group Size Dental Services	3-500 enrolled	3-500 enrolled	3-500 enrolled	3-500 enrolled	3-500 enrolled	3-500 enrolled
Group Size Orthodontics	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
<b>Waiting Periods</b>						
Major	12 months	12 months	12 months	12 months	12 months	12 months
Waived for Major (if there was prior group coverage)	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes, only available to members enrolled at groups initial enrollment	
Orthodontics	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
<b>Dental Services</b>						
Preventative Care	100%	50% of approved PPO fee*	100%	50% of approved PPO fee*	100%	100% of approved PPO fee*
Basic Services	80%	50% of approved PPO fee*	80%	50% of approved PPO fee*	80%	80% of approved PPO fee*
Major Services	50%	40% of approved PPO fee*	50%	40% of approved PPO fee*	50%	50% of approved PPO fee*
Periodontal Surgery	Basic	Basic	Basic	Basic	Major	Major
Endodontic Surgery	Basic	Basic	Basic	Basic	Major	Major
<b>Orthodontics</b>						
Co-pay	Not covered		Not covered		Not covered	
Orthodontics	Not covered		Not covered		Not covered	
Takeover	Not covered		Not covered		Not covered	
<b>Benefit Maximums</b>						
Annual Benefit Maximum	\$1,500		\$2,000		\$1,500	
Lifetime Orthodontics	Not applicable		Not applicable		Not applicable	
<b>Voluntary Dental Rates<sup>1</sup></b>						
\$15 monthly administrative fee applies to all groups	Employee Only		Employee +1		Employee +2 or more	
PPO #465 G   \$1,500	\$53.05		\$96.83		\$147.50	
PPO #465 J   \$2,000	\$58.21		\$106.38		\$162.11	
Premier #464 E   \$1,500	\$78.82		\$144.55		\$226.30	

\* Non-Delta Dental dentists may balance bill. Groups cannot enroll in these plans if they have had other Delta Dental coverage in the past 12 months.

<sup>1</sup> Delta Dental plans are only available to groups headquartered in CA. FL residents excluded.

<sup>2</sup> The waiting period for Major Services is 12 months for new business. The 12 month Major Services waiting period can be waived for initial enrollment upon proof of 12 months of continuous prior dental coverage.

Certain industries are ineligible to purchase these plans: Associations and Trusts\* (except #8661) 8600-8699; Beauty & Barber Shops 7231-7241; Dentist offices, Dentist labs and Medical labs 8021, 8071, 8072; Employment Agencies 7361-7363; International Affairs 9721; Misc. Business Services 7389; Misc. Services not elsewhere classified 8999; Partnerships No SIC; Private Households 8811; Religious Organizations (except Churches 8661) No SIC; Seasonal Employees (Christmas/Part-time help) No SIC; and Seasonal Employees (Agriculture) 0761-0783. \*Management and the administrative staff of associations and trusts are eligible. 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.



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