

# GHI PREFERRED PLUS DENTAL – COMMUNITY RATED

<b>Group Name:</b>						
<b>Group Rep:</b>				<b>Group Rep:</b>		
<b>Number of Eligible Employees:</b>						
<b>Dependent Coverage: 19/23 EOM</b> Non-students to age 19, full-time students to age 23. Coverage terminates at the end of the calendar month in which the dependent turns 19 or 23.						
<b>Underwriting Guidelines:</b> - Available as stand-alone for groups of 10 and above. - 75% participation requirement for groups of 10 and above. - For groups of 5-9 sold alongside GHI medical, enrollment number must match medical (minimum 5 employees). - 4-tier rates required for stand-alone; Dental rate structure must match medical rate tiers when sold alongside medical.						
<b>Sealants:</b> Included as a covered service in all options, under Category II.						
Indicate Selected Option	Option 1 (94E)	Option 2 (94G)	Option 3 (94F)	Option 4 (94H)	Option 5 (94I)	Option 6 (94K)
<b>Category I (Preventive)</b>	80%	100% in network; 80% out	100%	80%	100% in network; 80% out	100%
<b>Category II (Basic)</b>	50% Limited Services	50% Limited Services	50% Limited Services	50%	80% in network; 50% out	80%
<b>Category III (Major)</b>	Not Covered	Not Covered	Not Covered	50%	50%	50%
<b>Category IV (Orthodontics)</b>	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Calendar Year Deductible</b>	\$25 Individual, \$75 Family Applicable to all categories	\$25 Individual, \$75 Family Applicable to Category II only	\$25 Individual, \$75 Family Applicable to Category II only	\$25 Individual, \$75 Family Applicable to all services	\$25 Individual, \$75 Family Applicable to Categories II & III	\$25 Individual, \$75 Family Applicable to Categories II & III
<b>Annual Maximum</b>	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500
<b>Out-of-network reimbursement</b>	Preferred Plus Schedule	Preferred Plus Schedule	Preferred Plus Schedule	Preferred Plus Schedule	Preferred Plus Schedule	Preferred Plus Schedule
<b>2-Tier Rates DOWNSTATE Jul. 1, 2005 – Sep. 30, 2005)</b>	\$17.62 Single \$53.73 Family	\$22.46 Single \$68.52 Family	\$24.22 Single \$73.85 Family	\$33.15 Single \$94.45 Family	\$43.02 Single \$122.60 Family	\$46.29 Single \$131.95 Family