








DENTAL, VISION, HEARING

Enroll and see more plan details and rates by clicking on "Quote & Apply" below.

		 Dental	 Vision	 Hearing	HMO	HMO+	PPO 1000	PPO 1500	PPO 2000+	PPO Elite	Vision 15/25/120	Vision 15/25/150
 DELTA DENTAL	Quote & Apply	✓			\$9		\$33		\$74			
Humana	Quote & Apply	✓	✓	✓		\$25	\$40*	\$60	\$67*	\$100*		\$15
 blue california	Quote & Apply	✓	✓		\$17	\$28	\$57*	\$60	\$76	\$82	\$8	\$15
 cigna healthcare	Quote & Apply	✓	✓	✓			\$43*	\$48*	\$50*	\$66*		
 vsp vision care	Quote & Apply		✓									\$19

Sample rates above link to Summary of Benefit for a 46 year old female in zip 91941 (4/1/2026).

*Bundled Dental, Vision and/or Hearing.

TRAVEL PLANS

[Quote & Apply](#)

- 100% Coverage after Deductible
- Covers pre-existing conditions
- \$1 million Medical Maximum Coverage
- Customize coverage and deductible
- Global access network support
- Unlimited Telemedicine 24/7

Single Trip

1 traveler, age 50

Duration 8 days

Coverage \$1,000,000

Deductible \$0

\$49 total

Single Trip

1 traveler, age 50

Duration 8 days

Coverage \$500,000

Deductible \$500

\$37 total

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