

2010 GettHealth Group Dental Plan Rates For Groups with 2-9 Eligible Employees

Monthly Rates Valid for Effective Dates of January 1, 2010 through December 31, 2010

Delta Dental PPO SM Plans PENNSYLVANIA AND MARYLAND						
	Basic Plan		Traditional Plan		High Plan	
	PPO plus Premier	PPO	PPO plus Premier	PPO	PPO plus Premier	PPO
Single	\$17.25	\$15.71	\$27.71	\$25.21	\$35.32	\$32.15
EE/Spouse	\$32.79	\$29.84	\$53.48	\$48.67	\$67.11	\$61.07
EE/Child(ren)	\$36.61	\$33.32	\$53.08	\$48.29	\$71.20	\$65.00
Family	\$52.81	\$48.07	\$83.09	\$75.61	\$104.29	\$95.12

Group Contribution and Participation Requirements

Basic, Traditional, and High Plans

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 50 percent enrollment of all eligible employees and no less than 50 percent enrollment of their dependents if dependent coverage is elected by the employer. **Employees covered through a spouse's dental plan, and employees and/or dependents with dentures will be counted toward meeting the participation requirement.** Minimum enrollment of two (2) lives.

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 25. 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

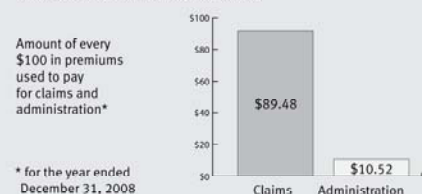
Law Offices
Doctors/Dental Offices
Seasonal Employees

Maryland law requires we make the following statement:

Our compensation to physicians who offer health care services to our Insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary or capitation. Bonuses may be used with these various types of payment methods. If you desire additional information about our methods of paying physicians, or if you want to know which method(s) apply to your physician, please call Delta Dental at 800-932-0783 or write to: Delta Dental of Pennsylvania, One Delta Drive, Mechanicsburg, PA 17055.

Please note that the benefit payments made by Delta Dental to dentists, other dental care providers or enrollees are based on fee-for-service payment mechanisms and do not include salary, capitation or bonuses. In Maryland, Delta Dental PPO and Delta Dental Premier are underwritten by Delta Dental of Pennsylvania, a not-for-profit dental service company.

Where your dental benefits premium goes





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Delta Dental PPOSM Plans						
NEW YORK						
(Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester counties)						
	Basic Plan		Traditional Plan		High Plan	
	PPO plus Premier	PPO	PPO plus Premier	PPO	PPO plus Premier	PPO
Single	\$27.43	\$21.39	\$44.05	\$34.36	\$56.16	\$43.80
EE/Spouse	\$52.13	\$40.67	\$85.03	\$66.32	\$106.68	\$83.23
EE/Child(ren)	\$58.21	\$45.40	\$84.39	\$65.83	\$111.84	\$87.75
Family	\$83.97	\$65.49	\$132.11	\$103.04	\$164.45	\$128.79
(All other New York counties)						
Single	\$17.25	\$15.71	\$27.71	\$25.21	\$35.32	\$32.15
EE/Spouse	\$32.79	\$29.84	\$53.48	\$48.67	\$67.11	\$61.07
EE/Child(ren)	\$36.61	\$33.32	\$53.08	\$48.29	\$71.20	\$65.00
Family	\$52.81	\$48.07	\$83.09	\$75.61	\$104.29	\$95.12

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Renewal

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Benefit Limitations

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Ineligible Industries

Law Offices
Doctors/Dental Offices
Seasonal Employees



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Delta Dental PPOSM Plans DISTRICT OF COLUMBIA AND DELAWARE						
	Basic Plan		Traditional Plan		High Plan	
	PPO plus Premier	PPO	PPO plus Premier	PPO	PPO plus Premier	PPO
Single	\$23.12	\$19.65	\$37.12	\$31.55	\$47.33	\$40.24
EE/Spouse	\$43.93	\$37.35	\$71.67	\$60.91	\$89.92	\$76.43
EE/Child(ren)	\$49.07	\$41.71	\$71.12	\$60.45	\$94.61	\$80.77
Family	\$70.77	\$60.16	\$111.33	\$94.63	\$138.96	\$118.47

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Delta Dental PPOSM Plans WEST VIRGINIA						
	Basic Plan		Traditional Plan		High Plan	
	PPO plus Premier	PPO	PPO plus Premier	PPO	PPO plus Premier	PPO
Single	\$15.87	\$13.96	\$25.49	\$22.43	\$32.49	\$28.60
EE/Spouse	\$30.16	\$26.55	\$49.19	\$43.29	\$61.73	\$54.32
EE/Child(ren)	\$33.68	\$29.64	\$48.83	\$42.97	\$65.69	\$58.09
Family	\$48.59	\$42.76	\$76.44	\$67.28	\$96.13	\$84.88

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