

# Dental Proposal

**Sample Group**  
San Diego, San Diego, 92198  
SIC:8111

Prepared by (Sample Only) B & P Staff  
Effective August 01, 2016

Anthem Blue Cross - [Classic Complete CA-2E] Passive/50/\$1,500/OEP Basic/80th EE's Included: 7/7 (5-9) **\$910.03**

Employer Contribution - EE/Dep	Employer Cost	Employee Cost
75% / 50%	\$566.47	\$343.56
Employee Premium		Dependent Premium
\$445.83		\$464.20

Benefit	In Network	Out Network
Network Reimbursement Basis		UCR (80th percentile)
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Annual Maximum	\$1,500	\$1,500
Preventive Paid At	100%	100%
Ded Waived for Prev	Yes	Yes
Basic Paid At	80% (Endo/Perio/Oral Surgery)	80% (Endo/Perio/Oral Surgery)
Major Paid At	50%	50%
Major Wait	None	None
Orthodontia Copay - Child	N/A	N/A
Orthodontia Copay - Adult	N/A	N/A
Orthodontia Wait	N/A	N/A
Orthodontia Annual Max	N/A	N/A
Orthodontia Lifetime Max	N/A	N/A

Name	Age	Dep Status	Zip	EE Rate	Dep Rate	Total Rate
Adamson, Adam	20	Employee	94105	\$63.69	\$0.00	\$63.69
Amerson, Amy	22	Employee	92198	\$63.69	\$0.00	\$63.69
Brown, Bob	32	Employee/Spouse	95135	\$63.69	\$66.23	\$129.92
Christian, Cathy	42	Employee/Children	94612	\$63.69	\$80.72	\$144.41
Davidson, David	52	Employee/Children	94558	\$63.69	\$80.72	\$144.41
Edwards, Edward	61	Employee/Children	60601	\$63.69	\$80.72	\$144.41
Raymond, Roger	32	Family	94596	\$63.69	\$155.81	\$219.50

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by the carrier. Final rates are determined by the carrier's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this website or printed output, will form the contract between the insured and the carrier.