

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 (5-9)		Anthem Blue Cross [Classic Complete CA-2F] Passive/50/\$1,500/OEP Basic/90th (5-9)		Delta Classic 2-99 PPO Enhanced 1000 Level 2 (5-99)		Delta Classic 2-99 PPO Enhanced 1500 Level 2 (5-99)	
	In Network	Out Network	In Network	Out Network	In Network	Out Network	In Network	Out Network
Net Reimbursement		UCR (80th percentile)		UCR (90th percentile)	PPO Contracted Fee*	PPO Contracted Fee*	PPO Contracted Fee*	PPO Contracted Fee*
Ind Deductible	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Fam Deductible	\$150	\$150	\$150	\$150	\$50/Member	\$50/Member	\$50/Member	\$50/Member
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,000	\$1,000	\$1,500	\$1,500
Preventive Paid At	100%	100%	100%	100%	100%	100%	100%	100%
Ded Waived for Prev	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic Paid At	80% (Endo/Perio/Oral Surgery)	80% (Endo/Perio/Oral Surgery)	80% (Endo/Perio/Oral Surgery)	80% (Endo/Perio/Oral Surgery)	90% Endo/Perio	80% Endo/Perio	90% Endo/Perio	80% Endo/Perio
Major Paid At	50%	50%	50%	50%	60%	50%	60%	50%
Wait Period for Major	None	None	None	None	None	None	None	None
Ortho Copay - Child	N/A	N/A	N/A	N/A	Not covered	Not covered	Not covered	Not covered
Ortho Copay - Adult	N/A	N/A	N/A	N/A	Not covered	Not covered	Not covered	Not covered
Ortho Wait	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ortho Annual Max	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ortho Lifetime Max	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Monthly Premium: \$910.03

Monthly Premium: \$916.79

Monthly Premium: \$777.41

Monthly Premium: \$923.61

* PPO Contracted Fee - PPO dentists agree to accept PPO Contracted Fees as payment in full.

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Cont(EE/Dep): 75% / 50%

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ER Cost: \$566.47

ER Cost: \$570.67

ER Cost: \$472.74

ER Cost: \$561.77

EE Cost: \$343.56

EE Cost: \$346.12

EE Cost: \$304.67

EE Cost: \$361.85

Employee Rates

Employee Rates

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Employee Rates

Adamson, Adam - EE	\$63.69
Amerson, Amy - EE	\$63.69
Brown, Bob - EE/SP	\$129.92
Christian, Cathy - EE/MCH	\$144.41

Adamson, Adam - EE	\$64.16
Amerson, Amy - EE	\$64.16
Brown, Bob - EE/SP	\$130.89
Christian, Cathy - EE/MCH	\$145.48

Adamson, Adam - EE	\$48.02
Amerson, Amy - EE	\$48.02
Brown, Bob - EE/SP	\$94.97
Christian, Cathy - EE/MCH	\$146.60

Adamson, Adam - EE	\$57.12
Amerson, Amy - EE	\$57.12
Brown, Bob - EE/SP	\$112.93
Christian, Cathy - EE/MCH	\$174.11

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.

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Effective Date: 08-01-2016

Run Date: 07-12-2016 #54160

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Davidson, David - EE/MCH	\$144.41	Davidson, David - EE/MCH	\$145.48	Davidson, David - EE/MCH	\$146.60	Davidson, David - EE/MCH	\$174.11
Edwards, Edward - EE/MCH	\$144.41	Edwards, Edward - EE/MCH	\$145.48	Edwards, Edward - EE/MCH	\$146.60	Edwards, Edward - EE/MCH	\$174.11
Raymond, Roger - FAM	\$219.50	Raymond, Roger - FAM	\$221.14	Raymond, Roger - FAM	\$146.60	Raymond, Roger - FAM	\$174.11

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