

GHI PREFERRED PLUS DENTAL – COMMUNITY RATED

Group Name:						
Group Rep:				Group Rep:		
Number of Eligible Employees:						
Dependent Coverage: 19/23 EOM 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.						
Underwriting Guidelines: - 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.						
Sealants: 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)
Category I (Preventive)	80%	100% in network; 80% out	100%	80%	100% in network; 80% out	100%
Category II (Basic)	50% Limited Services	50% Limited Services	50% Limited Services	50%	80% in network; 50% out	80%
Category III (Major)	Not Covered	Not Covered	Not Covered	50%	50%	50%
Category IV (Orthodontics)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Calendar Year Deductible	\$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
Annual Max	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500
Out-of-network reimbursement	Preferred Plus Schedule	Preferred Plus Schedule	Preferred Plus Schedule	Preferred Plus Schedule	Preferred Plus Schedule	Preferred Plus Schedule
4-Tier Rates DOWNSTATE Jul. 1, 2005 – Sep. 30, 2005)	\$17.62 Single \$35.23 EE/Spouse \$38.75 EE/Child(ren) \$63.42 Family	\$22.46 Single \$44.93 EE/Spouse \$49.43 EE/Child(ren) \$80.87 Family	\$24.22 Single \$48.42 EE/Spouse \$53.27 EE/Child(ren) \$87.17 Family	\$33.15 Single \$67.93 EE/Spouse \$64.42 EE/Child(ren) \$109.35 Family	\$43.02 Single \$88.18 EE/Spouse \$83.88 EE/Child(ren) \$141.95 Family	\$46.29 Single \$94.90 EE/Spouse \$90.27 EE/Child(ren) \$152.77 Family