

Dental Cost Comparison

Test Group

Rates Effective Oct 01, 2021
SIC: 5621

Employer Contribution - EE: \$90 Dep: \$0
Zip: 94597 County: Contra Costa

Proposed Plan Information						
Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
Delta	PPO Deluxe 300 2000 Level 1 (75%-100% C)	PPO	7/7	\$395.08	\$233.80	\$628.88
Delta	PPO Deluxe 300 2000 w/DPMw Level 1 (75%-100% C)	PPO	7/7	\$402.99	\$238.45	\$641.44
Delta	PPO Deluxe 300 2000 CH Ortho 1500 Level 1 (75%-100% C)	PPO	7/7	\$395.08	\$273.03	\$668.11
Delta	PPO Deluxe 300 2000 w/DPMw CH Ortho 1500 Level 1 (75%-100% C)	PPO	7/7	\$402.99	\$278.51	\$681.50
Anthem Blue Cross	Platinum PPO 100/90/60 Active 50/2000 90th E&P Basic (3RGX)	PPO	7/7	\$458.36	\$292.46	\$750.82
Delta	PPO Plus Premier Deluxe 200 2000 Level 1 (75%-100% C)	PPO	7/7	\$483.42	\$285.41	\$768.83
Anthem Blue Cross	Platinum PPO 100/90/60 Active 50/2000 90th E&P Basic CH Ortho (3RGW)	PPO	7/7	\$458.36	\$318.72	\$777.08
Anthem Blue Cross	Platinum PPO 100/90/60 Active 50/2000 90th E&P Basic CH Ortho/2k (5FKS)	PPO	7/7	\$458.36	\$323.13	\$781.49
Delta	PPO Plus Premier Deluxe 200 2000 w/DPMw Level 1 (75%-100% C)	PPO	7/7	\$493.08	\$291.12	\$784.20
Delta	PPO Plus Premier Deluxe 200 2000 CH Ortho 1500 Level 1 (75%-100% C)	PPO	7/7	\$483.42	\$326.07	\$809.49
Anthem Blue Cross	Platinum PPO 100/90/60 Active 50/2000 90th E&P Basic A/C Ortho (3SNG)	PPO	7/7	\$496.16	\$325.40	\$821.56
Delta	PPO Plus Premier Deluxe 200 2000 w/DPMw CH Ortho 1500 Level 1 (75%-100% C)	PPO	7/7	\$493.08	\$332.61	\$825.69
Anthem Blue Cross	Platinum PPO 100/90/60 Active 50/2000 90th E&P Basic A/C Ortho/2k (5FKT)	PPO	7/7	\$504.77	\$328.23	\$833.00

*Dental Cost Comp is for actual group sizes only.

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