

Employee Benefit Proposal Summary

Small Group Dental Marketing Analysis - 2012

	Guardian (PFS Trust)		Guardian (UD Plan**)		Excellus		Excellus		Excellus		Excellus	
Plan Type	PPO		PPO		DBOC-1		DBOC-3		DBOC-4		DBOC-5	
Rates												
Single	\$34.96		\$39.08		\$31.70		\$29.36		\$29.36		\$23.65	
2- Person	\$70.68				\$77.72		\$71.98		\$71.98		\$57.99	
EE+Child(ren)					\$77.44		\$68.32		\$66.83		\$55.34	
Family	\$96.90		\$113.65		\$97.10		\$85.73		\$83.90		\$69.43	
Rate Guarantee	12/31/2013		12 months		12/31/2012		12/31/2012		12/31/2012		12/31/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic Services	90%	80%	90%	80%	80%	80%	80%	80%	80%	80%	50%	50%
Major Services	60%	50%	60%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Child Ortho Service	n/a	n/a	50%	50%	50%	50%	50%	50%	0%	0%	50%	50%
R & C / UCR	90th		90th		Fee Schedule		Fee Schedule		Fee Schedule		Fee Schedule	
Individual Maximum	\$1,000		\$1,000		\$1,500		\$1,000		\$1,000		\$1,000	
Ortho Maximum	n/a		\$1,000		\$2,000		\$1,000		\$0		\$1,000	
Deductible: Single / Family / Waived for Preventive	\$50/\$100/yes		\$50/\$150/yes		\$50/\$150/yes		\$50/\$150/yes		\$50/\$150/yes		\$50/\$150/yes	
Includes Maximum Rollover	No		Yes		No		No		No		No	
Waiting Period: Preventive/Basic/Major/Ortho (months)	0/0/12*		None		None		None		None		None	
Annual Open Enrollment	No		No		Yes		Yes		Yes		Yes	
Service Coverage Level												
Endodontics	Major		Basic		Basic		Basic		Basic		Basic	
Periodontics	Basic		Basic		Basic		Basic		Basic		Basic	
Sealants	Preventive		Preventive		Preventive		Preventive		Preventive		Preventive	
Anesthesia	Basic		Basic		No		No		No		No	
White Fillings	White for front teeth only		White for front teeth only		White for front teeth only		White for front teeth only		White for front teeth only		White for front teeth only	
X-Rays	Preventive		Preventive		Preventive		Preventive		Preventive		Preventive	
Dependent Coverage	19/23		20/26		26/26		26/26		26/26		26/26	
Contribution Level	Contributory		Contributory		Contributory		Contributory		Contributory		Contributory	
Participation Requirement	\$1,000 Minimum Annual Premium and 75%		\$1,000 Minimum Annual Premium and 65%		50%		50%		50%		50%	

Notes:

- *Transfer coverage is exempt from 12 month waiting period
- **UD Plan for groups of 16-49, these rates apply if written by 6/1/12 coverage effective date.
- ***Excellus options require a minimum of 10 enrolled with ortho; 2 enrolled with no ortho.
- **** Most rates are valid for the Rochester area only. Please contact us directly for your area.

Rates shown reflect census information at time of quote.
Changes in census data may change rates.
Spreadsheet shows a summary of benefits and rates.
For complete details please review each carrier's contracts.

*We'll focus
on your benefits,
you focus on
your business.*