

FULLY INSURED DENTAL PLAN PROPOSAL FOR JUDI SZYMENDERA - REPLACEMENT OFFERING

Number of Eligibles: 35				Effective Date: 3/1/2013				
Provider Network: Nova Dental Network				Provider Network: Nova Dental Network				
PLAN COVERAGE		Value	PLAN COVERAGE		Intermediate	Provider Network: Nova Dental Network		
PLAN COVERAGE			PLAN COVERAGE		Superior			
Calendar Year Benefit (non Ortho)		\$1,000	Calendar Year Benefit (non Ortho)		\$1,500	Calendar Year Benefit (non Ortho)		\$2,000
Preventive	In/Out of Network		Preventive	In/Out of Network		Preventive	In/Out of Network	
Deductible	None		Deductible	None		Deductible	None	
Coinsurance	100% / 100%		Coinsurance	100% / 100%		Coinsurance	100% / 100%	
Waiting Period	None		Waiting Period	None		Waiting Period	None	
Initial and Periodic Exams (2 per yr)			Initial and Periodic Exams (2 per yr)			Initial and Periodic Exams (2 per yr)		
Cleanings (2 per yr)			Cleanings (2 per yr)			Cleanings (2 per yr)		
Fluoride treatments to age 16			Fluoride treatments to age 16			Fluoride treatments to age 16		
Sealants (Children Under age 16)			Sealants (Children Under age 16)			Sealants (Children Under age 16)		
Two Bitewing X-rays - (2 per yr)			Two Bitewing X-rays - (2 per yr)			Two Bitewing X-rays - (2 per yr)		
Space Maintainers			Space Maintainers			Space Maintainers		
Basic	In/Out of Network		Basic	In/Out of Network		Basic	In/Out of Network	
Combined Basic/Major Deductible	\$50 per participant*		Combined Basic/Major Deductible	\$50 per participant*		Combined Basic/Major Deductible	\$50 per participant*	
Coinsurance	80% / 50%		Coinsurance	80% / 50%		Coinsurance	80% / 50%	
Waiting Period	None		Waiting Period	None		Waiting Period	None	
All Other X-Rays			All Other X-Rays			All Other X-Rays		
Simple Extractions			Simple Extractions			Simple Extractions		
Fillings			Fillings			Fillings		
Endodontics			Endodontics			Endodontics		
Periodontics			Periodontics			Periodontics		
Oral Surgery			Oral Surgery			Oral Surgery		
Major	In/Out of Network		Major	In/Out of Network		Major	In/Out of Network	
Combined Basic/Major Deductible	\$50 per participant*		Combined Basic/Major Deductible	\$50 per participant*		Combined Basic/Major Deductible	\$50 per participant*	
Coinsurance	50% / 30%		Coinsurance	50% / 30%		Coinsurance	50% / 30%	
Waiting Period	12 Months*		Waiting Period	12 Months*		Waiting Period	12 Months*	
Bridges			Bridges			Bridges		
Dentures			Dentures			Dentures		
Crowns			Crowns			Crowns		
Inlays, Onlays			Inlays, Onlays			Inlays, Onlays		
Orthodontia (children under age 19)	No Benefit		Orthodontia (children under age 19)	No Benefit		Orthodontia (children under age 19)	No Benefit	
Deductible			Deductible			Deductible		
Coinsurance			Coinsurance			Coinsurance		
Waiting Period			Waiting Period			Waiting Period		
Calendar Year Maximum			Calendar Year Maximum			Calendar Year Maximum		
Lifetime Maximum			Lifetime Maximum			Lifetime Maximum		
Out of Network Paid at	PPO Fee Schedule		Out of Network Paid at	PPO Fee Schedule		Out of Network Paid at	PPO Fee Schedule	
Group Rates:			Group Rates:			Group Rates:		
Employee = \$29.12			Employee = \$32.03			Employee = \$33.48		
Employee + One = \$56.73			Employee + One = \$62.40			Employee + One = \$65.24		
Family = \$98.17			Family = \$107.99			Family = \$112.90		

*Class B and C Deductible is combined \$50 each calendar year. A maximum of three (3) individual deductibles per family shall apply.

**Note: We will credit the waiting periods listed for Major and Orthodontia services for those insureds covered under the employers immediately preceding plan (Credit for Prior Time). Credit is given for the specific length of time each employee or dependent was covered under the prior plan. New employees or dependents are always subject to the waiting periods. The prior plan must provide similar benefits when compared to the new plan (i.e. if the plan did not cover orthodontia, no credit is given against the orthodontia waiting period). Dental discount plans are not eligible for the credit for prior time.

Proposed rates are available for 60 calendar days. Any deviation from the benefits selected and/or information supplied by employer will invalidate this proposal and require reevaluation of any terms/conditions offered. This proposal sets forth coverage highlights specifically for the group named above. Rates and coverage are dependent upon the employer being in business and operational for at least one year. Limitations and exclusions apply, please see the Certificate of Insurance for complete details. Further information (limitations, exclusions, and policy definitions) will be provided at the time the group completes the application for coverage. In this proposal, "coverage" refers to the amount the plan pays for covered dental expenses after the satisfaction of any applicable waiting period(s) and deductibles. Service fees (if any) and rates quoted are subject to the insurer's administrative guidelines. Rates will become effective on the date specified above, providing all underwriting requirements are met and the required premium(s) paid. This is not a guarantee of coverage. Do not cancel any in-force coverage before written notification of application approval. Benefits are being quoted under policy form GH-2300 [Sec. Health/NY]. Insurance is underwritten by Security Health Insurance Company of America, New York, Inc. Schenectady, NY.

Dependent children are eligible for coverage up to age 26 with no student requirement.

Contact Nova

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