

## GHI Preferred Dental – Community Rated

<b>Group Name:</b>					
<b>Group Rep:</b>				<b>Effective Date:</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> <ul style="list-style-type: none"> <li>- For groups of 5-19 employees, the dental plan must be sold with a GHI medical plan and enrollment must match medical enrollment (minimum 5 employees).</li> <li>- For groups of 20-50 employees, if the dental plan is sold with a GHI medical plan, the enrollment must match medical enrollment (minimum 5 employees).</li> <li>- For groups of 20-50 that only purchase the dental plan, 75% of all the eligible employees must enroll.</li> </ul>					
<b>Sealants:</b> Included as a covered service in all options.					
<b>Indicate Selected Option</b>	<b>Option 1 (92V)</b>	<b>Option 2 (92W)</b>	<b>Option 3 (92X)</b>	<b>Option 4 (92Y)</b>	<b>Option 5 (92Z)</b>
<b>Category I (Preventive)</b>	100%	100%	100%	100%	100%
<b>Category II (Basic)</b>	100% Limited Services	100% Limited Services	100% Limited Services	100%	100%
<b>Category III (Major)</b>	Not Covered	Not Covered	Not Covered	100%	100%
<b>Category IV (Orthodontics)</b>	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	None	\$50 Individual, \$150 Family Applicable to Categories II & III	\$25 Individual, \$75 Family Applicable to Categories II & III
<b>Annual Max</b>	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
<b>Out-of-network reimbursement</b>	Preferred Schedule	Preferred Schedule	Preferred Schedule	Preferred Schedule	Preferred Schedule
<b>Rates (July 1, 2003 – Sept. 30, 2003)</b>	\$16.22 Single \$54.03 Family	\$18.32 Single \$61.02 Family	\$20.12 Single \$67.01 Family	\$33.40 Single \$111.19 Family	\$35.07 Single \$116.77 Family
<b>Rates (Oct. 1, 2003 – Dec. 31, 2003)</b>	\$16.34 Single \$54.44 Family	\$18.46 Single \$61.47 Family	\$20.27 Single \$67.52 Family	\$33.65 Single \$112.02 Family	\$35.33 Single \$117.65 Family