

EXECUTIVE DENTAL & VISION

Co-Administered By

Dental Plan Underwritten By
DENTCARE
 DELIVERY SYSTEMS, INC.

Red, White & Blue Triple Option Plan
The Dental and Vision Plan Everyone Is Seeing Clearly to Smile About
 Rates Valid until December 31, 2008

Healthplex®
 Leadership in Dental Plans

New York 3-99 Lives
 The Employer selects either Red, White or Blue Plan

Vision Benefits Administered By
 General Vision Services

Each Employee selects either the CapDent, Managed Care or PPO Option within that plan.
 Employees can change their Option only on the policy anniversary.

Benefits

	Red Plan 3+ Lives			White Plan 10+ Lives			Blue Plan 10+ Lives		
	CapDent In Network Option 1	Managed Care In Network Option 2	PPO In/Out Network Option 3	CapDent In Network Option 1	Managed Care In Network Option 2	PPO In/Out Network Option 3	CapDent In Network Option 1	Managed Care In Network Option 2	PPO In/Out Network Option 3
Dental Network									
Network Option									
Plan Option									
Deductible	None	None	***\$50/\$150	None	None	***\$50/\$150	None	None	***\$50/\$150
Annual Maximum	None	None	\$1,000	None	None	\$1,500	None	None	\$2,000

***Deductible waived for Preventive Care

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Diagnostic & Preventive

	Patient Copay	Patient Copay	Reimbursement %	Patient Copay	Patient Copay	Reimbursement %	Patient Copay	Patient Copay	Reimbursement %
Initial Oral Exam	No Charge	No Charge	100%	No Charge	No Charge	100%	No Charge	No Charge	100%
Single X-Rays	No Charge	No Charge	100%	No Charge	No Charge	100%	No Charge	No Charge	100%
Biting Series	No Charge	No Charge	100%	No Charge	No Charge	100%	No Charge	No Charge	100%
Full Mouth X-Rays	No Charge	No Charge	100%	No Charge	No Charge	100%	No Charge	No Charge	100%
Adult Prophylaxis/Child	No Charge	No Charge	100%	No Charge	No Charge	100%	No Charge	No Charge	100%
Fluoride Treatment	No Charge	No Charge	100%	No Charge	No Charge	100%	No Charge	No Charge	100%
Emergency Treatment	No Charge	No Charge	100%	No Charge	No Charge	100%	No Charge	No Charge	100%

Restorative

1 Surface Amalgam	\$20.00	No Charge	80%	\$20.00	No Charge	80%	\$20.00	No Charge	80%
2 Surfaces Amalgam	\$35.00	No Charge	80%	\$35.00	No Charge	80%	\$35.00	No Charge	80%
3 Surfaces Amalgam	\$50.00	No Charge	80%	\$50.00	No Charge	80%	\$50.00	No Charge	80%
1 Surface Composite	\$25.00	No Charge	80%	\$25.00	No Charge	80%	\$25.00	No Charge	80%
2 Surfaces Composite	\$40.00	No Charge	80%	\$40.00	No Charge	80%	\$40.00	No Charge	80%
3 Surfaces Composite	\$55.00	No Charge	80%	\$55.00	No Charge	80%	\$55.00	No Charge	80%

Oral Surgery

Routine Extraction	\$45.00	No Charge	80%	\$45.00	No Charge	80%	\$45.00	No Charge	80%
Surgical Extraction	\$75.00	\$35.00	80%	\$75.00	No Charge	80%	\$75.00	No Charge	80%
Soft Tissue Impaction	\$95.00	\$50.00	80%	\$95.00	No Charge	80%	\$95.00	No Charge	80%
Partial Bony Impaction	\$125.00	\$75.00	80%	\$125.00	No Charge	80%	\$125.00	No Charge	80%
Full Bony Impaction	\$160.00	\$100.00	80%	\$160.00	\$100.00	80%	\$160.00	No Charge	80%
Alveolectomy, Per Quad	\$95.00	\$75.00	80%	\$95.00	No Charge	80%	\$95.00	No Charge	80%

Root Canal Therapy

Pulpotomy	\$35.00	\$15.00	80%	\$35.00	No Charge	80%	\$35.00	No Charge	80%
Pulp Capping	\$10.00	\$5.00	80%	\$10.00	No Charge	80%	\$10.00	No Charge	80%
Root Canal, Anterior	\$225.00	\$125.00	80%	\$225.00	\$125.00	80%	\$225.00	\$50.00	80%
Root Canal, Bicuspoid	\$290.00	\$190.00	80%	\$290.00	\$175.00	80%	\$290.00	\$100.00	80%
Root Canal, Molar	\$395.00	\$285.00	80%	\$395.00	\$225.00	80%	\$395.00	\$150.00	80%
Apicoectomy	\$175.00	\$125.00	80%	\$175.00	\$125.00	80%	\$175.00	\$50.00	80%

Periodontics -Per Quad

Scaling	\$25.00	\$10.00	50%	\$25.00	No Charge	50%	\$25.00	No Charge	50%
Gingivectomy	\$125.00	\$50.00	50%	\$125.00	\$50.00	50%	\$125.00	No Charge	50%
Osseous Surgery	\$425.00	\$275.00	50%	\$425.00	\$250.00	50%	\$425.00	\$200.00	50%

*Prosthetics - Crowns

Porcelain Crown	\$385.00	\$295.00	50%	\$385.00	\$275.00	50%	\$385.00	\$190.00	50%
Porcelain w/Metal Crown	\$425.00	\$295.00	50%	\$425.00	\$275.00	50%	\$425.00	\$190.00	50%
Stainless Steel Crown	\$95.00	\$75.00	50%	\$95.00	\$75.00	50%	\$95.00	\$75.00	50%
Cast Post	\$95.00	\$75.00	50%	\$95.00	\$75.00	50%	\$95.00	\$75.00	50%
Recement, Per Crown	\$35.00	\$20.00	50%	\$35.00	No Charge	50%	\$35.00	No Charge	50%
Recement, Per Bridge	\$35.00	\$25.00	50%	\$35.00	No Charge	50%	\$35.00	No Charge	50%
Full Upper/Lower Denture	\$395.00	\$295.00	50%	\$395.00	\$275.00	50%	\$395.00	\$190.00	50%
Partial Upper/Lower Denture	\$395.00	\$295.00	50%	\$395.00	\$275.00	50%	\$395.00	\$190.00	50%
Denture Reline	\$95.00 - \$150.00	Lab Fee	50%	\$95.00 - \$150.00	Lab Fee	50%	\$95.00 - \$150.00	Lab Fee	50%
Denture Repairs	\$35.00 - \$95.00	Lab Fee	50%	\$35.00 - \$95.00	Lab Fee	50%	\$35.00 - \$95.00	Lab Fee	50%

*Orthodontics

(Dependents up to age 19)	75% UCR	\$1,950.00	**Not Covered (optional benefit)	75% UCR	\$1,900.00	**Not Covered (optional benefit)	75% UCR	\$1,700.00	**Not Covered (optional benefit)
Maximum Case - 24 months			Add'l premium			Add'l Premium			Add'l Premium

** Optional Orthodontia enrolling 20 or more employees only
 ** Add \$8 to the Family & Parent/Child Rate

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Rates

Single	\$15.25	\$24.50	\$37.50	\$15.25	\$27.75	\$39.75	\$15.25	\$29.50	\$44.50
Employee/Spouse	\$24.00	\$49.25	\$75.25	\$24.00	\$55.50	\$79.50	\$24.00	\$59.25	\$89.50
Parent/ Child	\$24.00	\$49.25	\$75.25	\$24.00	\$55.50	\$79.50	\$24.00	\$59.25	\$89.50
Family	\$32.00	\$58.50	\$89.50	\$32.00	\$65.75	\$98.00	\$32.00	\$74.00	\$113.00
Rate Guarantee	Two Years	Two Years	One Year	Two Years	Two Years	One Year	Two Years	Two Years	One Year

*Waiting Periods: No waiting period for Prosthetics, Crowns and Orthodontics under the CapDent and Managed Care options. Under the PPO option there is a 12 month waiting period for Prosthetics, Crowns and Orthodontics if the group has no prior coverage for these services. The 12 month waiting period is waived for groups with prior coverage under the PPO Option.

Important Underwriting Requirements

- All groups require 50% participation.
- Groups under 10 lives are required to submit NYS-45 Quarterly Wage Statement.
- Under the CapDent & Managed Care Option you may change your dentist with 30 days prior written notice.
- Firms where husband and wife are employed, one must pay the two party rate and list the other as a dependent.
- If family average exceeds 5 lives, additional premium of \$10.00 for each family member in excess of 5.
- Dependent Children: Covered to age 19, 25 if a full-time student.

This policy provides dental insurance only. The expected benefit ratio for this policy is 85%. The ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.