

Dental & Vision Plan Options in the Individual Market

Option 1: Premier Access/Guardian

https://mydental.guardianlife.com/secure/PAWEBSITE.MEMBER.UI/WBSIndPlanEnrollment.aspx?AgencyId=5783

PPO Option:

Class I: Preventive Care is covered at 100% (in- & out-of-network).

This includes cleanings and exams.

Class II: Basic Care is covered at 80% (in- & out-of-network).

This includes restorations and simple extractions.

Class III: Major Care is covered at 50% (in- & out-of-network).

This includes crowns and dentures.

DHMO Option: (Not available in all areas)

Diagnostic and Cleanings Copay Range: \$0.00

Basic Services Copay Range: \$0.00 - 25.00

Major Services Copay Range: \$25.00 – 300.00

Option 2: Various Options for Dental and Vision

http://www.dentalforeveryone.com/?id=90689-00000

Above please find a link to individual dental and/or vision plan options that include options through various insurance carriers including Delta Dental, Nationwide, Standard as well as a few others. There is also an option for vision coverage through VSP, if you are interested.

When you click on the above link, you will need to enter your home zip code and click "Go" to begin. Once you do this, it will outline all of the various options through different insurance carriers. Then, you can click on links to review the plan details and find a dentist. It outlines the monthly cost for member, member plus one dependent, and member plus full family.

There are several plans available with varying benefits, waiting periods and provider networks. There are some plans that offer preventive coverage right away, discounts on many services and other plans that offer benefits that increase each year you are covered.

Option 3: DeltaCare USA (DHMO Plan) (Not available in all areas)

Plan CAA55

http://www.deltadentalins.com/individuals/plans/

Please contact us for an application or if you choose to enroll online, please be sure to include broker # 2040981 on your application so that we can assist you.

In order to receive services under this plan, you will need to pick a dentist who is participating in their network and go to them for all of your services, as there is no coverage if you do not use your selected DeltaCare USA Contracted Dentist. These plans require you to pay the premium up front annually and they have a small one-time enrollment fee of \$10.

There are two plan options available – a low option plan that is less expensive in premium, but has higher copayments and a high option plan that is a little more expensive in premium, but has lower copayments. The annual rates for each

Plan CAA54

of these plans are as follows:

	I Idii CAASS	I Idii CAAST
	(Low Option)	(High Option)
Individual	\$80.76	\$91.80
Individual + 1 Dependent	\$130.68	\$148.53
Individual + 2 or more Dependents	\$191.16	\$217.56
One-Time Enrollment Fee	\$10.00	\$10.00





Please contact our office if you have any questions or need any additional information at:



SIERRA BENEFIT SOLUTIONS

INSURANCE SERVICES, INC. P.O. Box 457 5551 Meadow Croft Lane Pilot Hill, CA 95664

Phone: (866) 618-9977 or (530) 745-0531 Fax: (530) 823-3140

team@sierrabenefit.com