

The Product



A group dental plan for New York companies with 5 or more full time employees

First Rehab knows that a sound plan without delivery covers only half the promise of a quality insurance product. Servicing New York businesses and serving them directly from our Long Island headquarters allows us to simplify administration and speed up the claims process. In addition, we've staffed our claims department with the most experienced adjusters in the business — a policy that translates into prompt claim service, and in turn, client satisfaction.

Coverage

The only waiting period on a First Rehab plan is that an employee must have completed one month's full time employment with the employer. Beyond this, for initial enrollees, there is no waiting period on a First Rehab plan for any covered dental services.

(Orthodontic coverage can be purchased and goes into effect immediately.)

Freedom of Choice

The participant chooses his or her own dentist

This is reassuring. Under our plan, each participant is free to exercise his or her own judgement: to retain the services of their family dentist or to select the dentist of their own choice.

More Freedom of Choice

With the many optional variations of the standard plan the group can virtually tailor make their own dental plan.

This is flexibility. Choice isn't considered a luxury at First Rehab —it's the defining idea behind our dental plans. With a limited budget, but with commitment to comprehensive employee benefits, an employer may, for instance, choose a policy that waives the deductible for Preventive Services (Type A). This encourages sensible preventive care that promotes dental health and cuts the cost of expensive emergency care.



Options...

◆ *Optional coinsurance variations of the Standard Plan*

Type A	100%	100	100	100	100	100	100	100	90	90	80	80	80	80	80	80	75	75
Type B	100%	100	90	80	80	70	60	50	80	70	80	80	80	60	50	50	60	50
Type C	60%	50	60	60	25	50	50	50	50	50	60	50	25	50	50	25	50	50

◆ *Annual Maximums:* \$500, \$750, \$1000, \$1500, \$2000

◆ *Family Deductibles:* \$100, \$150, \$200, \$300

◆ *Individual Deductibles:* \$50, \$100

◆ *Orthodontic Maximum:* \$1000

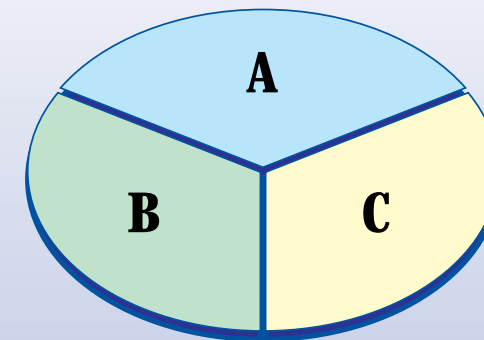
Orthodontic diagnostic procedures and treatment consists of surgical therapy, appliance therapy and functional myofunctional therapy (including related oral examinations, surgery and extractions) for an employee's children under 19 yrs.

All reimbursements are based upon First Rehab's R & C allowance.

Underwriting Requirements

- 5-9 employees plus eligible dependents: non-contributory only.
- 10-24 employees plus eligible dependents: contributory available if provided under existing plan.
- 25+ employees plus eligible dependents: contributory available.
- 5 or more eligible employees must be enrolled in the policy at all times
- Contributory policies must have at least 75% eligible employee and dependant participation. The employee can contribute no more than 50% of the monthly premium due.

Example: The Standard Plan



■ Type A/100% ■ Type B/80% ■ Type C/50%

Maximum Coverage:

\$1000 per policy year.

Deductibles:

Covered dental expenses, which include the company's full Reasonable and Customary allowances are paid by the plan after the deductible has been met. The Standard Plan deductible is \$50 for Single coverage and \$150 for a Family policy (3 per family). Deductibles, however, may be waived for Type A (preventive) services (see below).

Type A • 100% Preventive Services

- Oral Examinations
- Cleanings
- Bite Wing X-Rays
- Panoramic X-Rays

Type B • 80% Basic Services

- Extractions
- Scaling
- Periodontics
- Endodontics
- Root Canal
- Fillings

Type C • 50% Restorative Services

- Dentures
- Gold Inlays
- Bridgework
- Crowns
- (stainless, plastic or acrylic)

Exclusions, Limitations and Reductions

If a treatment plan involves expenses in excess of \$200.00, it must be submitted to and approved by the Company for prior benefit determination within (20) days of the initial dental exam. Submission of a treatment plan is not required if charges in the aggregate of \$200.00 or less are involved or if emergency care is required. This insurance does not cover any expense incurred:

- For treatment by other than a dentist, except expenses for cleaning of teeth performed by a dental hygienist under the direction of the dentist;
- As a result of loss caused by war or act of war, declared or not;
- For dentures or fixed bridgework (including crown and inlays forming the retainers) replacing teeth which were lost while not insured unless necessitated by the loss of one or more natural teeth while insured;
- For veneers or similar properties of crown and pontics placed on or replacing teeth, other than the ten upper and lower anterior teeth;
- For precision or other elaborate attachments, procedures, or features for dentures, bridgework or any dental appliances;
- For any duplicate device or appliance;
- For dentures, crowns, inlays, onlays, bridgework or other appliances or services which were ordered while the individual was not insured;
- For immediate or temporary dentures;
- For appliances or services to increase vertical dimension;
- For extracoronary and other periodontal splinting;
- For cosmetic services and supplies;
- For any service or treatment for which the individual is not legally required to pay;
- For the replacement of a lost or stolen device or appliance;
- For sealants or for oral hygiene and dietary instruction;
- For implantology;
- For root canal therapy for which the pulp chamber was opened before the individual became insured;
- For charges for failure to keep a scheduled visit with the dentist;
- For charges for any services for which benefits paid or payable under any health care program supported in whole or in part by funds of the Federal Government or any state or political subdivision;
- For charges in excess of reasonable and customary charges and charges for treatment which is not essential for the necessary care of teeth;
- For charges for completion of insurance forms;
- For charges for treatment of temporomandibular joint dysfunction;
- For charges which are not approved by the Council of Dental Therapeutics of the American Dental Association;
- For charges for services rendered by a member of the person's immediate household or family;
- For charges incurred in connection with intentionally self-inflicted injury;
- For charges incurred for services which are not recommended by a dentist;
- For charges for service or supplies which are experimental in nature;
- For caries susceptibility tests, pulp vitality tests;
- For overdentures;
- For diagnostic photographs;
- For charges incurred for services or supplies by an individual after his or her insurance terminates except for prosthetic devices and the fitting of them which were ordered while the individual was insured and are finally installed or delivered to the individual less than thirty (30) days after his or her insurance terminates.

NOTE: This policy provides DENTAL insurance only. The expected benefit ratio for this policy is 65 percent. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

All Coverage extends Up To Policy Limits.

Policy terms are only briefly outlined here. For complete policy provisions, conditions and exclusions, please refer to the master policy itself.

FOR MORE INFORMATION, PLEASE CONTACT:



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Group Dental • Group Vision Care • New York State DBL • Executive Medical Reimbursement • Long Term Disability

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Group Dental

A New York Plan for New York companies with 5 or more full time employees

- ◆ No Waiting Period on Any Covered Dental Services for Initial Enrollees
- ◆ Prompt Claims Handling
- ◆ Employees Use the Dentist of Their Choice
- ◆ Stand Alone Coverage – No Other Insurance Required
- ◆ Benefits Package Includes Many Options:
 - 18 Co-Insurance Options
 - Orthodontic Lifetime Maximum up to \$2,000
 - 5 Annual Maximums Up To \$2,000 Per Person
 - 4 Family Deductibles
 - 2 Individual Deductibles



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