

# **Bend Chamber of Commerce – Dental Rates**

Bend Chamber of Commerce - Dental Plan Options								
					Employee	Employee	Employee	Employee
Plan Name	Networks	Deductible	Annual Max	Coinsurance	Only	Spouse	Family	Children
Delta Dental PPO #1 - High Plan*	PPO / Premier	\$0 / \$50	\$1,500	0% / 20% / 50%	\$44.50	\$90.53	\$149.38	\$103.35
Delta Dental PPO #2 - Mid Plan*	PPO / Premier	\$0 / \$50	\$1,000	0% / 20% / 50%	\$39.23	\$80.04	\$134.52	\$93.72
Delta Dental PPO #3 - Low Plan*	PPO / Premier	\$0 / \$50	\$1,000	20% / 50% / 75%	\$26.93	\$54.81	\$90.66	\$62.79
AC1000 Ortho (optional)	Adult & Child Ortho - 50% up to \$1,000 lifetime maximum				\$1.34	\$2.69	\$19.51	\$18.17
Willamette Dental plan match	WDG	\$20 copay	None	Copays apply	\$40.57	\$82.73	\$154.04	\$111.89

<sup>\*</sup> Preventive care does not accumulate to the plans annual max

There will not be any group specific underwriting. WDG can be paired with any Delta Dental plan.

6% Dental Commission to broker; 1% Dental Commission retained by JBP

### Rate Guarantee

#### New groups in 2023

These rates are good for all groups in the association for 24 months.

#### New groups in 2024

These rates are good for all groups in the association for 12 months.

# **Underwriting Caveats**

## Service Area

60% of all eligible employees must live, reside, or physically work within the Delta Dental service area.

Product availability to employes located in Oregon: Premier (statewide) and PPO (statewide)

#### **Participation**

Standalone Dental is offered for group with 5 or more enrolling.

Dental can be offered to a client with 2 or more enrolling if they are also enrolling/enrolled on the BCOC Medical plans.

Orthodontia rider is only offered for a group with 10 or more enrolling.

Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska.

<sup>\*</sup> Deductible waived for preventive services when seeing a PPO or Premier provider