

## Dental Cost Comparison

### Sample Group

Rates Effective Aug 01, 2016

SIC: 8111

Employer Contribution - EE: \$75% Dep: \$50%

Zip: 92198 County: San Diego

Proposed Plan Information						
Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
Delta	PPO Enhanced 1000 Level 2	PPO	7/7	\$336.14	\$441.27	\$777.41
Anthem Blue Cross	[Classic Complete CA-2E] Passive/50/\$1,500/OEP Basic/80th	PPO	7/7	\$445.83	\$464.20	\$910.03
Anthem Blue Cross	[Classic Complete CA-2F] Passive/50/\$1,500/OEP Basic/90th	PPO	7/7	\$449.12	\$467.67	\$916.79
Delta	PPO Enhanced 1500 Level 2	PPO	7/7	\$399.84	\$523.77	\$923.61

\*Dental Cost Comp is for actual group sizes only.

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by the carrier. Final rates are determined by the carrier's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this website or printed output, will form the contract between the insured and the carrier.