

Dental Coverage Quote

Company: Children's Therapy Place

Date of Quote: 4/25/2017

Estimated Number of Employees to Enroll: 17

PLAN DESIGN

PPO 50 - Rollover

	PPO Network	Premier Network
Diagnostic and Preventive Services <i>Examinations, Cleanings, X-Rays</i>	100%	80%
Basic Services <i>Fillings, Root Canals, Extractions, Periodontics</i>	80%	70%
Major Restorative Services <i>Crowns, Bridges, Dentures</i>	50%	40%
Deductible Per person per calendar year/aggregate per family. <i>Deductible not applicable to Diagnostic & Preventive Services.</i>	\$50/\$150	\$50/\$150
Annual Maximum <i>Per covered person per calendar year for covered dental services.</i>	\$1,250	\$1,000
Maximum Rollover Benefit	\$3,050	\$2,500
Annual Threshold Amount	\$600	\$500
Annual Rollover Amount	\$300	\$250

Delta Dental of Idaho provides a value-added Orthodontic Discount Program for its members. Employees and dependents can receive a discounted fee on adult and child orthodontic treatment if they obtain care from a Discount Program orthodontist. This is a value-added service and is not insurance. For more details or a list of orthodontists in the Discount Program, please contact us at (208) 489-3583.

For ALL late enrollees, there is a twelve (12) month waiting period for covered Major Services (Class III) and, if applicable, Orthodontic Services.
These rates do not include COBRA administration.

RATES

	Monthly Rates	Estimated Enrolled Employee Mix
Employee:	\$ 41.77	14
Employee + Spouse:	\$ 83.54	0
Employee + One Child:	\$ 78.76	0
Employee + Two or More Children:	\$ 98.11	3
Employee + Spouse + One or More Children:	\$ 136.97	0
Monthly Premium	\$ 879.11	
Annual Premium	\$ 10,549.32	

UNDERWRITING REQUIREMENTS

General Guidelines for Employers with 2 to 99 Eligible Employees

- **Voluntary** plans do not require any employer contribution towards employee dental premiums.
- Groups must maintain a minimum of two (2) enrolled employees.
- Enrollment of 35% of the eligible employees is required.
- A group must consist of 75% or more of Idaho residents or a surcharge may apply.
- Companies must be in business at least twelve (12) months.
- The previous deductible will be honored providing the covered employee has proof of the deductible being taken during the calendar year, and prior to enrollment with Delta Dental.
- Orthodontia coverage requires ten (10) or more enrolled employees.
- Coverage will terminate for an eligible employee on the last day of the month in which employment terminates.
- **Industry Restrictions:** Due to high turnover trends and/or lack of employee/employer relationship, some industries, such as restaurants, gas stations, insurance (commissioned agents), hotel, motel, retail, beauty/barber shops and real estate (commissioned agents), are restricted and may deviate from the eligibility and underwriting requirements.
- **Late Enrollee Provision:** Any employee and/or their dependent(s) who did not enroll in the dental plan following completion of the employee's eligibility period, as defined above, will have a 12-month waiting period for Major Services (Class III) and, if applicable, Orthodontic services.

Rates are for a one (1) year contract period.

Delta Dental of Idaho
 THE DENTAL BENEFIT EXPERTS

Rates are valid for 60 days, or, until
 December 31, 2017, whichever comes first.