

# 2008 GettHealth Group Dental Plan Rates

## For Groups with 2-4 Eligible Employees

Monthly Rates Valid for Effective Dates of January 1, 2008 through December 15, 2008

### Delta Dental Premier® and Delta Dental PPO

#### PENNSYLVANIA, MARYLAND, AND WEST VIRGINIA

|                   | Plan 1  |         | Plan 2  |         | Plan 3  |         | Plan 4   |         | Plan 5   |          |
|-------------------|---------|---------|---------|---------|---------|---------|----------|---------|----------|----------|
|                   | Premier | PPO     | Premier | PPO     | Premier | PPO     | Premier  | PPO     | Premier  | PPO      |
| Employee Only     | \$18.27 | \$16.63 | \$29.07 | \$26.45 | \$36.45 | \$33.17 | \$36.96  | \$33.64 | \$50.01  | \$45.51  |
| Employee & Family | \$42.27 | \$38.47 | \$76.56 | \$69.67 | \$89.19 | \$81.16 | \$101.60 | \$92.45 | \$114.13 | \$103.87 |

#### **Group Contribution and Participation Requirements**

**Plans 1 through 5** Rates require that the employer will contribute a minimum of 50 percent of the cost of the plan and that there will be no less than 75 percent enrollment of all eligible employees, or no less than 75 percent enrollment of all eligible employees and their dependents if dependent coverage is elected by the employer. (This includes other dental coverage through a spouse's plan and/or if the employee/dependent has dentures.) Groups with three (3) or fewer eligible employees must have 100 percent employee participation.

#### **Administration Fee**

\$10.00 per group per month

#### **New Hire Waiting Period**

There is a mandatory 90-day waiting period for all new hires.

#### **Plan Changes**

A group may change dental plans only after the group has been covered under its existing GettHealth dental plan for a period of one year. Also, a group may move to a plan that provides a lesser benefit only after the group has been covered under their existing GettHealth dental plan for a period of two years.

#### **Renewal**

Dental renewal date for all GettHealth dental plans is January 1, regardless of time of enrollment.

#### **Benefit Limitations**

Dependents are covered to age 19, full-time students to age 23. Children who become mentally or physically disabled and incapable of self-support before age 19 while covered by this contract or another contract are covered.

#### **Ineligible Industries**

Law Offices  
Doctors/Dental offices  
Seasonal Employees