

GROUP PLANS

The CapDent Dental Plan for Groups

UNDERWRITING, TWO PERSON MINIMUM PARTICIPATION

PER EMPLOYEE PER MONTH (New York)

Single	\$13.25
2-Party	\$22.00
Family	\$30.00

PER EMPLOYEE PER MONTH (New Jersey)

Single	\$12.80
2-Party	\$25.65
Family	\$36.65

The CapDent PLUS Dental Plan for Groups

UNDERWRITING, MINIMUM 3 PERSONS

Includes a discount Vision plan

PER EMPLOYEE PER MONTH (New York)

Single	\$22.00
2-Party	\$38.00
Family	\$55.00

Healthplex Preferred Dental Plan

UNDERWRITING, MINIMUM 3 PERSONS

Includes a discount Vision plan

PER EMPLOYEE PER MONTH (New York)

Single	\$21.00
2-Party	\$42.00
Family	\$55.00

RATES ARE GUARANTEED FOR A ONE YEAR PERIOD