

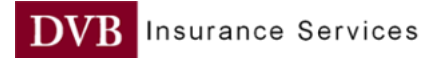
GGRA / DVB Humana Dental Plan

Voluntary Humana Dental Plans

Effective January 1, 2019 through December 31, 2019



Benefit Comparison and Rates for 2-500 Employees



BENEFIT SUMMARY VOLUNTARY HUMANA DENTAL PLANS				
PPO TRADITIONAL PREFERRED 14 100 / 80 / 50 \$1,500			PPO 14 100 / 100 / 60 UNLIMITED	
Network	IN	OUT	IN	OUT
Deductible				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Waived for Preventative	Yes	Yes	Yes	Yes
Eligibility				
Group Size Dental Services	2-500 enrolled	2-500 enrolled	2-500 enrolled	2-500 enrolled
Group Size Orthodontics	Not applicable	Not applicable	Not applicable	Not applicable
Waiting Periods				
Major	12 months	12 months	12 months	12 months
Waived for Major (if there was prior group coverage)	Yes ²	Yes ²	Yes ²	Yes ²
Orthodontics	Not applicable	Not applicable	Not applicable	Not applicable
Dental Services				
Preventative Care	100% (Deductible waived)	100% (Deductible waived)*	100% (Deductible waived)	100% (Deductible waived)*
Basic Services	80% after deductible	80% after deductible*	100% after deductible	80% after deductible*
Major Services	50% after deductible	50% after deductible*	60% after deductible	50% after deductible*
Periodontal Surgery	Basic	Basic	Basic	Basic
Endodontic Surgery	Basic	Basic	Basic	Basic
Orthodontics				
Co-pay	Not applicable	Not applicable	Not applicable	Not applicable
Orthodontics	Not covered	Not covered	Not covered	Not covered
Takeover	Not applicable	Not applicable	Not applicable	Not applicable
Benefit Maximums				
Annual Benefit Maximum	\$1,500 ¹	\$1,500 ¹	Unlimited	Unlimited
Lifetime Orthodontics	Not covered	Not covered	Not covered	Not covered
Voluntary Dental Rates³				
\$15 monthly administrative fee applies to all groups	Employee Only	Employee + Spouse	Employee + Children	Family
PPO Traditional Preferred 14 \$1,500	\$65.57	\$146.60	\$101.87	\$184.12
PPO 14 Unlimited	\$73.07	\$168.12	\$114.19	\$208.53

¹ The out-of-network claim is based on the in-network fee schedule (INFS). The member is responsible for the amount charged above the INFS amount.

² After the annual benefit maximum is reached, you will receive 30% coinsurance on preventive, basic, and major services for the rest of the plan year. Implants and orthodontia excluded.

³ The waiting period for Major Services is 12 months for new group business and for new hires to existing groups. The 12 month Major Services waiting period can be waived for new group enrollment only (proof of 12 months of continuous prior dental coverage is required).

⁴ Humana Dental plans are only available to groups headquartered in CA. Available for groups in all industries except 8021 (Dental Services). FL residents are excluded.

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 8881; 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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