

**Solicitation 105-10461**  
**Group DHMO and DPPO Dental Plan Benefits**



**City of Fort Lauderdale**

## Bid 105-10461

### Group DHMO and DPPO Dental Plan Benefits

Bid Number 105-10461  
Bid Title Group DHMO and DPPO Dental Plan Benefits

Bid Start Date Jun 9, 2010 4:00:12 PM EDT  
Bid End Date Jul 9, 2010 2:00:00 PM EDT  
Question &  
Answer End Jun 23, 2010 2:00:00 PM EDT  
Date

Bid Contact Michael F Walker  
Procurement & Contracts Manager  
Procurement  
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#### Changes made on Jul 2, 2010 12:04:07 PM EDT

New Documents RFP 10461 Addendum No. 1 Dated 070210.doc

#### Changes were made to the following items:

[Group DHMO and DPPO Dental Plan Benefits](#)

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#### Description

The City of Fort Lauderdale is issuing this Request for Proposals for fully insured group dental DHMO & DPPO coverage for its 1,428 active and retired management and confidential and general subscribers. An optional proposal for a self funded DPPO option is also being requested. These benefits have been provided by Safeguard/MetLife since March 1, 2007. Prior to March 1, 2007, Guardian Life had provided the Dental benefit options from March 1, 2003. There are an estimated total of 1,428 subscribers covered of which 633 are covered under the DHMO and 795 are covered under the DPPO. There are 179 retirees included in these enrollment numbers. There are approximately 1,428 total eligible active subscribers. The Police and Fire collective bargaining groups are not covered under this plan of benefits.

#### Objectives of Request for Proposals:

- To maintain the existing benefit levels and reduce the cost of providing dental benefits.
- To consider benefit alternatives to reduce the cost of providing dental benefits.
- Provide employees, dependents and retirees with convenient access to a large network of quality dental providers and minimize displacement of current provider utilization.

#### Proposals are requested for the following:

- A dental preferred provider organization (DPPO) dental plan that closely matches existing benefits on an in and out-of-network basis. Incentives for network utilization would include no balance billing, no claim filing and reduced claim costs. Non-network claims to be adjudicated based on UCR and not a schedule of allowances. Alternate benefits are also being requested per the enclosed specifications. Proposals for fully-insured and a self-funded ASO DPPO are requested to accompany a fully-insured DHMO.
- A managed care fully insured dental plan (DHMO) that includes copays for dental services provided at both the general and specialist dentist office.

The City's preference is for a single source dental provider capable of providing both plan options as well as integrated

services for the members and the City. Proposals for separate DHMO proposals and DPPO plans will be considered.

THIS IS A PAPER BID ONLY AND MUST BE SUBMITTED TO THE CITY OF FORT LAUDERDALE AS STATED IN THE RFP.  
Added on Jul 2, 2010:

Please see addendum no. 1 dated 07/02/10 attached for a clarification on the census breakout of employees. Please return Addendum No. 1 with your RFP response or acknowledge it on the Proposal Signature page in the RFP.

**Changes made on Jul 2, 2010 12:04:07 PM EDT**

**#105-10461**  
**Request for Proposal**

**GROUP DHMO AND DPPO DENTAL PLAN BENEFITS**

**OPENS: July 9, 2010**



*Venice of America*

**Issued for the Finance Department, Benefits Division  
By the Procurement Services Department  
City of Fort Lauderdale**

**Michael Walker**

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**City of Fort Lauderdale  
RFP# 105-10432 Group DHMO and DPPO Dental Plan Benefits**

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## **1 INTRODUCTION**

### **1.1 Overview**

The City of Fort Lauderdale is issuing this Request for Proposals for fully insured group dental DHMO & DPPO coverage for its 1,428 active and retired management and confidential and general subscribers. An optional proposal for a self funded DPPO option is also being requested. These benefits have been provided by Safeguard/MetLife since March 1, 2007. Prior to March 1, 2007, Guardian Life had provided the Dental benefit options from March 1, 2003. There are an estimated total of 1,428 subscribers covered of which 633 are covered under the DHMO and 795 are covered under the DPPO. There are 179 retirees included in these enrollment numbers. There are approximately 1,428 total eligible active subscribers. The Police and Fire collective bargaining groups are not covered under this plan of benefits.

### **1.2 Objectives of Request for Proposals**

- To maintain the existing benefit levels and reduce the cost of providing dental benefits.
- To consider benefit alternatives to reduce the cost of providing dental benefits.
- Provide employees, dependents and retirees with convenient access to a large network of quality dental providers and minimize displacement of current provider utilization.

### **1.3 Scope of Request for Proposals**

Proposals are requested for the following:

- A dental preferred provider organization (DPPO) dental plan that closely matches existing benefits on an in and out-of-network basis. Incentives for network utilization would include no balance billing, no claim filing and reduced claim costs. Non-network claims to be adjudicated based on UCR and not a schedule of allowances. Alternate benefits are also being requested per the enclosed specifications. Proposals for fully-insured and a self-funded ASO DPPO are requested to accompany a fully-insured DHMO.
- A managed care fully insured dental plan (DHMO) that includes copays for dental services provided at both the general and specialist dentist office.

The City's preference is for a single source dental provider capable of providing both plan options as well as integrated services for the members and the City. Proposals for separate DHMO proposals and DPPO plans will be considered.

**The proposed effective date is January 1, 2011.**

### **1.4 Agent and Broker Participation**

While the services of insurance agents or brokers are not requested, Florida licensed insurance agents may submit proposals for consideration based on Florida State Statute 624.1275. Any agent proposing must disclose all commission and/or bonus arrangements

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that are included in the proposed rates. In addition, a list of services offered as well as the agent's resume and references must be included in Section VII of your response. (See Section 4 of this document for complete response submittal instructions.)

### 1.5 Information or Clarification

For information concerning procedures for responding to this RFP, technical specifications, etc., utilize the question / answer feature provided by Bid Sync at [www.bidsync.com](http://www.bidsync.com)

Contact for clarification purposes only may be addressed to Michael Walker, Procurement and Contracts Manager at 954-828-5677 or [mwalker@fortlauderdale.gov](mailto:mwalker@fortlauderdale.gov) . Material changes, if any, to the scope of services or bidding procedures will only be transmitted by written addendum (See addendum section of Bid Sync Site). No variation in price or conditions shall be permitted based upon a claim of ignorance. Submission of a proposal will be considered evidence that the proposer has familiarized themselves with the nature and extent of the work, and the equipment, materials, and labor required. Questions of a material nature must be received prior to the cut-off date specified in the RFP schedule.

PROPOSERS PLEASE NOTE: No part of your proposal can be submitted via FAX or e-mail. The entire proposal must be submitted in accordance with the Instructions to proposers contained in this RFP.

### 1.6 Tentative Time Schedule

The following schedule is a general guideline for issuance, evaluation, recommendation for award of this RFP and the issuance of the contract. The City may change the dates of any events listed below. Any changes to this schedule will be posted at [www.bidsync.com](http://www.bidsync.com) by the Procurement Services Department.

<u>DATE</u>	<u>EVENT</u>
June 09, 2010	Release RFP
June 23, 2010	Last day to submit questions and information requests
July 9, 2010	Proposals due prior to 2:00 p.m. EST
July 26 - 30, 2010 (Estimated)	Evaluation Committee meetings
September 7, 2010 (Estimated)	Recommendation of award presented to City Commission
January 1, 2011	Contract Effective Date

### 1.7 Description of Existing Plans

The City currently offers the two dental plan options listed below:

- A Passive PPO indemnity dental plan that is fully insured by MetLife.
- A DHMO plan through Safeguard (owned by MetLife), which includes copays for specialists' visits.

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Detailed descriptions of the plans can be found in the attached files, (**Attachment A**) *DPPO Benefits - Cert1(DENTAL).pdf* and (**Attachment B**) *DHMO Benefits SGX\_185A FL.pdf*. Please note DPPO definitions of Type A, B & C services.

## **1.8 Existing Employer Contributions**

The City contributes 100% of the selected plan premium for employees and dependents of the management employees. Confidential employees pay 50% of the premium. General employees pay 100% of the selected plan premium.

## **2 FORM OF VENDOR RESPONSE/CONTACT WITH THE CITY**

### **2.1 Number of Copies**

Proposers should submit one original and nine (9) copies of a written proposal, which provides the required information. The original proposal and copies should be submitted in 3-ring binders and all sections should be easily identifiable and match all the required documentation requested in this Request for Proposals. **Also include a complete electronic copy (1) on CD of your completed forms and questionnaire.**

### **2.2 Organization of Proposals**

Proposals must be organized as described in Section 4 of this RFP.

### **2.3 Proposal Submission Instructions**

Sealed proposal responses shall be submitted to the Procurement Services Department, City of Fort Lauderdale, 100 North Andrews Avenue, Suite 619, Fort Lauderdale, FL 33301, prior to the opening time of 2 p.m. EST as stated in Section 1.6. The time of receipt of the proposal will be based on the time kept in the Procurement Services Department. Proposals are to be labeled RFP # 105-10461 Group DHMO and DPPO Dental Plan Benefits. Delivery of the proposals to the City's mailroom or to any other location other than the Procurement Services Department is not considered to meet the requirements for delivery. It is the sole responsibility of the proposer to assure that the proposal is delivered according to the terms of this section. No copies of the response to the RFP shall be submitted to any other office or department of the City.

### **2.4 This section is left blank.**

### **2.5 Questions Deadline**

Questions concerning technical specifications contained in this Request for Proposals or for information concerning the RFP response procedures, should be submitted via bidsync, at [www.bidsync.com](http://www.bidsync.com), utilizing the question/answer feature. Any clarification questions on the bid itself can be directed to Michael F. Walker, Procurement and Contracts Manager at (954) 828-5677 or via e-mail to [mwalker@fortlauderdale.gov](mailto:mwalker@fortlauderdale.gov). Such contact is for clarification purposes only. Material changes, if any, must be in writing and must be received no later than date stated in Section 1.6 of this RFP, before 2:00 pm EST. All questions will be reviewed by the Procurement Services Department, which will determine whether an addendum should be issued as a result of any questions

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or other matters raised. If issued, the addendum will be incorporated into the Request for Proposal and will become part of the resulting contract, and can be found on [www.bidsync.com](http://www.bidsync.com).

Respondents should use the Question/Answer function of the BidSync site, available to registered vendors of BidSync. (REGISTRATION IS FREE). Visit [www.bidsync.com](http://www.bidsync.com)

### **3 EVALUATION AND CONSIDERATION FOR AWARD**

#### **3.1 Evaluation and Review**

The City will review and evaluate all responsive proposals submitted in response to this RFP. Proposals will be evaluated by an Evaluation Committee established for this purpose, made up of City staff and any other qualified individuals deemed necessary by the City. The City will consider all information submitted with your proposal in the evaluation procedure. The Committee will rank each proposal to determine which proposal(s) best meet the needs of the City, in accordance with the Evaluation Criteria stated in the RFP specifications.

The committee will score and rank all responsive proposals and determine a minimum of three (3), if more than three (3) proposals are responsive, to be finalists for further consideration, if applicable. In the event there are less than three (3) responsive proposals, the committee will give further consideration to all responsive proposals received. The committee may determine the need to conduct oral interviews, for clarification purposes only, with the finalists and re-score and re-rank the finalists proposals. The first ranked proposer resulting from this process will be recommended to the Fort Lauderdale City Commission for award.

The City may require additional information and Proposers agree to furnish such information. The City reserves the right, based upon its deliberations and in its opinion, to accept or reject any or all proposals. The City also reserves the right to waive minor irregularities or variations to the specifications and in the bidding process. The City reserves the right to award the contract to that proposer(s) who will best serve the interest of the City.

Award of contract(s) shall be based on certain subjective and objective considerations, including but not necessarily limited to: financial factors; Proposer's experience providing the services (including client references and number of years in business), and the ability and capacity of Proposer to perform all the services in accordance with the RFP requirements. The City reserves the right to review the terms of the initial award for revision during the contract period, if such modification or revision shall best serve the interest of the City, and such modification is agreeable to the Proposer.

#### **3.2 Evaluation Criteria**

In the evaluation of the responses to this RFP and in making a recommendation for award, the RFP Evaluation Committee will consider a number of factors. These factors

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will include, but may not be limited to, the criteria as listed in this section. Information submitted in response to Section 4, Required Information, of this RFP as well as information obtained from references and/or interviews with the firms (if required) will be used during the evaluation process.

<b>Evaluation Criteria Matrix</b>	<b>Points</b>
A. Size, accessibility, adequacy, and quality of DHMO and PPO provider networks in Broward, Miami-Dade, Palm Beach and Monroe Counties with minimal displacement of existing network providers; (national DPPO & DHMO network for retirees).	35
B. The level of benefits for both the DHMO and indemnity PPO dental plan; the satisfaction level of existing employer clients, members and network providers; the ability to provide the requested experience and utilization data	30
C. The premiums and costs proposed, including multiple year rate guarantees.	35
<b>Total Points</b>	<b>100</b>

### 3.3 Interviews

Proposers may be asked to meet with the Evaluation Committee for the purpose of clarifying or expanding upon any information contained in their proposal. In addition, the City may require that additional information be presented at this meeting.

### 3.4 City Options

The City may, at its sole and absolute discretion, reject any or all proposals, re-advertise this RFP, postpone or cancel this RFP process at any time, or waive any irregularities in this RFP or in the proposals received as a result of this RFP. The determination of the criteria and process whereby proposals are evaluated, the decision as to who shall receive a contract award, or whether an award shall ever be made as a result of this RFP, shall be at the sole and absolute discretion of the City. In no event will any successful challenger of these determinations or decisions be automatically entitled to the award of this request for proposal. Submitting a proposal will be considered by the City as constituting an offer by the proposer to provide the services described in this RFP.

### 3.5 Responses to RFP

The evaluation of proposals will be based primarily on information provided by the proposer; therefore, care should be taken by the proposer to submit as much information as necessary to fully and completely respond to all sections of this RFP. Proposers that do not comply with the requirements of this RFP including, but not limited to, the use of required forms and the inclusion of all required materials and data, may have their proposals deemed as "Non-Responsive."

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**3.6 Acceptance/Rejection of Proposals**

The City may, at its sole and absolute discretion, reject any and all proposals; re-advertise this RFP; postpone or cancel this RFP process at any time; or waive any irregularities in the RFP or in the proposals received as a result of this RFP. Also, the determination of the criteria and process whereby proposals are evaluated, the decision as to a recommendation for the award, or whether or not an award shall ever be made, as a result of this RFP, shall be at the sole and absolute discretion of the City. In no event will any successful challenger of these determinations or decisions be automatically entitled to a contract for the services described in the RFP. The submittal of a proposal will be considered by the City as constituting an offer by the proposer to perform the required services at the stated fees.

**3.7 Withdrawal of Proposal**

Should the proposer desire to change or withdraw the proposal they shall do so in writing. This communication is to be received by the City of Fort Lauderdale, Procurement Services Department, Suite 619, 100 North Andrews Avenue, Fort Lauderdale, FL 33301, prior to the date and hour of the proposal opening. The proposer's name and the RFP # 105-10461 must appear on the envelope.

**3.8 Modification of Proposal**

Should a proposer desire to modify their proposal prior to the opening date and time, the proposer must do so in writing. This communication must be received in the Procurement Services Department prior to the date and time of the proposal opening date. The proposer's name and RFP # 105-10461 must appear on the envelope. No unsolicited modifications to proposals will be permitted after the date and time of the proposal opening.

**3.9 Contract Requirement**

The successful proposer will be required to sign a contract, the terms of which are acceptable to the City. Employee booklets must be prepared within 45 days of the effective date with the successful proposer based on the terms, conditions and services described in the RFP and the proposer's response. Contracts must include language prohibiting off-anniversary benefit changes other than those mandated by legislation or approved or requested by the City. This includes reductions in non-network allowances for submitted charges.

**3.10 Public Record**

Unless specifically exempted by law, all information supplied to the City is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this RFP and the Contract to be executed for this RFP, subject to the provisions of Chapter 119.07 of the Florida Statutes.

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If a Proposer submits any documents or other information to the City which the Proposer claims is confidential information and exempt from Florida Statutes Chapter 119.07 (“Public Records Laws”), the Proposer shall clearly designate that it is confidential information and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07.

See Section 3.15 of General Conditions for additional information.

#### **4 REQUIRED INFORMATION AND INSTRUCTIONS**

Each proposal should be prepared simply and economically, providing a straightforward, concise delineation of the Proposer’s capabilities to satisfy the requirements of this RFP. The emphasis in each proposal must be on completeness and clarity of content. In order to expedite the evaluation of proposals, it is essential that Proposer follow the requested format and instructions.

##### **4.1 Proposal Organization**

This section of the RFP provides the proposer with instructions concerning required information that must be submitted as part of their proposal. Proposers must arrange their proposal in the order outlined in these instructions. Failure to provide any of the required information or required documents or failure to arrange the proposal in accordance with these instructions may result in the proposal being rejected.

Proposers should organize their proposals as follows:

Proposal Cover Sheet (cover letter optional)

I Proposed Benefits – DPPO & DHMO

II Proposed Premiums

III Network Forms

IV Responses to Questionnaire

V Deviations to Specifications

VI References

VII Required Forms, Florida approved contracts and certificates and other requested information

##### **4.2 Number of Copies Required**

See Section 2.1 Number of Copies.

##### **4.3 Required Forms**

###### **4.3.1 Bid/Proposal Signature Page**

Proposers must completely fill in all information requested on the Bid/Proposal Signature Page provided in Section 8, Required Forms. Use this sheet as the first page of your proposal. A cover letter may be included after the cover sheet.

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**4.3.2 Addendum Acknowledgment**

If any addendums are issued, the proposer must acknowledge compliance with the addendum by submitting the form included in Section 8. If no addendums are issued, this section only needs to be acknowledged as “none received.” Label this Response to Section 4.3.2 and include in Section VII of the proposal.

**4.3.3 Proposer's Identification & Proposer's Warranty**

Include these forms, which are provided in Section 8 of this RFP, in Section VII of your response.

**4.3.4 Non-Collusion Statement**

Include this form in Section VII of your response.

**4.4 Benefit Plans**

Proposers must provide **complete benefit descriptions** of the plans being proposed, including the proposed DHMO schedule with CDT codes and brief explanation of service. These descriptions must include all exclusions and limitations. These descriptions should be labeled Response to Section 4.4 and placed in Section I of the proposal. In addition, an Excel file is attached, (**Attachment C**) *DHMO copays.xls*, which lists dental procedures. Please fill in the copay for each procedure for the plan or plans you are proposing. Note which procedures are not covered. If your plan covers procedures that are not listed, please add them to the file and highlight your entry. Provide this in Excel format on CD.

The requested DPPO benefit specifications can be found in Excel file (**Attachment D**) *requested benefits*, which includes two tabs: *DPPO requested benefits summary* and, *DPPO definition of benefit classes*. If your proposed plans do not meet these specifications, please include a description of those deviations in Section V of your proposal.

**4.5 Rate and Premium Forms**

Proposers must complete the premium and ASO rate forms provided in Section 8 of this RFP. These forms should be placed in Section II of the proposal.

**4.6 Network Forms**

Proposers must complete the network forms provided in Section 8 of this RFP. These completed forms should be placed in Section III of the proposal.

**4.7 National DHMO Networks / Geo Access Reports**

Please provide a complete listing of all national markets in which you have DHMO networks that would be available to City retirees. Include a Geo Access report based on the census provided. Include this information in Section III of your proposal.

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**4.8 Questionnaire**

Proposers must respond to the questionnaire contained in Section 7 of this RFP. These responses must be placed in Section IV of the proposal.

**4.9 Deviations from RFP**

Proposers should provide a list of any deviations to the general provisions and requested benefits and provisions outlined in this RFP. If there are no deviations, a statement to this effect must be provided. This information should be placed in Section V of the proposal. **Deviations to the City's requirements may deem the Proposer non-responsive, as determined by the City.**

**4.10 Grievance and Appeal Procedures**

Proposers should provide a description of the grievance and appeal procedure for plan participants. Label this information Response to 4.10 and include in Section VII of your proposal. Be specific in terms of timelines and expected turnarounds.

**4.11 DHMO Quality Assurance**

Please provide a detailed description of your DHMO provider Quality Assurance program. Label this information Response to 4.11 and include in Section VII of your proposal.

**4.12 This item is left blank.****4.13 Annual Report**

Proposers should provide a 2009 Annual Report. Label this information Response to 4.13 and include in Section VII of your proposal.

**4.14 Proof of Incorporation**

Proposers should furnish proof of State of Incorporation and State in which licensed. Label this information Response to 4.14 and include in Section VII of your proposal.

**4.15 Authorization to Provide Services**

Proposers should provide certification from the appropriate State offices that your company is authorized to provide the services contained within your proposal. Label this information Response to 4.15 and include in Section VII of your proposal.

**4.16 References**

Proposers should provide a list of three (3) group clients with more than 500 covered employees located in the State of Florida. Also include names of persons who may be contacted for references, along with their phone numbers and email addresses. Also include contact information for three (3) former clients. A form has been provided in Section 8 of this document. Include this information in Section VI of the proposal.

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**4.17 Proposing Company History**

Proposers should indicate number of years the company has offered group dental plans. Label this information Response to 4.17 and include in Section VII of your proposal.

**4.18 Minimum Qualifications**

Proposers should provide documentation of minimum qualification as stated in Section 5. Label this information Response to 4.18 and include in Section VII of your proposal.

**4.19 Sample Contracts**

Proposers must include samples of any and all contracts and certificates of coverage that would be executed by The City under the proposed plans. Label this information Response to 4.19 and include in Section VII of your proposal. **NOTE: If your terms and conditions conflict with the City's terms and conditions, Proposer may be deemed NON-RESPONSIVE.**

**4.20 Sample Administration Forms**

Proposers should include a sample identification card, claims forms, enrollment forms and explanation of benefits forms. Label this information Response to 4.20 and include in Section VII of the proposal.

**4.21 Commissions**

Any proposals that include commissions to a licensed Florida insurance agent must be fully disclosed. A statement to this effect should be included in your proposal provisions. Label this statement Response to 4.21 and include it in Section VII of the proposal.

**4.22 This item is left blank.**

**4.23 This item is left blank.**

**5 MINIMUM QUALIFICATIONS OF PROPOSER**

In order to be considered, a proposer must, as of the proposal return date specified in this RFP and throughout the duration of its program, meet the following applicable minimum qualifications. Proposer must provide documentation of existing qualifications in Section VII of the proposal.

Dental Maintenance Organization

- Authorized by the Florida Department of Financial Services to provide the goods and services requested in the RFP.
- Comply with any requirements imposed upon the Proposer by the Florida Department of Insurance with respect to quality assurance.

Insurance Company and PPO Dental Plan

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- Licensed by the State of Florida Department of Insurance to provide the goods and services requested in the RFP; and
- Hold an A.M. Best rating of “A” or better and a financial size category of IV or higher or hold an A.M. Best financial performance rating of “6” or better for those insurers with a letter rating of NA-2 or NA-3 and a financial size category of IV or higher.

## **6 GENERAL PLAN PROVISIONS**

### **6.1 Retirees**

Retirees and their spouses and eligible dependents can continue coverage for life. Their option to continue dental coverage is offered once at retirement only.. Covered spouses of retirees may continue coverage after death of the retiree. Retirees pay 100% of the premium for the plan selected.

### **6.2 Waiting Period and Effective Date**

Active employees shall become eligible to participate in the selected plan options on the 1st day of the month following date of hire.

### **6.3 Leave of Absence**

Employees on leave of absence may continue coverage subject to their payment of premiums. Employees who do not continue premiums and return to active employment are treated as new employees and must complete the 12-month waiting period.

### **6.4 Dependent Coverage**

Eligible dependents shall include a covered employee’s spouse (if not divorced or legally separated) and a covered employee’s child to the end of the calendar year in which the child reaches age 25, if the child meets all of the following:

- (a) The child is dependent upon the employee for support.
- (b) The child is living in the household of the employee, or the child is a full-time or part time student.

This definition shall apply to any and all plans offered by The City.

### **6.5 Transferred Business**

There will be no limitation on transferred business. The requested benefits shall apply for all eligible expenses not covered under the existing plan’s extension of benefit provisions.

### **6.6 Plan Year Defined & Renewal Notifications**

The first plan rate minimum period shall be January 1, 2011 through December 31 2011. Subsequent plan periods shall be on a calendar year basis. Subsequent rate guarantees are encouraged and will be factored into the evaluations. Renewal notifications must be delivered by July 1 for a January 1 effective date.

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**6.7 Billing**

The City shall self-bill on a monthly basis based in the initial bill provided by the selected vendor.

**6.8 Communications**

Printed directories are not required. All members will be directed to use the online directory provided by the selected company

**6.9 Printing and Open Enrollment Brochure Costs**

The successful company shall provide \$2,000 to the City for the purpose of printing benefit brochures. Summary plan descriptions and benefit plan outlined shall be made available online.

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**7 QUESTIONNAIRE (SEE WORD FILE – ATTACHMENT K)**

**Responses to the questions are to be included in Section IV of your proposal and also in an electronic format (CD). This questionnaire is stated here, but is also in a word document as Attachment K, for you to fill out and return a hard copy and also in an electronic format on a CD, with your RFP response.**

**General**

1. Where are your company’s claims and customer service offices located? Are there any plans to locate those member call centers out of the country?

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2. Is your company willing to provide a dedicated toll free number for servicing this account?

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3. Is your company capable of providing the following reports on a monthly basis? If not, please provide a description of reports the company is capable of providing and their frequency.

Indemnity Plans

Monthly paid claims separated by option, by network, non-network, by employee, by dependent

Monthly paid claims by CDT code and description, by employee, by dependent

DHMO Plans

Number of encounters by CDT code and description by employee, by dependent, by month

Please provide a list of your standard reporting package with a brief description of the report.

4. Does your company maintain a website? If so, please provide the address, services and capabilities for employers and members available at that site.

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5. If your website provides network directory information, how often is it updated for terminations and additions?

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**City of Fort Lauderdale  
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6. Does your company have the ability to allow for online enrollments and billing services for the plans proposed?

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7. If your company proposed both a DPPO & DHMO plan, are both plans serviced through the same toll-free number and website?

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8. Is your organization currently in compliance with Florida Department of Financial Services statutes and requirements? If no, describe why not?

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9. Is member satisfaction information linked to provider compensation? If so, how?

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10. How many verbal and written complaints were received per 1,000 members during 2008 and 2009?

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11. Do your proposed plans cover prescription drug benefits? If yes, describe the terms of use.

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12. Are claim forms ever required of patients? If so, under what circumstances?

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13. What percentage of your member services representatives are bilingual? List the language capabilities available other than English.

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14. If you capitate, describe how the individual provider is paid for services.

**City of Fort Lauderdale  
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15. What percentage of your primary care providers are capitated? Specialty providers?

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16. What percentage of orthodontists, maxillofacial surgeons, endodontists and periodontists have certification in their specialty from an accredited program?

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**DHMO**

1. What is the current average waiting time for setting appointments for

	<u>Broward</u>	<u>Miami-Dade</u>	Palm Beach	<u>Monroe</u>
General Dentists	_____	_____	_____	_____
Specialists	_____	_____	_____	_____

2. Does your proposed DHMO plan require the member to select a general dentist?

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3. Can each family member select his or her own dentist when using the DHMO?

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4. How often are members permitted to change their selection of a dentist?

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5. Does your plan require a referral to a specialist dentist? If yes, please explain the process and turn-around time for the referral.

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6. Under what circumstances do members have direct access to specialists without a referral?

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7. Does you plan include a copay for each dentist office visit in addition to the copay for each defined service provided?

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8. Please describe any plans for future DHMO network growth in Broward, Miami-Dade, Palm Beach and Monroe Counties. Be specific and include number and type of dentists targeted by county. If no growth is planned, please state so.

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9. What is the maximum number of members that may be assigned to a specific dentist before a practice is closed to new members? Include a description of how often this is measured and if the calculation includes other DHMO plan members.

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10. How many participating general dentists in Broward, Miami-Dade, Palm Beach and Monroe Counties were terminated in 2009 as a result of quality assurance reviews or member complaints?

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11. How many participating specialist dentists in Broward, Miami-Dade, Palm Beach and Monroe Counties were terminated in 2009 as a result of quality assurance reviews or member complaints?

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12. Please describe your credentialing criteria and process for DHMO providers.

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13. How many general dentists are not accepting new patients? Please provide this information separately for Broward, Miami-Dade, Palm Beach Counties and Monroe counties.

Broward \_\_\_\_\_  
Miami-Dade \_\_\_\_\_  
Palm Beach \_\_\_\_\_  
Monroe \_\_\_\_\_

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14. What is the 2009 turnover percentage for your DHMO network of general dentists?

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15. How are emergency dental services provided and/or reimbursed for members who may be out of area at time of service?

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16. Provide a description of benefits available for TMJ. Include details regarding any required authorization processes.

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17. Does your proposed DHMO plan include coverage for implants? If yes, please explain the coverage.

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**Indemnity/PPO**

1. Are members required to select a dentist when enrolled in the PPO?

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2. What is the average turn around for a clean non-network claim submission?

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3. Please describe the credentialing criteria for PPO dentists.

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4. Are non-network claims paid subject to usual, customary and reasonable allowances or a schedule of allowances?

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5. Describe your company's method of determining usual, customary and reasonable charges.

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6. What database does your company use for reasonable and customary profiles? How often is it updated?

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7. What percentile is typically used for dental R&C? What are the options?

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8. Can your system allow certain tolerance ranges to be applied to reasonable and customary limits? Describe.

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9. Are participating dentist offices required to file claims on behalf of their members as part of the provider contract?

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10. Listed below are some popular dental procedures. Please provide your average PPO discounted fee for these procedures. Assume the service is incurred in Broward County, Florida. If your company has two different DPPO networks, provide the information for both networks.

Diagnostic/Preventive

- 9310 consultation \_\_\_\_\_
- 0120 periodic oral evaluation \_\_\_\_\_
- 0140 limited oral evaluation \_\_\_\_\_
- 0150 comprehensive oral evaluation \_\_\_\_\_
- 0210 intraoral, complete series \_\_\_\_\_
- 0220 intraoral periapical, first film \_\_\_\_\_
- 0230 intraoral periapical, each additional film \_\_\_\_\_
- 0270 bitewing, single film \_\_\_\_\_
- 0272 bitewings, 2 films \_\_\_\_\_
- 0274 bitewings, 4 films \_\_\_\_\_
- 0330 panoramic film \_\_\_\_\_
- 1110 prophylaxis, adult \_\_\_\_\_
- 1120 prophylaxis, child \_\_\_\_\_
- 1203 topical application of fluoride, child \_\_\_\_\_
- 1330 oral hygiene instructions \_\_\_\_\_

Restorative

- 2140 amalgam, 1 surface \_\_\_\_\_
- 2150 amalgam, 2 surfaces \_\_\_\_\_
- 2160 amalgam, 3 surfaces \_\_\_\_\_
- 2330 resin, 1 surface, anterior \_\_\_\_\_
- 2391 resin-based composite, 1 surface, posterior \_\_\_\_\_
- 2392 resin-based composite, 2 surfaces, posterior \_\_\_\_\_
- 2393 resin-based composite , 3 surfaces, posterior \_\_\_\_\_
- 2750 crown - porcelain fused to high noble metal \_\_\_\_\_
- 2950 core buildup, including any pins \_\_\_\_\_
- 6750 crown - porcelain fused to high noble metal \_\_\_\_\_

Endodontics

- 3220 therapeutic pulpotomy \_\_\_\_\_

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- 3310 endodontic therapy, anterior \_\_\_\_\_
- 3320 endodontic therapy, bicuspid \_\_\_\_\_
- 3330 endodontic therapy, molar \_\_\_\_\_

Periodontics

- 0180 comprehensive oral evaluation \_\_\_\_\_
- 4260 osseous surgery, per quadrant \_\_\_\_\_
- 4341 periodontal scaling and root planing,  
4 or more teeth, per quadrant \_\_\_\_\_
- 4342 periodontal scaling and root planing,  
1 to 3 teeth, per quadrant \_\_\_\_\_
- 4355 full mouth debridement to enable  
comprehensive evaluation and  
diagnosis \_\_\_\_\_
- 4381 localized delivery of antimicrobial  
agents, per tooth, by report \_\_\_\_\_
- 4910 periodontal maintenance \_\_\_\_\_

Prosthodontics

- 2920 recement crown \_\_\_\_\_
- 2950 core buildup, including any pins \_\_\_\_\_
- 5213 maxillary partial denture, cast metal \_\_\_\_\_
- 5410 adjust complete denture, maxillary \_\_\_\_\_
- 5640 replace broken teeth, per tooth \_\_\_\_\_
- 6750 crown, porcelain fused to high  
noble metal \_\_\_\_\_
- 6930 recement fixed partial denture \_\_\_\_\_

Oral Surgery

- 7140 extraction, erupted tooth or  
exposed root \_\_\_\_\_
- 7210 surgical removal of erupted tooth \_\_\_\_\_
- 7220 removal of impacted tooth,  
soft tissue \_\_\_\_\_
- 7230 removal of impacted tooth,  
partially bony \_\_\_\_\_
- 7240 removal of impacted tooth,  
completely bony \_\_\_\_\_
- 7241 removal of impacted tooth,  
completely bony, with unusual  
surgical complications \_\_\_\_\_
- 7250 surgical removal of residual  
tooth roots \_\_\_\_\_
- 7280 surgical access of an unerupted  
tooth \_\_\_\_\_

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**8 REQUIRED FORMS**

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**City of Fort Lauderdale  
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**Proposal Signature Page/Addendum Acknowledgement**

**How to submit bids/proposals:** It is preferred that bids/proposals be submitted by hard copy, unless otherwise stated in the bid packet. If mailing a hard copy, it will be the sole responsibility of the Bidder to ensure that the bid reaches the City of Fort Lauderdale, City Hall, Procurement Department, Suite 619, 100 N. Andrews Avenue, Fort Lauderdale, FL 33301, prior to the bid opening date and time listed. Bids/proposals submitted by fax or email will NOT be accepted.

The below signed hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the CITY and such acceptance covers all terms, conditions, and specifications of this bid/proposal.

Submitted by: \_\_\_\_\_  
(Authorized Signature to bind company) (date)

Name (printed) \_\_\_\_\_ Title: \_\_\_\_\_

Company: (Legal Registration) \_\_\_\_\_

**PROPOSER, IF FOREIGN CORPORATION, MAY BE REQUIRED TO OBTAIN A CERTIFICATE OF AUTHORITY FROM THE DEPARTMENT OF STATE, IN ACCORDANCE WITH FLORIDA STATUTE §607.1501 (visit <http://www.dos.state.fl.us/doc/>).**

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ FAX No. \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): \_\_\_\_\_

Payment Terms (section 1.03 ): \_\_\_\_\_ Total Bid Discount (section 1.04): \_\_\_\_\_

Does your firm qualify for MBE or WBE status (section 1.08): MBE \_\_\_\_\_ WBE \_\_\_\_\_

**ADDENDUM ACKNOWLEDGEMENT** - Proposer acknowledges that the following addenda have been received and are included in the proposal:

<u>Addendum No.</u>	<u>Date Issued</u>
_____	_____
_____	_____

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**8.1 Proposer's Identification**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Numbers

Daytime: \_\_\_\_\_

After Hours: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address \_\_\_\_\_

**PROPOSER'S GROUP REPRESENTATIVE OR ACCOUNT EXECUTIVE**

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Group Representative or  
Account Executive: \_\_\_\_\_

Telephone Numbers

Daytime: \_\_\_\_\_

After Hours: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address \_\_\_\_\_

**City of Fort Lauderdale**  
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## 8.2 Proposer's Warranty

The undersigned person by the undersigned's signature affixed hereon warrants that:

- A. The undersigned is an officer, partner or a sole proprietor of the firm and the enclosed proposal is submitted on behalf of the firm;
- B. The undersigned has carefully reviewed all the materials and data provided on the firm's proposal on behalf of the firm, and, after specific inquiry, believes all the material and data to be true and correct;
- C. The proposal offered by the firm is in full compliance with the Minimum Qualifications of Proposer set forth in Section 5 of this RFP;
- D. The firm authorizes The City, its staff or consultants to contact any of the references provided in the proposal and specifically authorizes such references to release either orally or in writing any appropriate data with respect to the firm offering this proposal;
- E. The undersigned has been specifically authorized to issue a contract in full compliance with all requirements and conditions, as set forth in this RFP other than those deviations noted above;
- F. If this proposal is accepted, the contract will be issued as proposed.

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Name of Firm

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Signature of Authorized Representative

---

Title of Authorized Representative

---

Date Signed by Authorized Representative

**City of Fort Lauderdale  
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Draft 5/24/10**

Name of Proposer \_\_\_\_\_

**8.3 Non-Collusion Statement**

By signing this offer, the vendor/proposer certifies that this offer is made independently and free from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

**Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.**

**NAME**

**RELATIONSHIPS**

\_\_\_\_\_  
\_\_\_\_\_

**In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.**

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Name of Proposer \_\_\_\_\_

**8.4 Network Summary**

Please list the current number of DHMO **dentists, not dental offices**, by category by county. For general dentists, list only those currently accepting members. *If a provider has more than 1 office he or she should be counted only once.*

	<u>Broward</u>	<u>Miami-Dade</u>	<u>Palm Beach</u>	<u>Monroe</u>
General Dentists	_____	_____	_____	_____
Pediatric Dentists	_____	_____	_____	_____
Oral Surgeons	_____	_____	_____	_____
Endodontists	_____	_____	_____	_____
Periodontists	_____	_____	_____	_____
Prosthodontists	_____	_____	_____	_____
Orthodontists	_____	_____	_____	_____

Please list the current number of PPO **dentists, not dental offices**, by category by county. *If a provider has more than 1 office he or she should be counted only once.*

	<u>Broward</u>	<u>Miami-Dade</u>	<u>Palm Beach</u>	<u>Monroe</u>
General Dentists	_____	_____	_____	_____
Pediatric Dentists	_____	_____	_____	_____
Oral Surgeons	_____	_____	_____	_____
Endodontists	_____	_____	_____	_____
Periodontists	_____	_____	_____	_____
Prosthodontists	_____	_____	_____	_____
Orthodontists	_____	_____	_____	_____

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**8.5 Specific Dentist Network**

The attached file (**Attachment I**) *DHMO & DPPO providers.xls* contains two tabs of lists of providers: DHMO providers with members assigned, and DPPO providers utilized by City members for the period April 2009 through April 2010. Please indicate which of these providers participate in your company's DPPO or DHMO network. Include the completed form in Section III of your proposal. Also provide the completed form in Excel format on a CD.

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Name of Proposer \_\_\_\_\_

**8.6 Fully-Insured Premium Form**

**DHMO Plan**

	<b>Rate if Offered with DPPO</b>	<b>Stand-Alone Rate</b>
Employee Only	_____	_____
Employee + Spouse	_____	_____
Employee + Child or Children	_____	_____
Employee + Family	_____	_____

The premiums listed above are guaranteed for

1 year \_\_\_\_\_ 2 years \_\_\_\_\_ 3 years \_\_\_\_\_ 4 years \_\_\_\_\_ 5 years \_\_\_\_\_

**Indemnity/PPO**

	<b>Rate if Offered with DHMO</b>	<b>Stand-Alone Rate</b>
Employee Only	_____	_____
Employee + Spouse	_____	_____
Employee + Child or Children	_____	_____
Employee + Family	_____	_____

The premiums listed above are guaranteed for

1 year \_\_\_\_\_ 2 years \_\_\_\_\_ 3 years \_\_\_\_\_ 4 years \_\_\_\_\_ 5 years \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

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Name of Proposer \_\_\_\_\_

**8.7 Self-Funded PPO Fees**

**Self-funded Passive PPO Plan**

Per Participant Per Month

ASO Fee	_____
Network Access Fee	_____
Total	_____

ASO & NAF Fee Guarantee

1 year \_\_\_\_\_ 2 years \_\_\_\_\_ 3 years \_\_\_\_\_ 4 years \_\_\_\_\_ 5 years \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

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Name of Proposer \_\_\_\_\_

**8.8 Reference Form**

This form is to be included in Section VI of your proposal.

1. Name of Company \_\_\_\_\_  
 Total Number of Full-Time Employees \_\_\_\_\_  
 Name & Title of Contact \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Type of Benefits Provided \_\_\_\_\_  
 Number of Employees Covered \_\_\_\_\_  
 Plan Inception Date \_\_\_\_\_

2. Name of Company \_\_\_\_\_  
 Total Number of Full-Time Employees \_\_\_\_\_  
 Name & Title of Contact \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Type of Benefits Provided \_\_\_\_\_  
 Number of Employees Covered \_\_\_\_\_  
 Plan Inception Date \_\_\_\_\_

3. Name of Company \_\_\_\_\_  
 Total Number of Full-Time Employees \_\_\_\_\_  
 Name & Title of Contact \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Type of Benefits Provided \_\_\_\_\_  
 Number of Employees Covered \_\_\_\_\_  
 Plan Inception Date \_\_\_\_\_

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Name of Proposer \_\_\_\_\_

**Reference Form, continued**

The above five references are from current clients that your firm currently has contracts with. Please Provide (3) three references from **former clients**, whom may no longer have the awarded contract with or contract expired, within the past 12 months.

4. Name of Company \_\_\_\_\_  
Total Number of Full-Time Employees \_\_\_\_\_  
Name & Title of Contact \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Type of Benefits Provided \_\_\_\_\_  
Number of Employees Covered \_\_\_\_\_  
Plan Inception Date \_\_\_\_\_

5. Name of Company \_\_\_\_\_  
Total Number of Full-Time Employees \_\_\_\_\_  
Name & Title of Contact \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Type of Benefits Provided \_\_\_\_\_  
Number of Employees Covered \_\_\_\_\_  
Plan Inception Date \_\_\_\_\_

6. Name of Company \_\_\_\_\_  
Total Number of Full-Time Employees \_\_\_\_\_  
Name & Title of Contact \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Type of Benefits Provided \_\_\_\_\_  
Number of Employees Covered \_\_\_\_\_  
Plan Inception Date \_\_\_\_\_

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## 9 UNDERWRITING INFORMATION

### 9.1 DHMO & DPPO Rate History

<b>DPPO</b>		
Year	2003 - 2006	3/1/2007- 12/31/10
Company	Guardian	Safeguard
Employee	\$44.55	\$46.02
Employee + Spouse	\$86.00	\$86.22
Employee + Child(ren)	\$90.00	\$88.64
Employee + Family	\$120.00	\$111.72
<b>DHMO</b>		
Employee	\$16.87	\$13.48
Employee + Spouse	\$32.84	\$23.59
Employee + Child(ren)	\$31.89	\$28.31
Employee + Family	\$51.46	\$39.77

### 9.2 Dental PPO Experience

The DPPO experience for the period March 2007 through April 2010 is in the files *139503-DENTAL PPO Experience City of Fort Lauderdale.xls* (**Attachment E1**), and *COFL PDP Savings 1\_09 to 4\_10.pdf* (**Attachment F1**).

### 9.3 DHMO Utilization

Utilization for the period January 2008 through August 2009 is in the file *DHMO Experience Summary11.25.09.pdf*. (**Attachment G (1)**), and updated utilization summary for the period March 2009 through February 2010, is in the file *City of Ft Lauderdale DHMO Premium vs. Claims 060410* (**Attachment G (2)**).

### 9.4 Census

The attached Excel file (**Attachment H**) *dental census 2010.xls* contains three sheets: active employees, retirees covered under the dental plan, and a summary of enrollment.

### 9.5 DHMO/DPPO 2009 Enrollment Summary

The attached files (**Attachment J**) under *MetRenewal2010.xls* contain the following documents (two tabs): Enrollment History (active, retirees based on census data), and DPPO and DHMO Rate History.

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## **10 SPECIAL CONDITIONS**

### **10.1 General Conditions**

RFP General Conditions Form G-107 Rev. 06/09 (GC) are included and made a part of this RFP.

### **10.2 News Releases/Publicity**

News releases, publicity releases, or advertisements relating to this contract or the tasks or projects associated with the project shall not be made without prior City approval.

### **10.3 RFP Documents**

The Proposer shall examine this RFP carefully. Ignorance of the requirements will not relieve the Proposer from liability and obligations under the Contract.

### **10.4 Proposers' Costs**

The City shall not be liable for any costs incurred by proposers in responding to this RFP.

### **10.5 Rules and Proposals**

The signer of the proposal must declare that the only person(s), company or parties interested in the proposal as principals are named therein; that the proposal is made without collusion with any other person(s), company or parties submitting a proposal; that it is in all respects fair and in good faith, without collusion or fraud; and that the signer of the proposal has full authority to bind the principal proposer. The City reserves the rights to award to that proposal which will best serve the interest of the City as determined by the City.

### **10.6 No Exclusive Contract/Additional Services**

Proposer agrees and understands that the contract shall not be construed as an exclusive arrangement and further agrees that the City may, at any time, secure similar or identical services at its sole option.

### **10.7 Deletion or Modification of Services**

The City reserves the right to delete any portion of this Contract at any time without cause, and if such right is exercised by the City, the total fee shall be reduced in the same ratio as the estimated cost of the work deleted bears to the estimated cost of the work originally planned. If work has already been accomplished on the portion of the Contract to be deleted, the Proposer shall be paid for the deleted portion on the basis of the estimated percentage of completion of such portion.

If the Proposer and the City agree on modifications or revisions to the task elements, after the City has approved work to begin on a particular task or project, and a budget has been established for that task or project, the Proposer will submit a revised budget to the City for approval prior to proceeding with the work.

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**10.8 Additional Items**

The City may require additional items of a similar nature, but not specifically listed in the contract. The Proposer agrees to provide such items, and shall provide the City prices on such additional items based upon a formula or method, which is the same, or similar to that used in establishing the prices in his proposal. If the price(s) offered are not acceptable to the City, and the situation cannot be resolved to the satisfaction of the City, the City reserves the right to procure those items from other vendors, or to cancel the contract upon giving the Proposer thirty (30) days written notice.

**10.9 Warranties of Usage**

Any estimated quantities listed are for information and tabulation purposes only. No warranty or guarantee of quantities needed is given or implied. It is understood that the Proposer will furnish the City's needs as they arise.

**10.10 Contract Period**

The initial contract term shall commence on January 1, 2011, and shall expire December 31, 2013. Thereafter the City and the Proposer may extend the contract for one, one-year term, pursuant to the negotiation provisions set forth in Section 2-199, Code of Ordinances of the City of Fort Lauderdale, Florida.

In the event services are scheduled to end because of the expiration of this contract, the Proposer shall continue the service upon the request of the Director of Procurement Services. The extension period shall not extend for more than ninety (90) days beyond the expiration date of the existing contract. The Proposer shall be compensated for the service at the rate in effect when this extension clause is invoked by the City.

**10.11 Service Test Period**

If the Proposer has not previously performed the services to the city, the City reserves the right to require a test period to determine if the Proposer can perform in accordance with the requirements of the contract, and to the City's satisfaction. Such test period can be from thirty to ninety days, and will be conducted under all specifications, terms and conditions contained in the contract.

A performance evaluation will be conducted prior to the end of the test period and that evaluation will be the basis for the City's decision to continue with the Proposer or to select another Proposer (if applicable).

**10.12 Invoices/Payment**

The City will accept invoices for the dental plan premium no more frequently than once per month. Each invoice shall fully detail the related costs and be accompanied by records fully detailing the amounts stated on the invoice. Payment will be made within forty-five days after receipt of a proper invoice acceptable to the City, in accordance with the Florida Local Government Prompt Payment Act. If, at any time during the contract, the City shall not approve or accept the Proposer's work product, and agreement cannot be reached between the City and the Proposer to resolve the problem to the City's

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satisfaction, the City shall negotiate with the Proposer on a payment for the work completed and usable to the City. This negotiated payment shall be based on the overall task or project breakdown, relative to the projected number of hours for each task element, and the percentage of work completed.

### **10.13 Contract Coordinator**

The City may designate a Contract Coordinator whose principal duties shall be :

- Liaison with Proposer.
- Coordinate and approve all work under the contract.
- Resolve any disputes.
- Ensure consistency and quality of Proposer's performance.
- Schedule and conduct Proposer performance evaluations and document findings.
- Review and approve for payment all proper invoices for work performed or items delivered.

### **10.14 Substitution of Personnel**

It is the intention of the City that the Proposer's personnel proposed for the contract will be available for the initial contract term. In the event the Proposer wishes to substitute personnel, the Proposer shall propose personnel of equal or higher qualifications and all replacement personnel are subject to City approval. In the event substitute personnel are not satisfactory to the City and the matter cannot be resolved to the satisfaction of the City, the City reserves the right to cancel the Contract for cause. See Section 7, General Conditions.

### **10.15 Independent Proposer**

The Proposer is an independent proposer under this Agreement. Services provided by the Proposer shall be by employees of the Proposer and subject to supervision by the Proposer, and not as officers, employees, or agents of the City. Personnel policies, tax responsibilities, social security, health insurance, employee benefits, purchasing policies and other similar administrative procedures applicable to services rendered under this Contract shall be those of the Proposer.

### **10.16 Subcontractors**

The Proposer must be capable of performing all the services as contained in the bid specifications. If the bidder intends to use sub-contractor in the performance of these services, bidder shall submit complete information on any/all proposed sub-contractors, as a part of the bid response. The same qualifications requirements, and all other terms and conditions of the bid shall also apply to the sub-contractor. The City reserves the right to approve or disapprove of any sub-contractor proposed.

Proposer shall ensure that all of Proposer's subcontractors perform in accordance with the terms and conditions of this Contract. Proposer shall be fully responsible for all of Proposer's subcontractors' performance, and liable for any of Proposer's subcontractors'

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non-performance and all of Proposer's subcontractors' acts and omissions. In addition to other indemnification provisions contained in this Request for Proposal and the ensuing contract, Proposer shall defend at Proposer's expense, counsel being subject to the City's approval or disapproval, and indemnify and hold harmless the City and City's officers, employees and agents from and against any claim, lawsuit, third party action, settlement, or judgment, including any award of attorney fees and any award of costs, by or in favor of any Proposer's subcontractors for any claim, lawsuit, third party action, settlement, or judgment, including any award of attorney fees and any award of costs, occasioned by or arising out of any act or omission by any of Proposer's subcontractors.

### **10.17 Insurance**

The proposer shall furnish proof of Workers' Compensation Insurance, General Liability Insurance and Comprehensive Automobile Liability Insurance. The coverage is to remain in force at all times during the contract period. The following minimum insurance coverage is required. The City is to be added as an "additional insured" with relation to General Liability Insurance. This MUST be written in the description section of the insurance certificate, even if you have a check-off box on your insurance certificate. Any costs for adding the City as "additionally insured" will be at the proposer's expense.

***Worker's Compensation and Employer's Liability Insurance***

Limits: Worker's Compensation – Per Florida Statute 440  
Employer's Liability - \$500,000

Any firm performing work on behalf of the City of Fort Lauderdale must provide Worker's Compensation insurance. Exceptions and exemptions can only be made if they are in accordance with Florida Statute. For additional information contact the Department of Financial Services, Worker's Compensation Division at (850) 413-1601 or on the web at [www.fldfs.com](http://www.fldfs.com).

***Commercial General Liability Insurance***

Covering premises-operations, products-completed operations, independent contractors and contractual liability.

Limits: Combined single limit bodily injury/property damage \$1,000,000.

This coverage must include:

- Coverage for the liability assumed by the proposer under the indemnity provision of the contract.
- Coverage for hazards commonly referred to as "explosion, collapse and underground", exclusions – on construction contracts only.

***Automobile Liability Insurance***

Covering all owned, hired and non-owned automobile equipment.

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Limits: Bodily injury	\$250,000 each person
	\$500,000 each occurrence
Property damage	\$100,000 each occurrence

***Professional Liability (Errors & Omissions)***

Consultants

Limits: 1,000,000 per occurrence  
2,000,000 aggregate with defense costs in addition to limits

A copy of ANY current Certificate of Insurance should be included with your proposal.

In the event that you are the successful bidder, you will be required to provide a certificate naming the City as an "additional insured" for General Liability.

Certificate holder should be addressed as follows:

City of Fort Lauderdale  
Procurement Services Department  
100 N. Andrews Avenue, Room 619  
Ft. Lauderdale, FL 33301

**10.18 Insurance - Subcontractors**

(If applicable) Proposer shall require all of its subcontractors to provide the aforementioned coverage as well as any other coverage that the proposer may consider necessary, and any deficiency in the coverage or policy limits of said subcontractors will be the sole responsibility of the proposer.

**10.19 Uncontrollable Circumstances ("Force Majeure")**

The City and Proposer will be excused from the performance of their respective obligations under this agreement when and to the extent that their performance is delayed or prevented by any circumstances beyond their control including, fire, flood, explosion, strikes or other labor disputes, act of God or public emergency, war, riot, civil commotion, malicious damage, act or omission of any governmental authority, delay or failure or shortage of any type of transportation, equipment, or service from a public utility needed for their performance, provided that:

- A. The non performing party gives the other party prompt written notice describing the particulars of the Force Majeure including, but not limited to, the nature of the occurrence and its expected duration, and continues to furnish timely reports with respect thereto during the period of the Force Majeure;
- B. the excuse of performance is of no greater scope and of no longer duration than is required by the Force Majeure;

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- C. no obligations of either party that arose before the Force Majeure causing the excuse of performance are excused as a result of the Force Majeure; and
- D. the non performing party uses its best efforts to remedy its inability to perform.

Notwithstanding the above, performance shall not be excused under this Section for a period in excess of two (2) months, provided that in extenuating circumstances, the City may excuse performance for a longer term. Economic hardship of the Proposer will not constitute Force Majeure. The term of the agreement shall be extended by a period equal to that during which either party's performance is suspended under this Section.

### **10.20 Audit**

The City reserves the right for its internal auditor or appropriate representative to review ONLY those records pertaining to any contract awarded as a result of these documents and determine if the terms, conditions and specifications of the contract are being followed and if prices charged comply with the contract. The Contractor should retain these records for three (3) three years following the contract expiration or termination.

### **10.21 Public Entity Crimes**

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a proposer, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, Florida Statutes, for Category Two for a period of 36 months from the date of being placed on the convicted vendor list.

### **10.22 Lobbying Activities**

ALL BIDDERS/PROPOSERS PLEASE NOTE: Any bidder or Proposer submitting a response to this solicitation must comply, if applicable, with City of Fort Lauderdale Ordinance No. C-00-27, Lobbying Activities. Copies of Ordinance No. C-00-27 may be obtained from the City Clerk's Office on the 7th Floor of City Hall, 100 N. Andrews Avenue, Fort Lauderdale, Florida. The ordinance may also be viewed on the City's website at <http://www.fortlauderdale.gov/clerk/LobbyistDocs/lobbyistord1009.pdf>.

### **10.23 Indemnity/Hold Harmless**

The Contractor agrees to protect, defend, indemnify and hold harmless the City of Fort Lauderdale and its officers, employees and agents from and against any and all losses, penalties, damages, settlements, claims, costs, charges for other expenses, or liabilities of every and any kind including attorney fees, in connection with or arising directly or indirectly out of the work agreed to or performed by Contractor under the terms of any agreement that may arise due to this bidding process. Without limiting the foregoing, any

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and all such claims, suits, or other defects in materials or workmanship, actual or alleged violations of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.

#### **10.24 Disputes**

In the event of a conflict between or among the contract documents, the order of priority of the documents shall be as follows:

1. City of Fort Lauderdale contract form; then
2. Any addendum or addenda released in connection with this RFP in reverse chronological order; then
3. The RFP; then
4. The Proposer's response to any addendum requiring a response; then
5. The Proposer's response to the RFP.

In case of any doubt or difference of opinion, the decision of the City shall control and be binding on both parties.

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## 11 GENERAL CONDITIONS

These instructions are standard for all contracts for commodities or services issued through the City of Fort Lauderdale Procurement Services Department. The City may delete, supersede, or modify any of these standard instructions for a particular contract by indicating such change in the Invitation to Bid (ITB) Special Conditions, Technical Specifications, Instructions, Proposal Pages, Addenda, and Legal Advertisement. In this general conditions document, Invitation to Bid (ITB) and Request for Proposal (RFP) are interchangeable. **In the document below, Proposer is interchangeable with bidder, contract or vendor.**

These instructions are standard for all contracts for commodities or services issued through the City of Fort Lauderdale Procurement Services Department. The City may delete, supersede, or modify any of these standard instructions for a particular contract by indicating such change in the Invitation to Bid (ITB) Special Conditions, Technical Specifications, Instructions, Proposal Pages, Addenda, and Legal Advertisement. In this general conditions document, Invitation to Bid (ITB) and Request for Proposal (RFP) are interchangeable.

### **PART I BIDDER PROPOSAL PAGE(S) CONDITIONS:**

- 1.01 BIDDER ADDRESS:** The City maintains automated vendor address lists that have been generated for each specific Commodity Class item through our bid issuing service, BidSync. Notices of Invitations to Bid (ITB'S) are sent by e-mail to the selection of bidders who have fully registered with BidSync or faxed (if applicable) to every vendor on those lists, who may then view the bid documents online. Bidders who have been informed of a bid's availability in any other manner are responsible for registering with BidSync in order to view the bid documents. There is no fee for doing so. If you wish bid notifications be provided to another e-mail address or fax, please contact BidSync. If you wish purchase orders sent to a different address, please so indicate in your bid response. If you wish payments sent to a different address, please so indicate on your invoice.
- 1.02 DELIVERY:** Time will be of the essence for any orders placed as a result of this ITB. The City reserves the right to cancel any orders, or part thereof, without obligation if delivery is not made in accordance with the schedule specified by the Bidder and accepted by the City.
- 1.03 PAYMENT TERMS AND CASH DISCOUNTS:** Payment terms, unless otherwise stated in this ITB, will be considered to be net 30 days after the date of satisfactory delivery at the place of acceptance and receipt of correct invoice at the office specified, whichever occurs last. Bidder may offer cash discounts for prompt payment but they will not be considered in determination of award. If a Bidder offers a discount, it is understood that the discount time will be computed from the date of satisfactory delivery, at the place of acceptance, and receipt of correct invoice, at the office specified, whichever occurs last.
- 1.04 TOTAL BID DISCOUNT:** If Bidder offers a discount for award of all items listed in the bid, such discount shall be deducted from the total of the firm net unit prices bid and shall be considered in tabulation and award of bid.
- 1.05 BIDS FIRM FOR ACCEPTANCE:** Bidder warrants, by virtue of bidding, that the bid and the prices quoted in the bid will be firm for acceptance by the City for a period of ninety (90) days from the date of bid opening unless otherwise stated in the ITB.
- 1.06 VARIANCES:** For purposes of bid evaluation, Bidder's must indicate any variances, no matter how slight, from ITB General Conditions, Special Conditions, Specifications or Addenda in the space provided in the ITB. No variations or exceptions by a Bidder will be considered or deemed a part of the bid submitted unless such variances or exceptions are listed in the bid and referenced in the space provided on the bidder proposal pages. If variances are not stated, or referenced as required, it will be assumed that the product or service fully complies with the City's terms, conditions, and specifications.
- By receiving a bid, City does not necessarily accept any variances contained in the bid. All variances submitted are subject to review and approval by the City. If any bid contains material variances that, in the City's sole opinion, make that bid conditional in nature, the City reserves the right to reject the bid or part of the bid that is declared, by the City as conditional.
- 1.07 NO BIDS:** If you do not intend to bid please indicate the reason, such as insufficient time to respond, do not offer product or service, unable to meet specifications, schedule would not permit, or any other reason, in the space provided in this ITB. Failure to bid or return no bid comments prior to the bid due and opening date and time, indicated in this ITB, may result in your firm being deleted from our Bidder's registration list for the Commodity Class Item requested in this ITB.
- 1.08 MINORITY AND WOMEN BUSINESS ENTERPRISE PARTICIPATION AND BUSINESS DEFINITIONS:** The City of Fort Lauderdale wants to increase the participation of Minority Business Enterprises (MBE), Women Business Enterprises (WBE), and Small Business Enterprises (SBE) in its procurement activities. If your firm qualifies in accordance with the below definitions please indicate in the space provided in this ITB.

Minority Business Enterprise (MBE) "A Minority Business" is a business enterprise that is owned or controlled by one or more socially or economically disadvantaged persons. Such disadvantage may arise from cultural, racial, chronic economic circumstances or background or other similar cause. Such persons include, but are not limited to: Blacks, Hispanics, Asian Americans, and Native Americans.

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The term "Minority Business Enterprise" means a business at least 51 percent of which is owned by minority group members or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by minority group members. For the purpose of the preceding sentence, minority group members are citizens of the United States who include, but are not limited to: Blacks, Hispanics, Asian Americans, and Native Americans.

Women Business Enterprise (WBE) a "Women Owned or Controlled Business" is a business enterprise at least 51 percent of which is owned by females or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by females.

Small Business Enterprise (SBE) "Small Business" means a corporation, partnership, sole proprietorship, or other legal entity formed for the purpose of making a profit, which is independently owned and operated, has either fewer than 100 employees or less than \$1,000,000 in annual gross receipts.

BLACK, which includes persons having origins in any of the Black racial groups of Africa.

WHITE, which includes persons whose origins are Anglo-Saxon and Europeans and persons of Indo-European decent including Pakistani and East Indian.

HISPANIC, which includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or other Spanish culture or origin, regardless of race.

NATIVE AMERICAN, which includes persons whose origins are American Indians, Eskimos, Aleuts, or Native Hawaiians.

ASIAN AMERICAN, which includes persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

**1.09 MINORITY-WOMEN BUSINESS ENTERPRISE PARTICIPATION**

It is the desire of the City of Fort Lauderdale to increase the participation of minority (MBE) and women-owned (WBE) businesses in its contracting and procurement programs. While the City does not have any preference or set aside programs in place, it is committed to a policy of equitable participation for these firms. Proposers are requested to include in their proposals a narrative describing their past accomplishments and intended actions in this area. If proposers are considering minority or women owned enterprise participation in their proposal, those firms, and their specific duties have to be identified in the proposal. If a proposer is considered for award, he or she will be asked to meet with City staff so that the intended MBE/WBE participation can be formalized and included in the subsequent contract.

**Part II DEFINITIONS/ORDER OF PRECEDENCE:**

**2.01 BIDDING DEFINITIONS** The City will use the following definitions in it's general conditions, special conditions, technical specifications, instructions to bidders, addenda and any other document used in the bidding process:

INVITATION TO BID (ITB) when the City is requesting bids from qualified Bidders.

REQUEST FOR PROPOSALS (RFP) when the City is requesting proposals from qualified Proposers.

BID – a price and terms quote received in response to an ITB.

PROPOSAL – a proposal received in response to an RFP.

BIDDER – Person or firm submitting a Bid.

PROPOSER – Person or firm submitting a Proposal.

RESPONSIVE BIDDER – A person whose bid conforms in all material respects to the terms and conditions included in the ITB.

RESPONSIBLE BIDDER – A person who has the capability in all respects to perform in full the contract requirements, as stated in the ITB, and the integrity and reliability that will assure good faith performance.

FIRST RANKED PROPOSER – That Proposer, responding to a City RFP, whose Proposal is deemed by the City, the most advantageous to the City after applying the evaluation criteria contained in the RFP.

SELLER – Successful Bidder or Proposer who is awarded a Purchase Order or Contract to provide goods or services to the City.

CONTRACTOR – Successful Bidder or Proposer who is awarded a Purchase Order, award Contract, Blanket Purchase Order agreement, or Term Contract to provide goods or services to the City.

CONTRACT – A deliberate verbal or written agreement between two or more competent parties to perform or not to perform a certain act or acts, including all types of agreements, regardless of what they may be called, for the procurement or disposal of equipment, materials, supplies, services or construction.

CONSULTANT – Successful Bidder or Proposer who is awarded a contract to provide professional services to the City.

The following terms may be used interchangeably by the City: ITB and/or RFP; Bid or Proposal; Bidder, Proposer, or Seller; Contractor or Consultant; Contract, Award, Agreement or Purchase Order.

**2.02 SPECIAL CONDITIONS:** Any and all Special Conditions contained in this ITB that may be in variance or conflict with these General Conditions shall have precedence over these General Conditions. If no changes or deletions to General Conditions are made in the Special Conditions, then the General Conditions shall prevail in their entirety,

**PART III BIDDING AND AWARD PROCEDURES:**

**3.01 SUBMISSION AND RECEIPT OF BIDS:** To receive consideration, bids must be received prior to the bid opening date and time. Unless otherwise specified, Bidder's should use the proposal forms provided by the City. These forms may be duplicated, but failure to use the forms may cause the bid to be rejected. Any erasures or corrections on the bid must be

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made in ink and initialed by Bidder in ink. All information submitted by the Bidder shall be printed, typewritten or filled in with pen and ink. Bids shall be signed in ink. Separate bids must be submitted for each ITB issued by the City in separate sealed envelopes properly marked. When a particular ITB or RFP requires multiple copies of bids or proposals they may be included in a single envelope or package properly sealed and identified. Only send bids via facsimile transmission (FAX) if the ITB specifically states that bids sent via FAX will be considered. If such a statement is not included in the ITB, bids sent via FAX will be rejected. Bids will be publicly opened in the Procurement Office, or other designated area, in the presence of Bidders, the public, and City staff. Bidders and the public are invited and encouraged to attend bid openings. Bids will be tabulated and made available for review by Bidder's and the public in accordance with applicable regulations.

- 3.02 MODEL NUMBER CORRECTIONS:** If the model number for the make specified in this ITB is incorrect, or no longer available and replaced with an updated model with new specifications, the Bidder shall enter the correct model number on the bidder proposal page. In the case of an updated model with new specifications, Bidder shall provide adequate information to allow the City to determine if the model bid meets the City's requirements.
- 3.03 PRICES QUOTED:** Deduct trade discounts, and quote firm net prices. Give both unit price and extended total. In the case of a discrepancy in computing the amount of the bid, the unit price quoted will govern. All prices quoted shall be F.O.B. destination, freight prepaid (Bidder pays and bears freight charges, Bidder owns goods in transit and files any claims), unless otherwise stated in Special Conditions. Each item must be bid separately. No attempt shall be made to tie any item or items contained in the ITB with any other business with the City.
- 3.04 TAXES:** The City of Fort Lauderdale is exempt from Federal Excise and Florida Sales taxes on direct purchase of tangible property. Exemption number for EIN is 59-6000319, and State Sales tax exemption number is 85-8013875578C-1.
- 3.05 WARRANTIES OF USAGE:** Any quantities listed in this ITB as estimated or projected are provided for tabulation and information purposes only. No warranty or guarantee of quantities is given or implied. It is understood that the Contractor will furnish the City's needs as they arise.
- 3.06 APPROVED EQUAL:** When the technical specifications call for a brand name, manufacturer, make, model, or vendor catalog number with acceptance of APPROVED EQUAL, it shall be for the purpose of establishing a level of quality and features desired and acceptable to the City. In such cases, the City will be receptive to any unit that would be considered by qualified City personnel as an approved equal. In that the specified make and model represent a level of quality and features desired by the City, the Bidder must state clearly in the bid any variance from those specifications. It is the Bidder's responsibility to provide adequate information, in the bid, to enable the City to ensure that the bid meets the required criteria. If adequate information is not submitted with the bid, it may be rejected. The City will be the sole judge in determining if the item bid qualifies as an approved equal.
- 3.07 MINIMUM AND MANDATORY TECHNICAL SPECIFICATIONS:** The technical specifications may include items that are considered minimum, mandatory, or required. If any Bidder is unable to meet or exceed these items, and feels that the technical specifications are overly restrictive, the bidder must notify the Procurement Services Department immediately. Such notification must be received by the Procurement Services Department prior to the deadline contained in the ITB, for questions of a material nature, or prior to five (5) days before bid due and open date, whichever occurs first. If no such notification is received prior to that deadline, the City will consider the technical specifications to be acceptable to all bidders.
- 3.08 MISTAKES:** Bidders are cautioned to examine all terms, conditions, specifications, drawings, exhibits, addenda, delivery instructions and special conditions pertaining to the ITB. Failure of the Bidder to examine all pertinent documents shall not entitle the bidder to any relief from the conditions imposed in the contract.
- 3.09 SAMPLES AND DEMONSTRATIONS:** Samples or inspection of product may be requested to determine suitability. Unless otherwise specified in Special Conditions, samples shall be requested after the date of bid opening, and if requested should be received by the City within seven (7) working days of request. Samples, when requested, must be furnished free of expense to the City and if not used in testing or destroyed, will upon request of the Bidder, be returned within thirty (30) days of bid award at Bidder's expense. When required, the City may request full demonstrations of units prior to award. When such demonstrations are requested, the Bidder shall respond promptly and arrange a demonstration at a convenient location. Failure to provide samples or demonstrations as specified by the City may result in rejection of a bid.
- 3.10 LIFE CYCLE COSTING:** If so specified in the ITB, the City may elect to evaluate equipment proposed on the basis of total cost of ownership. In using Life Cycle Costing, factors such as the following may be considered: estimated useful life, maintenance costs, cost of supplies, labor intensity, energy usage, environmental impact, and residual value. The City reserves the right to use those or other applicable criteria, in its sole opinion that will most accurately estimate total cost of use and ownership.
- 3.11 BIDDING ITEMS WITH RECYCLED CONTENT:** In addressing environmental concerns, the City of Fort Lauderdale encourages Bidders to submit bids or alternate bids containing items with recycled content. When submitting bids containing items with recycled content, Bidder shall provide documentation adequate for the City to verify the recycled content. The City prefers packaging consisting of materials that are degradable or able to be recycled. When specifically

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stated in the ITB, the City may give preference to bids containing items manufactured with recycled material or packaging that is able to be recycled.

- 3.12 USE OF OTHER GOVERNMENTAL CONTRACTS:** The City reserves the right to reject any part or all of any bids received and utilize other available governmental contracts, if such action is in its best interest.
- 3.13 QUALIFICATIONS/INSPECTION:** Bids will only be considered from firms normally engaged in providing the types of commodities/services specified herein. The City reserves the right to inspect the Bidder's facilities, equipment, personnel, and organization at any time, or to take any other action necessary to determine Bidder's ability to perform. The Procurement Director reserves the right to reject bids where evidence or evaluation is determined to indicate inability to perform.
- 3.14 BID SURETY:** If Special Conditions require a bid security, it shall be submitted in the amount stated. A bid security can be in the form of a bid bond, postal money order, cashiers check, or irrevocable letter of credit. Bid security will be returned to the unsuccessful bidders as soon as practicable after opening of bids. Bid security will be returned to the successful bidder after acceptance of the performance bond or irrevocable letter of credit, if required; acceptance of insurance coverage, if required; and full execution of contract documents, if required; or conditions as stated in Special Conditions.
- 3.15 PUBLIC RECORDS:** Florida law provides that municipal records shall at all times be open for personal inspection by any person. Section 119.01, F.S., the Public Records Law. Information and materials received by City in connection with an ITB response shall be deemed to be public records subject to public inspection upon award, recommendation for award, or 10 days after bid opening, whichever occurs first. However, certain exemptions to the public records law are statutorily provided for in Section 119.07, F.S. If the Proposer believes any of the information contained in his or her response is exempt from the Public Records Law, then the Proposer, must in his or her response, specifically identify the material which is deemed to be exempt and cite the legal authority for the exemption. The City's determination of whether an exemption applies shall be final, and the Proposer agrees to defend, indemnify, and hold harmless the City and the City's officers, employees, and agents, against any loss or damages incurred by any person or entity as a result of the City's treatment of records as public records.
- 3.16 PROHIBITION OF INTEREST:** No contract will be awarded to a bidding firm who has City elected officials, officers or employees affiliated with it, unless the bidding firm has fully complied with current Florida State Statutes and City Ordinances relating to this issue. Bidders must disclose any such affiliation. Failure to disclose any such affiliation will result in disqualification of the Bidder and removal of the Bidder from the City's bidder lists and prohibition from engaging in any business with the City.
- 3.17 RESERVATIONS FOR AWARD AND REJECTION OF BIDS:** The City reserves the right to accept or reject any or all bids, part of bids, and to waive minor irregularities or variations to specifications contained in bids, and minor irregularities in the bidding process. The City also reserves the right to award the contract on a split order basis, lump sum basis, individual item basis, or such combination as shall best serve the interest of the City. The City reserves the right to make an award to the responsive and responsible bidder whose product or service meets the terms, conditions, and specifications of the ITB and whose bid is considered to best serve the City's interest. In determining the responsiveness of the offer and the responsibility of the Bidder, the following shall be considered when applicable: the ability, capacity and skill of the Bidder to perform as required; whether the Bidder can perform promptly, or within the time specified, without delay or interference; the character, integrity, reputation, judgment, experience and efficiency of the Bidder; the quality of past performance by the Bidder; the previous and existing compliance by the Bidder with related laws and ordinances; the sufficiency of the Bidder's financial resources; the availability, quality and adaptability of the Bidder's supplies or services to the required use; the ability of the Bidder to provide future maintenance, service or parts; the number and scope of conditions attached to the bid.
- If the ITB provides for a contract trial period, the City reserves the right, in the event the selected bidder does not perform satisfactorily, to award a trial period to the next ranked bidder or to award a contract to the next ranked bidder, if that bidder has successfully provided services to the City in the past. This procedure to continue until a bidder is selected or the contract is re-bid, at the sole option of the City.
- 3.18 LEGAL REQUIREMENTS:** Applicable provisions of all federal, state, county laws, and local ordinances, rules and regulations, shall govern development, submittal and evaluation of all bids received in response hereto and shall govern any and all claims and disputes which may arise between person(s) submitting a bid response hereto and the City by and through its officers, employees and authorized representatives, or any other person, natural or otherwise; and lack of knowledge by any bidder shall not constitute a cognizable defense against the legal effect thereof.

**PART IV BONDS AND INSURANCE**

- 4.01 PERFORMANCE BOND/IRREVOCABLE LETTER OF CREDIT:** If a performance bond or irrevocable letter of credit is required in Special Conditions, the Contractor shall within fifteen (15) working days after notification of award, furnish to the City a Performance Bond or an Unconditional Irrevocable Letter of Credit payable to the City of Fort Lauderdale, Florida, in the face amount specified in Special Conditions as surety for faithful performance under the terms and conditions of the contract. If the bond is on an annual coverage basis, renewal for each succeeding year shall be submitted to the City thirty (30) days prior to the termination date of the existing Performance Bond. The Performance

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Bond must be executed by a surety company of recognized standing, authorized to do business in the State of Florida and having a resident agent. If a Letter of Credit is chosen, it must be in a form acceptable to the City, drawn on a local (Broward, Dade or Palm Beach Counties) bank acceptable to the City and issued in favor of the City of Fort Lauderdale, Florida. If a Bidder wishes to use a non-local bank, he must have prior City approval of the requirements to draw against the Letter of Credit.

Acknowledgement and agreement is given by both parties that the amount herein set for the Performance Bond or Irrevocable Letter of Credit is not intended to be nor shall be deemed to be in the nature of liquidated damages nor is it intended to limit the liability of the Contractor to the City in the event of a material breach of this Agreement by the Contractor.

- 4.02 INSURANCE:** If the Contractor is required to go on to City property to perform work or services as a result of ITB award, the Contractor shall assume full responsibility and expense to obtain all necessary insurance as required by City or specified in Special Conditions.

The Contractor shall provide to the Procurement Services Department original certificates of coverage and receive notification of approval of those certificates by the City's Risk Manager prior to engaging in any activities under this contract. The Contractor's insurance is subject to the approval of the City's Risk Manager. The certificates must list the City as an ADDITIONAL INSURED and shall have no less than thirty (30) days written notice of cancellation or material change. Further modification of the insurance requirements may be made at the sole discretion of the City's Risk Manager if circumstances change or adequate protection of the City is not presented. Bidder, by submitting the bid, agrees to abide by such modifications.

**PART V PURCHASE ORDER AND CONTRACT TERMS:**

- 5.01 COMPLIANCE TO SPECIFICATIONS, LATE DELIVERIES/PENALTIES:** Items offered may be tested for compliance to bid specifications. Items delivered which do not conform to bid specifications may be rejected and returned at Contractor's expense. Any violation resulting in contract termination for cause or delivery of items not conforming to specifications, or late delivery may also result in:
- Bidders name being removed from the City's bidder's mailing list for a specified period and Bidder will not be recommended for any award during that period.
  - All City Departments being advised to refrain from doing business with the Bidder.
  - All other remedies in law or equity.
- 5.02 ACCEPTANCE, CONDITION, AND PACKAGING:** The material delivered in response to ITB award shall remain the property of the Seller until a physical inspection is made and the material accepted to the satisfaction of the City. The material must comply fully with the terms of the ITB, be of the required quality, new, and the latest model. All containers shall be suitable for storage and shipment by common carrier, and all prices shall include standard commercial packaging. The City will not accept substitutes of any kind. Any substitutes or material not meeting specifications will be returned at the Bidder's expense. Payment will be made only after City receipt and acceptance of materials or services.
- 5.03 SAFETY STANDARDS:** All manufactured items and fabricated assemblies shall comply with applicable requirements of the Occupation Safety and Health Act of 1970 as amended, and be in compliance with Chapter 442, Florida Statutes. Any toxic substance listed in Section 38F-41.03 of the Florida Administrative Code delivered as a result of this order must be accompanied by a completed Material Safety Data Sheet (MSDS).
- 5.04 ASBESTOS STATEMENT:** All material supplied must be 100% asbestos free. Bidder, by virtue of bidding, certifies that if awarded any portion of the ITB the bidder will supply only material or equipment that is 100% asbestos free.
- 5.05 OTHER GOVERNMENTAL ENTITIES:** If the Bidder is awarded a contract as a result of this ITB, the bidder will, if the bidder has sufficient capacity or quantities available, provide to other governmental agencies, so requesting, the products or services awarded in accordance with the terms and conditions of the ITB and resulting contract. Prices shall be F.O.B. delivered to the requesting agency.
- 5.06 VERBAL INSTRUCTIONS PROCEDURE:** No negotiations, decisions, or actions shall be initiated or executed by the Contractor as a result of any discussions with any City employee. Only those communications which are in writing from an authorized City representative may be considered. Only written communications from Contractors, which are assigned by a person designated as authorized to bind the Contractor, will be recognized by the City as duly authorized expressions on behalf of Contractors.
- 5.07 INDEPENDENT CONTRACTOR:** The Contractor is an independent contractor under this Agreement. Personal services provided by the Proposer shall be by employees of the Contractor and subject to supervision by the Contractor, and not as officers, employees, or agents of the City. Personnel policies, tax responsibilities, social security, health insurance, employee benefits, procurement policies unless otherwise stated in this ITB, and other similar administrative procedures applicable to services rendered under this contract shall be those of the Contractor.
- 5.08 INDEMNITY/HOLD HARMLESS AGREEMENT:** The Contractor agrees to protect, defend, indemnify, and hold harmless the City of Fort Lauderdale and its officers, employees and agents from and against any and all losses, penalties, damages, settlements, claims, costs, charges for other expenses, or liabilities of every and any kind including attorneys

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fees, in connection with or arising directly or indirectly out of the work agreed to or performed by Contractor under the terms of any agreement that may arise due to the bidding process. Without limiting the foregoing, any and all such claims, suits, or other actions relating to personal injury, death, damage to property, defects in materials or workmanship, actual or alleged violations of any applicable Statute, ordinance, administrative order, rule or regulation, or decree of any court shall be included in the indemnity hereunder.

- 5.09 TERMINATION FOR CAUSE:** If, through any cause, the Contractor shall fail to fulfill in a timely and proper manner its obligations under this Agreement, or if the Contractor shall violate any of the provisions of this Agreement, the City may upon written notice to the Contractor terminate the right of the Contractor to proceed under this Agreement, or with such part or parts of the Agreement as to which there has been default, and may hold the Contractor liable for any damages caused to the City by reason of such default and termination. In the event of such termination, any completed services performed by the Contractor under this Agreement shall, at the option of the City, become the City's property and the Contractor shall be entitled to receive equitable compensation for any work completed to the satisfaction of the City. The Contractor, however, shall not be relieved of liability to the City for damages sustained by the City by reason of any breach of the Agreement by the Contractor, and the City may withhold any payments to the Contractor for the purpose of setoff until such time as the amount of damages due to the City from the Contractor can be determined.
- 5.10 TERMINATION FOR CONVENIENCE:** The City reserves the right, in its best interest as determined by the City, to cancel contract by giving written notice to the Contractor thirty (30) days prior to the effective date of such cancellation.
- 5.11 CANCELLATION FOR UNAPPROPRIATED FUNDS:** The obligation of the City for payment to a Contractor is limited to the availability of funds appropriated in a current fiscal period, and continuation of the contract into a subsequent fiscal period is subject to appropriation of funds, unless otherwise authorized by law.
- 5.12 RECORDS/AUDIT:** The Contractor shall maintain during the term of the contract all books of account, reports and records in accordance with generally accepted accounting practices and standards for records directly related to this contract. The form of all records and reports shall be subject to the approval of the City's Internal Auditor. The Contractor agrees to make available to the City's Internal Auditor, during normal business hours and in Broward, Miami-Dade or Palm Beach Counties, all books of account, reports and records relating to this contract for the duration of the contract and retain them for a minimum period of three (3) years beyond the last day of the contract term.
- 5.13 PERMITS, TAXES, LICENSES:** The successful Contractor shall, at their own expense, obtain all necessary permits, pay all licenses, fees and taxes, required to comply with all local ordinances, state and federal laws, rules and regulations applicable to business to be carried out under this contract.
- 5.14 LAWS/ORDINANCES:** The Contractor shall observe and comply with all Federal, state, local and municipal laws, ordinances rules and regulations that would apply to this contract.
- 5.15 NON-DISCRIMINATION:** There shall be no discrimination as to race, sex, color, creed, age or national origin in the operations conducted under this contract.
- 5.16 UNUSUAL CIRCUMSTANCES:** If during a contract term where costs to the City are to remain firm or adjustments are restricted by a percentage or CPI cap, unusual circumstances that could not have been foreseen by either party of the contract occur, and those circumstances significantly affect the Contractor's cost in providing the required prior items or services, then the Contractor may request adjustments to the costs to the City to reflect the changed circumstances. The circumstances must be beyond the control of the Contractor, and the requested adjustments must be fully documented. The City may, after examination, refuse to accept the adjusted costs if they are not properly documented, increases are considered to be excessive, or decreases are considered to be insufficient. In the event the City does not wish to accept the adjusted costs and the matter cannot be resolved to the satisfaction of the City, the City will reserve the following options:
6. The contract can be canceled by the City upon giving thirty (30) days written notice to the Contractor with no penalty to the City or Contractor. The Contractor shall fill all City requirements submitted to the Contractor until the termination date contained in the notice.
  7. The City requires the Contractor to continue to provide the items and services at the firm fixed (non-adjusted) cost until the termination of the contract term then in effect.
  8. If the City, in its interest and in its sole opinion, determines that the Contractor in a capricious manner attempted to use this section of the contract to relieve themselves of a legitimate obligation under the contract, and no unusual circumstances had occurred, the City reserves the right to take any and all action under law or equity. Such action shall include, but not be limited to, declaring the Contractor in default and disqualifying him for receiving any business from the City for a stated period of time.
- If the City does agree to adjusted costs, these adjusted costs shall not be invoiced to the City until the Contractor receives notice in writing signed by a person authorized to bind the City in such matters.
- 5.17 ELIGIBILITY:** If applicable, the Contractor must first register with the Department of State of the State of Florida, in accordance with Florida State Statutes, prior to entering into a contract with the City.

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- 5.18 PATENTS AND ROYALTIES:** The Contractor, without exception, shall indemnify and save harmless the City and its employees from liability of any nature and kind, including cost and expenses for or on account of any copyrighted, patented or un-patented invention, process, or article manufactured or used in the performance of the contract, including its use by the City. If the Contractor uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or costs arising from the use of such design, device, or materials in any way involved in the work.
- 5.19 ASSIGNMENT:** Contractor shall not transfer or assign the performance required by this ITB without the prior written consent of the City. Any award issued pursuant to this ITB, and the monies, which may become due hereunder, are not assignable except with the prior written approval of the City Commission or the City Manager or City Manager's designee, depending on original award approval.
- 5.20 LITIGATION VENUE:** The parties waive the privilege of venue and agree that all litigation between them in the state courts shall take place in Broward County, Florida and that all litigation between them in the federal courts shall take place in the Southern District in and for the State of Florida.

Form G-107 06/09 Rev.

# **YOUR BENEFIT PLAN**

## **City of Fort Lauderdale**

### **Dental Insurance for You and Your Dependents**

**Certificate Date: January 1, 2009**

City of Fort Lauderdale  
100 N Andrews Avenue  
Ft Lauderdale, FL 33301

TO OUR EMPLOYEES:

All of us appreciate the protection and security insurance provides.

This certificate describes the benefits that are available to you. We urge you to read it carefully.

City of Fort Lauderdale



Metropolitan Life Insurance Company  
200 Park Avenue, New York, New York 10166

## CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this certificate, subject to the provisions of this certificate. This certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

This certificate is part of the Group Policy. The Group Policy is a legal contract between MetLife and the Policyholder and may be changed or ended without Your consent or notice to You.

**Policyholder:** City of Fort Lauderdale

**Group Policy Number:** 139503-1-G

**Type of Insurance:** Dental Insurance

**MetLife Toll Free Number(s):  
For Claim Information** FOR DENTAL CLAIMS: 1-800-942-0854

PLEASE AFFIX THE STICKER  
SHOWING THE EMPLOYEE'S  
NAME AND EFFECTIVE DATE  
IN THIS SPACE.

**THIS CERTIFICATE ONLY DESCRIBES DENTAL INSURANCE.**

**THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE WAS ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT PROVIDE ALL THE BENEFITS REQUIRED BY MARYLAND LAW.**

**For Residents of North Dakota:** If You are not satisfied with Your Certificate, You may return it to Us within 20 days after You receive it, unless a claim has previously been received by Us under Your Certificate. We will refund within 30 days of Our receipt of the returned Certificate any Premium that has been paid and the Certificate will then be considered to have never been issued. You should be aware that, if You elect to return the Certificate for a refund of premiums, losses which otherwise would have been covered under Your Certificate will not be covered.

**WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.**

**For Texas Residents:****Para Residentes de Texas:****IMPORTANT NOTICE****AVISO IMPORTANTE**

To obtain information or make a complaint:

Para obtener informacion o para someter una queja:

You may call MetLife's toll free telephone number for information or to make a complaint at

Usted puede llamar al numero de telefono gratis de MetLife para informacion o para someter una queja al

1-800-942-0854

1-800-942-0854

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

1-800-252-3439

You may write the Texas Department of Insurance

Puede escribir al Departamento de Seguros de Texas

P.O. Box 149104  
Austin, TX 78714-9104  
Fax # (512) 475-1771

P.O. Box 149104  
Austin, TX 78714-9104  
Fax # (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Web: <http://www.tdi.state.tx.us>

Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

**PREMIUM OR CLAIM DISPUTES:** Should You have a dispute concerning Your premium or about a claim, You should contact MetLife first. If the dispute is not resolved, You may contact the Texas Department of Insurance.

**DISPUTAS SOBRE PRIMAS O RECLAMOS:** Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con MetLife primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

**ATTACH THIS NOTICE TO YOUR CERTIFICATE:**

This notice is for information only and does not become a part or condition of the attached document.

**UNA ESTE AVISO A SU CERTIFICADO:**

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

## **DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS**

### **NOTICE FOR RESIDENTS OF TEXAS**

If You reside in Texas, note the following Procedures for Dental Claims will be followed:

#### **Procedures for Presenting Claims for Dental Insurance Benefits**

All claim forms needed to file for Dental Insurance benefits under the group insurance program can be obtained from the Employer who can also answer questions about the insurance benefits and to assist You or, if applicable, Your beneficiary in filing claims. Dental claim forms can also be downloaded from [www.metlife.com/dental](http://www.metlife.com/dental). The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

#### **Routine Questions on Dental Insurance Claims**

If there is any question about a claim payment, an explanation may be requested from MetLife by dialing 1-800-942-0854.

#### **Claim Submission**

For claims for Dental Insurance benefits, the claimant must complete the appropriate claim form and submit the required proof as described in the FILING A CLAIM section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

#### **Initial Determination**

After You submit a claim for Dental Insurance benefits to MetLife, MetLife will notify You acknowledging receipt of Your claim, commence with any investigation, and request any additional information within 15 days of receipt of Your claim.

MetLife will notify You in writing of the acceptance or rejection of Your claim within 15 business days of receipt of all information needed to process Your claim.

If MetLife cannot accept or reject Your claim within 15 business days after receipt of all information, MetLife will notify You within 15 business days stating the reason why we require an extension. If an extension is requested, We will notify You of our decision to approve or deny Your claim within 45 days. Upon notification of approval, Your claim will be paid within 5 business days.

If MetLife denies Your claim in whole or in part, the notification of the claims decision will state the reason why Your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criterion was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria and indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge.

#### **Appealing the Initial Determination**

If MetLife denies Your claim, You may take two appeals of the initial determination. Upon Your written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim. You must submit Your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee
- Name of the Plan
- Reference to the initial decision
- Whether the appeal is the first or second appeal of the initial determination
- An explanation why You are appealing the initial determination.

**DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS (continued)**

As part of each appeal, You may submit any written comments, documents, records, or other information relating to Your claim.

After MetLife receives Your written request appealing the initial determination or determination on the first appeal, MetLife will conduct a full and fair review of Your claim. Deference will not be given to initial denials, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of dentistry involved in the judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

MetLife will notify You in writing of its final decision within 30 days after MetLife's receipt of Your written request for review, except that under special circumstances MetLife may have up to an additional 30 days to provide written notification of the final decision. If such an extension is required, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason(s) why such an extension is needed, and state when it will make its determination.

If MetLife denies the claim on appeal, MetLife will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge. Upon written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim.

**NOTICE FOR RESIDENTS OF ARKANSAS**

If You have a question concerning Your coverage or a claim, first contact the Policyholder or group account administrator. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third  
Little Rock, Arkansas 72204-1904  
1-800-852-5494

## **NOTICE FOR RESIDENTS OF CALIFORNIA**

### **IMPORTANT NOTICE**

**TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT THE POLICYHOLDER OR THE METLIFE CLAIM OFFICE SHOWN ON THE EXPLANATION OF BENEFITS YOU RECEIVE AFTER FILING A CLAIM.**

**IF, AFTER CONTACTING THE POLICYHOLDER AND/OR METLIFE, YOU FEEL THAT A SATISFACTORY SOLUTION HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA INSURANCE DEPARTMENT AT:**

**DEPARTMENT OF INSURANCE  
300 SOUTH SPRING STREET  
LOS ANGELES, CA 90013  
1 (800) 927-4357**

## **NOTICE FOR RESIDENTS OF GEORGIA**

### **IMPORTANT NOTICE**

The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

## **NOTICE FOR RESIDENTS OF ILLINOIS**

### **IMPORTANT NOTICE**

To make a complaint to MetLife, You may write to:

MetLife  
200 Park Avenue  
New York, New York 10166

The address of the Illinois Department of Insurance is:

Illinois Department of Insurance  
Public Services Division  
Springfield, Illinois 62767

## NOTICE FOR NEW HAMPSHIRE RESIDENTS

### CONTINUATION OF YOUR DENTAL INSURANCE

If You are a resident of New Hampshire, Your Dental Insurance may be continued if it ends because Your employment ends unless:

- Your employment ends due to Your gross misconduct;
- this Dental Insurance ends for all employees;
- this Dental Insurance is changed to end Dental Insurance for the class of employees to which You belong;
- You are entitled to enroll in Medicare; or
- Your Dental Insurance ends because You failed to pay the required premium.

The Employer must give You written notice of:

- Your right to continue Your Dental Insurance;
- the amount of premium payment that is required to continue Your Dental Insurance;
- the manner in which You must request to continue Your Dental Insurance and pay premiums; and
- the date by which premium payments will be due.

The premium that You must pay for Your continued Dental Insurance may include:

- any amount that You contributed for Your Dental Insurance before it ended;
- any amount the Employer paid; and
- an administrative charge which will not to exceed two percent of the rest of the premium.

To continue Your Dental Insurance, You must:

- send a written request to continue Your Dental Insurance; and
- pay the first premium within 30 days after the date Your employment ends.

The maximum continuation period will be the longest of:

- 36 months if Your employment ends because You retire, and within 12 months of retirement You have a substantial loss of coverage because the employer files for bankruptcy protection under Title 11 of the United States Code;
- 29 months if You become entitled to disability benefits under Social Security within 60 days of the date Your Employment ends; or
- 18 months.

Your continued Dental Insurance will end on the earliest of the following to occur:

- the end of the maximum continuation period;
- the date this Dental Insurance ends;
- the date this Dental Insurance is changed to end Dental Insurance for the class of employees to which You belong;
- the date You are entitled to enroll for Medicare;
- if You do not pay the required premium to continue Your Dental Insurance; or
- the date You become eligible for coverage under any other group dental coverage.

## **NOTICE FOR NEW HAMPSHIRE RESIDENTS (Continued)**

### **CONTINUATION OF YOUR DEPENDENT'S DENTAL INSURANCE**

If You are a resident of New Hampshire, Your Dental Insurance for Your Dependents may be continued if it ends because Your employment ends, Your marriage ends in divorce or separation, or You die, unless:

- Your employment ends due to Your gross misconduct;
- this Dental Insurance ends for all Dependents;
- this Dental Insurance is changed, for the class of employees to which You belong, to end Dental Insurance for Dependents;
- the Your Dependent is entitled to enroll in Medicare; or
- Your Dental Insurance for Your Dependents ends because You fail to pay a required premium.

If Dental Insurance for Your Dependents ends because Your marriage ends in divorce or separation, the party responsible under the divorce decree or separation agreement for payment of premium for continued Dental Insurance must notify the employer, in writing, within 30 days of the date of the divorce decree or separation agreement that the divorce or separation has occurred. If You and Your divorced or separated Spouse share responsibility for payment of the premium for continued Dental Insurance, both You and Your divorced or separated Spouse must provide the notification.

The Employer must give You, or Your former Spouse if You have died or Your marriage has ended, written notice of:

- Your right to continue Your Dental Insurance for Your Dependents;
- the amount of premium payment that is required to continue Your Dental Insurance for Your Dependents;
- the manner in which You or Your former Spouse must request to continue Your Dental Insurance for Your Dependents and pay premiums; and
- the date by which premium payments will be due.

The premium that You or Your former Spouse must pay for continued Dental Insurance for Your Dependents may include:

- any amount that You contributed for Your Dental Insurance before it ended; and
- any amount the Employer paid.

To continue Dental Insurance for Your Dependents, You or Your former Spouse must:

- send a written request to continue Dental Insurance for Your Dependents; and
- must pay the first premium within 30 days of the date Dental Insurance for Your Dependents ends.

If You, and Your former Spouse, if applicable, fail to provide any required notification, or fail to request to continue Dental Insurance for Your Dependents and pay the first premium within the time limits stated in this section, Your right to continue Dental Insurance for Your Dependents will end.

## **NOTICE FOR NEW HAMPSHIRE RESIDENTS (Continued)**

### **CONTINUATION OF YOUR DEPENDENT'S DENTAL INSURANCE (Continued)**

The maximum continuation period will be the longest of the following that applies:

- 36 months if Dental Insurance for Your Dependents ends because Your marriage ends in divorce or separation, except that with respect to a Spouse who is age 55 or older when your marriage ends in divorce or separation the maximum continuation period will end when the divorced or separated Spouse becomes eligible for Medicare or eligible for participation in another employer's group plan;
- 36 months if Dental Insurance for Your Dependents ends because You die, except that with respect to a Spouse who is age 55 or older when You die, the maximum continuation period will end when Your surviving Spouse becomes eligible for Medicare or eligible for participation in another employer's group dental coverage;
- 36 months if Dental Insurance for Your Dependents ends because You become entitled to benefits under Title XVIII of Social Security, except that with respect to a Spouse who is age 55 or older when You become entitled to benefits under Title XVIII of Social Security, the maximum continuation period will end when the divorced or separated Spouse becomes eligible for Medicare or eligible for participation in another employer's group dental coverage;
- 36 months if You become entitled to benefits under Title XVIII of Social Security while You are already receiving continued benefits under this section, except that with respect to a Spouse who is age 55 or older when You first become entitled to continue Your Dental Insurance the maximum continuation period will end when the divorced or separated Spouse becomes eligible for Medicare or eligible for participation in another employer's group dental coverage;
- 36 months with respect to a Dependent Child if Dental Insurance ends because the Child ceases to be a Dependent Child;
- 36 months if Your employment ends because You retire, and within 12 months of retirement You have a substantial loss of coverage because the employer files for bankruptcy protection under Title 11 of the United States Code;
- 29 months if Dental Insurance for Your Dependents ends because Your employment ends, and within 60 days of the date Your employment ends you become entitled to disability benefits under Social Security; or
- 18 months if Dental Insurance for Your Dependents ends because Your employment ends.

A Dependent's continued Dental Insurance will end on the earliest of the following to occur:

- the end of the maximum continuation period;
- the date this Dental Insurance ends;
- the date this Dental Insurance is changed to end Dental Insurance for Dependents for the class of employees to which You belong;
- the date the Dependent becomes entitled to enroll for Medicare;
- if You do not pay a required premium to continue Dental Insurance for Your Dependents; or
- the date the Dependent becomes eligible for coverage under any other group dental coverage.

**NOTICE FOR RESIDENTS OF NORTH CAROLINA**

**Read your Certificate Carefully.**

**This Certificate Contains a Pre-existing Condition Limitation.**

**NOTICE FOR RESIDENTS OF NORTH CAROLINA**

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL:

- (1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND
- (2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES.

VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

## NOTICE FOR RESIDENTS OF PENNSYLVANIA

Dental Insurance for a Dependent Child may be continued past the age limit if that Child is a full-time student and insurance ends due to the Child being ordered to active duty (other than active duty for training) for 30 or more consecutive days as a member of the Pennsylvania National Guard or a Reserve Component of the Armed Forces of the United States.

Insurance will continue if such Child:

- re-enrolls as a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located;
- re-enrolls for the first term or semester, beginning 60 or more days from the child's release from active duty;
- continues to qualify as a Child, except for the age limit; and
- submits the required Proof of the child's active duty in the National Guard or a Reserve Component of the United States Armed Forces

Subject to the Date Insurance For Your Dependents Ends subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, this continuation will continue until the earliest of the date:

- the insurance has been continued for a period of time equal to the duration of the child's service on active duty; or
- the child is no longer a full-time student.

## **NOTICE FOR RESIDENTS OF TEXAS**

The exclusion of services which are primarily cosmetic will not apply to the treatment or correction of a congenital defect of a newborn child.

## **NOTICE FOR RESIDENTS OF UTAH**

### **NOTICE TO POLICYHOLDERS**

Insurance companies licensed to sell life insurance, health insurance, or annuities in the State of Utah are required by law to be members of an organization called the Utah Life and Health Insurance Guaranty Association ("ULHIGA"). If an insurance company that is licensed to sell insurance in Utah becomes insolvent (bankrupt), and is unable to pay claims to its policyholders, the law requires ULHIGA to pay some of the insurance company's claims. The purpose of this notice is to briefly describe some of the benefits and limitations provided to Utah insureds by ULHIGA.

### **PEOPLE ENTITLED TO COVERAGE**

- You must be a Utah resident.
- You must have insurance coverage under an individual or group policy.

### **POLICIES COVERED**

- ULHIGA provides coverage for certain life, health and annuity insurance policies.

### **EXCLUSIONS AND LIMITATIONS**

Several kinds of insurance policies are specifically excluded from coverage. There are also a number of limitations to coverage. The following are not covered by ULHIGA:

- Coverage through an HMO.
- Coverage by insurance companies not licensed in Utah.
- Self-funded and self-insured coverage provided by an employer that is only administered by an insurance company.
- Policies protected by another state's Guaranty Association.
- Policies where the insurance company does not guarantee the benefits.
- Policies where the policyholder bears the risk under the policy.
- Re-insurance contracts.
- Annuity policies that are not issued to and owned by an individual, unless the annuity policy is issued to a pension benefit plan that is covered.
- Policies issued to pension benefit plans protected by the Federal Pension Benefit Guaranty Corporation.
- Policies issued to entities that are not members of the ULHIGA, including health plans, fraternal benefit societies, state pooling plans and mutual assessment companies.

### **LIMITS ON AMOUNT OF COVERAGE**

Caps are placed on the amount ULHIGA will pay. These caps apply even if you are insured by more than one policy issued by the insolvent company. The maximum ULHIGA will pay is the amount of your coverage or \$500,000 — whichever is lower. Other caps also apply:

- \$100,000 in net cash surrender values.

**NOTICE FOR RESIDENTS OF UTAH (continued)**

- \$500,000 in life insurance death benefits (including cash surrender values).
- \$500,000 in health insurance benefits.
- \$200,000 in annuity benefits — if the annuity is issued to and owned by an individual or the annuity is issued to a pension plan covering government employees.
- \$5,000,000 in annuity benefits to the contract holder of annuities issued to pension plans covered by the law. (Other limitations apply).
- Interest rates on some policies may be adjusted downward.

**DISCLAIMER*****PLEASE READ CAREFULLY:***

**COVERAGE FROM ULHIGA MAY BE UNAVAILABLE UNDER THIS POLICY. OR, IF AVAILABLE, IT MAY BE SUBJECT TO SUBSTANTIAL LIMITATIONS OR EXCLUSIONS. THE DESCRIPTION OF COVERAGES CONTAINED IN THIS DOCUMENT IS AN OVERVIEW. IT IS NOT A COMPLETE DESCRIPTION. YOU CANNOT RELY ON THIS DOCUMENT AS A DESCRIPTION OF COVERAGE. FOR A COMPLETE DESCRIPTION OF COVERAGE, CONSULT THE UTAH CODE, TITLE 31A, CHAPTER 28.**

**COVERAGE IS CONDITIONED ON CONTINUED RESIDENCY IN THE STATE OF UTAH.**

**THE PROTECTION THAT MAY BE PROVIDED BY ULHIGA IS NOT A SUBSTITUTE FOR CONSUMERS' CARE IN SELECTING AN INSURANCE COMPANY THAT IS WELL-MANAGED AND FINANCIALLY STABLE.**

**INSURANCE COMPANIES AND INSURANCE AGENTS ARE REQUIRED BY LAW TO GIVE YOU THIS NOTICE. THE LAW DOES, HOWEVER, PROHIBIT THEM FROM USING THE EXISTENCE OF ULHIGA AS AN INDUCEMENT TO SELL YOU INSURANCE.**

**THE ADDRESS OF ULHIGA AND THE INSURANCE DEPARTMENT ARE PROVIDED BELOW.**

Utah Life and Health Insurance  
Guaranty Association  
955 E. Pioneer Rd.  
Draper, Utah 84114

Utah Insurance Department  
State Office Building, Room 3110  
Salt Lake City, Utah 84114

## FOR RESIDENTS OF VIRGINIA

### IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event You need to contact someone about this insurance for any reason please contact Your agent. If no agent was involved in the sale of this insurance, or if You have additional questions You may contact the insurance company issuing this insurance at the following address and telephone number:

MetLife  
200 Park Avenue  
New York, New York 10166  
Attn: Corporate Customer Relations Department

To phone in a claim related question, You may call Claims Customer Service at:  
1-800-275-4638

If You have been unable to contact or obtain satisfaction from the company or the agent, You may contact the Virginia State Corporation Commission's Bureau of Insurance at:

The Office of the Managed Care Ombudsman  
Bureau of Insurance  
P.O. Box 1157  
Richmond, VA 23209  
1-877-310-6560 - toll-free  
1-804-371-9032 - locally  
[www.scc.virginia.gov](http://www.scc.virginia.gov) - web address  
[ombudsman@scc.virginia.gov](mailto:ombudsman@scc.virginia.gov) - email

Or:

The Virginia Department of Health (The Center for Quality Health Care Services and Consumer Protection)  
3600 West Broad St  
Suite 216  
Richmond, VA 23230  
1-800-955-1819

Written correspondence is preferable so that a record of Your inquiry is maintained. When contacting Your agent, company or the Bureau of Insurance, have Your policy number available.

**IMPORTANT INFORMATION REGARDING YOUR INSURANCE**

If You have any questions regarding an appeal or grievance concerning the dental services that You have been provided that have not been satisfactorily addressed by this Dental Insurance, You may contact the Virginia Office of the Managed Care Ombudsman for assistance.

You may contact the Virginia Office of the Managed Care Ombudsman either by dialing toll free at (877) 310-6560, or locally at (804) 371-9032, via the internet at Web address [www.scc.virginia.gov](http://www.scc.virginia.gov), email at [ombudsman@scc.virginia.gov](mailto:ombudsman@scc.virginia.gov), or mail to:

The Office of the Managed Care Ombudsman  
Bureau of Insurance, P.O. Box 1157  
Richmond, VA 23218

**NOTICE FOR RESIDENTS OF WISCONSIN****KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

**PROBLEMS WITH YOUR INSURANCE?** - If You are having problems with Your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve Your problem.

MetLife  
Attn: Corporate Consumer Relations Department  
200 Park Avenue  
New York, NY 10166-0188  
1-800-638-5433

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance  
Complaints Department  
P.O. Box 7873  
Madison, WI 53707-7873  
1-800-236-8517 outside of Madison or 266-0103 in Madison.

## **NOTICE FOR RESIDENTS OF ALL STATES WHO ARE INSURED FOR DENTAL INSURANCE**

### **Notice Regarding Your Rights and Responsibilities**

#### Rights:

- We will treat communications, financial records and records pertaining to Your care in accordance with all applicable laws relating to privacy.
- Decisions with respect to dental treatment are the responsibility of You and the dentist. We neither require nor prohibit any specified treatment. However, only certain specified services are covered for benefits. Please see the Dental Insurance sections of this certificate for more details.
- You may request a pre-treatment estimate of benefits for the dental services to be provided. However, actual benefits will be determined after treatment has been performed.
- You may request a written response from MetLife to any written concern or complaint.
- You have the right to receive an explanation of benefits which describes the benefit determinations for Your dental insurance.

#### Responsibilities:

- You are responsible for the prompt payment of any charges for services performed by the dentist. If the dentist agrees to accept part of the payment directly from MetLife, You are responsible for prompt payment of the remaining part of the dentist's charge.
- You should consult with the dentist about treatment options, proposed and potential procedures, anticipated outcomes, potential risks, anticipated benefits and alternatives. You should share with the dentist the most current, complete and accurate information about Your medical and dental history and current conditions and medications.
- You should follow the treatment plans and health care recommendations agreed upon by You and the dentist.

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## SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents will only be insured for the benefits:

- for which You and Your Dependents become and remain eligible;
- which You elect, if subject to election; and
- which are in effect.

### BENEFIT

### BENEFIT AMOUNT AND HIGHLIGHTS

#### Dental Insurance For You and Your Dependents

Covered Percentage for:	In-Network based on the Maximum Allowed Charge	Out-of-Network based on the Reasonable and Customary Charge
Type A Services	100%	100%
Type B Services	100%	100%
Type C Services	60%	60%
Orthodontic Covered Services	60%	60%
<b>Maximum Benefit:</b>		
Yearly Individual Maximum	\$1,500 for the following Covered Services: Type A; Type B; Type C	\$1,500 for the following Covered Services: Type A; Type B; Type C
Lifetime Individual Maximum for Orthodontic Covered Services	\$2,500	\$2,500

## DEFINITIONS

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

**Actively at Work or Active Work** means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:

- the Policyholder's place of business;
- an alternate place approved by the Policyholder; or
- a place to which the Policyholder's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Policyholder approved vacations, holidays or business closures if You were Actively at Work on the last scheduled work day preceding such time off.

**Cast Restoration** means an inlay, onlay, or crown.

**Child** means the following:

- Your natural, adopted, or stepchild who is under age 26, supported by and living with You. The term also includes Your natural, adopted or stepchild under age 26 who is:
  - supported by You; and
  - a full-time or part-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located.

The definition of Child includes newborns, adopted children from the time of placement in Your home; adopted newborns if an agreement to adopt is entered into prior to birth, and the child is placed in Your home; and children placed in Your home pursuant to a court order including foster children.

**The term does not include** any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

For Texas residents **Child** means the following:

Your natural child, adopted child or stepchild who is under age 25 and unmarried. **The term also includes** Your grandchild who is under age 25, unmarried and who was able to be claimed by You as a dependent for Federal Income Tax purposes at the time You applied for Dental Insurance.

A child will be considered Your adopted child during the period You are party to a suit in which You are seeking the adoption of the child.

If You provide Us notice, a Child also includes a child for whom You must provide Dental Insurance due to a Qualified Medical Child Support Order as defined in the United States Employee Retirement Income Security Act of 1974 as amended.

- **The term does not include** any person who is insured under the Group Policy as an employee.

**Contributory Insurance** means insurance for which the Policyholder requires You to pay any part of the premium.

Contributory Insurance includes: Dental Insurance.

## DEFINITIONS (continued)

**Covered Percentage** means:

- for a Covered Service performed by an In-Network Dentist, the percentage of the Maximum Allowed Charge that We will pay for such services after any required Deductible is satisfied; and
- for a Covered Service performed by an Out-of-Network Dentist, the percentage of the Reasonable and Customary Charge that We will pay for such services after any required Deductible is satisfied.

**Covered Service** means a dental service used to treat Your or Your Dependent's dental condition which is:

- prescribed or performed by a Dentist while such person is insured for Dental Insurance;
- Dentally Necessary to treat the condition; and
- described in the SCHEDULE OF BENEFITS or DENTAL INSURANCE sections of this certificate.

**Dental Hygienist** means a person trained to:

- remove calcareous deposits and stains from the surfaces of teeth; and
- provide information on the prevention of oral disease.

**Dentally Necessary** means that a dental service or treatment is performed in accordance with generally accepted dental standards as determined by Us and is:

- necessary to treat decay, disease or injury of the teeth; or
- essential for the care of the teeth and supporting tissues of the teeth.

**Dentist** means:

- a person licensed to practice dentistry in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Dentist's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where the services are performed and must act within the scope of that license. The person must also be certified and/or registered if required by such jurisdiction.

For purposes of Dental Insurance, the term will include a Physician who performs a Covered Service.

**Dentures** means fixed partial dentures (bridgework), removable partial dentures and removable full dentures.

**Dependent(s)** means Your Spouse and/or Child.

**Full-Time** means Active Work on the Policyholder's regular work schedule for the eligible class of employees to which You belong. The work schedule must be at least 35 hours a week.

**In-Network Dentist** means a Dentist who participates in the Preferred Dentist Program and has a contractual agreement with Us to accept the Maximum Allowed Charge as payment in full for a dental service.

**Maximum Allowed Charge** means the lesser of:

- the amount charged by the Dentist; or
- the maximum amount which the In-Network Dentist has agreed with Us to accept as payment in full for the dental service.

**Out-of-Network Dentist** means a Dentist who does not participate in the Preferred Dentist Program.

## DEFINITIONS (continued)

**Physician** means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where he performs the service and must act within the scope of that license. He must also be certified and/or registered if required by such jurisdiction.

**Proof** means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this certificate. When a claim is made for any benefit described in this certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Proof must be provided at the claimant's expense.

**Reasonable and Customary Charge** is the lowest of:

- the Dentist's actual charge for the services or supplies (or, if the provider of the service or supplies is not a Dentist, such other provider's actual charge for the services or supplies); or
- the usual charge by the Dentist or other provider of the services or supplies for the same or similar services or supplies; or
- the usual charge of other Dentists or other providers in the same geographic area equal to the 70th percentile of charges as determined by MetLife based on charge information for the same or similar services or supplies maintained in MetLife's Reasonable and Customary Charge records (the 'Customary Charge'). Where MetLife determines that there is inadequate charge information maintained in MetLife's Reasonable and Customary Charge records for the geographic area in question, the Customary Charge will be determined based on actuarially sound principles.

An example of how the 70th percentile is calculated is to assume one hundred (100) charges for the same service are contained in MetLife's Reasonable and Customary charge records. These one hundred (100) charges would be sorted from lowest to highest charged amount and numbered 1 through 100. The 70th percentile of charges is the charge that is greater than or equal to the charged numbered 70th.

**Signed** means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**Spouse** means Your lawful spouse.

**The term does not include** any person who:

- is in the military of any country or subdivision of any country
- is insured under the Group Policy as an employee.

**We, Us and Our** mean MetLife.

**Written or Writing** means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**DEFINITIONS (continued)**

**Year** or **Yearly**, for Dental Insurance, means the 12 month period that begins January 1.

**You** and **Your** mean an employee who is insured under the Group Policy for the insurance described in this certificate.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU**

### **ELIGIBLE CLASS(ES)**

#### **All Full-Time employees of the Policyholder.**

You are eligible for insurance if You were Actively at Work and covered for insurance on the day immediately preceding the date of Your retirement and have retired in accord with the Policyholder's retirement plan. Please be aware that:

- references to Active Work and Actively at Work will not apply; and
- end of employment will mean the end of the person's status as a retiree, as stated in the Policyholder's retirement plan.

### **DATE YOU ARE ELIGIBLE FOR INSURANCE**

You may only become eligible for the insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

If You are in an eligible class on January 1, 2009, You will be eligible for the insurance described in this certificate on that date.

If You enter an eligible class after January 1, 2009, You will be eligible for insurance on the first day of the month following the date You enter that class.

### **ENROLLMENT PROCESS FOR DENTAL INSURANCE**

If You are eligible for insurance, You may enroll for such insurance by completing the required form in Writing. If You enroll for Contributory Insurance, You must also give the Policyholder Written permission to deduct premiums from Your pay for such insurance. You will be notified by the Policyholder how much You will be required to contribute.

The Dental Insurance has a regular enrollment period established by the Policyholder. Subject to the rules of the Group Policy, You may enroll for Dental Insurance only when You are first eligible or during an annual enrollment period or if You have a Qualifying Event. You should contact the Policyholder for more information regarding the flexible benefits plan.

### **DATE YOUR INSURANCE TAKES EFFECT**

#### **Enrollment When First Eligible**

If You complete the enrollment process within 31 days of becoming eligible for insurance, such insurance will take effect on the date You become eligible, provided You are Actively at Work on that date.

If You are not Actively at Work on the date the insurance would otherwise take effect, the insurance will take effect on the day You resume Active Work.

#### **If You Do Not Enroll When First Eligible**

If You do not complete the enrollment process within 31 days of becoming eligible, You will not be able to enroll for insurance until the next enrollment period for Dental Insurance, as determined by the Policyholder, following the date You first become eligible. At that time You will be able to enroll for insurance for which You are then eligible.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)**

### **Enrollment During Any Dental Enrollment Period**

During any annual enrollment period as determined by the Policyholder, You may enroll for insurance for which You are eligible or choose a different option than the one for which You are currently enrolled. If You are not currently enrolled for Dental Insurance but You enroll during an enrollment period, the Dental Insurance takes effect one year after Your request. Otherwise the changes to Your Insurance made during an enrollment period will take effect on the first day of the month following the enrollment period, if You are Actively at Work on that date.

If You are not Actively at Work on the date the insurance would otherwise take effect, insurance will take effect on the date You resume Active Work.

### **Enrollment Due to a Qualifying Event**

You may enroll for insurance, for which You are eligible, or change the amount of Your insurance between annual enrollment periods only if You have a Qualifying Event.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for, or changes to Your insurance made as a result of a Qualifying Event, will take effect on the first day of the month following the date of Your request, if You are Actively at Work on that date.

If You are not Actively at Work on the date the insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

**Qualifying Event** includes:

- marriage; or
- the birth, adoption or placement for adoption of a dependent child; or
- divorce, legal separation or annulment; or
- the death of a dependent; or
- a change in Your or Your dependent's employment status, such as beginning or ending employment, strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes You or Your dependent to gain or lose eligibility for group coverage; or
- Your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage; or
- You previously did not enroll for Dental Insurance for You or Your dependent because You had other group coverage, but that coverage has ceased due to one or more of the following reasons:
  1. loss of eligibility for the other group coverage;
  2. termination of employer contributions for the other group coverage;
  3. COBRA Continuation of the other group coverage was exhausted.

### **DATE YOUR INSURANCE ENDS**

Your insurance will end on the earliest of:

1. the date the Group Policy ends;
2. the date insurance ends for Your class;
3. the end of the period for which the last premium has been paid for You;
4. the last day of the calendar month in which Your employment ends; Your employment will end if You

**ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)**

cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS**

### **ELIGIBLE CLASS(ES) FOR DEPENDENT INSURANCE**

**All Full-Time employees of the Policyholder.**

### **DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE**

You may only become eligible for the Dependent insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

If You are in an eligible class on January 1, 2009, You will be eligible for Dependent insurance on the later of:

1. the first day of the month following the date You enter a class eligible for insurance;
2. the date You obtain a Dependent.

If You enter an eligible class after January 1, 2009, You will be eligible for Dependent insurance on the later of:

1. the first day of the month following the date You enter a class eligible for insurance; and
2. the date You obtain a Dependent.

No person may be insured as a Dependent of more than one employee.

### **ENROLLMENT PROCESS FOR DEPENDENT DENTAL INSURANCE**

If You are eligible for Dependent Insurance, You may enroll for such insurance by completing the required form in Writing for each Dependent to be insured. If You enroll for Contributory Insurance, You must also give the Policyholder Written permission to deduct premiums from Your pay for such insurance. You will be notified by the Policyholder how much You will be required to contribute.

In order to enroll for Dental insurance for Your Dependents, You must either (a) already be enrolled for Dental Insurance for You or (b) enroll at the same time for Dental Insurance for You.

The Dental Insurance has a regular enrollment period established by the Policyholder. Subject to the rules of the Group Policy, You may enroll for Dependent Dental Insurance only when You are first eligible or during an enrollment period or if You have a Qualifying Event. You should contact the Policyholder for more information regarding the flexible benefits plan.

### **DATE DENTAL INSURANCE TAKES EFFECT FOR YOUR DEPENDENTS**

#### **Enrollment When First Eligible**

If You complete the enrollment process within 31 days of becoming eligible for Dependent Insurance, such insurance will take effect on the date You become eligible, provided You are Actively at Work on that date.

If You are not Actively at Work on the date the insurance would otherwise take effect, the insurance will take effect on the day You resume Active Work.

#### **If You Do Not Enroll When First Eligible**

If You do not complete the enrollment process within 31 days of becoming eligible, You will not be able to enroll for Dependent Insurance until the next enrollment period for Dental Insurance, as determined by the Policyholder, following the date You first become eligible. At that time You will be able to enroll for insurance for which You are then eligible.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (continued)**

### **Enrollment During Any Dental Enrollment Period**

During any annual enrollment period as determined by the Policyholder, You may enroll for Dependent Insurance for which You are eligible or choose a different option than the one for which Your Dependents are currently enrolled. If You are not currently enrolled for Dependent Insurance but You enroll during an enrollment period, the Dependent Insurance takes effect one year after Your request. Otherwise the changes to Your Dependent Insurance made during an enrollment period will take effect on the first day of the month following the enrollment period, if You are Actively at Work on that date.

If You are not Actively at Work on the date the insurance would otherwise take effect, insurance will take effect on the date You resume Active Work.

### **Enrollment Due to a Qualifying Event**

You may enroll for Dependent Insurance for which You are eligible or change the amount of Your Dependent Insurance between annual enrollment periods only if You have a Qualifying Event.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for or changes to Your insurance made as a result of a Qualifying Event will take effect on the first day of the month following the date of Your request, if You are Actively at Work on that date.

If You are not Actively at Work on the date the Insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

### **Qualifying Event** includes:

- marriage; or
- the birth, adoption or placement for adoption of a dependent child; or
- divorce, legal separation or annulment; or
- the death of a dependent; or
- a change in Your or Your dependent's employment status, such as beginning or ending employment, strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes You or Your dependent to gain or lose eligibility for group coverage; or
- Your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage; or
- You previously did not enroll for Dental Insurance for You or Your dependent because You had other group coverage, but that coverage has ceased due to one or more of the following reasons:
  1. loss of eligibility for the other group coverage;
  2. termination of employer contributions for the other group coverage;
  3. COBRA Continuation of the other group coverage was exhausted.

Once You have enrolled one Child for Dependent insurance, each succeeding Child will automatically be insured for such insurance on the date the Child qualifies as a Dependent.

**ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (continued)****DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS**

A Dependent's insurance will end on the earliest of:

1. the date You die;
2. the date Dental Insurance for You ends;
3. the date the Group Policy ends;
4. the date insurance for Your Dependents ends under the Group Policy;
5. the date insurance for Your Dependents ends for Your class;
6. the last day of the calendar month in which Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT;
7. the end of the period for which the last premium has been paid; or
8. the last day of the calendar month in which the person ceases to be a Dependent.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

## **DENTAL INSURANCE: SPECIAL RULES FOR GROUPS PREVIOUSLY COVERED UNDER OTHER GROUP DENTAL COVERAGE**

The following rules will apply if this Dental Insurance replaces other group dental coverage provided to You by the Policyholder.

**Prior Plan** means the group dental coverage provided to You by the Policyholder on the day before the Replacement Date.

**Replacement Date** means the effective date of this Dental Insurance under the Group Policy.

### **Rules if You or You and Your Dependents were Covered Under the Prior Plan on the Day Before the Replacement Date:**

1. if You and Your Dependents were covered under the Prior Plan on the day before the Replacement Date, You will be eligible for this Dental Insurance on the Replacement Date if You are in an eligible class on such date;
2. if any of the following conditions occurred while coverage was in effect under the Prior Plan, We will treat such conditions as though they occurred while this Dental Insurance is in effect:
  - the loss of a tooth; and
  - the accumulation of amounts toward:
    - a) Annual Maximum Benefits;
    - b) Lifetime Maximum Benefits;
3. if a dental service was received while the Prior Plan was in effect and such service would be a Covered Service subject to frequency and/or time limitations if performed while this Dental Insurance is in effect, the receipt of such prior service will be counted toward the time and frequency limitations under this Dental Insurance;
4. if a government mandated continuation of coverage under the Prior Plan was in effect on the Replacement Date, such coverage may be continued under this Dental Insurance if the required payment is made for the cost of such coverage. In such case, benefits will be available under this Dental Insurance until the earlier of:
  - the date the continued coverage ends as set forth in the provisions of the government-mandated requirements; or
  - the date this Dental Insurance ends.

### **Rules if You or You and Your Dependents were NOT covered under the Prior Plan on the Day Before the Replacement Date:**

1. You will be eligible for this Dental Insurance when You meet the eligibility requirements for such insurance as described in ELIGIBILITY PROVISIONS: INSURANCE FOR YOU;
2. Your Dependents will be eligible for this Dental Insurance when they meet the eligibility requirements for such insurance as described in ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS; and
3. We will credit any time accumulated toward any eligibility waiting period under the Prior Plan to the satisfaction of any eligibility waiting period required to be met under this Dental Insurance.

## **CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT**

### **FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN**

Insurance for a Dependent Child may be continued past the age limit if the child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Child attains the age limit and at reasonable intervals after such date.

Subject to the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, insurance will continue while such Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Child, except for the age limit.

### **FOR FAMILY AND MEDICAL LEAVE**

Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) for continuation of insurance. Please contact the Policyholder for information regarding the FMLA.

### **COBRA CONTINUATION FOR DENTAL INSURANCE**

If Dental Insurance for You or a Dependent ends, You or Your Dependent may qualify for continuation of such insurance under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA). Please refer to the COBRA section of Your summary plan description or contact the Policyholder for information regarding continuation of insurance under COBRA.

### **AT THE POLICYHOLDER'S OPTION**

The Policyholder has elected to continue insurance by paying premiums for his employees who cease Active Work in an eligible class for any of the reasons specified below. If Your insurance is continued, insurance for Your Dependents may also be continued.

Insurance will continue for the following periods:

1. for the period You cease Active Work in an eligible class due to layoff up to 24 months;
2. for the period You cease Active Work in an eligible class due to any other Policyholder approved leave of absence, up to 24 months;
3. for the period You cease Active Work in an eligible class due to injury or sickness up to 24 months;
4. for the period You cease Active Work in an eligible class due to part-time work up to 24 months;
5. for the period You cease Active Work in an eligible class due to strike up to 24 months.

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- if You resume Active Work in an eligible class at this time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at this time, Your employment will be considered to end and Your insurance will end in accordance with the DATE YOUR INSURANCE ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU.

If Your insurance ends, Your Dependents' insurance will also end in accordance with the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS.

## DENTAL INSURANCE

If You or a Dependent incur a charge for a Covered Service, Proof of such service must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the insurance in effect on the date that service was completed.

This Dental Insurance gives You access to Dentists through the MetLife Preferred Dentist Program (PDP). Dentists participating in the PDP have agreed to limit their charge for a dental service to the Maximum Allowed Charge for such service. Under the PDP, We pay benefits for Covered Services performed by either In-Network Dentists or Out-of-Network Dentists. However, You may be able to reduce Your out-of-pocket costs by using an In-Network Dentist because Out-of-Network Dentists have not entered into an agreement with Us to limit their charges. You are always free to receive services from any Dentist. You do not need any authorization from Us to choose a Dentist.

The PDP does not provide dental services. Whether or not benefits are available for a particular service, does not mean You should or should not receive the service. You and Your Dentist have the right and are responsible at all times for choosing the course of treatment and services to be performed. After services have been performed, We will determine the extent to which benefits, if any, are payable.

When requesting a Covered Service from an In-Network Dentist, We recommend that You:

- identify Yourself as an insured in the Preferred Dentist Program; and
- confirm that the Dentist is currently an In-Network Dentist at the time that the Covered Service is performed.

The amount of the benefit will not be affected by whether or not You identify Yourself as a member in the Preferred Dentist Program.

You can obtain a customized listing of MetLife's In-Network Dentists either by calling 1-800-942-0854 or by visiting Our website at [www.metlife.com/dental](http://www.metlife.com/dental).

## BENEFIT AMOUNTS

We will pay benefits in an amount equal to the Covered Percentage for charges incurred by You or a Dependent for a Covered Service as shown in the SCHEDULE OF BENEFITS, subject to the conditions set forth in this certificate.

### In-Network

If a Covered Service is performed by an In-Network Dentist, We will base the benefit on the Covered Percentage of the Maximum Allowed Charge.

If an In-Network Dentist performs a Covered Service, You will be responsible for paying any part of the Maximum Allowed Charge for which We do pay benefits.

### Out-of-Network

If a Covered Service is performed by an Out-of-Network Dentist, We will base the benefit on the Covered Percentage of the Reasonable and Customary Charge.

Out-of-Network Dentists may charge You more than the Reasonable and Customary Charge. If an Out-of-Network Dentist performs a Covered Service, You will be responsible for paying:

- any part of the Reasonable and Customary Charge for which We do not pay benefits; and
- any amount in excess of the Reasonable and Customary Charge charged by the Out-of-Network Dentist.

## **DENTAL INSURANCE (continued)**

### **Maximum Benefit Amounts**

The SCHEDULE OF BENEFITS sets forth Maximum Benefit Amounts We will pay for Covered Services received In-Network and Out-of-Network.

### **Alternate Benefit**

If We determine that a service, less costly than the Covered Service the Dentist performed, could have been performed to treat a dental condition, We will pay benefits based upon the less costly service if such service:

- would produce a professionally acceptable result under generally accepted dental standards; and
- would qualify as a Covered Service.

For example:

- when an amalgam filling and a composite filling are both professionally acceptable methods for filling a molar, We may base Our benefit determination upon the amalgam filling which is the less costly service;
- when a filling and an inlay are both professionally acceptable methods for treating tooth decay or breakdown, We may base Our benefit determination upon the filling which is the less costly service;
- when a filling and a crown are both professionally acceptable methods for treating tooth decay or breakdown, We may base Our benefit determination upon the filling which is the less costly service; and
- when a partial denture and fixed bridgework are both professionally acceptable methods for replacing multiple missing teeth in an arch, We may base Our benefit determination upon the partial denture which is the less costly service.

If We pay benefits based upon a less costly service in accordance with this subsection, the Dentist may charge You or Your Dependent for the difference between the service that was performed and the less costly service. This is the case even if the service is performed by an In-Network Dentist.

Certain comprehensive dental services have multiple steps associated with them. These steps can be completed at one time or during multiple sessions. For benefit purposes under this certificate, these separate steps of one service are considered to be part of the more comprehensive service. Even if the dentist submits separate bills, the total benefit payable for all related charges will be limited by the maximum benefit payable for the more comprehensive service. For example, root canal therapy includes x-rays, opening of the pulp chamber, additional x-rays, and filling of the chamber. Although these services may be performed in multiple sessions, they all constitute root canal therapy. Therefore, We will only pay benefits for the root canal therapy.

### **Orthodontic Covered Services**

Orthodontic treatment generally consists of initial placement of an appliance and periodic follow-up visits.

The benefit payable for the initial placement will not exceed 20% of the Maximum Benefit Amount for Orthodontia.

The benefit payable for the periodic follow-up visits will be payable on a quarterly basis during the course of the orthodontic treatment if:

- Dental Insurance is in effect for the person receiving the orthodontic treatment; and
- Proof is given to Us that the orthodontic treatment is continuing.

If the initial placement was made prior to this Dental Insurance being in effect, the benefit payable will be reduced by the portion attributable to the initial placement.

**DENTAL INSURANCE (continued)**

If the periodic follow-up visits commenced prior to this Dental Insurance being in effect:

- the number of months for which benefits are payable will be reduced by the number of months of treatment performed before this Dental Insurance was in effect; and
- the total amount of the benefit payable for the periodic visits will be reduced proportionately.

**Pretreatment Estimate of Benefits**

If a planned dental service is expected to cost more than \$300, You have the option of requesting a pretreatment estimate of benefits. The Dentist should submit a claim detailing the services to be performed and the amount to be charged. After We receive this information, We will provide You with an estimate of the Dental Insurance benefits available for the service. The estimate is not a guarantee of the amount We will pay. Under the Alternate Benefit provision, benefits may be based on the cost of a service other than the service that You choose. You are required to submit Proof on or after the date the dental service is completed in order for Us to pay a benefit for such service.

The pretreatment estimate of benefits is only an estimate of benefits available for proposed dental services. You are not required to obtain a pretreatment estimate of benefits. As always, You or Your Dependent and the Dentist are responsible for choosing the services to be performed.

**Benefits We Will Pay After Insurance Ends**

We will pay benefits for a 90 day period after Your insurance ends for Covered Services other than routine examinations, prophylaxis, xrays, sealants or orthodontic services if:

- the Covered Service was recommended in Writing by a Dentist or Physician;
- the Covered Service was begun prior to the date Your Dental Insurance ended; and
- You did not voluntarily end this Dental Insurance.

We will not pay for benefits for Covered Services after the date You are insured for similar benefits by a plan that replaces this Dental Insurance, unless an elimination period under that plan prevents You from receiving benefits for Covered Services.

## DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES

### Type A Covered Services

1. Oral exams twice in a Year.
2. Full mouth or panoramic x-rays once every 36 months.
3. Bitewing x-rays:
  - 2 sets every Year for a Child; and
  - 1 set every Year for everyone else.
4. Diagnostic casts.
5. Cleaning of teeth (oral prophylaxis) four times in a Year.
6. Emergency palliative treatment to relieve tooth pain.
7. Topical fluoride treatment for a Child under age 19, once in a Year.
8. Sealants for a Child under age 17, once every 36 months for non-restored permanent first and second molar tooth.

### Type B Covered Services

1. Intraoral-periapical and extraoral x-rays.
2. Pulp vitality and bacteriological studies for determination of bacteriologic agents.
3. Amalgam or resin fillings.
4. Sedative fillings.
5. Oral Surgery, except as mentioned elsewhere in this certificate.
6. Consultations, but not more than twice in a 12 month period.
7. Root canal treatment.
8. Periodontal scaling and root planing, but not more than once per quadrant in any 24 month period.
9. Periodontal surgery, including gingivectomy, gingivoplasty, gingival curettage and osseous surgery, but no more than one surgical procedure per quadrant in any 36 month period.
10. Simple extractions.
11. Surgical extractions.
12. Periodontal maintenance, where periodontal treatment (including scaling, root planing, and periodontal surgery, such as gingivectomy, gingivoplasty, gingival curettage and osseous surgery) has been performed. Periodontal maintenance is limited to four times in any Year less the number of teeth cleanings received during such 12 month period.
13. Pulp capping (excluding final restoration) and therapeutic pulpotomy (excluding final restoration).
14. Pulp therapy and apexification/recalcification.
15. Local chemotherapeutic agents.
16. General anesthesia or intravenous sedation in connection with oral surgery, extractions or other Covered Services, when We determine such anesthesia is necessary in accordance with generally accepted dental standards.
17. Injections of therapeutic drugs.
18. Simple Repairs of Cast Restorations or Dentures.
19. Space maintainers for a Child under age 14.
20. Prefabricated stainless steel crown or prefabricated resin crown, but no more than one replacement for the same tooth surface within 60 consecutive months.
21. Core buildup, but no more than once per tooth in a period of 60 months.

**DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES (continued)**

22. Posts and cores, but no more than once per tooth in a period of 60 months.
23. Application of desensitizing medications where periodontal treatment (including scaling, root planing, and periodontal surgery, such as osseous surgery) has been performed.
24. Occlusal adjustments, but not more than once in a 12 month period.

**Type C Covered Services**

1. Initial installation of full or partial Dentures or Implants.
2. Replacement of a non-serviceable Denture if such Denture was installed more than 60 months prior to replacement.
3. Replacement of an immediate, temporary, full Denture with a permanent, full Denture, if the immediate, temporary, full Denture cannot be made permanent and such replacement is done within 12 months of the installation of the immediate, temporary, full Denture.
4. Relinings and rebasings of existing removable Dentures:
  - if at least 6 months have passed since the installation of the existing removable Denture; and
  - not more than once in any 36 month period.
5. Re-cementing of Cast Restorations or Dentures, but not more than once in a 12 month period.
6. Adjustments of Dentures, if at least 6 months have passed since the installation of the Denture and not more than once in any 12 month period.
7. Initial installation of Cast Restorations.
8. Replacement of any Cast Restoration with the same or a different type of Cast Restoration, but no more than one replacement for the same tooth surface within 60 months of a prior replacement.
9. Implants, but no more than once for the same tooth position in a 60 month period.
10. Repair of implants, but not more than once in a 12 month period.
11. Implant supported prosthetics, but no more than once for the same tooth position in a 60 month period.
12. Tissue conditioning.
13. Labial veneers, but no more than once per tooth in a period of 60 months.

**Orthodontic Covered Services**

Orthodontia, if the orthodontic appliance is initially installed while Insurance is in effect for You, Your Spouse, and Your Children up to age 26.

**DENTAL INSURANCE: EXCLUSIONS**

We will not pay Dental Insurance benefits for charges incurred for:

1. services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which We deem experimental in nature;
2. services for which You would not be required to pay in the absence of Dental Insurance;
3. services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;
4. services which are neither performed nor prescribed by a Dentist, except for those services of a licensed dental hygienist which are supervised and billed by a Dentist, and which are for:
  - scaling and polishing of teeth; or
  - fluoride treatments;
5. services which are primarily cosmetic unless such service is:
  - required for reconstructive surgery which is incidental to or follows surgery which results from trauma, an infection or other disease of the involved part;
  - required for reconstructive surgery because of a congenital disease or anomaly of a Child which has resulted in a functional defect; or

For residents of Texas see notice page section.

6. services or appliances which restore or alter occlusion or vertical dimension;
7. restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease;
8. restorations or appliances used for the purpose of periodontal splinting;
9. counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
10. personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss;
11. decoration or inscription of any tooth, device, appliance, crown or other dental work;
12. missed appointments;
13. services:
  - paid under any workers' compensation or occupational disease law;
  - paid under any employer liability law;
  - for which You are not required to pay; or
  - received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital;
14. services covered under other coverage provided by the Policyholder;
15. temporary or provisional restorations;
16. temporary or provisional appliances;
17. prescription drugs;
18. services for which the submitted documentation indicates a poor prognosis;
19. the following, when charged by the Dentist on a separate basis:
  - claim form completion;
  - infection control, such as gloves, masks, and sterilization of supplies; or
  - local anesthesia, non-intravenous conscious sedation or analgesia, such as nitrous oxide;
20. dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
21. caries susceptibility tests;
22. modification of removable prosthodontic and other removable prosthetic services;
23. fixed and removable appliances for correction of harmful habits;

**DENTAL INSURANCE: EXCLUSIONS (continued)**

24. appliances for treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
25. precision attachments associated with fixed and removable prostheses, except when the precision attachment is related to implant prosthetics;
26. adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
27. duplicate prosthetic devices or appliances;
28. replacement of a lost or stolen appliance, Cast Restoration or Denture;
29. repair or replacement of an orthodontic device;
30. diagnosis and treatment of temporomandibular joint disorders;
31. intra and extraoral photographic images.

## DENTAL INSURANCE: COORDINATION OF BENEFITS

When You or a Dependent incur charges for Covered Services, there may be other Plans, as defined below, that also provide benefits for those same charges. In that case, We may reduce what We pay based on what the other Plans pay. This Coordination of Benefits section explains how and when We do this.

### DEFINITIONS

In this section, the terms set forth below have the following meanings:

**Allowable Expense** means a necessary dental expense for which both of the following are true:

- a covered person must pay it; and
- it is at least partly covered by one or more of the Plans that provide benefits to the covered person.

If a Plan provides fixed benefits for specified events or conditions (instead of benefits based on expenses incurred), such benefits are Allowable Expenses.

If a Plan provides benefits in the form of services, We treat the reasonable cash value of each service performed as both an Allowable Expense and a benefit paid by that Plan.

**The term does not include:**

- expenses for services performed because of a Job-Related Injury or Sickness;
- any amount of expenses in excess of the higher reasonable and customary fee for a service, if two or more Plans compute their benefit payments on the basis of reasonable and customary fees;
- any amount of expenses in excess of the higher negotiated fee for a service, if two or more Plans compute their benefit payments on the basis of negotiated fees; and
- any amount of benefits that a Primary Plan does not pay because the covered person fails to comply with the Primary Plan's managed care or utilization review provisions, these include provisions requiring:
  - second surgical opinions;
  - pre-certification of services;
  - use of providers in a Plan's network of providers; or
  - any other similar provisions.

We won't use this provision to refuse to pay benefits because an HMO member has elected to have dental services provided by a non-HMO provider and the HMO's contract does not require the HMO to pay for providing those services.

**Claim Determination Period** means a period that starts on any January 1 and ends on the next December 31. A Claim Determination Period for any covered person will not include periods of time during which that person is not covered under This Plan.

**Custodial Parent** means a Parent awarded custody, other than joint custody, by a court decree. In the absence of a court decree, it means the Parent with whom the child resides more than half of the Year without regard to any temporary visitation.

**HMO** means a Health Maintenance Organization or Dental Health Maintenance Organization.

**Job-Related Injury or Sickness** means any injury or sickness:

- for which You are entitled to benefits under a workers' compensation or similar law, or any arrangement that provides for similar compensation; or
- arising out of employment for wage or profit.

**Parent** means a person who covers a child as a dependent under a Plan.

## DENTAL INSURANCE: COORDINATION OF BENEFITS (continued)

**Plan** means any of the following, if it provides benefits or services for an Allowable Expense:

- a group insurance plan;
- an HMO;
- a blanket plan;
- uninsured arrangements of group or group type coverage;
- a group practice plan;
- a group service plan;
- a group prepayment plan;
- any other plan that covers people as a group;
- motor vehicle No Fault coverage, if the coverage is required by law; and
- any other coverage required or provided by any law or any governmental program, except Medicaid.

**The term does not include any of the following:**

- individual or family insurance or subscriber contracts;
- individual or family coverage through closed panel Plans or other prepayment, group practice or individual practice Plans;
- hospital indemnity coverage;
- a school blanket plan that only provides accident-type coverage on a 24 hour basis, or a "to and from school basis," to students in a grammar school, high school or college;
- disability income protection coverage;
- accident only coverage;
- specified disease or specified accident coverage;
- nursing home or long term care coverage; or
- any government program or coverage if, by state or Federal law, its benefits are excess to those of any private insurance plan or other non-government plan.

The provisions of This Plan, which limit benefits based on benefits or services provided under:

- Government Plans; or
- Plans which the Policyholder (or an affiliate) contributes to or sponsors;

will not be affected by these Coordination of Benefits provisions.

Each policy, contract or other arrangement for benefits is a separate Plan. If part of a Plan reserves the right to reduce what it pays based on benefits or services provided by other Plans, that part will be treated separately from any parts which do not.

**This Plan** means the dental benefits described in this certificate, except for any provisions in this certificate that limit insurance based on benefits for services provided under government plans, or plans which the Policyholder (or an affiliate) contributes to or sponsors.

**Primary Plan** means a Plan that pays its benefits first under the "Rules to Decide Which Plan Is Primary" section. A Primary Plan pays benefits as if the Secondary Plans do not exist.

**Secondary Plan** means a Plan that is not a Primary Plan. A Secondary Plan may reduce its benefits by amounts payable by the Primary Plan. If there are more than two Plans that provide coverage, a Plan may be Primary to some plans, and Secondary to others.

## DENTAL INSURANCE: COORDINATION OF BENEFITS (continued)

### RULES TO DECIDE WHICH PLAN IS PRIMARY

When more than one Plan covers the person for whom Allowable Expenses were incurred, We determine which plan is primary by applying the rules in this section.

When there is a basis for claim under This Plan and another Plan, This Plan is Secondary unless:

- the other Plan has rules coordinating its benefits with those of This Plan; and
- this Plan is primary under This Plan's rules.

The first rule below, which will allow Us to determine which Plan is Primary, is the rule that We will use.

**Dependent or Non-Dependent:** A Plan that covers a person other than as a dependent (for example, as an employee, member, subscriber, or retiree) is Primary and shall pay its benefits before a Plan that covers the person as a dependent; except that if the person is a Medicare beneficiary and, as a result of federal law or regulations, Medicare is:

- Secondary to the Plan covering the person as a dependent; and
- Primary to the Plan covering the person as other than a dependent (e.g., a retired employee);

then the order of benefits between the two Plans is reversed and the Plan that covers the person as a dependent is Primary.

**Child Covered Under More Than One Plan – Court Decree:** When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, and the specific terms of a court decree state that one of the Parents must provide health coverage or pay for the Child's health care expenses, that Parent's Plan is Primary, if the Plan has actual knowledge of those terms. This rule applies to Claim Determination Periods that start after the Plan is given notice of the court decree.

**Child Covered Under More Than One Plan – The Birthday Rule:** When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, the Primary Plan is the Plan of the Parent whose birthday falls earlier in the Year if:

- the Parents are married; or
- the Parents are not separated (whether or not they have ever married); or
- a court decree awards joint custody without specifying which Parent must provide health coverage.

If both Parents have the same birthday, the Plan that covered either of the Parents longer is the Primary Plan.

However, if the other Plan does not have this rule, but instead has a rule based on the gender of the parent, and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

**Child Covered Under More than One Plan – Custodial Parent:** When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, if the Parents are not married, or are separated (whether or not they ever married), or are divorced, the Primary Plan is:

- the Plan of the Custodial Parent; then
- the Plan of the spouse of the Custodial Parent; then
- the Plan of the non-custodial Parent; and then
- the Plan of the spouse of the non-custodial Parent.

## **DENTAL INSURANCE: COORDINATION OF BENEFITS (continued)**

**Active or Inactive Employee:** A Plan that covers a person as an employee who is neither laid off nor retired is Primary to a Plan that covers the person as a laid-off or retired employee (or as that person's Dependent). If the other Plan does not have this rule and, if as a result, the Plans do not agree on the order of benefits, this rule is ignored.

**Continuation Coverage:** The Plan that covers a person as an active employee, member or subscriber (or as that employee's Dependent) is Primary to a Plan that covers that person under a right of continuation pursuant to federal law (e.g., COBRA) or state law. If the Plan that covers the person has not adopted this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule shall not apply.

**Longer/Shorter Time Covered:** If none of the above rules determine which Plan is Primary, the Plan that has covered the person for the longer time shall be Primary to a Plan that has covered the person for a shorter time.

**No Rules Apply:** If none of the above rules determine which Plan is Primary, the Allowable Expenses shall be shared equally between all the Plans. In no event will This Plan pay more than it would if it were Primary.

### **EFFECT ON BENEFITS OF THIS PLAN**

If This Plan is Secondary, when the total Allowable Expenses incurred by a covered person in any Claim Determination Period are less than the sum of:

- the benefits that would be payable under This Plan without applying this Coordination of Benefits provision; and
- the benefits that would be payable under all other Plans without applying Coordination of Benefits or similar provisions;

then We will reduce the benefits that would otherwise be payable under This Plan. The sum of these reduced benefits, plus all benefits payable for such Allowable Expenses under all other Plans, will not exceed the total of the Allowable Expenses. Benefits payable under all other Plans include all benefits that would be payable if the proper claims had been made on time.

### **RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION**

We need certain information to apply the Coordination of Benefits rules. We have the right to decide which facts We need. We may get facts from or give them to any other organization or person. We do not need to tell, or get the consent of, any person or organization to do this. To obtain all benefits available, a covered person who incurs Allowable Expenses should file a claim under each Plan which covers the person. Each person claiming benefits under This Plan must give Us any facts We need to pay the claim.

### **FACILITY OF PAYMENT**

A payment made under another Plan may include an amount which should have been paid under This Plan. If it does, We may pay that amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term "payment made" includes benefits provided in the form of services, in which case We may pay the reasonable cash value of the benefits provided in the form of services.

**DENTAL INSURANCE: COORDINATION OF BENEFITS (continued)****RIGHT OF RECOVERY**

If the amount We pay is more than We should have paid under this Coordination of Benefits provision, We may recover the excess from one or more of:

- the person We have paid or for whom We have paid;
- insurance companies; or
- other organizations.

The amount of the payment includes the reasonable cash value of any benefits provided in the form of services.

## FILING A CLAIM

The Policyholder should have a supply of claim forms. Obtain a claim form from the Policyholder and fill it out carefully. Return the completed claim form with the required Proof to the Policyholder. The Policyholder will certify Your insurance under the Group Policy and send the certified claim form and Proof to Us.

For Dental Insurance, all claim forms needed to file for benefits under the group insurance program can be obtained by calling MetLife at 1-800-942-0854. Dental claim forms can also be downloaded from [www.metlife.com/dental](http://www.metlife.com/dental). The instructions on the claim form should be followed carefully. This will expedite the processing of the claim.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this certificate and the Group Policy.

### CLAIMS FOR DENTAL INSURANCE BENEFITS

**When a claimant files a claim for Dental Insurance benefits described in this certificate**, both the notice of claim form and the required Proof should be sent to Us within 90 days of the date of a loss.

Claim and Proof may be given to Us by following the steps set forth below:

**Step 1**

A claimant can request a claim form by calling Us at 1-800-942-0854.

**Step 2**

We will send a claim form to the claimant within 15 days of the request. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim.

**Step 3**

When the claimant receives the claim form, the claimant should fill it out as instructed and return it with the required Proof described in the claim form.

**Step 4**

The claimant must give Us Proof not later than 90 days after the date of the loss.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible.

**Time Limit on Legal Actions.** A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 5 years after the date such Proof is required.

## DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS

### Procedures for Presenting Claims for Dental Insurance Benefits

All claim forms needed to file for Dental Insurance benefits under the group insurance program can be obtained from the Employer who can also answer questions about the insurance benefits and to assist You or, if applicable, Your beneficiary in filing claims. Dental claim forms can also be downloaded from [www.metlife.com/dental](http://www.metlife.com/dental). The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

### Routine Questions on Dental Insurance Claims

If there is any question about a claim payment, an explanation may be requested from MetLife by dialing 1-800-942-0854.

### Claim Submission

For claims for Dental Insurance benefits, the claimant must complete the appropriate claim form and submit the required Proof as described in the FILING A CLAIM section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

### Initial Determination

After You submit a claim for Dental Insurance benefits to MetLife, MetLife will review Your claim and notify You of its decision to approve or deny Your claim.

Such notification will be provided to You within a 30 day period from the date You submitted Your claim; except for situations requiring an extension of time of up to 15 days because of matters beyond the control of Plan. If MetLife needs such an extension, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason why the extension is needed, and state when it will make its determination. If an extension is needed because You did not provide sufficient information or filed an incomplete claim, the time from the date of MetLife's notice requesting further information and an extension until MetLife receives the requested information does not count toward the time period MetLife is allowed to notify You as to its claim decision. You will have 45 days to provide the requested information from the date You receive the notice requesting further information from MetLife.

If MetLife denies Your claim in whole or in part, the notification of the claims decision will state the reason why Your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criterion was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge.

### Appealing the Initial Determination

If MetLife denies Your claim, You may take two appeals of the initial determination. Upon Your written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim. You must submit Your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee
- Name of the Plan
- Reference to the initial decision
- Whether the appeal is the first or second appeal of the initial determination
- An explanation why You are appealing the initial determination.

**DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS (continued)**

As part of each appeal, You may submit any written comments, documents, records, or other information relating to Your claim.

After MetLife receives Your written request appealing the initial determination or determination on the first appeal, MetLife will conduct a full and fair review of Your claim. Deference will not be given to initial denials, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of dentistry involved in the judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

MetLife will notify You in writing of its final decision within 30 days after MetLife's receipt of Your written request for review, except that under special circumstances MetLife may have up to an additional 30 days to provide written notification of the final decision. If such an extension is required, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason(s) why such an extension is needed, and state when it will make its determination.

If MetLife denies the claim on appeal, MetLife will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge. Upon written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim.

## GENERAL PROVISIONS

### Assignment

The rights and benefits under the Group Policy are not assignable prior to a claim for benefits, except as required by law. We are not responsible for the validity of an assignment.

Upon receipt of a Covered Service, You may assign Dental Insurance benefits to the Dentist providing such service.

### Dental Insurance: Who We Will Pay

If You assign payment of Dental Insurance benefits to Your or Your Dependent's Dentist, We will pay benefits directly to the Dentist. Otherwise, We will pay Dental Insurance benefits to You.

### Entire Contract

Your insurance is provided under a contract of group insurance with the Policyholder. The entire contract with the Policyholder is made up of the following:

1. the Group Policy and its Exhibits, which include the certificate(s);
2. the Policyholder's application; and
3. any amendments and/or endorsements to the Group Policy.

### Incontestability: Statements Made by You

Any statement made by You will be considered a representation and not a warranty.

Evidence of insurability will not be required nor will any statement made by You, which relates to insurability, be used:

1. to contest the validity of the insurance benefits; or
2. to reduce the insurance benefits.

### Conformity with Law

If the terms and provisions of this certificate do not conform to any applicable law, this certificate shall be interpreted to so conform.

### Overpayments

#### Recovery of Dental Insurance Overpayments

We have the right to recover any amount that We determine to be an overpayment, whether for services received by You or Your Dependents.

An overpayment occurs if We determine that:

- the total amount paid by Us on a claim for Dental Insurance is more than the total of the benefits due to You under this certificate; or
- payment We made should have been made by another group plan.

If such overpayment occurs, You have an obligation to reimburse Us.

## **GENERAL PROVISIONS (continued)**

### **How We Recover Overpayments**

We may recover the overpayment from You by:

- stopping or reducing any future benefits payable for Dental Insurance;
- demanding an immediate refund of the overpayment from You; and
- taking legal action.

We may recover such overpayment in accordance with that agreement.

If the overpayment results from Our having made a payment to You that should have been made under another group plan, We may recover such overpayment from one or more of the following:

- any other insurance company;
- any other organization; or
- any person to or for whom payment was made.



**THIS IS THE END OF THE CERTIFICATE  
THE FOLLOWING IS ADDITIONAL INFORMATION**



## PLAN PRIVACY INFORMATION

**Notwithstanding any other Plan provision in this or other sections of this Plan, the Plan will operate in accordance with the HIPAA privacy laws and regulations as set forth in 45 CFR Parts 160 and 164, and as they may be amended ("HIPAA"), with respect to protected health information ("PHI") as that term is defined therein. The Plan Administrator and/or his or her designee retains full discretion in interpreting these rules and applying them to specific situations. All such decisions shall be given full deference unless the decision is determined to be arbitrary and capricious.**

**The term "Plan Sponsor" means City of Fort Lauderdale.**

**The term "Plan Administrator" means the entity designated as Plan Administrator by the Plan documents pursuant to which the plan is operated. If a Plan Administrator is not designated by the plan documents, the Plan Sponsor shall be deemed to be the Plan Administrator.**

### **I. Permitted Uses and Disclosures of PHI by the Plan and the Plan Sponsor**

The Plan and the Plan Sponsor are permitted to use and disclose PHI for the following purposes, to the extent they are not inconsistent with HIPAA:

- For general plan administration, including policyholder service functions, enrollment and eligibility functions, reporting functions, auditing functions, financial and billing functions, to assist in the administration of a consumer dispute or inquiry, and any other authorized insurance or benefit function.
- As required for computer programming, consulting or other work done in respect to the computer programs or systems utilized by the Plan.
- Other uses relating to plan administration which are approved in writing by the Plan Administrator.
- At the request of an individual, to assist in resolving claims the individual may have with respect to benefits under the Plan.

### **II. Uses and Disclosures of PHI by the Plan and the Plan Sponsor for Required Purposes**

The Plan and Plan Sponsor may use or disclose PHI for the following required purposes:

- Judicial and administrative proceedings, in response to lawfully executed process, such as a court order or subpoena.
- For public health and health oversight activities, and other governmental activities accompanied by lawfully executed process.
- As otherwise may be required by law.

### III. Sharing of PHI With the Plan Sponsor

As a condition of the Plan Sponsor receiving PHI from the Plan, the Plan Documents have been amended to incorporate the following provisions, under which the Plan Sponsor agrees to:

Not use or further disclose PHI other than as permitted or required by the plan documents entitled "Permitted Uses and Disclosures of PHI by the Plan and the Plan Sponsor" and "Uses and Disclosures of PHI by the Plan Sponsor for Required Purposes" above;

Ensure that any agents or subcontractors to whom it provides PHI received from the Plan agree to the same restrictions and conditions that apply to the Plan Sponsor;

Not use or disclose PHI for employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor;

Report to the Plan any use or disclosure of the information that is inconsistent with the permitted uses or disclosures of which it becomes aware;

Make PHI available to Plan participants for the purposes of the rights of access and inspection, amendment, and accounting of disclosures as required by HIPAA;

Make its internal practices, books and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance by the Plan with HIPAA;

If feasible, return or destroy all PHI received from the Plan that the sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible;

Ensure that adequate separation between the Plan and Plan Sponsor is established in accordance with the following requirements:

(A) Employees to be Given Access to PHI: The following employees (or class of employees) of the Plan Sponsor are the only individuals that may access PHI provided by the Plan:

Benefits Department, IT Department

(B) Restriction to Plan Administration Functions: The access to and use of PHI by the employees of the Plan Sponsor designated above will be limited to plan administration functions that the Plan Sponsor performs for the Plan.

(C) Mechanism for Resolving issues of Noncompliance: If the Plan Administrator determines that an employee of the Plan Sponsor designated above has acted in noncompliance with the plan document provisions outlined above, then the Plan Administrator shall take or seek to have taken appropriate disciplinary action with respect to that employee, up to and including termination of employment as appropriate. The Plan Administrator shall also document the facts of the violation, actions that have been taken to discipline the offending party and the steps taken to prevent future violations.

Certify to the Plan, prior to the Plan permitting disclosure of PHI to the Plan Sponsor, that the Plan Documents have been amended to incorporate the provisions in this Section III.

#### **IV. Security**

As a condition of the Plan Sponsor receiving electronic PHI (“ePHI”) from the Plan, the Plan Documents are hereby amended to incorporate the following provisions, under which the Plan Sponsor agrees to:

- Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that it creates, receives, maintains, or transmits on behalf of the Plan;
- Ensure that the adequate separation between the Plan and the Plan Sponsor, which is required by the applicable section(s) of the Plan relating to the sharing of PHI with the Plan Sponsor, is supported by reasonable and appropriate security measures;
- Ensure that any agent, including a subcontractor, to whom it provides ePHI agrees to implement reasonable and appropriate security measures to protect the information; and
- Report to the Plan any security incident of which it becomes aware. In this context, the term “security incident” means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in information systems such as hardware, software, information, data, applications, communications, and people.





## SCHEDULE OF BENEFITS

Benefits provided by SafeGuard Health Plans, Inc., a MetLife company

### DIRECT REFERRAL DENTAL PLAN SGX185A-FL

This Schedule of Benefits lists the services available to you under your SafeGuard plan, as well as the co-payments associated with each procedure. There are other factors that impact how your plan works and those are included here in the Exclusions and Limitations.

During the course of treatment, your SafeGuard selected general dentist may recommend the services of a dental specialist. Your SafeGuard selected general dentist is responsible for coordinating your dental care, and if necessary, referring you to a SafeGuard contracted specialist, and will submit all required documentation to SafeGuard for any necessary referral.

In addition, non-listed services are available with your SafeGuard selected general dentist or specialty care dentist at 75% of their usual and customary fees.

Missed Appointments: If you need to cancel or reschedule an appointment, you should notify the dental office as far in advance as possible. This will allow the dental office to accommodate another person in need of attention.

Code	Service	Co-payment
<b>Diagnostic Treatment</b>		
D0120	Periodic oral evaluation - established patient	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
	• Office visit - per visit (including all fees for sterilization and/or infection control)	\$5
<b>Radiographs/Diagnostic Imaging (X-rays)</b>		
D0210	Intraoral – complete series (including bitewings)	\$0
D0220	Intraoral – periapical first film	\$0
D0230	Intraoral – periapical each additional film	\$0
D0240	Intraoral – occlusal film	\$0
D0250	Extraoral – first film	\$0
D0260	Extraoral – each additional film	\$0
D0270	Bitewing – single film	\$0
D0272	Bitewings – two films	\$0
D0273	Bitewings – three films	\$0
D0274	Bitewings – four films	\$0
D0277	Vertical bitewings – 7 to 8 films	\$0
D0330	Panoramic film	\$0
D0350	Oral/facial photographic images	\$0
<b>Tests and Examinations</b>		
D0415	Collection of microorganisms for culture and sensitivity	\$0
<b>SGM-SOB-SGX</b>	<b>Customer Service (800) 880-1800</b>	<b>06/09</b>

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
D0425	Caries susceptibility tests	\$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$50
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0
<b>Preventive Services</b>		
D1110	Prophylaxis – adult	\$0
	• Additional-adult prophylaxis (maximum of 2 additional per year)	\$35
D1120	Prophylaxis – child	\$0
	• Additional-child prophylaxis (maximum of 2 additional per year)	\$25
D1203	Topical application of fluoride (prophylaxis not included) – child	\$0
D1204	Topical application of fluoride (prophylaxis not included) – adult	\$0
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant – per tooth	\$0
D1510	Space maintainer – fixed – unilateral	\$25
D1515	Space maintainer – fixed – bilateral	\$25
D1520	Space maintainer – removable – unilateral	\$35
D1525	Space maintainer – removable – bilateral	\$35
D1550	Recementation of space maintainer	\$5
D1555	Removal of fixed space maintainer	\$5
<b>Restorative Treatment</b>		
D2140	Amalgam – one surface, primary or permanent	\$0
D2150	Amalgam – two surfaces, primary or permanent	\$0
D2160	Amalgam – three surfaces, primary or permanent	\$0
D2161	Amalgam – four or more surfaces, primary or permanent	\$0
D2330	Resin-based composite – one surface, anterior	\$0
D2331	Resin-based composite – two surfaces, anterior	\$0
D2332	Resin-based composite – three surfaces, anterior	\$0
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$0
D2390	Resin-based composite crown, anterior	\$30
D2391	Resin-based composite – one surface, posterior	\$30
D2392	Resin-based composite – two surfaces, posterior	\$45
D2393	Resin-based composite – three surfaces, posterior	\$65
D2394	Resin-based composite – four or more surfaces, posterior	\$65

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
	<b>Crowns</b>	
	<ul style="list-style-type: none"> <li>• <i>An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.</i></li> <li>• <i>Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit.</i></li> </ul>	
D2510	Inlay – metallic – one surface	\$165
D2520	Inlay – metallic – two surfaces	\$165
D2530	Inlay – metallic – three or more surfaces	\$165
D2542	Onlay – metallic – two surfaces	\$185
D2543	Onlay – metallic – three surfaces	\$185
D2544	Onlay – metallic – four or more surfaces	\$185
D2610	Inlay – porcelain/ceramic – one surface	\$185
D2620	Inlay – porcelain/ceramic – two surfaces	\$185
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$185
D2642	Onlay – porcelain/ceramic – two surfaces	\$185
D2643	Onlay – porcelain/ceramic – three surfaces	\$185
D2644	Onlay – porcelain/ceramic – four or more surfaces	\$185
D2650	Inlay – resin-based composite – one surface	\$185
D2651	Inlay – resin-based composite – two surfaces	\$185
D2652	Inlay – resin-based composite – three or more surfaces	\$185
D2662	Onlay – resin-based composite – two surfaces	\$185
D2663	Onlay – resin-based composite – three surfaces	\$185
D2664	Onlay – resin-based composite – four or more surfaces	\$185
D2710	Crown – resin-based composite (indirect)	\$185
D2712	Crown – ¾ resin-based composite (indirect)	\$185
D2720	Crown – resin with high noble metal	\$185
D2721	Crown – resin with predominantly base metal	\$185
D2722	Crown – resin with noble metal	\$185
D2740	Crown – porcelain/ceramic substrate	\$225
D2750	Crown – porcelain fused to high noble metal	\$185
D2751	Crown – porcelain fused to predominantly base metal	\$185
D2752	Crown – porcelain fused to noble metal	\$185
D2780	Crown – ¾ cast high noble metal	\$185
D2781	Crown – ¾ cast predominantly base metal	\$185
D2782	Crown – ¾ cast noble metal	\$185
D2783	Crown – ¾ porcelain/ceramic	\$185
D2790	Crown – full cast high noble metal	\$185
D2791	Crown – full cast predominantly base metal	\$185
D2792	Crown – full cast noble metal	\$185
D2794	Crown – titanium	\$185
D2799	Provisional crown	\$0
D2910	Recement inlay, onlay, or partial coverage restoration	\$0
D2915	Recement cast or prefabricated post and core	\$0
D2920	Recement crown	\$0
D2930	Prefabricated stainless steel crown – primary tooth	\$25
D2931	Prefabricated stainless steel crown – permanent tooth	\$25
D2932	Prefabricated resin crown	\$35
D2933	Prefabricated stainless steel crown with resin window	\$35
D2940	Sedative filling	\$0

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
D2950	Core buildup, including any pins	\$50
D2951	Pin retention – per tooth, in addition to restoration	\$10
D2952	Post and core in addition to crown, indirectly fabricated	\$50
D2953	Each additional indirectly fabricated post – same tooth	\$50
D2954	Prefabricated post and core in addition to crown	\$30
D2955	Post removal (not in conjunction with endodontic therapy)	\$10
D2957	Each additional prefabricated post – same tooth	\$30
D2960	Labial veneer (resin laminate) – chairside	\$250
D2961	Labial veneer (resin laminate) – laboratory	\$300
D2962	Labial veneer (porcelain laminate) – laboratory	\$350
D2970	Temporary crown (fractured tooth)	\$0
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50
D2980	Crown repair, by report	\$0
	<b>Endodontics</b>	
	<i>All procedures exclude final restoration.</i>	
D3110	Pulp cap – direct (excluding final restoration)	\$0
D3120	Pulp cap – indirect (excluding final restoration)	\$0
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$10
D3221	Pulpal debridement, primary and permanent teeth	\$45
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$10
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$30
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$35
D3310	Anterior (excluding final restoration)	\$80
D3320	Bicuspid (excluding final restoration)	\$115
D3330	Molar (excluding final restoration)	\$200
D3331	Treatment of root canal obstruction; non-surgical access	\$85
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$70
D3333	Internal root repair of perforation defects	\$85
D3346	Retreatment of previous root canal therapy – anterior	\$135
D3347	Retreatment of previous root canal therapy – bicuspid	\$175
D3348	Retreatment of previous root canal therapy – molar	\$275
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$65
D3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$65
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	\$65
D3410	Apicoectomy/periradicular surgery – anterior	\$95
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	\$95
D3425	Apicoectomy/periradicular surgery – molar (first root)	\$95
D3426	Apicoectomy/periradicular surgery (each additional root)	\$60
D3430	Retrograde filling – per root	\$40
D3450	Root amputation – per root	\$95
D3910	Surgical procedure for isolation of tooth with rubber dam	\$19
D3920	Hemisection (including any root removal), not including root canal therapy	\$90
D3950	Canal preparation and fitting of preformed dowel or post	\$15

Code	Service	Co-payment
	<b>Periodontics</b>	
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	\$90
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	\$68
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	\$150
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant	\$113
D4245	Apically positioned flap	\$165
D4249	Clinical crown lengthening – hard tissue	\$120
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	\$295
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	\$210
D4263	Bone replacement graft – first site in quadrant	\$180
D4264	Bone replacement graft – each additional site in quadrant	\$95
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95
D4266	Guided tissue regeneration – resorbable barrier, per site	\$215
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$255
D4270	Pedicle soft tissue graft procedure	\$245
D4271	Free soft tissue graft procedure (including donor site surgery)	\$245
D4273	Subepithelial connective tissue graft procedures, per tooth	\$75
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$70
D4275	Soft tissue allograft	\$380
D4320	Provisional splinting – intracoronal	\$95
D4321	Provisional splinting – extracoronal	\$85
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$40
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$30
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$40
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$60
D4910	Periodontal maintenance	\$30
	• Additional periodontal maintenance procedures (beyond 2 per 12 months)	\$55
	• Periodontal charting for planning treatment of periodontal disease	\$0
	• Periodontal hygiene instruction	\$0
	<b>Removable Prosthodontics</b>	
	<i>Includes up to 3 adjustments within 6 months of delivery.</i>	
D5110	Complete denture – maxillary	\$210
D5120	Complete denture – mandibular	\$210
D5130	Immediate denture – maxillary	\$225
D5140	Immediate denture – mandibular	\$225
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$240
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$240
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$260
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$260

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	\$365
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	\$365
D5281	Removable unilateral partial denture – one piece cast metal including clasps and teeth)	\$250
D5410	Adjust complete denture – maxillary	\$0
D5411	Adjust complete denture – mandibular	\$0
D5421	Adjust partial denture – maxillary	\$0
D5422	Adjust partial denture – mandibular	\$0
D5510	Repair broken complete denture base	\$30
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$30
D5610	Repair resin denture base	\$30
D5620	Repair cast framework	\$30
D5630	Repair or replace broken clasp	\$35
D5640	Replace broken teeth – per tooth	\$30
D5650	Add tooth to existing partial denture	\$30
D5660	Add clasp to existing partial denture	\$35
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165
D5710	Rebase complete maxillary denture	\$60
D5711	Rebase complete mandibular denture	\$60
D5720	Rebase maxillary partial denture	\$60
D5721	Rebase mandibular partial denture	\$60
D5730	Reline complete maxillary denture (chairside)	\$35
D5731	Reline complete mandibular denture (chairside)	\$35
D5740	Reline maxillary partial denture (chairside)	\$35
D5741	Reline mandibular partial denture (chairside)	\$35
D5750	Reline complete maxillary denture (laboratory)	\$60
D5751	Reline complete mandibular denture (laboratory)	\$60
D5760	Reline maxillary partial denture (laboratory)	\$60
D5761	Reline mandibular partial denture (laboratory)	\$60
D5810	Interim complete denture (maxillary)	\$230
D5811	Interim complete denture (mandibular)	\$230
D5820	Interim partial denture (maxillary)	\$60
D5821	Interim partial denture (mandibular)	\$60
D5850	Tissue conditioning, maxillary	\$10
D5851	Tissue conditioning, mandibular	\$10
D5862	Precision attachment, by report	\$160
<b>Crowns/Fixed Bridges - Per Unit</b>		
<ul style="list-style-type: none"> <li>• <i>An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.</i></li> <li>• <i>Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit.</i></li> </ul>		
D6210	Pontic – cast high noble metal	\$185
D6211	Pontic – cast predominantly base metal	\$185
D6212	Pontic – cast noble metal	\$185
D6214	Pontic – titanium	\$185
D6240	Pontic – porcelain fused to high noble metal	\$185
D6241	Pontic – porcelain fused to predominantly base metal	\$185

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
D6242	Pontic – porcelain fused to noble metal	\$185
D6245	Pontic – porcelain/ceramic	\$205
D6250	Pontic – resin with high noble metal	\$185
D6251	Pontic – resin with predominantly base metal	\$185
D6252	Pontic – resin with noble metal	\$185
D6253	Provisional pontic	\$0
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$150
D6600	Inlay – porcelain/ceramic, two surfaces	\$185
D6601	Inlay – porcelain/ceramic, three or more surfaces	\$185
D6602	Inlay – cast high noble metal, two surfaces	\$185
D6603	Inlay – cast high noble metal, three or more surfaces	\$185
D6604	Inlay – cast predominantly base metal, two surfaces	\$185
D6605	Inlay – cast predominantly base metal, three or more surfaces	\$185
D6606	Inlay – cast noble metal, two surfaces	\$185
D6607	Inlay – cast noble metal, three or more surfaces	\$185
D6608	Onlay – porcelain/ceramic, two surfaces	\$185
D6609	Onlay – porcelain/ceramic, three or more surfaces	\$185
D6610	Onlay – cast high noble metal, two surfaces	\$185
D6611	Onlay – cast high noble metal, three or more surfaces	\$185
D6612	Onlay – cast predominantly base metal, two surfaces	\$185
D6613	Onlay – cast predominantly base metal, three or more surfaces	\$185
D6614	Onlay – cast noble metal, two surfaces	\$185
D6615	Onlay – cast noble metal, three or more surfaces	\$185
D6710	Crown – indirect resin based composite	\$185
D6720	Crown – resin with high noble metal	\$185
D6721	Crown – resin with predominantly base metal	\$185
D6722	Crown – resin with noble metal	\$185
D6740	Crown – porcelain/ceramic	\$185
D6750	Crown – porcelain fused to high noble metal	\$185
D6751	Crown – porcelain fused to predominantly base metal	\$185
D6752	Crown – porcelain fused to noble metal	\$185
D6780	Crown – ¾ cast high noble metal	\$185
D6781	Crown – ¾ cast predominantly base metal	\$185
D6782	Crown – ¾ cast noble metal	\$185
D6783	Crown – ¾ porcelain/ceramic	\$185
D6790	Crown – full cast high noble metal	\$185
D6791	Crown – full cast predominantly base metal	\$185
D6792	Crown – full cast noble metal	\$185
D6794	Crown – titanium	\$185
D6930	Recement fixed partial denture	\$0
D6940	Stress breaker	\$110
D6950	Precision attachment	\$195
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$50
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$30
D6973	Core build up for retainer, including any pins	\$10
D6976	Each additional indirectly fabricated post – same tooth	\$40
D6977	Each additional prefabricated post – same tooth	\$40
D6980	Fixed partial denture repair, by report	\$45

### **Oral Surgery**

- *Includes routine post operative visits/treatment.*

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
	<ul style="list-style-type: none"> <li><i>The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of your SafeGuard selected general or specialty care dentist's usual and customary fees.</i></li> </ul>	
D7111	Extraction, coronal remnants – deciduous tooth	\$5
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$30
D7220	Removal of impacted tooth – soft tissue	\$45
D7230	Removal of impacted tooth – partially bony	\$65
D7240	Removal of impacted tooth – completely bony	\$80
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$100
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$40
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50
D7280	Surgical access of an unerupted tooth	\$85
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90
D7283	Placement of device to facilitate eruption of impacted tooth	\$90
D7285	Biopsy of oral tissue – hard (bone, tooth)	\$0
D7286	Biopsy of oral tissue – soft	\$0
D7287	Exfoliative cytological sample collection	\$50
D7288	Brush biopsy – transepithelial sample collection	\$50
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$35
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$10
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$40
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$20
D7471	Removal of lateral exostosis (maxilla or mandible)	\$80
D7472	Removal of torus palatinus	\$60
D7473	Removal of torus mandibularis	\$60
D7485	Surgical reduction of osseous tuberosity	\$60
D7510	Incision and drainage of abscess – intraoral soft tissue	\$30
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$30
D7520	Incision and drainage of abscess – extraoral soft tissue	\$30
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$30
D7910	Suture of recent small wounds up to 5 cm	\$25
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	\$40
D7963	Frenuloplasty	\$40
D7970	Excision of hyperplastic tissue – per arch	\$55
D7971	Excision of pericoronal gingiva	\$35
	<b>Orthodontics</b>	
	<ul style="list-style-type: none"> <li><i>Benefits cover 24 months of usual &amp; customary orthodontic treatment and 24 months of retention.</i></li> <li><i>Comprehensive orthodontic benefits include all phases of treatment and fixed/removable appliances.</i></li> </ul>	
D8010	Limited orthodontic treatment of the primary dentition	\$725
D8020	Limited orthodontic treatment of the transitional dentition	\$725

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
D8030	Limited orthodontic treatment of the adolescent dentition	\$725
D8040	Limited orthodontic treatment of the adult dentition	\$725
D8050	Interceptive orthodontic treatment of the primary dentition	25% Discount
D8060	Interceptive orthodontic treatment of the transitional dentition	25% Discount
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,695
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,695
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,695
D8210	Removable appliance therapy	25% Discount
D8220	Fixed appliance therapy	25% Discount
D8660	Pre-orthodontic treatment visit	\$0
D8670	Periodic orthodontic treatment visit (as part of contract)	\$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$250
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	\$0
	• Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models)	\$250
	• Ortho visits beyond 24 months of active treatment or retention	\$25 per visit
<b>Adjunctive General Services</b>		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$0
D9120	Fixed partial denture sectioning	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9215	Local anesthesia	\$0
D9220	Deep sedation/general anesthesia – first 30 minutes	\$150
D9221	Deep sedation/general anesthesia – each additional 15 minutes	\$45
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	\$150
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes	\$45
D9248	Non-intravenous conscious sedation	\$15
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$0
D9440	Office visit – after regularly scheduled hours	\$30
D9450	Case presentation, detailed and extensive treatment planning	\$0
D9610	Therapeutic parenteral drug, single administration	\$15
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$25
D9630	Other drugs and/or medicaments, by report	\$15
D9910	Application of desensitizing medicament	\$15
D9940	Occlusal guard, by report	\$85
D9942	Repair and/or relin of occlusal guard	\$40
D9951	Occlusal adjustment – limited	\$15
D9952	Occlusal adjustment – complete	\$50
D9972	External bleaching – per arch	\$125
	• Broken Appointment (less than 24-hr notice)	Not to exceed \$25.00

Current Dental Terminology © American Dental Association

## Dental Terminology Definitions

These definitions are designed to give you a “layman’s understanding” of some dental terminology in order for you to better understand your plan; they are not full descriptions.

<b>Amalgam:</b>	A silver filling
<b>Anterior:</b>	Teeth that are in the front of the mouth
<b>Bicuspid:</b>	Most people have eight bicuspid teeth; they are located immediately preceding the molar teeth with two in each quadrant of the mouth.
<b>Bridge:</b>	A replacement for one or more missing teeth that is permanently attached to the teeth adjacent to the empty space(s).
<b>Crown:</b>	A covering created to place over a tooth to strengthen and/or replace tooth structure. A crown can be made of different materials (noble, high noble), base metal, porcelain or porcelain and metal.
<b>Endodontics:</b>	Procedures that treat the nerve or the pulp of the tooth due to injury or infection.
<b>Oral Surgery:</b>	Surgery to remove teeth, reshape portions of the bone in the mouth, or biopsy suspect areas of the mouth.
<b>Orthodontics:</b>	Braces and other procedures to straighten the teeth.
<b>Periodontics:</b>	Procedures related to treatment of the supporting structures of the teeth (gums, underlying bone).
<b>Posterior:</b>	Teeth that set towards the back of the mouth, including molars and bicuspid (premolars).
<b>Primary Teeth:</b>	The first set of teeth (“baby” teeth).
<b>Prophylaxis:</b>	Scaling and polishing of teeth by removal of the plaque above the gum line.
<b>Prosthodontics:</b>	The restoration of natural and/or the replacement of missing teeth with artificial substitutes.
<b>Quadrant:</b>	One of the four equal sections into which your mouth can be divided (some procedures like periodontics are done in quadrants).
<b>Resin-based Composite:</b>	Tooth-colored (white) fillings

## Exclusions and Limitations

### Limitations

#### General

1. Any procedures not specifically listed as a covered benefit in this Plan's Schedule of Benefits are available at 75% of the usual and customary fees of the treating SafeGuard selected general dentist or specialty care Dentist, provided the services are included in the treatment plan and are not specifically excluded.
2. Dental procedures or services performed solely for cosmetic purposes or solely for appearance are available at 75% of the usual and customary fees of the treating SafeGuard selected general dentist or specialty care Dentist, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits.
3. General anesthesia is a covered benefit only when administered by the treating dentist, in conjunction with oral and periodontal surgical procedures.

#### Preventive

1. Routine Cleanings (prophylaxis), periodontal maintenance services, and fluoride treatments are limited to twice a year. Two (2) additional cleanings (routine and periodontal) are available at the co-payment listed on this Plan's Schedule of Benefits. Additional prophylaxis are available, if medically necessary.
2. Sealants: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption, unless medically necessary.

#### Diagnostic

1. Panoramic or full-mouth X-rays: Once every three (3) years, unless medically necessary.

#### Restorative

1. An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble, or titanium metal.
2. Replacement of any crowns or fixed bridges (per unit) are limited to once every five (5) years.
3. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to the specified co-payment for each crown/bridge unit.
4. There is a \$75 co-payment per crown/bridge unit in addition to the specified co-payment for porcelain on molars.

#### Prosthodontics

1. Relines are limited to one (1) every twelve (12) months.
2. Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such dentures under a SafeGuard Plan, unless due to the loss of a natural functioning tooth. Replacements will be a benefit under this Plan only if the existing denture is unsatisfactory and cannot be made satisfactory as determined by the treating SafeGuard selected general dentist.
3. Delivery of removable prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.

#### Endodontics

1. The co-payments listed for endodontic procedures do not include the cost of the final restoration.

## Exclusions and Limitations

### Oral Surgery

1. The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of your SafeGuard selected general or specialty care dentist's usual and customary fees.

### General Exclusions

1. Services performed by any dentist not contracted with SafeGuard, without prior approval by SafeGuard (except out-of-area emergency services). This includes services performed by a general dentist or specialty care dentist.
2. Dental procedures started prior to the member's eligibility under this Plan or started after the member's termination from the Plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.
3. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health, as determined by the SafeGuard selected general dentist.
4. Orthognathic surgery.
5. Inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications.
6. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen or damaged due to abuse, misuse, or neglect.
7. Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits. Any services related to pathology laboratory fees.
8. Procedures, appliances, or restorations whose primary main purpose is to change the vertical dimension of occlusion, correct congenital, developmental, or medically induced dental disorders including, but not limited to treatment of myofunctional, myoskeletal, or temporomandibular joint disorders unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits.
9. Dental implants and services associated with the placement of implants, prosthodontic restoration of dental implants, and specialized implant maintenance services.
10. Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
11. Dental services required while serving in the Armed Forces of any country or international authority.
12. Dental services considered experimental in nature.
13. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member.

### Orthodontic Exclusions & Limitations

If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the member will be responsible for all costs associated with any orthodontic treatment.

If you terminate coverage from the SafeGuard Plan after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

## Exclusions and Limitations

1. Orthodontic treatment must be provided by a SafeGuard selected general dentist or SafeGuard contracted orthodontist in order for the co-payments listed in this Plan's Schedule of Benefits to apply.
2. Plan benefits shall cover twenty-four (24) months of usual and customary orthodontic treatment and an additional twenty-four (24) months of retention. Treatment extending beyond such time periods will be subject to a charge of \$25 per visit.
3. The following are not included as orthodontic benefits:
  - A. Repair or replacement of lost or broken appliances;
  - B. Retreatment of orthodontic cases;
  - C. Treatment involving:
    - i. Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
    - ii. Hormonal imbalances or other factors affecting growth or developmental abnormalities;
    - iii. Treatment related to temporomandibular joint disorders;
    - iv. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
5. Active orthodontic treatment in progress on your effective date of coverage is not covered. Active orthodontic treatment means tooth movement has begun.

**City of Fort Lauderdale  
Proposed DHMO Copays**

		Similar to Current	Alternate 1	Alternate 2
CDT Code	Procedure Description	Company Name & Plan Name		
	<b>Office Visit Copay In Addition to Copay for Specific Service</b>			
	<b>Are Specialist Services Provided for Copay?</b>			
	<b>Are Lab &amp; Metal Charges Included In Copays?</b>			
	<b>Are procedures not covered provided at a discount from the dentist's usual rates? If so, what is that discount?</b>			
<b>Diagnostic/Preventive</b>				
D9310	Consultation (normally not the same dentist who provides the treatment)			
D9430	Office Visit for Observation - No Other Services Performed			
D9450	Case Presentation, Detailed and Extensive Treatment Planning			
D0120	Periodic Oral Evaluation			
D0140	Limited Oral Evaluation - Problem Focused			
D0145	Oral Evaluation for Patient Under 3 Years			
D0150	Comprehensive Oral Evaluation - New or Established Patient			
D0160	Limited/Comprehensive/Detailed and Extensive Oral evaluation			
D0170	Re-evaluation - Problem Focused (Not Post-Operative Visit)			
D0210	X-Rays - Complete Series (including bitewings)			
D0220	X-Rays Intraoral Periapical, First Film			
D0230	X-Rays Intraoral Periapical, Each Additional Film			
D0240	X-Rays Intraoral - Occlusal Film			
D0250	X-Rays Extraoral - First Film			
D0260	X-Rays Extraoral - Each Additional Film			
D0270	X-Rays (Bitewing) - Single Film			
D0272	X-Rays (Bitewings) - Two Films			
D0273	X-Rays (Bitewings) - Three Films			
D0274	X-Rays (Bitewings) - Four Films			
D0277	X-Rays (Bitewings, Vertical) - 7 to 8 Films			
D0330	X-Rays (Panoramic Film)			
D0350	X-Rays Oral/Facial Photographic Images			
D0415	Collect Microorganisms Cult & Sens			
D0425	Caries Susceptibility Tests			
D0431	Oral Cancer Screening using a Special Light Source			
D0460	Pulp Vitality Tests			
D0470	Diagnostic Casts			
D0472	Pathology Report - Gross Examination of Lesion			
D0473	Pathology Report - Microscopic Examination of Lesion			
D0474	Pathology Report - Microscopic Examination of Lesion and Area			
D0486	Accession of brush biopsy sample			
D1110	Cleaning - Adult			
	(Additional Cleaning, In Addition to the One Allowed Every 6 Months)			
D1120	Cleaning - Child			
	(Additional Cleaning, In Addition to the One Allowed Every 6 Months)			
D1203	Topical Fluoride Application - Child			
D1204	Topical Fluoride - Adult			
D1206	Topical Fluoride Varnish (for child < 16)			
D1310	Nutritional Counseling			
D1320	Tobacco Counseling			
D1330	Oral Hygiene Instructions			
D1351	Sealant - Per Tooth			
D1510	Space Maintainer - Fixed Unilateral			
D1515	Space Maintainer - Fixed Bilateral			
D1520	Space Maintainer - Removable Unilateral			
D1525	Space Maintainer - Removable Bilateral			
D1550	Recementation of Space Maintainer			
D1555	Removal of fixed space maintainer			
<b>Restorative (Fillings)</b>				
D2140	Amalgam - One Surface, Primary or Permanent			
D2150	Amalgam - Two Surfaces, Primary or Permanent			
D2160	Amalgam - Three Surfaces, Primary or Permanent			
D2161	Amalgam - Four or More Surfaces, Primary or Permanent			
D2330	Resin-Based Composite - One Surface, Anterior			

**City of Fort Lauderdale  
Proposed DHMO Copays**

CDT Code	Procedure Description	Similar to Current	Alternate 1	Alternate 2
		Company Name & Plan Name		
D2331	Resin-Based Composite - Two Surfaces, Anterior			
D2332	Resin-Based Composite - Three Surfaces, Anterior			
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)			
D2390	Resin-Based Composite Crown, Anterior			
D2391	Resin-Based Composite - One Surface, Posterior			
D2392	Resin-Based Composite - Two Surfaces, Posterior			
D2393	Resin-Based Composite - Three Surfaces, Posterior			
D2394	Resin-Based Composite - Four or More Surfaces, Posterior			
D2999	Sedative Base (under fillings), By Report			
<b>Crown and Bridge</b>				
D2510	Inlay - Metallic - One Surface			
D2520	Inlay - Metallic - Two Surfaces			
D2530	Inlay - Metallic - Three or More Surfaces			
D2542	Onlay - Metallic - Two Surfaces			
D2543	Onlay - Metallic - Three Surfaces			
D2544	Onlay - Metallic - Four or More Surfaces			
D2610	Inlay - Porcelain/Ceramic - One Surface			
D2620	Inlay - Porcelain/Ceramic - Two Surfaces			
D2630	Inlay - Porcelain/Ceramic - Three Surfaces			
D2642	Onlay - Porcelain/Ceramic - Two Surfaces			
D2643	Onlay - Porcelain/Ceramic - Three Surfaces			
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces			
D2650	Inlay - Resin Composite - One Surface			
D2651	Inlay - Resin Composite - Two Surfaces			
D2652	Inlay - Resin Composite - Three or More Surfaces			
D2662	Onlay - Resin Composite - Two Surfaces			
D2663	Onlay - Resin Composite - Three Surfaces			
D2664	Onlay - Resin Composite - Four or More Surfaces			
D2710	Crown - Resin-Based Composite, Indirect			
D2712	Crown - 3/4 Resin-Based Composite, Indirect			
D2720	Crown - Resin with High Noble Metal			
D2721	Crown - Resin with Predom Base Metal			
D2722	Crown - Resin with Noble Metal			
D2740	Crown - Porcelain/Ceramic Substrate			
D2750	Crown - Porcelain Fused to High Noble Metal			
D2751	Crown - Porcelain Fused to Predominantly Base Metal			
D2752	Crown - Porcelain Fused to Noble Metal			
D2780	Crown - 3/4 Cast High Noble Metal			
D2781	Crown - 3/4 Cast Predominantly Base Metal			
D2782	Crown - 3/4 Cast Noble Metal			
D2783	Crown - 3/4 Porcelain/Ceramic			
D2790	Crown - Full Cast High Noble Metal			
D2791	Crown - Full Cast Predominantly Base Metal			
D2792	Crown - Full Cast Noble Metal			
D2794	Crown - Titanium			
D2799	Provisional Crown			
D2910	Recement Inlay, Onlay or Veneer			
D2915	Recement Cast or Prefabricated Post and Core			
D2920	Recement Crown			
D2930	Prefabricated Stainless Steel Crown - Primary Tooth			
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth			
D2932	Prefabricated Resin Crown			
D2933	Prefabricated Stainless Steel Crown with Resin Window			
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth			
D2940	Sedative Filling			
D2950	Core Buildup, Including Any Pins			
D2951	Pin Retention - Per Tooth, In Addition to Restoration			
D2952	Cast Post and Core, In Addition to Crown			
D2953	Each Additional Cast Post - Same Tooth			
D2954	Prefabricated Post and Core In Addition to Crown			

**City of Fort Lauderdale  
Proposed DHMO Copays**

CDT Code	Procedure Description	Company Name & Plan Name	Similar to Current	Alternate 1	Alternate 2
D2955	Post Removal				
D2957	Each Add Prefabricated Post - Same Tooth				
D2960	Labial Veneer (Resin Laminate) - Chairside				
D2961	Labial Veneer (Resin laminate) - lab				
D2962	Labial veneer (porcelain laminate) - lab				
D2970	Temporary Crown (Fractured Tooth) - Palliative Treatment Only				
D2971	Additional Procedures - New Crown Under Partial				
D2980	Crown repair, by report				
D6053	Implant/Abutment Supported Removable Denture for Completely Edentulous Arch				
D6054	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch				
D6058	Abutment Supported Porcelain/Ceramic Crown				
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)				
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)				
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)				
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)				
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)				
D6064	Abutment Supported Cast Metal Crown (Noble Metal)				
D6065	Implant Supported Porcelain/Ceramic Crown)				
D6066	Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy or High Noble Metal)				
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy or High Noble Metal)				
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD				
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)				
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)				
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)				
D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)				
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)				
D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)				
D6075	Implant Supported Retainer for Ceramic FPD				
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (Titanium, Titanium Alloy or High Noble Metal)				
D6077	Implant Supported Retainer for Cast Metal FPD (Titanium, Titanium Alloy or High Noble Metal)				
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch				
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch				
D6094	Abutment Supported Crown (Titanium)				
D6194	Abutment Supported Retainer Crown for FPD				
D6205	Pontic - Indirect Resin Based Composite				
D6210	Pontic - Cast High Noble Metal				
D6211	Pontic - Cast Predominantly Base Metal				
D6212	Pontic - Cast Noble Metal				
D6214	Pontic Titanium				
D6240	Pontic - Porcelain Fused to High Noble Metal				
D6241	Pontic - Porcelain Fused to Predominantly Base Metal				
D6242	Pontic - Porcelain Fused to Noble Metal				
D6245	Pontic - Porcelain/Ceramic				
D6250	Pontic, Resin with High Noble Metal				
D6251	Pontic, resin with predominantly base metal				
D6252	Pontic, Resin with Noble Metal				
D6253	Provisional Pontic				
D6545	Retainer, cast metal for resin bonded fixed prosthesis				
D6548	Retainer, Porcelain/Ceramic for Resin-Bonded Fixed Prosthesis				
D6600	Inlay - Porcelain/Ceramic - Two Surfaces				

**City of Fort Lauderdale  
Proposed DHMO Copays**

CDT Code	Procedure Description	Similar to Current	Alternate 1	Alternate 2
		Company Name & Plan Name		
D6601	Inlay - Porcelain/Ceramic - Three or More Surfaces			
D6602	Inlay - Cast High Noble Metal, Two Surfaces			
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces			
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces			
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces			
D6606	Inlay - Cast Noble Metal, Two Surfaces			
D6607	Inlay - Cast Noble Metal, Three or More Surfaces			
D6608	Onlay - Porcelain/Ceramic - Two Surfaces			
D6609	Onlay - Porcelain/Ceramic - Three or More Surfaces			
D6610	Onlay - Cast High Noble Metal, Two Surfaces			
D6611	Onlay - Cast High Noble Metal, Three or More Surfaces			
D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces			
D6613	Onlay - Cast Predominantly Base Metal, Three or More Surfaces			
D6614	Onlay - Cast Noble Metal, Two Surfaces			
D6615	Onlay - Cast Noble Metal, Three or More Surfaces			
D6624	Inlay Titanium			
D6634	Onlay Titanium			
D6710	Crown - Indirect Resin Based Composite			
D6720	Crown, Resin with High Noble Metal			
D6721	Crown, resin with predominantly base metal			
D6722	Crown, Resin with Noble Metal			
D6740	Crown - Porcelain/Ceramic			
D6750	Crown - Porcelain Fused to High Noble Metal			
D6751	Crown - Porcelain Fused to Predominantly Base Metal			
D6752	Crown - Porcelain Fused to Noble Metal			
D6780	Crown - 3/4 Cast High Noble Metal			
D6781	Crown - 3/4 Cast Predominantly Base Metal			
D6782	Crown - 3/4 Cast Noble Metal			
D6783	Crown - 3/4 Porcelain/Ceramic - Denture			
D6790	Crown - Full Cast High Noble Metal			
D6791	Crown - Full Cast Predominantly Base Metal			
D6792	Crown - Full Cast Noble Metal			
D6794	Crown Titanium			
	Complex Rehabilitation - additional charge per unit for multiple crown units/complex rehabilitation			
D6930	Recement Fixed Partial Denture			
D6940	Stress breaker			
D6950	Precision attachment			
D6970	Cast Post and Core, In Addition to Fixed Partial Denture Retainer			
D6972	Prefabricated Post and Core, In Addition to Fixed Partial Denture Retainer			
D6973	Core Buildup for Retainer, Including Any Pins			
D6976	Each Additional Cast Post - Same Tooth			
D6977	Each Additional Prefabricated Post - Same Tooth			
D6980	Fixed partial denture repair by report			
D6985	Pediatric Partial Denture, Fixed			
	Resin bonded bridge pontic, per unit			
<b>Endodontics</b>				
D3110	Pulp Cap - Direct (Excluding Final Restoration)			
D3120	Pulp Cap - Indirect (Excluding Final Restoration)			
D3220	Pulpotomy - Removal of Pulp, Not Part of a Root Canal			
D3221	Pulpal Debridement			
D3222	Partial Pulpotomy for apexogenesis, permanent tooth			
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth			
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth			
D3310	Anterior Root Canal (Permanent Tooth) (Excluding Final Restoration)			
D3320	Bicuspid Root Canal (Permanent Tooth) (Excluding Final Restoration)			
D3330	Molar Root Canal (Permanent Tooth) (Excluding Final Restoration)			
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access			
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth			
D3333	Internal Root Repair or Perforation Defects			
D3346	Retreatment of Previous Root Canal Therapy Anterior			

**City of Fort Lauderdale  
Proposed DHMO Copays**

CDT Code	Procedure Description	Similar to Current	Alternate 1	Alternate 2
		Company Name & Plan Name		
D3347	Retreatment of Previous Root Canal Therapy Bicuspid			
D3348	Retreatment of Previous Root Canal Therapy Molar			
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)			
D3352	Apexification/Recalcification - Interim Medication Replacement			
D3353	Apexification/Recalcification - Final Visit			
D3410	Apicoectomy/Periradicular Surgery Anterior			
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)			
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)			
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)			
D3430	Retrograde Filling - Per Root			
D3450	Root amputation, per root			
D3910	Surgical Proc Isolated Tooth with Rubber Dam			
D3920	Hemisection, not including root canal therapy			
D3950	Canal Prep and Fit Preformed Dowel/Post			
<b>Periodontics</b>				
D0180	Comprehensive Periodontal Evaluation - New or Established Patient			
D4210	Gingivectomy of Gingivoplasty - 4 or More Teeth, per Quadrant			
D4211	Gingivectomy or Gingivoplasty - 1 to 3 Teeth, Per Quadrant			
D4240	Gingival Flap, Including Root Planing - 4 or More Teeth, Per Quadrant			
D4241	Gingival Flap, Including Root Planing - 1 to 3 Teeth, Per Quadrant			
D4245	Apically Positioned Flap			
D4249	Clinical Crown Lengthening - Hard Tissue			
D4260	Osseous Surgery - 4 or More Teeth or Bounded Spaces, Per Quadrant			
D4261	Osseous Surgery - 1 to 3 Teeth, Per Quadrant			
D4263	Bone Replacement Graft - First Site in Quadrant			
D4264	Bone Replacement Graft - Each Additional Site in Quadrant			
D4265	Bio Material Aid Soft and Osseous Tissue Regen			
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site			
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)			
D4268	Surgical Revision Procedure, Per Tooth			
D4270	Pedicle Soft Tissue Graft Procedure			
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)			
D4273	Subepith Connective Tissue Graft Tooth			
D4274	Distal or Proximal Wedge Procedure			
D4275	Soft Tissue Allograft			
D4276	Connective Tissue/Pedicle Graft, Per Tooth			
D4320	Provisional splinting, intracoronal			
D4321	Provisional splinting, extracoronal			
D4341	Periodontal Scaling and Root Planing, Four or More Teeth or Bounded Teeth Spaces Per Quadrant			
D4342	Periodontal Scaling and Root Planing - One to Three Teeth, Per Quadrant			
D4355	Full Mouth Debridement to Allow Evaluation and Diagnosis			
D4381	Localized Delivery of Chemotherapeutic Agents, Per Tooth, By Report			
D4910	Periodontal Maintenance			
	Additional Periodontal Maintenance			
D4920	Unscheduled Dressing Change			
D9940	Occlusal Guard - By Report			
D9942	Repair and/or Reline of Occlusal Guard			
D9951	Occlusal Adjustment Limited			
D9952	Occlusal Adjustment Complete			
<b>Prosthetics</b>				
D5110	Full Upper Denture			
D5120	Full Lower Denture			
D5130	Immediate Full Upper Denture			
D5140	Immediate Full Lower Denture			
D5211	Upper Partial Denture - Resin Base (Including Clasps, Rests and Teeth)			
D5212	Lower Partial Denture - Resin Base (Including Clasps, Rests and Teeth)			
D5213	Upper Partial Denture - Metal (Including Clasps, Rests and Teeth)			
D5214	Lower Partial Denture - Metal (Including Clasps, Rests and Teeth)			

**City of Fort Lauderdale  
Proposed DHMO Copays**

CDT Code	Procedure Description	Similar to Current	Alternate 1	Alternate 2
		Company Name & Plan Name		
D5225	Upper Partial Denture - Flexible (Including Clasps, Rests and Teeth)			
D5226	Lower Partial Denture - Flexible (Including Clasps, Rests and Teeth)			
D5281	Remove Uni Part Denture - 1PC Cast Metal			
D5410	Adjust Complete Denture Upper			
D5411	Adjust Complete Denture Lower			
D5421	Adjust Partial Denture Upper			
D5422	Adjust Partial Denture Lower			

**City of Fort Lauderdale  
Proposed DHMO Copays**

CDT Code	Procedure Description	Similar to Current	Alternate 1	Alternate 2
		Company Name & Plan Name		
<b>Repairs to Prosthetics</b>				
D5510	Repair Broken Complete Denture Base			
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)			
D5610	Repair Resin Denture Base			
D5620	Repair cast framework			
D5630	Repair or Replace Broken Clasp			
D5640	Replace Broken Teeth - Per Tooth			
D5650	Add Tooth to Existing Partial Denture			
D5660	Add Clasp to Existing Partial Denture			
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)			
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)			
<b>Denture Relining</b>				
D5710	Rebase Complete Upper Denture			
D5711	Rebase Complete Lower Denture			
D5720	Rebase Upper Partial Denture			
D5721	Rebase Lower Partial Denture			
D5730	Reline Complete Upper Denture (Chairside)			
D5731	Reline Complete Lower Denture (Chairside)			
D5740	Reline Upper Partial Denture (Chairside)			
D5741	Reline Lower Partial Denture (Chairside)			
D5750	Reline Complete Upper Denture (Laboratory)			
D5751	Reline Complete Lower Denture (Laboratory)			
D5760	Reline Upper Partial Denture (Laboratory)			
D5761	Reline Lower Partial Denture (Laboratory)			
D5850	Tissue conditioning, maxillary			
D5851	Tissue conditioning, mandibular			
D5860	Overdenture - Complete, by Report			
D5862	Precision attachment, by report			
<b>Interim Dentures</b>				
D5810	Interim Complete Denture (Upper)			
D5811	Interim Complete Denture (Lower)			
D5820	Interim Partial Denture (Upper)			
D5821	Interim Partial Denture (Lower)			
<b>Oral Surgery</b>				
D7111	Extraction of Coronal Remnants - Deciduous Tooth			
D7140	Extraction, Erupted Tooth or Exposed Root			
D7210	Surgical Removal of Erupted Tooth - Removal of Bone and/or Section of Tooth			
D7220	Removal of Impacted Tooth - Soft Tissue			
D7230	Removal of Impacted Tooth - Partially Bony			
D7240	Removal of Impacted Tooth - Completely Bony			
D7241	Removal of Impacted Tooth - Completely Bony, Unusual Complications			
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)			
D7260	Oroantral Fistula Closure			
D7261	Primary Closure of a Sinus Perforation			
D7270	Tooth Stabilization of Accidentally Evulsed or Displaced Tooth			
D7280	Surgical Access of an Unerupted Tooth			
D7282	Mobilize Erupt/Malpstrn Tooth Aid Erupt			
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth			
D7285	Biopsy of Oral Tissue - Hard			
D7286	Biopsy of Oral Tissue - Soft			
D7287	Exfoliative cytological sample collection			
D7288	Brush Biopsy - Transepithelial Sample Collection			
D7310	Alveoloplasty with Extractions - Per Quadrant			
D7311	Alveoloplasty with Extractions - Localized, Per Quadrant			
D7320	Alveoloplasty not in Conjunction with Extractions - Per Quadrant			
D7321	Alveoloplasty not in Conjunction with Extractions - Localized, Per Quadrant			
D7450	Removal of Benign Odontogenic Cyst or Tumor - Up to 1.25cm			
D7451	Removal of Benign Odontogenic Cyst or Tumor - Greater than 1.25cm			
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)			
D7472	Removal of Torus Palatinus			

**City of Fort Lauderdale  
Proposed DHMO Copays**

CDT Code	Procedure Description	Similar to Current	Alternate 1	Alternate 2
		Company Name & Plan Name		
D7473	Removal of Torus Mandibularis			
D7485	Surgical Reduction of Osseous Tuberosity			
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue			
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue Complicated			
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue			
D7521	Incision and Drainage of Abscess - Extraoral Soft Tissue Complicated			
D7910	Suture of Recent Small Wounds up to 5cm			
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate procedure			
D7963	Frenuloplasty			
D7970	Excision of Hyperplastic Tissue - per Arch			
D7971	Excision of Pericoronal Gingival			
<b>Orthodontics</b>				
D8010	Limited Orthodontic Treatment of the Primary Dentition			
D8020	Limited Orthodontic Treatment of the Transition Dentition			
D8030	Limited Orthodontic Treatment of the Adolescent Dentition			
D8040	Limited Orthodontic Treatment of the Adult Dentition			
D8050	Interceptive Orthodontic Treatment of the Primary Dentition (Banding)			
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition (Banding)			
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition ( Banding)			
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition ( Banding)			
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (Banding)			
D8210	Removable Appliance Therapy			
D8220	Fixed Appliance Therapy			
D8660	Pre-Orthodontic Treatment Visit			
D8670	Periodic Orthodontic Treatment Visit (As Part of Contract)			
	Children (Up to 19th Birthday):			
	24 Month Treatment Fee			
	Charge Per Month for 24 Months			
	Adults:			
	24 Month Treatment Fee			
	Charge Per Month for 24 Months			
	Ortho Visits Beyond 24 Months of Active Treatment or Retention			
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer (s))			
D8999	Unspecified Orthodontic Procedure, By Report (Orthodontic Treatment Plan and Records)			
D8693				
<b>General Anesthesia/IV Sedation</b>				
D9210	Local Anesthesia Not in Conjunction With Operative or Surgical Procedures			
D9211	Regional Block Anesthesia			
D9212	Trigeminal Division Block Anesthesia			
D9215	Local Anesthesia			
D9220	General Anesthesia - First 30 Minutes			
D9221	General Anesthesia - Additional 15 Minutes			
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide			
D9241	I.V. Conscious Sedation - First 30 Minutes			
D9242	I.V. Conscious Sedation - Additional 15 Minutes			
D9248	Non-intravenous Conscious Sedation			
<b>Emergency Services</b>				
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure			
D9440	Office Visit - After Regularly Scheduled Hours			
D9999	Emergency Visit During Regularly Scheduled Hours, By Report			
D9999	Broken Appointments Unless Due to Emergencies			
<b>Miscellaneous Services</b>				
D9120	Fixed Partial Denture Sectioning			
D9610	Therapeutic Parenteral Drug, Single Administration			
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications			
D9630	Other Drugs and/or Medicaments, By Report			
D9910	Application of Desensitizing Medicament			

**City of Fort Lauderdale  
Proposed DHMO Copays**

<b>CDT Code</b>	<b>Procedure Description</b>	<b>Similar to Current Company Name &amp; Plan Name</b>	<b>Alternate 1</b>	<b>Alternate 2</b>
D9972	External bleaching, per arch			

**City of Fort Lauderdale - RFP #  
Group Dental PPO Benefit Summary & Premium**

<b>Company Name</b>	<b>Duplicate Existing Plan</b>	<b>Alternate Plan</b>	<b>Alternate Plan</b>
	<b>Proposed Plan 1</b>	<b>Proposed Plan 2</b>	<b>Proposed Plan 3</b>
<b>In Network Plan Design</b>			
Deductible	None	None	Type B, & C Only
Coinsurance - Type A	100%	100%	100%
Coinsurance - Type B	100%	100%	80%
Coinsurance - Type C	60%	60%	60%
Orthodontic Services	60%	60%	50%
Annual Maximum Benefit	\$1,500	\$1,500	\$1,500
Ortho Maximum Benefit	\$2,500	\$2,500	\$2,500

<b>Out of Network Plan Design</b>			
Deductible	None	\$100	\$100
Coinsurance - Type A	100%	100%	80%
Coinsurance - Type B	100%	60%	50%
Coinsurance - Type C	60%	60%	50%
Orthodontic Services	60%	60%	50%
Annual Maximum Benefit	\$1,500	\$1,500	\$1,500
Ortho Maximum Benefit	\$2,500	\$2,500	\$2,500

**City of Fort Lauderdale  
Benefit Services - Definitions**

**Benefits & Limitations****Calendar Year Deductible**

Individual

Family

**Calendar Year Maximum****Type A - Preventive &****Diagnostic**

Oral exams

Cleanings

Bitewing x-rays

Fluoride application

Sealants

Space Maintainers

Full mouth x-rays

Panoramic x-rays

Emergency care to relieve pain

**Type B - Basic Restorative**

Fillings

Oral surgery - simple

Extractions

Oral surgery - all except simple  
extraction

Surgical extraction of impacted

Anesthetics

Major periodontics

Minor periodontics

Root Canal / Therapy

Repairs - bridges, crowns, inlays

Repairs - dentures

Relines, rebases, adjustments

**Type C Major Restorative**

Crowns

Dentures

Bridges

**Orthodontia**

Dependent coverage

Class IV lifetime maximum

## Attachment E1 - 139503-DENTAL PPO Experience City of Fort Lauderdale

**DENTAL MONTHLY CLAIMS, PREMIUM, AND LIVES**

		<u>Paid Claims</u>	<u>Premium</u>	<u>Lives</u>
1	Mar-07	\$27,051	\$40,778	768
2	Apr-07	\$50,384	\$77,683	768
3	May-07	\$47,457	\$60,403	768
4	Jun-07	\$51,841	\$61,256	768
5	Jul-07	\$59,735	\$60,630	768
6	Aug-07	\$72,644	\$61,960	768
7	Sep-07	\$37,601	\$59,739	768
8	Oct-07	\$65,944	\$59,842	768
9	Nov-07	\$47,777	\$57,978	768
10	Dec-07	\$49,481	\$58,958	768
11	Jan-08	\$64,332	\$61,508	768
12	Feb-08	\$70,578	\$62,078	768
13	Mar-08	\$59,170	\$62,518	768
14	Apr-08	\$69,979	\$61,095	768
15	May-08	\$58,587	\$61,470	768
16	Jun-08	\$59,882	\$61,938	768
17	Jul-08	\$67,587	\$61,250	768
18	Aug-08	\$57,286	\$61,652	768
19	Sep-08	\$56,951	\$61,116	768
20	Oct-08	\$56,375	\$61,656	768
21	Nov-08	\$44,635	\$61,701	768
22	Dec-08	\$65,370	\$61,780	768
23	Jan-09	\$50,035	\$59,018	768
24	Feb-09	\$60,752	\$59,001	768
25	Mar-09	\$70,698	\$60,201	781
26	Apr-09	\$65,109	\$61,204	791
27	May-09	\$53,793	\$61,517	796
28	Jun-09	\$64,533	\$61,645	796
29	Jul-09	\$71,949	\$61,579	796
30	Aug-09	\$59,053	\$61,763	800
31	Sep-09	\$60,161	\$61,849	801
32	Oct-09	\$63,772	\$61,849	801
33	Nov-09	\$50,089	\$62,273	806
34	Dec-09	\$56,647	\$62,345	807
35	Jan-10	\$67,519	\$65,278	843
36	Feb-10	\$68,491	\$65,413	845
37	Mar-10	\$81,162	\$65,413	845
38	Apr-10	\$77,247	\$65,413	845



**CITY OF FT LAUDERDALE**  
**PDP Savings Report (External)**

**Paid From :** 01/01/2009      **To :** 04/30/2010

**Customer:** 0139503

**Report Parameters:**

**Customer Number:** 0139503

**Experience:** 139503

**Group:** 139503

**Subdivision:** All

**Branch:** All

**Plan:** All

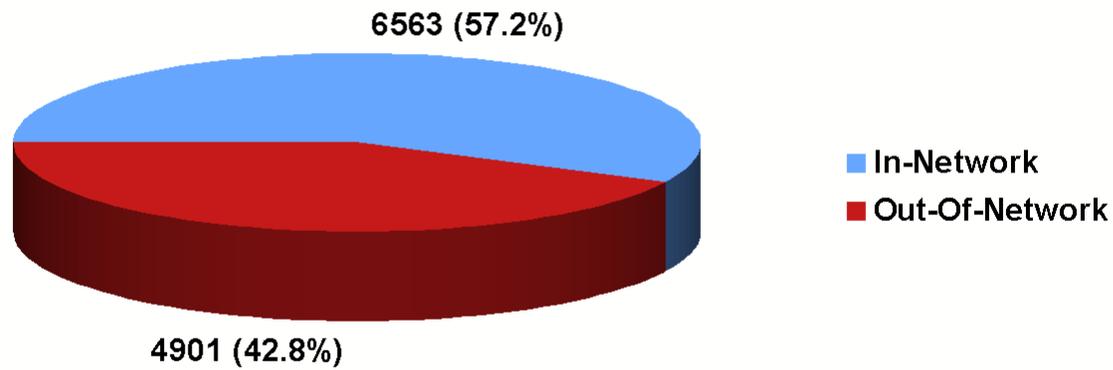
**Organized By:** Group

**\*\*\*If this is the only page you received please return to Edit this Report Package and review your parameter selections from the 'Re-run the Report Package Wizard' option.**

# CITY OF FT LAUDERDALE

## PDP Savings Report (External)

### Services Rendered



(11,464 Procedures)



## CITY OF FT LAUDERDALE PDP Savings Report (External)

6,563 or 57% of the 11,464 dental procedures were rendered by PDP dentists. The PDP charges of \$640,869.18 for the 6,563 procedures accounted for 47% of total PDP and Non-PDP charges of \$1,356,271.61.

The total employer and employee savings\* of \$446,435 represents 45% of the total benefits paid of \$995,470.89, which includes \$72,327 or 16% accrued to the employees. The total Employer savings of \$374,108 represents 27% of the sum of the total benefit claim amount and total Employer Savings, which equals \$1,369,579.16.

The average charge per procedure was \$97.65 inside the network, as opposed to \$145.97 outside the network.

Overall the in-network penetration was 57% by procedure count, 46% for charges and 50% for Benefits paid. These percentages exclude repetitive orthodontia \*\*

For CITY OF FT LAUDERDALE, network utilization is as follows:

57% of services were rendered by PPO dentists.

50% of dollars were paid to PPO offices.

We know greater claims savings are realized as network participation increases. It is our intent to point out the level of participation for CITY OF FT LAUDERDALE in order that you might evaluate the current trend and discuss issues to improve participation by CITY OF FT LAUDERDALE's employees.

Our goal is to remain the dental benefit of choice when the benefit plan is reviewed.

***If your report includes dental services that occurred prior to 2006 and were processed and paid for the first time during the time period on your report, then...***

***\* Pre-2006 savings for Periodic Exams (ADA code 120) reflect the reimbursement policy in effect prior to 2006, which allowed in-network dentists to charge for only one periodic oral exam per patient per year.***

***\*\* Due to the reimbursement policy in effect prior to 2006, Periodic Exams (ADA code 120) serviced in 2005 and earlier are excluded from In-Network Penetration calculations.***



## CITY OF FT LAUDERDALE PDP Savings Report (External)

**Summary of PDP Savings**

Period: 1/1/2009

through 4/30/2010

Group By : Customer - 139503 Group - 139503

Procedure Class	In-Network					Out-of-Network					Savings		
	Count	Charges	Benefit	Average Charge	Average Benefit Paid	Count	Charges	Benefit	Average Charge	Average Benefit Paid	Total Savings	Employer Savings	Employee Savings
Periodic Exam (ADA code 120)	827	\$20,976	\$20,830	\$25.36	\$25.19	755	\$34,608	\$29,468	\$45.84	\$39.03	\$16,929	\$16,809	\$120
Adult Prophylaxis (code 1110)	1,048	\$56,981	\$56,120	\$54.37	\$53.55	1,062	\$91,967	\$82,482	\$86.60	\$77.67	\$33,767	\$33,251	\$515
Preventive (except code 1110)	547	\$19,074	\$19,074	\$34.87	\$34.87	297	\$15,072	\$13,384	\$50.75	\$45.06	\$9,369	\$9,369	\$0
Diagnostic (except code 120)	1,675	\$52,783	\$52,017	\$31.51	\$31.06	1,201	\$74,779	\$61,680	\$62.26	\$51.36	\$54,447	\$53,742	\$705
Restorative, Basic	788	\$72,964	\$69,566	\$92.59	\$88.28	577	\$117,158	\$89,438	\$203.05	\$155.01	\$91,034	\$86,550	\$4,484
Restorative, Major	293	\$131,861	\$77,560	\$450.04	\$264.71	157	\$122,678	\$63,424	\$781.39	\$403.97	\$82,472	\$51,161	\$31,311
Endodontics	88	\$38,894	\$36,247	\$441.98	\$411.90	46	\$32,036	\$26,219	\$696.43	\$569.98	\$24,666	\$22,690	\$1,977
Periodontics	486	\$48,587	\$44,844	\$99.97	\$92.27	307	\$60,767	\$46,043	\$197.94	\$149.98	\$37,832	\$34,774	\$3,058
Oral Surgery	202	\$29,341	\$27,358	\$145.25	\$135.44	104	\$27,781	\$20,535	\$267.13	\$197.45	\$27,571	\$25,466	\$2,105
Prosthodontics, Fixed	39	\$22,391	\$12,039	\$574.13	\$308.70	21	\$16,520	\$4,725	\$786.67	\$224.98	\$12,100	\$5,864	\$6,236
Prosthodontics, Removable	40	\$22,410	\$13,498	\$560.25	\$337.46	13	\$8,474	\$4,498	\$651.85	\$346.00	\$9,705	\$6,091	\$3,614
Implant Services	27	\$23,885	\$13,450	\$884.63	\$498.16	21	\$28,862	\$13,178	\$1,374.38	\$627.54	\$10,818	\$6,065	\$4,753
Adjunctive General Services	91	\$7,584	\$6,760	\$83.34	\$74.29	31	\$4,181	\$2,779	\$134.87	\$89.65	\$5,247	\$4,648	\$599
Initial Ortho Workup (code 8999)	11	\$2,695	\$1,617	\$245.00	\$147.00	4	\$796	\$478	\$199.06	\$119.44	\$0	\$0	\$0
Repetitive Orthodontics	401	\$90,443	\$48,969	\$225.54	\$122.12	305	\$79,724	\$37,190	\$261.39	\$121.93	\$30,479	\$17,629	\$12,849
Tax	0	\$0	\$0	\$0.00	\$0.00	0	\$0	\$0	\$0.00	\$0.00	\$0	\$0	\$0
<b>Total</b>	<b>6,563</b>	<b>\$640,869</b>	<b>\$499,950</b>	<b>\$97.65</b>	<b>\$76.18</b>	<b>4,901</b>	<b>\$715,402</b>	<b>\$495,521</b>	<b>\$145.97</b>	<b>\$101.11</b>	<b>\$446,435</b>	<b>\$374,108</b>	<b>\$72,327</b>

In-Network Penetration Procedure Class	Count	Charges	Benefit Paid
Periodic Exam (ADA code 120)	52.3%	37.7%	41.4%
Adult Prophylaxis (code 1110)	49.7%	38.3%	40.5%
Preventive (except code 1110)	64.8%	55.9%	58.8%
Diagnostic (except code 120)	58.2%	41.4%	45.8%
Restorative, Basic	57.7%	38.4%	43.8%
Restorative, Major	65.1%	51.8%	55.0%
Endodontics	65.7%	54.8%	58.0%
Periodontics	61.3%	44.4%	49.3%
Oral Surgery	66.0%	51.4%	57.1%
Prosthodontics, Fixed	65.0%	57.5%	71.8%
Prosthodontics, Removable	75.5%	72.6%	75.0%
Implant Services	56.3%	45.3%	50.5%
Adjunctive General Services	74.6%	64.5%	70.9%
Initial Ortho Workup (code 8999)	73.3%	77.2%	77.2%
Repetitive Orthodontics	56.8%	53.1%	56.8%
Tax	0.0%	0.0%	0.0%
<b>Total</b>	<b>57.2%</b>	<b>47.3%</b>	<b>50.2%</b>
<b>In-Network Penetration</b>	<b>57.3%</b>	<b>46.4%</b>	<b>49.6%</b>

Employer Savings Percentage	27.3%
In-Network Penetration	57.3%
Implicit Discount	47.7%



### Dental HMO Renewal Summary

Group #:	188973	Renewal Date:	3/1/2010
Group Name:	City of Fort Lauderdale, The	Experience Period:	12/1/2008-8/31/2009
HMO Plan:	SGX185A	Prepared Date:	November 25, 2009

	Month	Members	Premium Billed	Total Health Care Costs	Health Care Cost Loss Ratio
SGC001-Old Plan	Jan-08	1,424	\$15,587.74	\$14,340.23	92%
	Feb-08	1,434	\$15,554.06	\$14,373.32	92%
	Mar-08	1,436	\$15,378.81	\$19,009.20	124%
	Apr-08	1,431	\$15,539.24	\$9,437.52	61%
	May-08	1,439	\$15,603.26	\$15,219.39	98%
	Jun-08	1,440	\$15,800.09	\$14,019.83	89%
	Jul-08	1,440	\$15,436.09	\$16,530.22	107%
	Aug-08	1,443	\$15,588.43	\$11,057.06	71%
	Sep-08	1,443	\$15,647.75	\$17,161.06	110%
	Oct-08	1,438	\$15,643.70	\$11,174.76	71%
	Nov-08	1,433	\$15,546.64	\$12,193.54	78%
	Dec-08	1,439	\$15,417.22	\$9,984.29	65%
	<b>Total</b>	<b>17,240</b>	<b>\$186,743.03</b>	<b>\$164,500.42</b>	<b>88%</b>

	Month	Members	Premium Billed	Total Health Care Costs	Health Care Cost Loss Ratio
SGX185A-New Plan	Jan-09	1,538	\$16,287.44	\$9,425.36	58%
	Feb-09	1,540	\$16,087.25	\$19,584.23	122%
	Mar-09	1,523	\$15,747.53	\$14,851.43	94%
	Apr-09	1,528	\$15,531.16	\$12,755.95	82%
	May-09	1,536	\$15,505.55	\$16,703.25	108%
	Jun-09	1,545	\$15,576.65	\$13,360.72	86%
	Jul-09	1,542	\$15,682.15	\$11,551.89	74%
	Aug-09	1,540	\$15,700.35	\$13,626.90	87%
	<b>Total</b>	<b>12,292</b>	<b>\$126,118.08</b>	<b>\$111,859.73</b>	<b>89%</b>

\* Total Health Care Cost=Capitation+Specialty Referral+Supplemental



## Dental HMO Renewal Summary

Group #:	188973	Renewal Date:	1/1/2011
Group Name:	City of Fort Lauderdale, The	Experience Period:	3/1/09 - 2/28/2010
HMO Plan:	SGX185A		
Account Manager:	Kevin Murphy	Prepared Date:	June 4, 2010

Month	Members	Premium Billed	Total Health Care Costs	Health Care Cost Loss Ratio
Mar-09	1,525	\$15,748	\$15,284	97%
Apr-09	1,531	\$15,531	\$12,728	82%
May-09	1,539	\$15,506	\$16,582	107%
Jun-09	1,549	\$15,576	\$13,279	85%
Jul-09	1,546	\$15,682	\$11,442	73%
Aug-09	1,544	\$15,682	\$13,955	89%
Sep-09	1,547	\$15,700	\$9,013	57%
Oct-09	1,477	\$15,704	\$14,310	91%
Nov-09	1,479	\$15,704	\$12,074	77%
Dec-09	1,482	\$15,740	\$11,815	75%
Jan-10	1,447	\$15,740	\$12,781	81%
Feb-10	1,452	\$15,740	\$13,513	86%
Total	18,118	\$188,053	\$156,776	83%

\* Total Health Care Cost=Capitation+Specialty Referral+Supplemental

**City of Fort Lauderdale  
Employee Census June 2010  
Active Employees**

	<b>DOB</b>	<b>Gender</b>	<b>Zip Code</b>	<b>DOH</b>	<b>Plan</b>	<b>Bargaining Unit</b>	<b>Coverage Option</b>
1	11-20-1959	M	33304	03-14-1990	DHMO	Union	Employee & Children
2	07-07-1969	M	33311	07-22-1991	DHMO	Union	Employee & Children
3	10-16-1960	M	33311	12-17-1990	DHMO	Union	Employee & Children
4	10-31-1962	F	33063	11-27-1989	DHMO	Union	Employee & Children
5	06-22-1963	M	33311	07-03-1990	DHMO	Union	Employee & Children
6	05-07-1964	M	33076	12-11-1990	DHMO	Union	Employee & Children
7	04-21-1951	M	33311	10-25-1990	DHMO	Union	Employee & Children
8	10-25-1961	F	33325	05-20-1991	DHMO	Union	Employee & Children
9	09-23-1966	M	33334	06-03-1987	DHMO	Union	Employee & Children
10	03-11-1958	F	33023	10-07-1985	DHMO	Union	Employee & Children
11	03-30-1967	M	33313	03-25-1988	DHMO	Union	Employee & Children
12	04-22-1960	M	33311	12-22-1987	DHMO	Union	Employee & Children
13	09-21-1961	M	33302	06-28-1993	DHMO	Union	Employee & Children
14	10-06-1971	M	33311	08-14-1995	DHMO	Union	Employee & Children
15	04-21-1967	M	33311	05-01-1989	DHMO	Union	Employee & Children
16	03-18-1968	F	33442	04-16-1990	DHMO	Union	Employee & Children
17	02-25-1956	M	33311	01-17-1989	DHMO	Union	Employee & Children
18	07-11-1952	M	33335	11-08-1993	DHMO	Union	Employee & Children
19	02-26-1962	M	33064	02-17-1994	DHMO	Union	Employee & Children
20	05-29-1964	F	33334	05-30-1995	DHMO	Union	Employee & Children
21	10-27-1972	F	33068	12-04-1995	DHMO	Union	Employee & Children
22	03-05-1957	F	33064	12-04-1995	DHMO	Union	Employee & Children
23	07-26-1976	M	33311	03-13-1996	DHMO	Union	Employee & Children
24	08-30-1970	F	33334	04-08-1996	DHMO	Union	Employee & Children
25	07-08-1970	F	33441	10-21-1996	DHMO	Union	Employee & Children
26	09-18-1961	M	33321	12-02-1996	DHMO	Union	Employee & Children
27	08-25-1974	M	33311	01-03-1997	DHMO	Union	Employee & Children
28	08-23-1954	F	33309	01-16-1997	DHMO	Union	Employee & Children
29	11-01-1977	M	33313	09-02-1997	DHMO	Union	Employee & Children
30	09-06-1976	M	33311	10-12-1997	DHMO	Union	Employee & Children
31	12-02-1972	M	33309	12-29-1997	DHMO	Union	Employee & Children
32	06-11-1976	M	33311	06-22-1998	DHMO	Union	Employee & Children
33	11-01-1971	M	33023	07-08-1998	DHMO	Union	Employee & Children
34	12-16-1936	M	33319	07-13-1998	DHMO	Union	Employee & Children
35	07-20-1963	F	33312	02-08-1999	DHMO	Union	Employee & Children
36	01-15-1971	M	33317	03-01-1999	DHMO	Union	Employee & Children
37	11-07-1957	M	33021	06-14-1999	DHMO	Union	Employee & Children
38	10-27-1964	F	33311	06-14-1999	DHMO	Union	Employee & Children
39	10-25-1957	F	33317	02-14-2000	DHMO	Union	Employee & Children
40	02-03-1953	M	33334	02-19-2001	DHMO	Union	Employee & Children
41	09-06-1949	M	33179	04-02-2001	DHMO	Union	Employee & Children
42	08-23-1969	M	33023	07-02-2001	DHMO	Union	Employee & Children
43	12-16-1974	F	33321	07-09-2001	DHMO	Union	Employee & Children
44	05-28-1975	F	33310	07-09-2001	DHMO	Union	Employee & Children
45	07-28-1967	M	33311	07-23-2001	DHMO	Union	Employee & Children
46	10-21-1962	F	33021	11-05-2001	DHMO	Union	Employee & Children
47	04-14-1975	M	33319	12-03-2001	DHMO	Union	Employee & Children
48	02-03-1981	F	33161	04-25-2004	DHMO	Union	Employee & Children
49	10-07-1972	F	33060	11-29-2004	DHMO	Union	Employee & Children
50	09-16-1971	M	33351	02-21-2005	DHMO	Union	Employee & Children
51	04-28-1961	M	33314	02-14-2005	DHMO	Union	Employee & Children
52	05-15-1967	F	33311	02-28-2005	DHMO	Union	Employee & Children
53	02-15-1957	F	33324	04-11-2005	DHMO	Union	Employee & Children
54	06-08-1977	M	33304	04-30-2005	DHMO	Union	Employee & Children
55	05-18-1967	M	33024	05-10-2005	DHMO	Union	Employee & Children
56	11-01-1975	F	33334	07-25-2005	DHMO	Union	Employee & Children
57	01-15-1983	M	33311	08-08-2005	DHMO	Union	Employee & Children
58	09-25-1967	M	33311	09-26-2005	DHMO	Union	Employee & Children
59	10-11-1978	F	33060	12-19-2005	DHMO	Union	Employee & Children
60	11-29-1974	F	33060	01-03-2006	DHMO	Union	Employee & Children

61	10-03-1981 F	33312	01-09-2006 DHMO	Union	Employee & Children
62	08-17-1975 M	33169	02-27-2006 DHMO	Union	Employee & Children
63	11-05-1965 M	33317	03-06-2006 DHMO	Union	Employee & Children
64	09-27-1964 M	33063	03-20-2006 DHMO	Union	Employee & Children
65	06-18-1977 F	33029	04-19-2006 DHMO	Union	Employee & Children
66	04-27-1982 F	33312	05-01-2006 DHMO	Union	Employee & Children
67	12-17-1978 F	33311	05-22-2006 DHMO	Union	Employee & Children
68	04-06-1968 M	33328	06-14-2006 DHMO	Union	Employee & Children
69	04-10-1960 F	33073	07-05-2006 DHMO	Union	Employee & Children
70	10-23-1976 M	33428	07-10-2006 DHMO	Union	Employee & Children
71	03-25-1959 M	33068	07-28-2006 DHMO	Union	Employee & Children
72	03-06-1965 F	33313	09-12-2006 DHMO	Union	Employee & Children
73	01-26-1963 M	33311	10-09-2006 DHMO	Union	Employee & Children
74	11-30-1972 M	33322	10-23-2006 DHMO	Union	Employee & Children
75	12-28-1980 F	33020	11-13-2006 DHMO	Union	Employee & Children
76	06-10-1971 F	33060	12-18-2006 DHMO	Union	Employee & Children
77	04-26-1971 F	33308	01-02-2007 DHMO	Union	Employee & Children
78	08-11-1976 F	33063	01-29-2007 DHMO	Union	Employee & Children
79	05-19-1978 M	33313	02-05-2007 DHMO	Union	Employee & Children
80	12-17-1971 M	33021	05-08-2007 DHMO	Union	Employee & Children
81	01-20-1972 M	33009	05-29-2007 DHMO	Union	Employee & Children
82	12-04-1955 F	33351	06-04-2007 DHMO	Union	Employee & Children
83	03-28-1979 F	33328	06-25-2007 DHMO	Union	Employee & Children
84	12-16-1976 F	33023	06-25-2007 DHMO	Union	Employee & Children
85	04-18-1964 M	33311	09-24-2007 DHMO	Union	Employee & Children
86	04-06-1971 F	33315	01-03-2008 DHMO	Union	Employee & Children
87	12-31-1969 M	33316	01-22-2008 DHMO	Union	Employee & Children
88	12-02-1983 M	33314	04-28-2008 DHMO	Union	Employee & Children
89	10-06-1971 M	33311	06-02-2008 DHMO	Union	Employee & Children
90	04-17-1958 M	33024	06-01-2008 DHMO	Union	Employee & Children
91	09-14-1967 F	33055	07-07-2008 DHMO	Union	Employee & Children
92	03-13-1952 M	33326	11-03-2008 DHMO	Union	Employee & Children
93	02-18-1971 M	33351	06-22-2009 DHMO	Union	Employee & Children
94	08-20-1951 M	33311	09-11-1989 DHMO	Union	Employee & Spouse
95	09-07-1941 M	33063	02-22-1993 DHMO	Union	Employee & Spouse
96	11-09-1955 M	33069	04-30-1986 DHMO	Union	Employee & Spouse
97	04-04-1963 M	33069	11-12-1985 DHMO	Union	Employee & Spouse
98	10-18-1956 M	33311	08-20-1979 DHMO	Union	Employee & Spouse
99	12-13-1962 F	33074	05-23-1993 DHMO	Union	Employee & Spouse
100	11-29-1953 M	33312	05-12-1995 DHMO	Union	Employee & Spouse
101	06-28-1957 F	33334	11-17-1980 DHMO	Union	Employee & Spouse
102	12-11-1957 M	33023	04-12-1982 DHMO	Union	Employee & Spouse
103	07-03-1954 M	33311	02-28-2005 DHMO	Union	Employee & Spouse
104	09-02-1966 F	33312	03-21-2005 DHMO	Union	Employee & Spouse
105	07-28-1953 M	33023	07-18-1990 DHMO	Union	Employee & Spouse
106	01-28-1954 M	33309	03-20-1985 DHMO	Union	Employee & Spouse
107	06-22-1949 M	33311	07-19-1993 DHMO	Union	Employee & Spouse
108	02-20-1953 M	33498	10-11-1993 DHMO	Union	Employee & Spouse
109	10-13-1959 M	33311	08-21-1995 DHMO	Union	Employee & Spouse
110	08-29-1953 M	33023	01-24-1996 DHMO	Union	Employee & Spouse
111	07-25-1945 M	33066	10-22-1996 DHMO	Union	Employee & Spouse
112	04-28-1955 F	33068	09-15-1997 DHMO	Union	Employee & Spouse
113	11-26-1940 M	33311	03-02-1998 DHMO	Union	Employee & Spouse
114	05-13-1960 M	33309	08-17-1998 DHMO	Union	Employee & Spouse
115	05-18-1940 M	33441	12-14-1998 DHMO	Union	Employee & Spouse
116	12-29-1949 M	34953	06-14-1999 DHMO	Union	Employee & Spouse
117	12-26-1963 F	33023	10-12-1999 DHMO	Union	Employee & Spouse
118	02-23-1958 M	33311	02-01-2000 DHMO	Union	Employee & Spouse
119	08-06-1956 M	33064	03-13-2000 DHMO	Union	Employee & Spouse
120	09-15-1975 M	33068	04-03-2000 DHMO	Union	Employee & Spouse
121	03-09-1959 M	33311	05-08-2000 DHMO	Union	Employee & Spouse
122	05-26-1948 M	33068	05-15-2000 DHMO	Union	Employee & Spouse
123	11-04-1951 F	33169	05-07-2001 DHMO	Union	Employee & Spouse
124	12-26-1943 M	33426	12-04-2001 DHMO	Union	Employee & Spouse
125	09-08-1955 M	33313	01-18-2002 DHMO	Union	Employee & Spouse

126	08-09-1955 M	33311	02-11-2002 DHMO	Union	Employee & Spouse
127	11-22-1979 M	33311	03-18-2002 DHMO	Union	Employee & Spouse
128	06-29-1954 F	33162	08-26-2002 DHMO	Union	Employee & Spouse
129	07-09-1964 M	33162	07-21-2004 DHMO	Union	Employee & Spouse
130	08-27-1952 M	33060	01-16-2003 DHMO	Union	Employee & Spouse
131	12-13-1951 M	33312	04-07-2003 DHMO	Union	Employee & Spouse
132	02-21-1970 M	33313	01-31-2005 DHMO	Union	Employee & Spouse
133	12-18-1957 M	33063	04-04-2005 DHMO	Union	Employee & Spouse
134	04-19-1943 M	33068	07-06-2005 DHMO	Union	Employee & Spouse
135	04-04-1967 M	33014	07-05-2005 DHMO	Union	Employee & Spouse
136	01-08-1967 M	33065	08-01-2005 DHMO	Union	Employee & Spouse
137	06-07-1947 M	33025	08-08-2005 DHMO	Union	Employee & Spouse
138	12-25-1947 M	33065	08-29-2005 DHMO	Union	Employee & Spouse
139	08-09-1949 M	33063	08-29-2005 DHMO	Union	Employee & Spouse
140	07-14-1935 M	33063	12-05-2005 DHMO	Union	Employee & Spouse
141	05-23-1945 M	33027	01-03-2006 DHMO	Union	Employee & Spouse
142	12-25-1944 M	33309	01-03-2006 DHMO	Union	Employee & Spouse
143	05-07-1974 M	33068	05-01-2006 DHMO	Union	Employee & Spouse
144	11-06-1968 F	33322	05-08-2006 DHMO	Union	Employee & Spouse
145	04-02-1983 M	33024	09-29-2006 DHMO	Union	Employee & Spouse
146	06-30-1965 M	33315	12-21-2006 DHMO	Union	Employee & Spouse
147	10-31-1967 M	33313	04-16-2007 DHMO	Union	Employee & Spouse
148	05-15-1954 F	33022	04-30-2007 DHMO	Union	Employee & Spouse
149	03-19-1976 M	33304	10-21-2007 DHMO	Union	Employee & Spouse
150	10-10-1954 M	33187	11-05-2007 DHMO	Union	Employee & Spouse
151	06-02-1969 M	33322	11-13-2007 DHMO	Union	Employee & Spouse
152	01-21-1971 M	33179	01-14-2008 DHMO	Union	Employee & Spouse
153	04-03-1954 M	33433	05-12-2008 DHMO	Union	Employee & Spouse
154	09-22-1968 M	33311	07-06-2008 DHMO	Union	Employee & Spouse
155	09-06-1984 M	33309	10-14-2008 DHMO	Union	Employee & Spouse
156	05-30-1963 M	33304	04-06-2009 DHMO	Union	Employee & Spouse
157	07-26-1962 M	33317	04-06-2009 DHMO	Union	Employee & Spouse
158	06-01-1982 F	33021	04-27-2009 DHMO	Union	Employee & Spouse
159	10-20-1958 M	33308	11-07-1985 DHMO	Union	Employee Only/Single
160	10-28-1963 F	33060	01-02-1988 DHMO	Union	Employee Only/Single
161	07-06-1960 M	33068	10-22-1980 DHMO	Union	Employee Only/Single
162	07-13-1974 M	33025	06-03-1996 DHMO	Union	Employee Only/Single
163	03-29-1945 F	33322	04-04-1983 DHMO	Union	Employee Only/Single
164	01-26-1956 M	33351	11-18-1991 DHMO	Union	Employee Only/Single
165	11-29-1963 M	33315	02-28-1986 DHMO	Union	Employee Only/Single
166	11-07-1959 M	34953	06-29-1987 DHMO	Union	Employee Only/Single
167	06-23-1955 F	33068	11-01-1982 DHMO	Union	Employee Only/Single
168	09-22-1930 F	33065	01-14-1991 DHMO	Union	Employee Only/Single
169	07-04-1954 M	33315	07-09-2007 DHMO	Union	Employee Only/Single
170	10-12-1971 M	33308	02-22-2002 DHMO	Union	Employee Only/Single
171	08-07-1952 M	33442	02-22-1988 DHMO	Union	Employee Only/Single
172	12-14-1967 M	33334	10-02-1989 DHMO	Union	Employee Only/Single
173	06-26-1954 F	33314	11-28-1988 DHMO	Union	Employee Only/Single
174	07-17-1956 M	33063	12-22-1987 DHMO	Union	Employee Only/Single
175	09-03-1967 F	33312	04-30-1990 DHMO	Union	Employee Only/Single
176	02-28-1965 F	33311	01-25-1984 DHMO	Union	Employee Only/Single
177	01-31-1950 M	33334	01-12-1984 DHMO	Union	Employee Only/Single
178	09-17-1963 F	33312	04-11-1988 DHMO	Union	Employee Only/Single
179	01-12-1960 M	33311	02-16-1987 DHMO	Union	Employee Only/Single
180	08-02-1945 M	33065	12-22-1986 DHMO	Union	Employee Only/Single
181	01-13-1965 M	33073-4053	12-29-1986 DHMO	Union	Employee Only/Single
182	11-11-1953 F	33309	03-09-1981 DHMO	Union	Employee Only/Single
183	05-29-1958 M	33304	02-17-1991 DHMO	Union	Employee Only/Single
184	11-05-1963 F	33325	09-05-1984 DHMO	Union	Employee Only/Single
185	06-19-1961 F	33311	06-20-1989 DHMO	Union	Employee Only/Single
186	06-23-1965 M	33311	03-03-1988 DHMO	Union	Employee Only/Single
187	11-13-1952 M	33309	10-01-1986 DHMO	Union	Employee Only/Single
188	12-01-1967 F	33311	10-07-1987 DHMO	Union	Employee Only/Single
189	01-13-1955 F	33313	01-31-1989 DHMO	Union	Employee Only/Single
190	10-22-1959 F	33309	10-22-1980 DHMO	Union	Employee Only/Single

191	12-25-1958 F	33312	04-27-1983 DHMO	Union	Employee Only/Single
192	03-03-1960 M	33311	05-12-1980 DHMO	Union	Employee Only/Single
193	09-08-1949 M	33309	10-25-1982 DHMO	Union	Employee Only/Single
194	09-15-1950 M	33312	04-13-1998 DHMO	Union	Employee Only/Single
195	09-25-1968 F	33312	01-03-2006 DHMO	Union	Employee Only/Single
196	09-22-1960 M	33315	06-30-1993 DHMO	Union	Employee Only/Single
197	06-14-1944 F	33324	05-26-1981 DHMO	Union	Employee Only/Single
198	08-21-1963 F	33309	11-28-1983 DHMO	Union	Employee Only/Single
199	05-19-1940 M	33004	06-26-1989 DHMO	Union	Employee Only/Single
200	07-15-1954 M	33309	09-06-1988 DHMO	Union	Employee Only/Single
201	01-31-1966 M	33312	02-05-1991 DHMO	Union	Employee Only/Single
202	05-28-1967 F	33025	01-02-2009 DHMO	Union	Employee Only/Single
203	06-30-1969 F	33313	09-28-2000 DHMO	Union	Employee Only/Single
204	12-03-1955 M	33311	10-04-1993 DHMO	Union	Employee Only/Single
205	10-21-1966 M	33319	10-11-1993 DHMO	Union	Employee Only/Single
206	12-09-1939 M	33305	01-03-1994 DHMO	Union	Employee Only/Single
207	04-19-1964 M	33309	02-23-1994 DHMO	Union	Employee Only/Single
208	05-01-1943 F	33324	02-28-1994 DHMO	Union	Employee Only/Single
209	06-20-1970 F	33321	04-03-1995 DHMO	Union	Employee Only/Single
210	01-02-1965 F	33463	12-04-1995 DHMO	Union	Employee Only/Single
211	10-12-1973 M	33324	12-04-1995 DHMO	Union	Employee Only/Single
212	05-16-1949 M	33309	05-13-1996 DHMO	Union	Employee Only/Single
213	09-17-1970 F	33073	12-21-1997 DHMO	Union	Employee Only/Single
214	03-13-1974 M	33311	07-22-1996 DHMO	Union	Employee Only/Single
215	03-06-1955 M	33009	08-12-1996 DHMO	Union	Employee Only/Single
216	12-29-1957 M	33062	08-19-1996 DHMO	Union	Employee Only/Single
217	06-22-1964 M	33311	10-28-1996 DHMO	Union	Employee Only/Single
218	02-08-1963 M	33315	11-18-1996 DHMO	Union	Employee Only/Single
219	05-06-1964 M	33068	11-25-1996 DHMO	Union	Employee Only/Single
220	06-30-1951 M	33024	02-03-1997 DHMO	Union	Employee Only/Single
221	09-22-1971 F	33065	05-05-1997 DHMO	Union	Employee Only/Single
222	08-22-1960 M	33311	08-24-1997 DHMO	Union	Employee Only/Single
223	11-01-1947 F	33064	09-29-1997 DHMO	Union	Employee Only/Single
224	04-01-1941 F	33019	02-02-1998 DHMO	Union	Employee Only/Single
225	01-19-1963 M	33068	02-02-1998 DHMO	Union	Employee Only/Single
226	03-22-1973 M	33317	07-20-1998 DHMO	Union	Employee Only/Single
227	10-29-1961 F	33063	08-03-1998 DHMO	Union	Employee Only/Single
228	10-01-1952 F	33322	01-04-1999 DHMO	Union	Employee Only/Single
229	02-28-1982 M	33313	12-27-1998 DHMO	Union	Employee Only/Single
230	03-04-1977 M	33311	03-15-1999 DHMO	Union	Employee Only/Single
231	11-18-1970 M	33311	03-16-1999 DHMO	Union	Employee Only/Single
232	11-04-1979 M	33065	06-28-1999 DHMO	Union	Employee Only/Single
233	10-04-1973 F	33328	07-06-1999 DHMO	Union	Employee Only/Single
234	10-27-1942 F	33317	07-06-1999 DHMO	Union	Employee Only/Single
235	08-23-1969 M	33004	08-10-1999 DHMO	Union	Employee Only/Single
236	01-09-1964 F	33322	10-18-1999 DHMO	Union	Employee Only/Single
237	12-29-1970 F	33316	10-18-1999 DHMO	Union	Employee Only/Single
238	10-27-1964 F	33304	11-01-1999 DHMO	Union	Employee Only/Single
239	03-28-1974 M	33317	12-13-1999 DHMO	Union	Employee Only/Single
240	08-10-1958 M	33314	12-26-1999 DHMO	Union	Employee Only/Single
241	08-22-1965 F	34953	01-24-2000 DHMO	Union	Employee Only/Single
242	09-30-1965 M	33311	05-02-2000 DHMO	Union	Employee Only/Single
243	11-08-1956 M	33311	05-22-2000 DHMO	Union	Employee Only/Single
244	05-29-1949 M	33023	08-21-2000 DHMO	Union	Employee Only/Single
245	01-14-1956 M	33312	02-26-2001 DHMO	Union	Employee Only/Single
246	01-09-1950 F	33334	04-02-2001 DHMO	Union	Employee Only/Single
247	06-10-1963 F	33169-2300	05-09-2001 DHMO	Union	Employee Only/Single
248	12-30-1974 M	33322	06-04-2001 DHMO	Union	Employee Only/Single
249	02-26-1985 M	33311	10-24-2005 DHMO	Union	Employee Only/Single
250	04-24-1978 M	33311	07-23-2001 DHMO	Union	Employee Only/Single
251	05-21-1956 M	33311	08-06-2001 DHMO	Union	Employee Only/Single
252	06-21-1974 F	33167	09-11-2001 DHMO	Union	Employee Only/Single
253	12-03-1982 M	33312	09-23-2001 DHMO	Union	Employee Only/Single
254	02-11-1955 M	33351	11-28-2001 DHMO	Union	Employee Only/Single
255	05-07-1959 F	33319	12-04-2001 DHMO	Union	Employee Only/Single

256	06-15-1974 M	33437	03-11-2002	DHMO	Union	Employee Only/Single
257	10-23-1953 M	33009	03-04-2002	DHMO	Union	Employee Only/Single
258	08-21-1949 F	33068	03-18-2002	DHMO	Union	Employee Only/Single
259	09-10-1967 F	33321	04-01-2002	DHMO	Union	Employee Only/Single
260	09-26-1960 M	33312	04-15-2002	DHMO	Union	Employee Only/Single
261	07-23-1983 F	33023	05-06-2002	DHMO	Union	Employee Only/Single
262	08-07-1953 F	33019	05-21-2002	DHMO	Union	Employee Only/Single
263	01-27-1967 M	33311	05-28-2002	DHMO	Union	Employee Only/Single
264	11-12-1954 M	33312	06-09-2002	DHMO	Union	Employee Only/Single
265	01-18-1950 F	33312	07-01-2002	DHMO	Union	Employee Only/Single
266	12-10-1960 F	33029	09-06-2002	DHMO	Union	Employee Only/Single
267	01-29-1985 F	33319	05-20-2007	DHMO	Union	Employee Only/Single
268	12-29-1983 M	33311	11-07-2004	DHMO	Union	Employee Only/Single
269	06-08-1960 M	33068	02-10-2003	DHMO	Union	Employee Only/Single
270	08-12-1957 F	33315	02-24-2003	DHMO	Union	Employee Only/Single
271	07-24-1952 F	33026	04-07-2003	DHMO	Union	Employee Only/Single
272	08-22-1968 M	33311	06-08-2006	DHMO	Union	Employee Only/Single
273	02-16-1987 F	33026	06-13-2003	DHMO	Union	Employee Only/Single
274	11-01-1978 M	33313	08-23-2004	DHMO	Union	Employee Only/Single
275	05-26-1951 M	33064	11-15-2004	DHMO	Union	Employee Only/Single
276	01-28-1953 F	33312	12-08-2004	DHMO	Union	Employee Only/Single
277	09-14-1965 F	33313	01-18-2005	DHMO	Union	Employee Only/Single
278	01-12-1978 M	33313	02-13-2005	DHMO	Union	Employee Only/Single
279	07-21-1961 F	33304	03-14-2005	DHMO	Union	Employee Only/Single
280	07-19-1948 M	33056	04-11-2005	DHMO	Union	Employee Only/Single
281	02-27-1949 F	33308	04-11-2005	DHMO	Union	Employee Only/Single
282	09-17-1978 M	33029	05-09-2005	DHMO	Union	Employee Only/Single
283	08-16-1964 F	33025	05-16-2005	DHMO	Union	Employee Only/Single
284	02-27-1980 M	33311	06-06-2005	DHMO	Union	Employee Only/Single
285	05-10-1947 M	33068	06-20-2005	DHMO	Union	Employee Only/Single
286	02-15-1980 M	33027	07-05-2005	DHMO	Union	Employee Only/Single
287	06-12-1946 M	33312	07-11-2005	DHMO	Union	Employee Only/Single
288	05-24-1982 M	33024	07-15-2005	DHMO	Union	Employee Only/Single
289	12-31-1979 F	33055	07-25-2005	DHMO	Union	Employee Only/Single
290	09-24-1971 M	33309	08-22-2005	DHMO	Union	Employee Only/Single
291	01-26-1978 F	33162	08-29-2005	DHMO	Union	Employee Only/Single
292	09-01-1977 M	33312	09-07-2005	DHMO	Union	Employee Only/Single
293	08-26-1980 M	33304	09-19-2005	DHMO	Union	Employee Only/Single
294	07-10-1955 F	33304	12-27-2005	DHMO	Union	Employee Only/Single
295	11-01-1954 M	33315	01-03-2006	DHMO	Union	Employee Only/Single
296	03-11-1951 F	33323	01-09-2006	DHMO	Union	Employee Only/Single
297	04-11-1984 M	33313	01-23-2006	DHMO	Union	Employee Only/Single
298	11-08-1978 F	33071	02-20-2006	DHMO	Union	Employee Only/Single
299	07-23-1980 F	33443	03-06-2006	DHMO	Union	Employee Only/Single
300	01-03-1980 F	33313	03-20-2006	DHMO	Union	Employee Only/Single
301	04-11-1950 M	33309	03-13-2006	DHMO	Union	Employee Only/Single
302	10-29-1967 M	33313	04-02-2006	DHMO	Union	Employee Only/Single
303	11-01-1949 F	33324	05-08-2006	DHMO	Union	Employee Only/Single
304	09-13-1982 F	33319	07-25-2006	DHMO	Union	Employee Only/Single
305	12-27-1952 M	33308	08-07-2006	DHMO	Union	Employee Only/Single
306	12-30-1954 M	33311	08-14-2006	DHMO	Union	Employee Only/Single
307	05-13-1977 M	33023	08-14-2006	DHMO	Union	Employee Only/Single
308	02-03-1959 M	33312	08-24-2006	DHMO	Union	Employee Only/Single
309	12-19-1986 M	33068	09-18-2006	DHMO	Union	Employee Only/Single
310	09-28-1987 M	33311	09-18-2006	DHMO	Union	Employee Only/Single
311	08-15-1986 M	33311	09-11-2006	DHMO	Union	Employee Only/Single
312	11-02-1982 F	33351	09-18-2006	DHMO	Union	Employee Only/Single
313	07-23-1968 F	33309	10-02-2006	DHMO	Union	Employee Only/Single
314	10-23-1950 F	33304	10-02-2006	DHMO	Union	Employee Only/Single
315	06-11-1984 M	33311	09-25-2006	DHMO	Union	Employee Only/Single
316	11-25-1968 M	33308	10-02-2006	DHMO	Union	Employee Only/Single
317	04-28-1986 F	33319	10-09-2006	DHMO	Union	Employee Only/Single
318	08-28-1970 M	33312	06-03-2007	DHMO	Union	Employee Only/Single
319	04-02-1951 M	33317	10-30-2006	DHMO	Union	Employee Only/Single
320	03-06-1949 M	33308	11-21-2006	DHMO	Union	Employee Only/Single

321	10-01-1984 F	33325	12-11-2006 DHMO	Union	Employee Only/Single
322	08-10-1982 F	33321	12-18-2006 DHMO	Union	Employee Only/Single
323	07-22-1984 F	33004	01-02-2007 DHMO	Union	Employee Only/Single
324	05-12-1969 M	33324	01-23-2007 DHMO	Union	Employee Only/Single
325	05-27-1978 M	33316	01-16-2007 DHMO	Union	Employee Only/Single
326	12-29-1969 M	33009	02-12-2007 DHMO	Union	Employee Only/Single
327	07-16-1949 F	33322	03-19-2007 DHMO	Union	Employee Only/Single
328	10-28-1981 M	33324	03-21-2007 DHMO	Union	Employee Only/Single
329	04-18-1972 M	33311	04-02-2007 DHMO	Union	Employee Only/Single
330	09-19-1941 F	33312	04-02-2007 DHMO	Union	Employee Only/Single
331	09-10-1987 M	33334	04-16-2007 DHMO	Union	Employee Only/Single
332	01-31-1965 M	33021	04-30-2007 DHMO	Union	Employee Only/Single
333	01-03-1977 M	33309	05-06-2007 DHMO	Union	Employee Only/Single
334	10-06-1984 M	33068	05-21-2007 DHMO	Union	Employee Only/Single
335	08-20-1985 F	33304	06-11-2007 DHMO	Union	Employee Only/Single
336	07-02-1970 F	33321	06-04-2007 DHMO	Union	Employee Only/Single
337	01-05-1957 M	33162	06-11-2007 DHMO	Union	Employee Only/Single
338	01-19-1970 M	33322	06-11-2007 DHMO	Union	Employee Only/Single
339	12-05-1974 F	33317	08-06-2007 DHMO	Union	Employee Only/Single
340	12-07-1978 F	33316	10-07-2007 DHMO	Union	Employee Only/Single
341	08-16-1950 M	33312	11-05-2007 DHMO	Union	Employee Only/Single
342	07-27-1986 M	33321	11-13-2007 DHMO	Union	Employee Only/Single
343	03-13-1984 M	33301	01-16-2008 DHMO	Union	Employee Only/Single
344	08-19-1983 M	33311	01-22-2008 DHMO	Union	Employee Only/Single
345	08-09-1955 F	33324	01-14-2008 DHMO	Union	Employee Only/Single
346	12-24-1987 M	33021	03-03-2008 DHMO	Union	Employee Only/Single
347	05-04-1935 M	33316	03-05-2008 DHMO	Union	Employee Only/Single
348	11-08-1983 M	33024	03-17-2008 DHMO	Union	Employee Only/Single
349	10-29-1983 M	33309	03-31-2008 DHMO	Union	Employee Only/Single
350	04-23-1957 F	33308	04-07-2008 DHMO	Union	Employee Only/Single
351	11-11-1985 F	33024	05-12-2008 DHMO	Union	Employee Only/Single
352	10-30-1977 M	33068	05-12-2008 DHMO	Union	Employee Only/Single
353	11-01-1978 M	33068	06-02-2008 DHMO	Union	Employee Only/Single
354	07-04-1976 M	33308	06-09-2008 DHMO	Union	Employee Only/Single
355	08-01-1970 M	33317	06-02-2008 DHMO	Union	Employee Only/Single
356	09-23-1963 M	33316	08-04-2008 DHMO	Union	Employee Only/Single
357	05-12-1984 M	33411	09-10-2008 DHMO	Union	Employee Only/Single
358	09-01-1982 M	33024	11-03-2008 DHMO	Union	Employee Only/Single
359	06-30-1983 M	33312	12-08-2008 DHMO	Union	Employee Only/Single
360	08-07-1979 F	33064	12-01-2008 DHMO	Union	Employee Only/Single
361	12-22-1984 M	33411	03-01-2009 DHMO	Union	Employee Only/Single
362	05-04-1971 M	33312	04-20-2009 DHMO	Union	Employee Only/Single
363	12-02-1970 M	33467	05-04-2009 DHMO	Union	Employee Only/Single
364	05-07-1964 M	33309	06-01-2009 DHMO	Union	Employee Only/Single
365	02-02-1985 M	33312	09-08-2009 DHMO	Union	Employee Only/Single
366	01-29-1954 M	33009	03-08-2010 DHMO	Union	Employee Only/Single
367	01-05-1958 M	33470	01-31-1984 DHMO	Union	Family
368	04-08-1960 M	33024	09-13-1993 DHMO	Union	Family
369	11-21-1953 M	33315	02-09-1981 DHMO	Union	Family
370	06-09-1969 M	33064	03-08-1989 DHMO	Union	Family
371	08-27-1955 M	33068-3343	10-27-1983 DHMO	Union	Family
372	10-05-1961 M	33311	05-06-1985 DHMO	Union	Family
373	09-13-1963 M	33311	04-03-1989 DHMO	Union	Family
374	11-06-1961 M	33311	09-17-1984 DHMO	Union	Family
375	10-30-1960 M	33313	04-15-1985 DHMO	Union	Family
376	02-05-1962 F	33323	04-25-1988 DHMO	Union	Family
377	06-21-1962 M	33313	05-21-1990 DHMO	Union	Family
378	11-21-1960 M	33021	06-18-1984 DHMO	Union	Family
379	10-06-1961 M	33315	11-07-1984 DHMO	Union	Family
380	09-01-1964 F	33317	04-08-1991 DHMO	Union	Family
381	09-22-1957 M	33305	07-02-1988 DHMO	Union	Family
382	01-23-1960 M	33313	02-19-1990 DHMO	Union	Family
383	01-16-1963 M	33068	02-25-1991 DHMO	Union	Family
384	09-14-1961 M	33311	04-09-1987 DHMO	Union	Family
385	01-03-1959 M	33068-3114	09-28-1987 DHMO	Union	Family

386	11-10-1962 F	33441	03-22-1988 DHMO	Union	Family
387	02-28-1968 M	33311	02-09-1989 DHMO	Union	Family
388	12-23-1957 M	33004	10-26-1987 DHMO	Union	Family
389	01-13-1964 F	33309	02-13-1989 DHMO	Union	Family
390	07-05-1956 M	33066	06-27-1990 DHMO	Union	Family
391	01-06-1958 M	33312	09-08-1980 DHMO	Union	Family
392	04-28-1960 M	33323	05-21-1990 DHMO	Union	Family
393	09-25-1955 M	33319	11-05-1987 DHMO	Union	Family
394	12-14-1969 F	33319	04-19-1994 DHMO	Union	Family
395	02-03-1960 M	33334	04-27-1981 DHMO	Union	Family
396	05-28-1965 F	33311	07-05-1988 DHMO	Union	Family
397	06-06-1960 M	33312	06-09-2003 DHMO	Union	Family
398	09-06-1970 M	33311	03-01-1990 DHMO	Union	Family
399	08-18-1965 M	33325	05-05-1986 DHMO	Union	Family
400	06-20-1959 M	33324	07-19-1993 DHMO	Union	Family
401	11-07-1971 M	33065	06-20-1994 DHMO	Union	Family
402	06-16-1974 M	33309	12-19-1994 DHMO	Union	Family
403	09-04-1969 M	33060	01-30-1995 DHMO	Union	Family
404	08-06-1966 M	33321	01-30-1995 DHMO	Union	Family
405	12-16-1969 F	33312	06-15-1997 DHMO	Union	Family
406	03-19-1962 M	33312	07-03-1995 DHMO	Union	Family
407	10-09-1968 M	33311	08-01-1995 DHMO	Union	Family
408	01-03-1956 M	33026	10-30-1995 DHMO	Union	Family
409	03-13-1959 M	33060	03-19-1996 DHMO	Union	Family
410	03-13-1968 F	33026	04-08-1996 DHMO	Union	Family
411	05-12-1960 M	34953	01-13-1997 DHMO	Union	Family
412	09-23-1958 M	33314	04-21-1997 DHMO	Union	Family
413	05-22-1957 M	33060	04-28-1997 DHMO	Union	Family
414	10-28-1974 M	33024	09-23-1997 DHMO	Union	Family
415	12-18-1965 M	33317	11-05-1997 DHMO	Union	Family
416	04-29-1966 M	33063	11-17-1997 DHMO	Union	Family
417	08-22-1972 M	33068	01-20-1998 DHMO	Union	Family
418	12-27-1979 M	33322	06-30-1998 DHMO	Union	Family
419	07-17-1975 M	33311	12-04-1998 DHMO	Union	Family
420	05-23-1966 M	33313	12-28-1998 DHMO	Union	Family
421	11-30-1959 M	33311	04-01-1999 DHMO	Union	Family
422	10-18-1967 M	34953	05-10-1999 DHMO	Union	Family
423	03-30-1961 M	33313	09-27-1999 DHMO	Union	Family
424	12-01-1974 M	33319	01-31-2000 DHMO	Union	Family
425	06-29-1956 M	33312	02-07-2000 DHMO	Union	Family
426	05-08-1975 M	33027	03-13-2000 DHMO	Union	Family
427	09-29-1966 M	33068	03-20-2000 DHMO	Union	Family
428	04-30-1969 M	33063	03-20-2000 DHMO	Union	Family
429	08-29-1968 M	33311	06-05-2000 DHMO	Union	Family
430	10-10-1953 F	33068	08-23-2000 DHMO	Union	Family
431	01-27-1958 M	33311	09-18-2000 DHMO	Union	Family
432	10-31-1953 M	33334	02-19-2001 DHMO	Union	Family
433	02-27-1971 M	33160	04-16-2001 DHMO	Union	Family
434	12-05-1950 M	33024	05-07-2001 DHMO	Union	Family
435	04-14-1982 M	33311	07-02-2001 DHMO	Union	Family
436	05-05-1973 M	33029	07-16-2001 DHMO	Union	Family
437	06-20-1969 M	33351	08-06-2001 DHMO	Union	Family
438	11-05-1970 M	33004	09-17-2007 DHMO	Union	Family
439	01-14-1983 M	33021	12-10-2001 DHMO	Union	Family
440	10-06-1967 M	33311	01-08-2002 DHMO	Union	Family
441	04-08-1971 F	33319	03-12-2002 DHMO	Union	Family
442	11-20-1970 M	33311	03-25-2002 DHMO	Union	Family
443	10-23-1964 F	33311	04-22-2002 DHMO	Union	Family
444	10-07-1967 F	33068	07-22-2002 DHMO	Union	Family
445	05-23-1972 M	33311	05-24-2005 DHMO	Union	Family
446	09-04-1968 M	33314	09-30-2002 DHMO	Union	Family
447	04-27-1958 M	33330	12-02-2002 DHMO	Union	Family
448	08-02-1982 M	33311	01-20-2003 DHMO	Union	Family
449	03-21-1965 M	33328	04-07-2003 DHMO	Union	Family
450	10-07-1983 M	33334	06-03-2003 DHMO	Union	Family

451	10-05-1981	M	33311	06-30-2003	DHMO	Union	Family
452	05-15-1965	M	33306	06-01-2004	DHMO	Union	Family
453	10-18-1956	M	33309	11-08-2004	DHMO	Union	Family
454	06-07-1972	M	33322	11-22-2004	DHMO	Union	Family
455	06-04-1964	F	33069	02-28-2005	DHMO	Union	Family
456	05-30-1973	M	33326	03-28-2005	DHMO	Union	Family
457	02-05-1965	M	33328	04-04-2005	DHMO	Union	Family
458	08-14-1973	M	33325	05-31-2005	DHMO	Union	Family
459	07-18-1975	M	33312	05-31-2005	DHMO	Union	Family
460	06-09-1953	M	33071	07-11-2005	DHMO	Union	Family
461	09-15-1946	M	33027	07-01-2005	DHMO	Union	Family
462	07-22-1945	M	33021	09-19-2005	DHMO	Union	Family
463	02-01-1970	M	33311	10-03-2005	DHMO	Union	Family
464	07-12-1963	M	33062	10-10-2005	DHMO	Union	Family
465	01-22-1955	M	33317	11-20-2006	DHMO	Union	Family
466	09-30-1964	M	33428	02-13-2006	DHMO	Union	Family
467	07-01-1976	F	33024	05-08-2006	DHMO	Union	Family
468	07-14-1980	F	33076	07-10-2006	DHMO	Union	Family
469	07-25-1960	F	33068	08-08-2006	DHMO	Union	Family
470	03-30-1965	M	33313	07-31-2006	DHMO	Union	Family
471	03-11-1962	M	33319	08-13-2006	DHMO	Union	Family
472	08-02-1964	F	33324	08-21-2006	DHMO	Union	Family
473	12-26-1960	M	33060	08-28-2006	DHMO	Union	Family
474	09-22-1955	F	33025	09-05-2006	DHMO	Union	Family
475	05-28-1981	M	33322	09-13-2006	DHMO	Union	Family
476	10-02-1965	F	33024	10-02-2006	DHMO	Union	Family
477	07-23-1977	F	33321	09-25-2006	DHMO	Union	Family
478	07-21-1958	M	33319	10-09-2006	DHMO	Union	Family
479	08-18-1967	F	33324	11-06-2006	DHMO	Union	Family
480	09-19-1952	M	33313	11-28-2006	DHMO	Union	Family
481	09-25-1973	F	33323	12-26-2006	DHMO	Union	Family
482	10-17-1973	M	33311	12-18-2006	DHMO	Union	Family
483	01-20-1964	M	33311	12-18-2006	DHMO	Union	Family
484	09-19-1976	M	33311	01-21-2007	DHMO	Union	Family
485	07-01-1967	F	33028	01-22-2007	DHMO	Union	Family
486	07-12-1968	F	33309	01-22-2007	DHMO	Union	Family
487	04-05-1981	F	33024	02-20-2007	DHMO	Union	Family
488	04-09-1963	M	33309	02-27-2007	DHMO	Union	Family
489	07-08-1975	M	33311	03-26-2007	DHMO	Union	Family
490	08-01-1965	M	33317	03-26-2007	DHMO	Union	Family
491	11-08-1970	M	33012	05-07-2007	DHMO	Union	Family
492	06-01-1961	F	33060	05-16-2007	DHMO	Union	Family
493	10-01-1963	M	33432	06-18-2007	DHMO	Union	Family
494	08-02-1979	F	33311	10-09-2007	DHMO	Union	Family
495	12-31-1959	M	33446	11-05-2007	DHMO	Union	Family
496	03-07-1972	M	33033	11-05-2007	DHMO	Union	Family
497	09-16-1960	M	33023	12-10-2007	DHMO	Union	Family
498	02-10-1982	M	33068	12-17-2007	DHMO	Union	Family
499	07-12-1956	M	33467	01-07-2008	DHMO	Union	Family
500	09-01-1963	F	33063	01-14-2008	DHMO	Union	Family
501	07-10-1960	M	33351	01-17-2008	DHMO	Union	Family
502	09-20-1962	F	33020	03-03-2008	DHMO	Union	Family
503	04-07-1961	M	33334	05-27-2008	DHMO	Union	Family
504	09-10-1963	F	33060	12-15-2008	DHMO	Union	Family
505	01-01-1981	M	33023	08-11-2009	DHMO	Union	Family
506	01-06-1964	M	33309	11-30-1988	DPPO	Union	Employee & Children
507	10-26-1961	M	33461	01-07-1991	DPPO	Union	Employee & Children
508	05-20-1965	F	33311	09-04-1990	DPPO	Union	Employee & Children
509	06-06-1961	M	33311	02-13-1989	DPPO	Union	Employee & Children
510	04-17-1955	M	33064	07-06-1987	DPPO	Union	Employee & Children
511	11-19-1963	M	33190	11-18-1991	DPPO	Union	Employee & Children
512	11-04-1971	F	33309	08-28-1995	DPPO	Union	Employee & Children
513	02-24-1966	M	33312	10-28-1997	DPPO	Union	Employee & Children
514	07-23-1973	M	33009	11-04-1997	DPPO	Union	Employee & Children
515	04-27-1963	F	33313	12-29-1997	DPPO	Union	Employee & Children

516	08-06-1965	M	33311	06-15-1998	DPPO	Union	Employee & Children
517	09-04-1976	M	33311	05-10-1999	DPPO	Union	Employee & Children
518	05-27-1977	M	33311	11-08-1999	DPPO	Union	Employee & Children
519	12-05-1979	M	33312	03-06-2000	DPPO	Union	Employee & Children
520	06-27-1966	F	33312	04-17-2000	DPPO	Union	Employee & Children
521	11-06-1960	M	33311	05-01-2000	DPPO	Union	Employee & Children
522	09-09-1976	F	33311	08-21-2000	DPPO	Union	Employee & Children
523	05-04-1964	F	33317	09-18-2000	DPPO	Union	Employee & Children
524	05-12-1967	M	33312	04-09-2001	DPPO	Union	Employee & Children
525	02-12-1962	F	33064	04-09-2001	DPPO	Union	Employee & Children
526	10-14-1970	M	33317	04-30-2001	DPPO	Union	Employee & Children
527	10-05-1953	M	33317	05-21-2001	DPPO	Union	Employee & Children
528	09-18-1962	M	33311	12-10-2001	DPPO	Union	Employee & Children
529	09-28-1961	M	33351	05-13-2002	DPPO	Union	Employee & Children
530	02-05-1968	M	33312	02-07-2005	DPPO	Union	Employee & Children
531	01-25-1965	M	33334	10-25-2005	DPPO	Union	Employee & Children
532	05-07-1972	F	33068	05-01-2006	DPPO	Union	Employee & Children
533	08-10-1952	M	33311	06-15-2006	DPPO	Union	Employee & Children
534	02-24-1962	F	33351	12-11-2006	DPPO	Union	Employee & Children
535	12-27-1968	F	33024	03-05-2007	DPPO	Union	Employee & Children
536	01-10-1966	M	33311	04-16-2007	DPPO	Union	Employee & Children
537	11-25-1975	F	33310	06-04-2007	DPPO	Union	Employee & Children
538	06-03-1971	F	33334	04-13-2008	DPPO	Union	Employee & Children
539	08-11-1954	F	33063	11-19-1990	DPPO	Union	Employee & Spouse
540	10-26-1944	F	33321-3038	02-17-1992	DPPO	Union	Employee & Spouse
541	04-15-1954	M	33324-6241	06-11-1990	DPPO	Union	Employee & Spouse
542	10-01-1944	M	33309-1330	04-08-1991	DPPO	Union	Employee & Spouse
543	12-09-1958	M	33323	06-24-1985	DPPO	Union	Employee & Spouse
544	07-06-1945	M	33068	09-21-1987	DPPO	Union	Employee & Spouse
545	03-11-1960	M	33021	06-19-1990	DPPO	Union	Employee & Spouse
546	03-30-1955	M	33315	12-17-1984	DPPO	Union	Employee & Spouse
547	10-14-1958	M	33009	07-23-1990	DPPO	Union	Employee & Spouse
548	03-05-1959	M	33314	02-19-1990	DPPO	Union	Employee & Spouse
549	02-11-1960	M	33311	11-13-1996	DPPO	Union	Employee & Spouse
550	10-04-1947	M	33062	12-09-1996	DPPO	Union	Employee & Spouse
551	01-03-1965	M	33023	04-20-1998	DPPO	Union	Employee & Spouse
552	04-25-1962	M	33308	10-20-1998	DPPO	Union	Employee & Spouse
553	12-03-1952	F	33067	01-25-1999	DPPO	Union	Employee & Spouse
554	09-27-1945	M	33063	08-23-1999	DPPO	Union	Employee & Spouse
555	05-30-1968	M	33313	06-06-2000	DPPO	Union	Employee & Spouse
556	10-31-1956	M	33314	02-05-2001	DPPO	Union	Employee & Spouse
557	09-09-1954	F	33311	02-26-2001	DPPO	Union	Employee & Spouse
558	07-14-1956	M	33009	03-04-2001	DPPO	Union	Employee & Spouse
559	03-17-1958	F	33179	02-03-2003	DPPO	Union	Employee & Spouse
560	03-10-1970	M	33069	11-10-2003	DPPO	Union	Employee & Spouse
561	03-13-1977	F	33312	10-25-2004	DPPO	Union	Employee & Spouse
562	02-06-1954	M	33071	05-02-2005	DPPO	Union	Employee & Spouse
563	09-30-1982	M	33063	06-27-2005	DPPO	Union	Employee & Spouse
564	09-23-1979	M	33313	07-11-2005	DPPO	Union	Employee & Spouse
565	04-01-1979	M	33321	08-08-2005	DPPO	Union	Employee & Spouse
566	10-28-1963	F	33306	08-29-2005	DPPO	Union	Employee & Spouse
567	06-18-1984	F	33025	10-03-2005	DPPO	Union	Employee & Spouse
568	08-07-1962	M	33068	01-30-2006	DPPO	Union	Employee & Spouse
569	09-16-1950	F	33319	04-10-2006	DPPO	Union	Employee & Spouse
570	12-19-1979	F	33312	10-30-2006	DPPO	Union	Employee & Spouse
571	10-19-1957	F	33062	11-13-2006	DPPO	Union	Employee & Spouse
572	04-27-1943	M	33024	12-11-2006	DPPO	Union	Employee & Spouse
573	07-14-1952	M	33325	04-16-2007	DPPO	Union	Employee & Spouse
574	03-23-1963	M	33319	04-23-2007	DPPO	Union	Employee & Spouse
575	01-30-1955	M	33162	06-18-2007	DPPO	Union	Employee & Spouse
576	07-22-1957	M	33334	06-02-2008	DPPO	Union	Employee & Spouse
577	07-02-1954	F	33305	11-05-1990	DPPO	Union	Employee Only/Single
578	04-18-1949	M	33309	03-14-1988	DPPO	Union	Employee Only/Single
579	10-30-1953	F	33062	01-03-1983	DPPO	Union	Employee Only/Single
580	04-09-1945	F	33324	02-21-1985	DPPO	Union	Employee Only/Single

581	11-22-1959 F	33024	05-20-1986 DPPO	Union	Employee Only/Single
582	07-24-1965 M	33316	02-17-1992 DPPO	Union	Employee Only/Single
583	06-02-1955 M	33309	12-26-1979 DPPO	Union	Employee Only/Single
584	07-11-1959 M	33063	04-28-1980 DPPO	Union	Employee Only/Single
585	11-23-1951 F	33304	08-08-2005 DPPO	Union	Employee Only/Single
586	09-01-1957 F	33063	10-02-1989 DPPO	Union	Employee Only/Single
587	02-08-1960 M	33301	12-23-1987 DPPO	Union	Employee Only/Single
588	04-18-1943 M	33317	11-13-1989 DPPO	Union	Employee Only/Single
589	09-27-1962 F	33311	07-16-1984 DPPO	Union	Employee Only/Single
590	08-07-1946 M	33020	10-31-1988 DPPO	Union	Employee Only/Single
591	01-11-1963 M	33023	04-17-1989 DPPO	Union	Employee Only/Single
592	05-10-1939 F	33065	06-01-1998 DPPO	Union	Employee Only/Single
593	02-22-1954 F	33311	01-12-1981 DPPO	Union	Employee Only/Single
594	04-29-1956 M	33314	06-06-1989 DPPO	Union	Employee Only/Single
595	03-10-1948 M	33317	06-11-1984 DPPO	Union	Employee Only/Single
596	01-16-1966 F	33021	06-11-1990 DPPO	Union	Employee Only/Single
597	03-12-1970 M	33313	09-30-1991 DPPO	Union	Employee Only/Single
598	06-01-1950 F	33311	10-09-1994 DPPO	Union	Employee Only/Single
599	05-05-1948 F	33309	09-15-1997 DPPO	Union	Employee Only/Single
600	10-14-1964 M	33306	12-06-1993 DPPO	Union	Employee Only/Single
601	10-24-1957 F	33322-2547	03-21-1994 DPPO	Union	Employee Only/Single
602	11-28-1954 M	33304	01-13-1995 DPPO	Union	Employee Only/Single
603	09-07-1956 M	33301	03-14-1995 DPPO	Union	Employee Only/Single
604	01-25-1964 M	33315	05-05-1995 DPPO	Union	Employee Only/Single
605	09-09-1974 M	33311	12-04-1995 DPPO	Union	Employee Only/Single
606	07-02-1941 F	33334	12-11-1995 DPPO	Union	Employee Only/Single
607	04-11-1967 F	33315	12-04-1995 DPPO	Union	Employee Only/Single
608	05-26-1966 M	33064	12-13-1995 DPPO	Union	Employee Only/Single
609	12-21-1957 F	33334	01-14-1996 DPPO	Union	Employee Only/Single
610	09-25-1978 M	33315	06-17-1996 DPPO	Union	Employee Only/Single
611	10-12-1957 M	33309	12-09-1996 DPPO	Union	Employee Only/Single
612	08-16-1968 M	33313	12-15-1997 DPPO	Union	Employee Only/Single
613	04-20-1950 M	33312	01-26-1998 DPPO	Union	Employee Only/Single
614	08-27-1961 M	33313	02-23-1998 DPPO	Union	Employee Only/Single
615	02-19-1961 F	33462	03-23-1998 DPPO	Union	Employee Only/Single
616	03-15-1983 F	33313	06-12-1998 DPPO	Union	Employee Only/Single
617	05-26-1949 F	33009	07-07-1998 DPPO	Union	Employee Only/Single
618	08-24-1974 M	33334	10-06-1998 DPPO	Union	Employee Only/Single
619	11-24-1970 M	33313	11-30-1998 DPPO	Union	Employee Only/Single
620	04-02-1958 M	33351	06-14-1999 DPPO	Union	Employee Only/Single
621	10-21-1976 M	33309	06-21-1999 DPPO	Union	Employee Only/Single
622	08-14-1968 F	33920	07-12-1999 DPPO	Union	Employee Only/Single
623	07-07-1957 F	33311	11-23-1999 DPPO	Union	Employee Only/Single
624	10-22-1980 M	33312	01-10-2000 DPPO	Union	Employee Only/Single
625	08-09-1954 M	33066	01-24-2000 DPPO	Union	Employee Only/Single
626	12-28-1953 F	33063	03-06-2000 DPPO	Union	Employee Only/Single
627	03-23-1941 F	33160	04-24-2000 DPPO	Union	Employee Only/Single
628	05-06-1962 M	33312	05-04-2000 DPPO	Union	Employee Only/Single
629	02-16-1953 M	33348	06-25-2000 DPPO	Union	Employee Only/Single
630	05-13-1971 M	33312	03-09-2009 DPPO	Union	Employee Only/Single
631	03-16-1952 F	33326	10-23-2000 DPPO	Union	Employee Only/Single
632	10-05-1953 F	33304	10-31-2000 DPPO	Union	Employee Only/Single
633	06-12-1982 F	33027	03-12-2001 DPPO	Union	Employee Only/Single
634	10-29-1955 M	33311	02-17-2003 DPPO	Union	Employee Only/Single
635	10-15-1952 F	33311-5957	08-22-2005 DPPO	Union	Employee Only/Single
636	10-08-1951 F	33308	05-14-2001 DPPO	Union	Employee Only/Single
637	12-03-1948 M	33068	07-03-2001 DPPO	Union	Employee Only/Single
638	06-09-1951 F	33309	06-25-2001 DPPO	Union	Employee Only/Single
639	08-10-1984 F	33317	07-20-2001 DPPO	Union	Employee Only/Single
640	12-29-1941 M	33315	11-19-2001 DPPO	Union	Employee Only/Single
641	12-07-1963 M	33301	11-29-2001 DPPO	Union	Employee Only/Single
642	08-18-1948 F	33334	01-03-2002 DPPO	Union	Employee Only/Single
643	08-23-1979 F	33324	01-14-2002 DPPO	Union	Employee Only/Single
644	03-26-1949 F	33069	03-11-2002 DPPO	Union	Employee Only/Single
645	01-23-1981 M	33315	07-16-2002 DPPO	Union	Employee Only/Single

646	11-28-1952 F	33334	08-12-2002 DPPO	Union	Employee Only/Single
647	05-07-1982 F	33309	03-31-2004 DPPO	Union	Employee Only/Single
648	10-11-1947 F	34987	11-18-2002 DPPO	Union	Employee Only/Single
649	03-04-1970 F	33428	01-27-2003 DPPO	Union	Employee Only/Single
650	03-19-1948 F	33482	02-17-2003 DPPO	Union	Employee Only/Single
651	08-05-1953 M	33305	04-26-2004 DPPO	Union	Employee Only/Single
652	03-04-1952 M	33065	11-15-2004 DPPO	Union	Employee Only/Single
653	08-05-1982 M	33311	02-28-2005 DPPO	Union	Employee Only/Single
654	01-12-1985 M	33311	03-14-2005 DPPO	Union	Employee Only/Single
655	08-24-1987 M	33317	04-19-2005 DPPO	Union	Employee Only/Single
656	09-13-1983 M	33068	04-30-2005 DPPO	Union	Employee Only/Single
657	10-23-1978 F	33060	05-23-2005 DPPO	Union	Employee Only/Single
658	12-15-1969 M	33311-3614	06-13-2005 DPPO	Union	Employee Only/Single
659	07-10-1949 F	33026	06-27-2005 DPPO	Union	Employee Only/Single
660	05-06-1983 M	33028	07-21-2005 DPPO	Union	Employee Only/Single
661	10-31-1954 M	33486	08-08-2005 DPPO	Union	Employee Only/Single
662	04-14-1969 M	33311	08-22-2005 DPPO	Union	Employee Only/Single
663	06-21-1972 M	33324	09-27-2005 DPPO	Union	Employee Only/Single
664	02-16-1973 M	33055	10-17-2005 DPPO	Union	Employee Only/Single
665	02-29-1952 F	33432	10-25-2005 DPPO	Union	Employee Only/Single
666	08-03-1973 M	33442	10-24-2005 DPPO	Union	Employee Only/Single
667	08-04-1980 F	33304	11-21-2005 DPPO	Union	Employee Only/Single
668	05-30-1941 M	33321	11-29-2005 DPPO	Union	Employee Only/Single
669	11-24-1982 M	33311	01-09-2006 DPPO	Union	Employee Only/Single
670	07-09-1971 F	33319	02-28-2006 DPPO	Union	Employee Only/Single
671	09-25-1958 M	33312	04-17-2006 DPPO	Union	Employee Only/Single
672	01-01-1965 F	33312	04-10-2006 DPPO	Union	Employee Only/Single
673	02-21-1983 F	33060	04-10-2006 DPPO	Union	Employee Only/Single
674	12-15-1986 M	33311	06-05-2006 DPPO	Union	Employee Only/Single
675	05-30-1985 M	33311	07-10-2006 DPPO	Union	Employee Only/Single
676	05-09-1954 M	33069	07-17-2006 DPPO	Union	Employee Only/Single
677	06-16-1977 M	33315	08-18-2006 DPPO	Union	Employee Only/Single
678	07-22-1985 F	33311	09-18-2006 DPPO	Union	Employee Only/Single
679	01-04-1962 M	33317	09-25-2006 DPPO	Union	Employee Only/Single
680	11-19-1982 M	33004	10-16-2006 DPPO	Union	Employee Only/Single
681	05-01-1960 M	33304	12-17-2006 DPPO	Union	Employee Only/Single
682	02-10-1979 M	33177	01-02-2007 DPPO	Union	Employee Only/Single
683	09-10-1955 M	33325	02-05-2007 DPPO	Union	Employee Only/Single
684	11-13-1951 F	33334	02-19-2007 DPPO	Union	Employee Only/Single
685	06-03-1982 M	33064	03-19-2007 DPPO	Union	Employee Only/Single
686	07-08-1951 F	33321	06-04-2007 DPPO	Union	Employee Only/Single
687	02-18-1970 F	33060	06-11-2007 DPPO	Union	Employee Only/Single
688	06-13-1964 F	33301	06-25-2007 DPPO	Union	Employee Only/Single
689	01-13-1944 F	33351	06-25-2007 DPPO	Union	Employee Only/Single
690	10-16-1964 M	33179	07-08-2007 DPPO	Union	Employee Only/Single
691	01-29-1982 M	33304	07-01-2007 DPPO	Union	Employee Only/Single
692	12-15-1962 M	33027	07-30-2007 DPPO	Union	Employee Only/Single
693	07-28-1957 M	33311	08-13-2007 DPPO	Union	Employee Only/Single
694	04-07-1979 F	33441	08-20-2007 DPPO	Union	Employee Only/Single
695	06-08-1977 M	33020	09-10-2007 DPPO	Union	Employee Only/Single
696	01-25-1985 M	33069	10-09-2007 DPPO	Union	Employee Only/Single
697	12-04-1973 F	33441	01-07-2008 DPPO	Union	Employee Only/Single
698	09-18-1987 M	33315	03-24-2008 DPPO	Union	Employee Only/Single
699	05-26-1955 M	33313	04-07-2008 DPPO	Union	Employee Only/Single
700	04-03-1958 M	33322	07-07-2008 DPPO	Union	Employee Only/Single
701	10-29-1957 M	33309	07-14-2008 DPPO	Union	Employee Only/Single
702	03-26-1964 F	33409	11-03-2008 DPPO	Union	Employee Only/Single
703	11-07-1952 F	33312	01-05-2009 DPPO	Union	Employee Only/Single
704	02-09-1970 M	33486	02-23-2009 DPPO	Union	Employee Only/Single
705	10-12-1963 M	33309	05-08-1989 DPPO	Union	Family
706	05-12-1944 M	33308	07-14-1987 DPPO	Union	Family
707	02-05-1957 F	33311	10-03-1988 DPPO	Union	Family
708	03-24-1959 M	33322	01-03-1989 DPPO	Union	Family
709	11-01-1952 M	33317	11-12-1990 DPPO	Union	Family
710	05-24-1958 M	33311	06-04-1991 DPPO	Union	Family

711	01-26-1969 M	33312	03-15-1989 DPPO	Union	Family
712	11-16-1961 M	33312	05-12-1980 DPPO	Union	Family
713	09-07-1966 M	33309	07-18-1990 DPPO	Union	Family
714	02-13-1960 M	33311-4243	01-12-1981 DPPO	Union	Family
715	07-22-1954 M	33064	01-20-1991 DPPO	Union	Family
716	08-13-1956 M	33323	04-13-1992 DPPO	Union	Family
717	06-08-1965 M	34953	02-25-1985 DPPO	Union	Family
718	04-17-1959 M	33068	10-07-1986 DPPO	Union	Family
719	07-10-1963 M	33325	04-04-1988 DPPO	Union	Family
720	04-25-1963 M	33311	10-10-1984 DPPO	Union	Family
721	05-26-1964 M	33317	09-18-1989 DPPO	Union	Family
722	12-07-1959 M	33302	10-05-1987 DPPO	Union	Family
723	12-24-1958 M	33024	04-07-1988 DPPO	Union	Family
724	12-17-1959 M	33315	07-02-1984 DPPO	Union	Family
725	12-22-1952 M	33313	11-02-1987 DPPO	Union	Family
726	05-24-1971 M	33334	02-06-1991 DPPO	Union	Family
727	12-07-1954 M	33313	03-06-1985 DPPO	Union	Family
728	08-26-1967 M	33311	08-02-1993 DPPO	Union	Family
729	12-02-1967 M	33060	10-16-1995 DPPO	Union	Family
730	06-03-1951 M	33498	12-04-1995 DPPO	Union	Family
731	11-19-1963 M	33311	01-29-1996 DPPO	Union	Family
732	11-28-1967 M	33323	05-13-1996 DPPO	Union	Family
733	07-26-1962 F	33028	03-10-1997 DPPO	Union	Family
734	06-26-1963 M	33071	05-27-1997 DPPO	Union	Family
735	08-07-1971 M	33319	08-11-1997 DPPO	Union	Family
736	07-16-1972 M	33311	09-06-2005 DPPO	Union	Family
737	09-19-1966 M	33068	01-12-1998 DPPO	Union	Family
738	09-21-1958 M	33311	01-13-1998 DPPO	Union	Family
739	10-06-1970 M	33179	01-20-1998 DPPO	Union	Family
740	04-07-1970 M	33428	02-02-1998 DPPO	Union	Family
741	11-10-1978 M	33311	02-16-1998 DPPO	Union	Family
742	10-16-1962 M	33326	07-28-1998 DPPO	Union	Family
743	01-26-1961 M	33442	08-11-1998 DPPO	Union	Family
744	03-04-1963 F	33319	09-14-1998 DPPO	Union	Family
745	03-12-1962 M	33441	08-09-1999 DPPO	Union	Family
746	09-15-1978 M	33319	12-13-1999 DPPO	Union	Family
747	10-20-1959 M	33169	05-02-2000 DPPO	Union	Family
748	06-08-1965 M	33312	08-17-2000 DPPO	Union	Family
749	01-18-1966 F	33025	10-17-2000 DPPO	Union	Family
750	07-05-1946 M	33317	06-04-2001 DPPO	Union	Family
751	03-08-1981 M	33311	11-13-2001 DPPO	Union	Family
752	10-26-1958 M	33312	11-19-2001 DPPO	Union	Family
753	02-19-1957 F	33308	07-29-2002 DPPO	Union	Family
754	10-18-1962 M	33021	07-22-2002 DPPO	Union	Family
755	08-31-1957 M	33162	01-20-2003 DPPO	Union	Family
756	01-05-1972 F	33319	04-21-2003 DPPO	Union	Family
757	06-15-1981 M	33065	04-21-2003 DPPO	Union	Family
758	05-23-1968 M	33026	06-02-2003 DPPO	Union	Family
759	10-06-1979 M	33311	02-28-2005 DPPO	Union	Family
760	03-15-1979 M	33311	05-18-2005 DPPO	Union	Family
761	11-20-1965 F	33313	05-31-2005 DPPO	Union	Family
762	03-17-1975 F	33309	07-05-2005 DPPO	Union	Family
763	12-24-1973 M	33024	07-06-2005 DPPO	Union	Family
764	04-07-1968 M	33020	08-08-2005 DPPO	Union	Family
765	05-14-1953 M	33076	08-08-2005 DPPO	Union	Family
766	03-04-1957 M	33325	09-13-2005 DPPO	Union	Family
767	08-19-1959 M	33309	09-26-2005 DPPO	Union	Family
768	01-29-1976 M	33319	10-31-2005 DPPO	Union	Family
769	12-31-1966 F	33309	01-09-2006 DPPO	Union	Family
770	09-13-1962 F	33313	02-20-2006 DPPO	Union	Family
771	10-16-1967 M	33023	03-28-2006 DPPO	Union	Family
772	01-20-1965 M	33314	07-24-2006 DPPO	Union	Family
773	02-15-1963 M	33321	10-13-2006 DPPO	Union	Family
774	11-25-1963 F	33068	11-20-2006 DPPO	Union	Family
775	03-07-1973 M	33311	04-30-2007 DPPO	Union	Family

776	12-17-1975	M	33311	05-07-2007	DPPO	Union	Family
777	12-22-1968	M	33304	06-11-2007	DPPO	Union	Family
778	10-17-1949	M	33021	09-28-2007	DPPO	Union	Family
779	06-28-1963	M	33167	02-10-2008	DPPO	Union	Family
780	01-28-1961	F	33068	02-25-2008	DPPO	Union	Family
781	05-01-1967	M	33071	04-28-2008	DPPO	Union	Family
782	02-06-1957	F	33065	05-13-1991	DHMO	Mgt/Confidential	Employee & Children
783	02-28-1964	M	33351	06-10-1996	DHMO	Mgt/Confidential	Employee & Children
784	07-19-1972	F	33025	12-18-2000	DHMO	Mgt/Confidential	Employee & Children
785	07-19-1972	F	33025	12-18-2000	DHMO	Mgt/Confidential	Employee & Children
786	03-25-1974	F	33406	02-26-2007	DHMO	Professional	Employee & Children
787	12-11-1981	F	33319	12-01-2008	DHMO	Professional	Employee & Children
788	03-25-1974	F	33406	02-26-2007	DHMO	Professional	Employee & Children
789	12-11-1981	F	33319	12-01-2008	DHMO	Professional	Employee & Children
790	01-06-1968	F	33020	11-24-2008	DHMO	Supervisory	Employee & Children
791	11-21-1955	F	33305	03-08-1999	DHMO	Mgt/Confidential	Employee & Spouse
792	05-30-1958	M	33139	10-07-2002	DHMO	Mgt/Confidential	Employee & Spouse
793	12-10-1953	F	33021	07-07-2003	DHMO	Mgt/Confidential	Employee & Spouse
794	12-16-1979	F	33027	04-04-2005	DHMO	Mgt/Confidential	Employee & Spouse
795	07-01-1959	F	33322	02-05-2007	DHMO	Mgt/Confidential	Employee & Spouse
796	08-15-1975	F	33025	01-20-2009	DHMO	Mgt/Confidential	Employee & Spouse
797	12-15-1966	F	33334	03-02-1992	DHMO	Professional	Employee & Spouse
798	07-22-1941	M	33312	05-04-1990	DHMO	Professional	Employee & Spouse
799	02-07-1959	M	33323	04-17-1984	DHMO	Professional	Employee & Spouse
800	07-27-1960	M	33321	05-28-2002	DHMO	Professional	Employee & Spouse
801	07-03-1976	F	33315	08-05-2002	DHMO	Professional	Employee & Spouse
802	12-28-1967	M	33435	06-23-2003	DHMO	Professional	Employee & Spouse
803	01-25-1972	M	33009	06-06-2005	DHMO	Professional	Employee & Spouse
804	01-14-1981	M	33324	11-14-2005	DHMO	Professional	Employee & Spouse
805	09-20-1969	F	33322	10-23-2006	DHMO	Professional	Employee & Spouse
806	09-20-1969	F	33322	10-23-2006	DHMO	Professional	Employee & Spouse
807	05-13-1959	M	33309	12-28-1987	DHMO	Supervisory	Employee & Spouse
808	09-12-1961	M	33311	06-06-1988	DHMO	Supervisory	Employee & Spouse
809	04-24-1958	M	33312	04-28-1980	DHMO	Supervisory	Employee & Spouse
810	08-06-1958	F	33021	07-03-1989	DHMO	Mgt/Confidential	Employee Only/Single
811	04-05-1958	F	33323	05-27-1980	DHMO	Mgt/Confidential	Employee Only/Single
812	10-12-1953	M	33319	03-01-1993	DHMO	Mgt/Confidential	Employee Only/Single
813	01-16-1958	M	33068	03-03-1986	DHMO	Mgt/Confidential	Employee Only/Single
814	10-19-1953	M	33334	06-05-1984	DHMO	Mgt/Confidential	Employee Only/Single
815	07-01-1937	F	33319	12-30-1991	DHMO	Mgt/Confidential	Employee Only/Single
816	08-11-1956	F	33004	02-06-1995	DHMO	Mgt/Confidential	Employee Only/Single
817	10-25-1966	F	33317	10-13-1997	DHMO	Mgt/Confidential	Employee Only/Single
818	12-06-1951	F	33321	01-02-2001	DHMO	Mgt/Confidential	Employee Only/Single
819	03-13-1952	F	33304	02-15-2001	DHMO	Mgt/Confidential	Employee Only/Single
820	09-05-1946	F	33071	07-29-2002	DHMO	Mgt/Confidential	Employee Only/Single
821	09-01-1958	F	33330	12-06-2004	DHMO	Mgt/Confidential	Employee Only/Single
822	07-27-1967	F	33024	08-15-2005	DHMO	Mgt/Confidential	Employee Only/Single
823	10-22-1952	F	33304	01-17-2006	DHMO	Mgt/Confidential	Employee Only/Single
824	04-25-1951	M	33060	09-11-2006	DHMO	Mgt/Confidential	Employee Only/Single
825	05-07-1986	F	33020	06-18-2007	DHMO	Mgt/Confidential	Employee Only/Single
826	01-28-1948	F	33442	04-07-2008	DHMO	Mgt/Confidential	Employee Only/Single
827	10-06-1987	F	33317	04-21-2008	DHMO	Mgt/Confidential	Employee Only/Single
828	12-18-1970	M	33308	01-19-2010	DHMO	Mgt/Confidential	Employee Only/Single
829	04-09-1955	M	33313	05-04-1987	DHMO	Professional	Employee Only/Single
830	09-29-1976	F	33334	06-22-1993	DHMO	Professional	Employee Only/Single
831	12-17-1957	M	33321	08-02-1993	DHMO	Professional	Employee Only/Single
832	10-23-1964	F	33024	04-18-2001	DHMO	Professional	Employee Only/Single
833	09-24-1975	F	33308	06-06-2005	DHMO	Professional	Employee Only/Single
834	03-19-1948	M	33305	03-05-2007	DHMO	Professional	Employee Only/Single
835	12-16-1964	F	33020	03-06-2007	DHMO	Professional	Employee Only/Single
836	03-25-1963	M	33311	01-23-2008	DHMO	Professional	Employee Only/Single
837	12-16-1964	F	33020	03-06-2007	DHMO	Professional	Employee Only/Single
838	06-17-1977	M	33316	05-18-1999	DHMO	Supervisory	Employee Only/Single
839	09-04-1957	M	33321	04-23-1985	DHMO	Mgt/Confidential	Family
840	03-28-1965	M	33486	04-14-1986	DHMO	Mgt/Confidential	Family

841	10-08-1956	F	33311	11-26-1980	DHMO	Mgt/Confidential	Family
842	08-16-1965	M	33071	05-20-1996	DHMO	Mgt/Confidential	Family
843	01-19-1975	M	33024	08-02-1999	DHMO	Mgt/Confidential	Family
844	11-11-1959	M	33326	05-15-2006	DHMO	Mgt/Confidential	Family
845	10-26-1978	F	33328	01-29-2010	DHMO	Mgt/Confidential	Family
846	02-08-1967	F	33068	08-18-2008	DHMO	Mgt/Confidential	Family
847	01-02-1973	M	33415	04-06-2009	DHMO	Mgt/Confidential	Family
848	05-04-1965	F	33066	04-19-2010	DHMO	Mgt/Confidential	Family
849	12-08-1970	F	33312	09-21-1998	DHMO	Professional	Family
850	09-18-1977	F	33060	04-04-2005	DHMO	Professional	Family
851	03-09-1957	M	33328	04-01-2002	DHMO	Professional	Family
852	05-12-1964	F	33065	05-06-2002	DHMO	Professional	Family
853	04-24-1966	M	33309	10-23-2006	DHMO	Professional	Family
854	05-21-1959	M	33193	03-23-2009	DHMO	Professional	Family
855	01-29-1965	M	33319	07-30-1990	DHMO	Supervisory	Family
856	08-02-1957	M	33028	01-05-1987	DHMO	Supervisory	Family
857	04-18-1958	M	33442	09-19-1977	DHMO	Supervisory	Family
858	12-06-1955	M	33027	07-08-1993	DHMO	Supervisory	Family
859	07-19-1972	F	33025	12-18-2000	DPPO	Mgt/Confidential	Employee & Children
860	02-08-1965	F	33068	09-10-1986	DPPO	Mgt/Confidential	Employee & Children
861	01-22-1958	M	33334	11-13-1979	DPPO	Mgt/Confidential	Employee & Children
862	12-02-1953	M	33325	07-12-1979	DPPO	Mgt/Confidential	Employee & Children
863	08-03-1953	M	33322	09-30-1986	DPPO	Mgt/Confidential	Employee & Children
864	11-08-1971	M	33467	10-22-1990	DPPO	Mgt/Confidential	Employee & Children
865	03-13-1962	F	33029	07-01-1996	DPPO	Mgt/Confidential	Employee & Children
866	10-17-1962	F	33311	08-10-1998	DPPO	Mgt/Confidential	Employee & Children
867	10-14-1953	M	33317	12-04-2000	DPPO	Mgt/Confidential	Employee & Children
868	07-19-1972	F	33025	12-18-2000	DPPO	Mgt/Confidential	Employee & Children
869	08-12-1970	M	33321	06-11-2001	DPPO	Mgt/Confidential	Employee & Children
870	11-23-1959	F	33068	08-02-2001	DPPO	Mgt/Confidential	Employee & Children
871	10-10-1964	F	33313	01-07-2002	DPPO	Mgt/Confidential	Employee & Children
872	07-27-1975	F	33308	04-01-2002	DPPO	Mgt/Confidential	Employee & Children
873	05-27-1968	F	33322	04-28-2003	DPPO	Mgt/Confidential	Employee & Children
874	03-04-1962	M	33322	11-22-2004	DPPO	Mgt/Confidential	Employee & Children
875	11-17-1959	F	33023	01-19-2005	DPPO	Mgt/Confidential	Employee & Children
876	03-27-1961	F	33029	06-20-2005	DPPO	Mgt/Confidential	Employee & Children
877	03-17-1975	F	33309	10-27-2005	DPPO	Mgt/Confidential	Employee & Children
878	06-01-1971	F	33319	04-17-2006	DPPO	Mgt/Confidential	Employee & Children
879	02-12-1963	F	33321	08-07-2006	DPPO	Mgt/Confidential	Employee & Children
880	11-21-1963	F	33311	11-06-2006	DPPO	Mgt/Confidential	Employee & Children
881	12-31-1977	F	33351	04-24-2007	DPPO	Mgt/Confidential	Employee & Children
882	03-04-1958	F	33067	05-11-2009	DPPO	Mgt/Confidential	Employee & Children
883	01-09-1961	F	33324	01-27-2010	DPPO	Mgt/Confidential	Employee & Children
884	03-25-1974	F	33406	02-26-2007	DPPO	Professional	Employee & Children
885	12-11-1981	F	33319	12-01-2008	DPPO	Professional	Employee & Children
886	02-20-1954	F	33063	07-12-1993	DPPO	Professional	Employee & Children
887	02-18-1960	F	33063	09-20-1982	DPPO	Professional	Employee & Children
888	12-25-1953	F	33315	11-02-1981	DPPO	Professional	Employee & Children
889	07-17-1963	M	33313	11-06-2008	DPPO	Professional	Employee & Children
890	08-04-1973	F	33311	12-14-1993	DPPO	Professional	Employee & Children
891	04-11-1959	M	33160	08-04-1997	DPPO	Professional	Employee & Children
892	02-06-1960	M	33313	07-07-1998	DPPO	Professional	Employee & Children
893	09-30-1960	F	33064	02-08-1999	DPPO	Professional	Employee & Children
894	08-18-1968	F	33331	06-04-2001	DPPO	Professional	Employee & Children
895	02-22-1961	F	33317	10-22-2001	DPPO	Professional	Employee & Children
896	03-15-1970	F	33319	05-13-2002	DPPO	Professional	Employee & Children
897	11-16-1957	F	33305	02-14-2005	DPPO	Professional	Employee & Children
898	05-22-1960	F	33308	06-16-2003	DPPO	Professional	Employee & Children
899	01-30-1972	M	33066	05-02-2005	DPPO	Professional	Employee & Children
900	04-12-1979	F	33317	09-14-2005	DPPO	Professional	Employee & Children
901	02-04-1956	M	33305	06-05-2006	DPPO	Professional	Employee & Children
902	03-25-1974	F	33406	02-26-2007	DPPO	Professional	Employee & Children
903	06-11-1963	F	33025	03-19-2007	DPPO	Professional	Employee & Children
904	12-11-1981	F	33319	12-01-2008	DPPO	Professional	Employee & Children
905	03-27-1962	M	33302-1036	10-28-1985	DPPO	Supervisory	Employee & Children

906	08-15-1955 M	33311	02-11-1991 DPPO	Supervisory	Employee & Children
907	12-25-1956 M	33351	12-12-1988 DPPO	Supervisory	Employee & Children
908	01-28-1959 F	33071	12-03-1984 DPPO	Supervisory	Employee & Children
909	11-16-1959 M	33071	05-30-1978 DPPO	Supervisory	Employee & Children
910	11-28-1956 M	33309	02-04-2002 DPPO	Supervisory	Employee & Children
911	11-10-1957 F	33069	07-25-1988 DPPO	Mgt/Confidential	Employee & Spouse
912	01-06-1948 F	33322	06-25-1984 DPPO	Mgt/Confidential	Employee & Spouse
913	08-02-1947 M	33301	04-28-1986 DPPO	Mgt/Confidential	Employee & Spouse
914	12-06-1953 F	33321	01-11-1988 DPPO	Mgt/Confidential	Employee & Spouse
915	11-05-1956 F	33316	03-03-1986 DPPO	Mgt/Confidential	Employee & Spouse
916	05-24-1950 M	33315	04-11-1977 DPPO	Mgt/Confidential	Employee & Spouse
917	08-29-1961 F	33323	06-04-1992 DPPO	Mgt/Confidential	Employee & Spouse
918	11-27-1948 M	33305-2719	01-19-1988 DPPO	Mgt/Confidential	Employee & Spouse
919	02-19-1953 M	33312	09-04-1984 DPPO	Mgt/Confidential	Employee & Spouse
920	01-07-1948 F	33321	10-20-1986 DPPO	Mgt/Confidential	Employee & Spouse
921	05-26-1968 M	33065	11-11-1991 DPPO	Mgt/Confidential	Employee & Spouse
922	06-29-1959 M	33029	01-10-1994 DPPO	Mgt/Confidential	Employee & Spouse
923	11-10-1951 F	33322	12-27-1994 DPPO	Mgt/Confidential	Employee & Spouse
924	02-09-1951 F	33026	01-16-1996 DPPO	Mgt/Confidential	Employee & Spouse
925	02-17-1959 M	33021	11-18-1996 DPPO	Mgt/Confidential	Employee & Spouse
926	10-03-1955 F	33334	02-19-1997 DPPO	Mgt/Confidential	Employee & Spouse
927	10-05-1946 M	33065	03-01-1999 DPPO	Mgt/Confidential	Employee & Spouse
928	05-12-1972 M	33351	05-03-1999 DPPO	Mgt/Confidential	Employee & Spouse
929	04-21-1980 F	33020	06-07-1999 DPPO	Mgt/Confidential	Employee & Spouse
930	11-23-1952 M	33478	09-18-2000 DPPO	Mgt/Confidential	Employee & Spouse
931	09-29-1946 M	33306	06-18-2001 DPPO	Mgt/Confidential	Employee & Spouse
932	06-22-1952 M	33076	09-04-2001 DPPO	Mgt/Confidential	Employee & Spouse
933	06-16-1965 M	33304	01-07-2002 DPPO	Mgt/Confidential	Employee & Spouse
934	10-22-1952 M	33317	06-03-2002 DPPO	Mgt/Confidential	Employee & Spouse
935	08-07-1940 M	33312-7166	08-19-2002 DPPO	Mgt/Confidential	Employee & Spouse
936	04-22-1950 F	33304	10-07-2002 DPPO	Mgt/Confidential	Employee & Spouse
937	03-27-1943 M	33179	01-20-2004 DPPO	Mgt/Confidential	Employee & Spouse
938	04-12-1973 F	33305	10-04-2004 DPPO	Mgt/Confidential	Employee & Spouse
939	04-04-1945 M	33064	09-27-2004 DPPO	Mgt/Confidential	Employee & Spouse
940	05-05-1979 F	33060	09-13-2005 DPPO	Mgt/Confidential	Employee & Spouse
941	06-05-1957 M	33319	04-24-2006 DPPO	Mgt/Confidential	Employee & Spouse
942	10-05-1967 M	33331	07-10-2006 DPPO	Mgt/Confidential	Employee & Spouse
943	02-14-1964 M	33308	08-01-2006 DPPO	Mgt/Confidential	Employee & Spouse
944	07-31-1949 M	33067	12-10-2007 DPPO	Mgt/Confidential	Employee & Spouse
945	05-31-1982 M	33021	12-01-2008 DPPO	Mgt/Confidential	Employee & Spouse
946	06-11-1983 F	33308	04-12-2010 DPPO	Mgt/Confidential	Employee & Spouse
947	09-20-1969 F	33322	10-23-2006 DPPO	Professional	Employee & Spouse
948	05-25-1951 F	33311	04-15-1991 DPPO	Professional	Employee & Spouse
949	03-08-1941 M	33311	05-01-2000 DPPO	Professional	Employee & Spouse
950	03-31-1972 M	33312	08-14-2000 DPPO	Professional	Employee & Spouse
951	01-12-1949 M	33021	09-11-2000 DPPO	Professional	Employee & Spouse
952	06-02-1979 F	33324	02-18-2002 DPPO	Professional	Employee & Spouse
953	09-02-1952 F	33308	07-22-2003 DPPO	Professional	Employee & Spouse
954	06-20-1957 F	33328	04-11-2005 DPPO	Professional	Employee & Spouse
955	02-05-1974 F	33019	08-01-2005 DPPO	Professional	Employee & Spouse
956	07-01-1983 M	33436	04-17-2006 DPPO	Professional	Employee & Spouse
957	09-20-1969 F	33322	10-23-2006 DPPO	Professional	Employee & Spouse
958	12-29-1970 M	33301	12-29-2006 DPPO	Professional	Employee & Spouse
959	03-18-1976 F	33351	01-22-2007 DPPO	Professional	Employee & Spouse
960	10-30-1957 F	33024	05-07-2007 DPPO	Professional	Employee & Spouse
961	03-02-1984 M	32778	11-05-2007 DPPO	Professional	Employee & Spouse
962	11-23-1964 M	33442	12-01-2008 DPPO	Professional	Employee & Spouse
963	04-10-1972 M	33441	03-28-1993 DPPO	Supervisory	Employee & Spouse
964	04-21-1958 M	33071	08-09-1988 DPPO	Supervisory	Employee & Spouse
965	05-30-1945 M	33305	03-24-2003 DPPO	Supervisory	Employee & Spouse
966	08-01-1954 F	33305	03-26-1990 DPPO	Supervisory	Employee & Spouse
967	11-11-1960 M	33315	11-27-1978 DPPO	Supervisory	Employee & Spouse
968	03-12-1951 M	33312-4646	02-05-1990 DPPO	Supervisory	Employee & Spouse
969	04-19-1962 M	33312	07-03-1984 DPPO	Supervisory	Employee & Spouse
970	08-12-1950 M	33334	02-19-1974 DPPO	Supervisory	Employee & Spouse

971	02-07-1966 M	33304	02-13-1997 DPPO	Supervisory	Employee & Spouse
972	02-08-1961 M	33307-3222	04-28-1997 DPPO	Supervisory	Employee & Spouse
973	03-26-1959 M	33309	09-21-1998 DPPO	Supervisory	Employee & Spouse
974	02-09-1943 M	33309	11-01-1999 DPPO	Supervisory	Employee & Spouse
975	10-15-1949 M	33351	02-19-2001 DPPO	Supervisory	Employee & Spouse
976	12-24-1942 F	33319	12-10-1990 DPPO	Mgt/Confidential	Employee Only/Single
977	09-13-1945 F	33060	10-01-1986 DPPO	Mgt/Confidential	Employee Only/Single
978	10-15-1949 F	33309	10-16-1989 DPPO	Mgt/Confidential	Employee Only/Single
979	07-05-1954 F	33313	01-30-1989 DPPO	Mgt/Confidential	Employee Only/Single
980	04-24-1961 M	33311	10-02-1985 DPPO	Mgt/Confidential	Employee Only/Single
981	11-30-1952 M	33071	12-06-1990 DPPO	Mgt/Confidential	Employee Only/Single
982	09-24-1966 M	33071	04-14-1986 DPPO	Mgt/Confidential	Employee Only/Single
983	12-28-1944 F	33308	05-07-1991 DPPO	Mgt/Confidential	Employee Only/Single
984	11-04-1952 F	33317	03-18-1985 DPPO	Mgt/Confidential	Employee Only/Single
985	06-10-1967 F	33319	08-10-1987 DPPO	Mgt/Confidential	Employee Only/Single
986	01-20-1955 M	33324	03-29-1999 DPPO	Mgt/Confidential	Employee Only/Single
987	09-24-1949 M	33324	01-06-1975 DPPO	Mgt/Confidential	Employee Only/Single
988	05-27-1949 M	33309	06-30-1975 DPPO	Mgt/Confidential	Employee Only/Single
989	01-06-1965 F	33311	07-30-1990 DPPO	Mgt/Confidential	Employee Only/Single
990	11-18-1966 F	33029	05-30-1995 DPPO	Mgt/Confidential	Employee Only/Single
991	07-13-1956 F	33065	06-03-1996 DPPO	Mgt/Confidential	Employee Only/Single
992	08-01-1953 M	33064-7438	08-26-1996 DPPO	Mgt/Confidential	Employee Only/Single
993	06-19-1959 F	33062	04-28-1997 DPPO	Mgt/Confidential	Employee Only/Single
994	10-31-1954 M	33319	07-14-1997 DPPO	Mgt/Confidential	Employee Only/Single
995	05-17-1968 M	33317	02-08-1999 DPPO	Mgt/Confidential	Employee Only/Single
996	11-14-1956 F	33317	05-03-1999 DPPO	Mgt/Confidential	Employee Only/Single
997	08-20-1951 F	33317	02-28-2000 DPPO	Mgt/Confidential	Employee Only/Single
998	09-06-1971 F	33441	04-10-2000 DPPO	Mgt/Confidential	Employee Only/Single
999	01-28-1959 F	33312	10-14-2002 DPPO	Mgt/Confidential	Employee Only/Single
1000	01-09-1970 M	33304	09-18-2000 DPPO	Mgt/Confidential	Employee Only/Single
1001	03-05-1971 M	33328	11-01-2000 DPPO	Mgt/Confidential	Employee Only/Single
1002	11-14-1958 F	33023	02-25-2002 DPPO	Mgt/Confidential	Employee Only/Single
1003	12-12-1957 F	33311	03-17-2003 DPPO	Mgt/Confidential	Employee Only/Single
1004	09-11-1958 M	33315	09-08-2003 DPPO	Mgt/Confidential	Employee Only/Single
1005	10-05-1952 F	33308	05-03-2004 DPPO	Mgt/Confidential	Employee Only/Single
1006	11-02-1945 F	33322	06-28-2004 DPPO	Mgt/Confidential	Employee Only/Single
1007	02-25-1966 F	33328	07-06-2004 DPPO	Mgt/Confidential	Employee Only/Single
1008	05-24-1968 M	33316	08-02-2004 DPPO	Mgt/Confidential	Employee Only/Single
1009	07-22-1950 M	33301	09-27-2004 DPPO	Mgt/Confidential	Employee Only/Single
1010	09-03-1959 M	33304	10-04-2004 DPPO	Mgt/Confidential	Employee Only/Single
1011	06-09-1963 F	33150	12-06-2004 DPPO	Mgt/Confidential	Employee Only/Single
1012	12-28-1973 F	33078	01-31-2005 DPPO	Mgt/Confidential	Employee Only/Single
1013	11-03-1945 F	33321	02-28-2005 DPPO	Mgt/Confidential	Employee Only/Single
1014	07-08-1949 F	33063	04-11-2005 DPPO	Mgt/Confidential	Employee Only/Single
1015	05-11-1965 F	33351	05-03-2005 DPPO	Mgt/Confidential	Employee Only/Single
1016	09-12-1961 F	33312	05-16-2005 DPPO	Mgt/Confidential	Employee Only/Single
1017	09-25-1959 F	33312	05-23-2005 DPPO	Mgt/Confidential	Employee Only/Single
1018	05-27-1954 F	33063	06-20-2005 DPPO	Mgt/Confidential	Employee Only/Single
1019	07-09-1963 M	33025	07-18-2005 DPPO	Mgt/Confidential	Employee Only/Single
1020	07-23-1965 M	33334	12-12-2005 DPPO	Mgt/Confidential	Employee Only/Single
1021	09-03-1970 F	33020	01-09-2006 DPPO	Mgt/Confidential	Employee Only/Single
1022	11-03-1976 M	33301	02-09-2006 DPPO	Mgt/Confidential	Employee Only/Single
1023	09-14-1959 M	33334	04-03-2006 DPPO	Mgt/Confidential	Employee Only/Single
1024	01-15-1981 F	33028	04-03-2006 DPPO	Mgt/Confidential	Employee Only/Single
1025	11-26-1952 F	33025	04-03-2006 DPPO	Mgt/Confidential	Employee Only/Single
1026	11-29-1979 F	33312	03-27-2006 DPPO	Mgt/Confidential	Employee Only/Single
1027	08-17-1966 F	33312	09-11-2006 DPPO	Mgt/Confidential	Employee Only/Single
1028	03-08-1938 M	33021	09-25-2006 DPPO	Mgt/Confidential	Employee Only/Single
1029	05-13-1955 F	33016	04-16-2007 DPPO	Mgt/Confidential	Employee Only/Single
1030	02-19-1977 M	33324	04-09-2007 DPPO	Mgt/Confidential	Employee Only/Single
1031	05-21-1965 M	33332	07-02-2007 DPPO	Mgt/Confidential	Employee Only/Single
1032	08-18-1951 M	33334	08-20-2007 DPPO	Mgt/Confidential	Employee Only/Single
1033	12-06-1961 F	33133	07-21-2008 DPPO	Mgt/Confidential	Employee Only/Single
1034	04-30-1952 F	33304	08-11-2008 DPPO	Mgt/Confidential	Employee Only/Single
1035	09-18-1978 M	33024	11-10-2008 DPPO	Mgt/Confidential	Employee Only/Single

1036	09-30-1983 M	33327	02-02-2009 DPPO	Mgt/Confidential	Employee Only/Single
1037	02-15-1971 M	33311	03-17-2009 DPPO	Mgt/Confidential	Employee Only/Single
1038	11-05-1948 M	33486	04-21-2009 DPPO	Mgt/Confidential	Employee Only/Single
1039	12-16-1964 F	33020	03-06-2007 DPPO	Professional	Employee Only/Single
1040	11-08-1959 F	33305	02-25-1985 DPPO	Professional	Employee Only/Single
1041	11-30-1955 F	33309	02-20-1989 DPPO	Professional	Employee Only/Single
1042	03-15-1968 M	33328	05-09-1994 DPPO	Professional	Employee Only/Single
1043	03-09-1956 M	33301	05-20-1991 DPPO	Professional	Employee Only/Single
1044	02-20-1948 M	33331	06-14-1993 DPPO	Professional	Employee Only/Single
1045	07-21-1958 M	33314	05-22-1986 DPPO	Professional	Employee Only/Single
1046	10-16-1978 M	33065	10-11-1993 DPPO	Professional	Employee Only/Single
1047	09-19-1950 M	33305	04-24-1995 DPPO	Professional	Employee Only/Single
1048	05-13-1959 M	33021	06-19-1995 DPPO	Professional	Employee Only/Single
1049	10-27-1963 F	33319	09-29-1997 DPPO	Professional	Employee Only/Single
1050	09-12-1947 M	33026	10-06-1997 DPPO	Professional	Employee Only/Single
1051	09-24-1974 M	33319	09-21-1998 DPPO	Professional	Employee Only/Single
1052	12-22-1974 F	33437	12-28-1998 DPPO	Professional	Employee Only/Single
1053	03-12-1950 F	33060	04-05-1999 DPPO	Professional	Employee Only/Single
1054	02-05-1962 M	33309	01-03-2000 DPPO	Professional	Employee Only/Single
1055	04-24-1958 F	33304	10-29-2001 DPPO	Professional	Employee Only/Single
1056	10-25-1969 M	33313	03-27-2003 DPPO	Professional	Employee Only/Single
1057	09-16-1950 F	33314	05-24-2004 DPPO	Professional	Employee Only/Single
1058	09-12-1963 M	33305	01-18-2005 DPPO	Professional	Employee Only/Single
1059	05-11-1975 F	33432	04-19-2005 DPPO	Professional	Employee Only/Single
1060	11-29-1958 F	33304	05-02-2005 DPPO	Professional	Employee Only/Single
1061	01-01-1952 M	33304	05-31-2005 DPPO	Professional	Employee Only/Single
1062	01-18-1973 F	33309	07-05-2005 DPPO	Professional	Employee Only/Single
1063	10-10-1950 M	33065	08-08-2005 DPPO	Professional	Employee Only/Single
1064	05-05-1958 F	33322	09-26-2005 DPPO	Professional	Employee Only/Single
1065	11-26-1971 M	33305	09-26-2005 DPPO	Professional	Employee Only/Single
1066	12-15-1938 M	33334	10-03-2005 DPPO	Professional	Employee Only/Single
1067	10-28-1975 F	33312	06-19-2006 DPPO	Professional	Employee Only/Single
1068	02-07-1981 M	33064	01-02-2008 DPPO	Professional	Employee Only/Single
1069	03-26-1980 M	33065	08-14-2006 DPPO	Professional	Employee Only/Single
1070	06-14-1974 F	33308	01-03-2007 DPPO	Professional	Employee Only/Single
1071	11-27-1946 F	33140	03-02-2007 DPPO	Professional	Employee Only/Single
1072	12-16-1964 F	33020	03-06-2007 DPPO	Professional	Employee Only/Single
1073	12-02-1968 F	33331	05-29-2007 DPPO	Professional	Employee Only/Single
1074	08-25-1952 M	33305	09-17-2007 DPPO	Professional	Employee Only/Single
1075	10-27-1950 M	33027	03-31-2008 DPPO	Professional	Employee Only/Single
1076	09-13-1979 F	33334	07-14-2008 DPPO	Professional	Employee Only/Single
1077	02-14-1959 M	33312	11-14-1977 DPPO	Supervisory	Employee Only/Single
1078	03-02-1955 F	33308	06-20-1989 DPPO	Supervisory	Employee Only/Single
1079	12-07-1954 M	33313	05-21-1984 DPPO	Supervisory	Employee Only/Single
1080	05-28-1963 F	33069	12-07-1992 DPPO	Supervisory	Employee Only/Single
1081	01-19-1960 M	33308	08-18-1982 DPPO	Supervisory	Employee Only/Single
1082	05-06-1958 M	33304	09-14-1981 DPPO	Supervisory	Employee Only/Single
1083	12-01-1965 F	33062	12-11-1990 DPPO	Supervisory	Employee Only/Single
1084	06-13-1953 F	33027	03-14-1984 DPPO	Supervisory	Employee Only/Single
1085	09-02-1966 M	33068	01-09-1995 DPPO	Supervisory	Employee Only/Single
1086	08-05-1949 M	33065	07-01-1996 DPPO	Supervisory	Employee Only/Single
1087	10-10-1955 M	33304	12-09-1996 DPPO	Supervisory	Employee Only/Single
1088	01-31-1959 M	33437	09-02-1997 DPPO	Supervisory	Employee Only/Single
1089	12-27-1955 M	33301	06-18-2001 DPPO	Supervisory	Employee Only/Single
1090	02-01-1960 F	33442	04-15-2002 DPPO	Supervisory	Employee Only/Single
1091	05-22-1958 M	33069	12-08-2004 DPPO	Supervisory	Employee Only/Single
1092	10-07-1967 M	33305	01-02-2007 DPPO	Supervisory	Employee Only/Single
1093	08-12-1970 M	33162	04-09-2007 DPPO	Supervisory	Employee Only/Single
1094	06-18-1957 F	33308	09-10-2007 DPPO	Supervisory	Employee Only/Single
1095	03-06-1955 F	33330	08-11-2008 DPPO	Supervisory	Employee Only/Single
1096	01-30-1960 M	33325	06-08-2009 DPPO	Supervisory	Employee Only/Single
1097	06-07-1961 F	33067	02-24-1986 DPPO	Mgt/Confidential	Family
1098	07-27-1962 M	33327	01-21-1992 DPPO	Mgt/Confidential	Family
1099	12-07-1960 F	33029	04-10-1989 DPPO	Mgt/Confidential	Family
1100	11-03-1962 M	33308-1034	06-02-1993 DPPO	Mgt/Confidential	Family

1101	04-02-1953 F	33317	06-13-1988 DPPO	Mgt/Confidential	Family
1102	02-13-1955 F	33324	04-21-1986 DPPO	Mgt/Confidential	Family
1103	12-06-1957 M	33305	09-10-1984 DPPO	Mgt/Confidential	Family
1104	05-25-1960 M	33487	07-07-1993 DPPO	Mgt/Confidential	Family
1105	04-09-1959 M	33311	01-09-1989 DPPO	Mgt/Confidential	Family
1106	11-02-1959 F	33442	01-29-1991 DPPO	Mgt/Confidential	Family
1107	08-24-1968 M	33322	04-27-1992 DPPO	Mgt/Confidential	Family
1108	05-11-1962 F	33315	06-17-1980 DPPO	Mgt/Confidential	Family
1109	12-03-1960 M	33071	01-11-1988 DPPO	Mgt/Confidential	Family
1110	12-04-1962 M	33319	06-08-1987 DPPO	Mgt/Confidential	Family
1111	12-01-1966 M	33331	02-18-1992 DPPO	Mgt/Confidential	Family
1112	05-08-1963 M	33069	10-31-1988 DPPO	Mgt/Confidential	Family
1113	10-26-1953 F	33004	02-16-1987 DPPO	Mgt/Confidential	Family
1114	09-05-1957 M	33445	04-14-1986 DPPO	Mgt/Confidential	Family
1115	09-24-1957 F	33305	01-09-1989 DPPO	Mgt/Confidential	Family
1116	10-13-1964 M	33437	07-20-1987 DPPO	Mgt/Confidential	Family
1117	07-13-1952 M	33026-1364	11-23-1981 DPPO	Mgt/Confidential	Family
1118	04-01-1960 F	33179	02-01-1993 DPPO	Mgt/Confidential	Family
1119	05-14-1971 M	33323	01-21-1992 DPPO	Mgt/Confidential	Family
1120	09-15-1958 M	33312	02-17-1997 DPPO	Mgt/Confidential	Family
1121	03-08-1957 M	33065	05-12-1986 DPPO	Mgt/Confidential	Family
1122	02-19-1953 M	33071	04-22-1985 DPPO	Mgt/Confidential	Family
1123	07-24-1960 M	33304	04-18-1988 DPPO	Mgt/Confidential	Family
1124	08-22-1957 M	33334	08-30-1989 DPPO	Mgt/Confidential	Family
1125	07-16-1948 M	33334	09-11-1989 DPPO	Mgt/Confidential	Family
1126	12-27-1967 F	33334	04-12-1993 DPPO	Mgt/Confidential	Family
1127	02-21-1956 F	33445	09-13-1988 DPPO	Mgt/Confidential	Family
1128	09-12-1967 F	33311	06-20-1990 DPPO	Mgt/Confidential	Family
1129	06-09-1957 M	33009	04-04-1994 DPPO	Mgt/Confidential	Family
1130	09-06-1968 M	33436	04-18-1988 DPPO	Mgt/Confidential	Family
1131	06-21-1968 F	33067	09-07-1993 DPPO	Mgt/Confidential	Family
1132	03-09-1957 M	33317	11-08-1993 DPPO	Mgt/Confidential	Family
1133	11-10-1963 M	33015	03-14-1994 DPPO	Mgt/Confidential	Family
1134	07-22-1966 M	33326	02-21-1995 DPPO	Mgt/Confidential	Family
1135	04-20-1969 M	33021	01-16-1996 DPPO	Mgt/Confidential	Family
1136	12-14-1957 F	33029	02-29-1996 DPPO	Mgt/Confidential	Family
1137	05-04-1967 F	33063	04-01-1996 DPPO	Mgt/Confidential	Family
1138	07-26-1973 F	33076	04-22-1996 DPPO	Mgt/Confidential	Family
1139	09-15-1967 F	33320	07-15-1996 DPPO	Mgt/Confidential	Family
1140	03-08-1954 F	33315-3209	12-18-1996 DPPO	Mgt/Confidential	Family
1141	01-12-1960 M	33486	04-30-2007 DPPO	Mgt/Confidential	Family
1142	09-30-1965 M	33405	02-17-1997 DPPO	Mgt/Confidential	Family
1143	03-11-1970 M	33467	03-24-1997 DPPO	Mgt/Confidential	Family
1144	06-16-1963 M	33328	05-29-1997 DPPO	Mgt/Confidential	Family
1145	10-24-1971 M	33351	03-09-2009 DPPO	Mgt/Confidential	Family
1146	03-27-1962 F	33137	09-15-1997 DPPO	Mgt/Confidential	Family
1147	05-07-1977 F	33351	12-29-1997 DPPO	Mgt/Confidential	Family
1148	02-11-1961 M	33067	02-02-1998 DPPO	Mgt/Confidential	Family
1149	11-28-1967 M	33073	03-16-1998 DPPO	Mgt/Confidential	Family
1150	12-13-1946 M	33331	09-23-1998 DPPO	Mgt/Confidential	Family
1151	08-10-1950 F	33026	10-12-1998 DPPO	Mgt/Confidential	Family
1152	07-30-1973 M	33436	02-08-1999 DPPO	Mgt/Confidential	Family
1153	08-02-1969 M	33351	08-09-1999 DPPO	Mgt/Confidential	Family
1154	04-11-1974 F	33331	04-24-2000 DPPO	Mgt/Confidential	Family
1155	09-09-1967 M	33351	08-07-2000 DPPO	Mgt/Confidential	Family
1156	06-09-1965 M	33027	06-27-2004 DPPO	Mgt/Confidential	Family
1157	01-20-1975 F	33015	04-30-2001 DPPO	Mgt/Confidential	Family
1158	07-09-1967 M	33306	03-03-2003 DPPO	Mgt/Confidential	Family
1159	10-22-1951 F	33065	01-05-2004 DPPO	Mgt/Confidential	Family
1160	11-13-1959 M	33308	11-15-2004 DPPO	Mgt/Confidential	Family
1161	02-22-1964 F	33322	12-01-2004 DPPO	Mgt/Confidential	Family
1162	03-30-1972 F	33351	12-20-2004 DPPO	Mgt/Confidential	Family
1163	10-11-1968 M	33351	02-14-2005 DPPO	Mgt/Confidential	Family
1164	04-23-1964 F	33069	03-28-2005 DPPO	Mgt/Confidential	Family
1165	04-14-1972 F	33025	04-11-2005 DPPO	Mgt/Confidential	Family

1166	02-07-1957 M	33067	08-08-2005 DPPO	Mgt/Confidential	Family
1167	05-07-1962 M	33073	11-28-2005 DPPO	Mgt/Confidential	Family
1168	10-31-1955 F	33317	07-31-2006 DPPO	Mgt/Confidential	Family
1169	12-12-1948 M	32967	04-01-2008 DPPO	Mgt/Confidential	Family
1170	02-06-1964 M	33073	09-15-2008 DPPO	Mgt/Confidential	Family
1171	04-24-1957 F	33020	01-30-2009 DPPO	Mgt/Confidential	Family
1172	10-28-1972 F	33319	03-23-2009 DPPO	Mgt/Confidential	Family
1173	10-14-1959 F	33317	10-12-2009 DPPO	Mgt/Confidential	Family
1174	01-30-1976 M	33311	02-15-2010 DPPO	Mgt/Confidential	Family
1175	06-16-1961 F	33029	06-29-1989 DPPO	Professional	Family
1176	11-25-1963 F	33067	08-24-1987 DPPO	Professional	Family
1177	08-16-1952 M	33071	07-05-1989 DPPO	Professional	Family
1178	05-11-1957 M	33323	01-07-1985 DPPO	Professional	Family
1179	10-06-1964 F	33312	10-13-1983 DPPO	Professional	Family
1180	10-18-1957 M	33068	06-06-2005 DPPO	Professional	Family
1181	04-14-1960 F	33351	02-07-1988 DPPO	Professional	Family
1182	12-21-1965 F	33326	08-30-1983 DPPO	Professional	Family
1183	02-28-1956 M	33306	06-23-1980 DPPO	Professional	Family
1184	02-03-1953 M	33312	01-26-1981 DPPO	Professional	Family
1185	06-18-1962 M	33025	05-15-1990 DPPO	Professional	Family
1186	02-16-1958 F	33334	01-29-1995 DPPO	Professional	Family
1187	07-16-1968 M	33027	08-07-1995 DPPO	Professional	Family
1188	11-02-1957 F	33076	04-29-1996 DPPO	Professional	Family
1189	10-19-1957 F	33167	10-07-1996 DPPO	Professional	Family
1190	12-15-1955 M	33326	05-30-1997 DPPO	Professional	Family
1191	06-12-1965 M	33063	07-07-1997 DPPO	Professional	Family
1192	01-06-1974 M	33065	09-26-2000 DPPO	Professional	Family
1193	02-20-1967 M	33020	04-06-1998 DPPO	Professional	Family
1194	05-07-1971 M	33076	08-24-1998 DPPO	Professional	Family
1195	05-02-1970 M	33068	05-20-1999 DPPO	Professional	Family
1196	04-13-1968 F	33325	06-14-1999 DPPO	Professional	Family
1197	08-25-1959 M	33020	11-01-1999 DPPO	Professional	Family
1198	05-28-1955 F	33312	08-14-2000 DPPO	Professional	Family
1199	03-13-1964 F	33334	12-04-2000 DPPO	Professional	Family
1200	09-06-1959 M	33428	02-26-2001 DPPO	Professional	Family
1201	03-31-1972 F	33328	03-19-2002 DPPO	Professional	Family
1202	10-04-1962 M	33436	06-17-2002 DPPO	Professional	Family
1203	05-22-1963 M	33060	01-27-2003 DPPO	Professional	Family
1204	09-23-1969 M	33024	03-03-2003 DPPO	Professional	Family
1205	08-01-1971 M	33470	04-14-2003 DPPO	Professional	Family
1206	07-05-1961 M	33068	08-09-2004 DPPO	Professional	Family
1207	09-21-1967 M	33334	12-03-2004 DPPO	Professional	Family
1208	09-15-1955 M	33025	02-28-2005 DPPO	Professional	Family
1209	05-06-1952 M	33306	05-16-2005 DPPO	Professional	Family
1210	04-08-1963 F	33325	06-22-2005 DPPO	Professional	Family
1211	08-30-1946 M	33067	10-29-2005 DPPO	Professional	Family
1212	11-20-1952 F	33023	12-06-2005 DPPO	Professional	Family
1213	03-13-1965 F	33486	03-28-2006 DPPO	Professional	Family
1214	01-29-1959 M	33328	08-07-2006 DPPO	Professional	Family
1215	06-01-1961 M	33185	09-05-2006 DPPO	Professional	Family
1216	09-27-1966 M	33324	09-05-2006 DPPO	Professional	Family
1217	06-10-1970 F	33004	03-19-2007 DPPO	Professional	Family
1218	02-28-1973 F	33314	05-07-2007 DPPO	Professional	Family
1219	09-12-1969 F	33067	06-11-2007 DPPO	Professional	Family
1220	05-13-1968 F	33312	09-24-2007 DPPO	Professional	Family
1221	11-12-1971 F	33021	12-31-2007 DPPO	Professional	Family
1222	02-17-1977 M	33029	04-21-2008 DPPO	Professional	Family
1223	02-27-1968 F	33062	05-19-2008 DPPO	Professional	Family
1224	01-21-1963 M	33321	08-13-1990 DPPO	Supervisory	Family
1225	03-26-1967 M	33312	02-28-1987 DPPO	Supervisory	Family
1226	01-16-1959 M	33063	10-31-1977 DPPO	Supervisory	Family
1227	10-15-1956 M	33330	02-19-1980 DPPO	Supervisory	Family
1228	05-15-1966 M	33309	11-22-1988 DPPO	Supervisory	Family
1229	04-12-1955 M	33312	11-28-1977 DPPO	Supervisory	Family
1230	09-22-1955 M	33310	06-18-1984 DPPO	Supervisory	Family

1231	03-13-1965	M	33323	03-03-1984	DPPO	Supervisory	Family
1232	09-14-1960	M	33315	07-24-1978	DPPO	Supervisory	Family
1233	11-12-1960	F	33073	10-21-1985	DPPO	Supervisory	Family
1234	10-16-1963	M	33317	07-06-1982	DPPO	Supervisory	Family
1235	07-24-1961	M	33317	07-25-1983	DPPO	Supervisory	Family
1236	09-19-1963	M	33334	09-25-1984	DPPO	Supervisory	Family
1237	12-14-1964	M	33308	07-30-1984	DPPO	Supervisory	Family
1238	09-27-1955	M	33319	01-18-1982	DPPO	Supervisory	Family
1239	07-01-1968	M	33325	07-26-1990	DPPO	Supervisory	Family
1240	11-27-1970	M	33064	09-19-1990	DPPO	Supervisory	Family
1241	04-26-1972	M	33306	03-26-1995	DPPO	Supervisory	Family
1242	09-03-1959	M	33063	01-15-1997	DPPO	Supervisory	Family
1243	01-02-1958	M	33324	10-02-2001	DPPO	Supervisory	Family
1244	01-03-1947	M	33311	01-26-1998	DPPO	Supervisory	Family
1245	06-16-1968	M	33315	06-01-1998	DPPO	Supervisory	Family
1246	09-08-1963	M	33314	05-07-2001	DPPO	Supervisory	Family
1247	12-24-1965	M	33304	05-23-2005	DPPO	Supervisory	Family
1248	08-16-1962	M	33065	10-22-2007	DPPO	Supervisory	Family
1249	03-30-1968	F	33020	06-09-2008	DPPO	Supervisory	Family

**City of Fort Lauderdale  
Dental Census 2010  
Retirees**

	<b>DOB</b>	<b>Gender</b>	<b>Zip Code</b>	<b>Employment Date</b>	<b>Plan</b>	<b>Coverage Option</b>
1	12-18-1939	M	33301	07-21-1976	DHMO	Employee & Spouse
2	10-20-1943	F	33315	01-02-1991	DHMO	Employee & Spouse
3	08-21-1946	M	33317	11-08-1990	DHMO	Employee & Spouse
4	06-01-1943	F	33351	01-03-1983	DHMO	Employee & Spouse
5	01-07-1948	M	29556	08-24-1997	DHMO	Employee & Spouse
6	08-11-1946	M	33478	12-14-1970	DHMO	Employee & Spouse
7	07-27-1933	M	34748-7725	01-26-1987	DHMO	Employee & Spouse
8	09-09-1938	M	33776	03-24-1966	DHMO	Employee & Spouse
9	10-29-1958	M	33441	08-21-1978	DHMO	Employee & Spouse
10	02-23-1937	M	33311	11-26-1980	DHMO	Employee & Spouse
11	10-21-1955	M	32066	07-01-1974	DHMO	Employee & Spouse
12	05-07-1950	M	33319	02-12-1970	DHMO	Employee & Spouse
13	10-03-1942	F	33317	11-11-1986	DHMO	Employee & Spouse
14	03-07-1943	M	33312	10-28-1970	DHMO	Employee & Spouse
15	01-01-1938	F	33063	11-17-1966	DHMO	Employee & Spouse
16	08-14-1938	F	33322	02-23-1993	DHMO	Employee & Spouse
17	08-22-1951	M	33311	10-05-1981	DHMO	Employee & Spouse
18	07-26-1947	M	33311	11-08-1967	DHMO	Employee Only/Single
19	05-28-1950	M	34491	03-06-1969	DHMO	Employee Only/Single
20	05-18-1946	F	33309	12-06-1982	DHMO	Employee Only/Single
21	03-30-1952	M	34491	08-20-1971	DHMO	Employee Only/Single
22	03-31-1943	M	32102	09-06-1973	DHMO	Employee Only/Single
23	03-13-1944	M	33062	03-20-2000	DHMO	Employee Only/Single
24	01-14-1949	M	33912	05-04-1997	DHMO	Employee Only/Single
25	12-07-1946	F	33026	01-09-1995	DHMO	Employee Only/Single
26	06-16-1951	M	33315	10-22-1974	DHMO	Employee Only/Single
27	11-03-1939	F	33308	04-04-1985	DHMO	Employee Only/Single
28	07-21-1943	F	33435	06-29-1972	DHMO	Employee Only/Single
29	10-10-1956	F	33309	01-27-1975	DHMO	Employee Only/Single
30	09-01-1947	M	33312	12-07-1992	DHMO	Employee Only/Single
31	09-15-1942	M	33311	06-16-1966	DHMO	Employee Only/Single
32	04-22-1956	M	33311	09-17-1974	DHMO	Employee Only/Single
33	07-17-1947	M	33004	05-03-1976	DHMO	Employee Only/Single
34	01-29-1945	M	33311	01-23-1974	DHMO	Employee Only/Single
35	04-14-1943	M	33315	02-29-1988	DHMO	Employee Only/Single
36	03-28-1946	M	33312	09-14-1967	DHMO	Employee Only/Single
37	09-15-1947	M	33312	10-24-1975	DHMO	Employee Only/Single
38	01-05-1949	F	33321	04-27-1992	DHMO	Employee Only/Single
39	06-29-1938	M	33311	06-10-1958	DHMO	Employee Only/Single
40	04-16-1937	F	33311	05-22-1986	DHMO	Employee Only/Single
41	06-29-1944	F	33313	11-27-1988	DHMO	Employee Only/Single
42	10-24-1946	M	33311	09-25-1970	DHMO	Employee Only/Single
43	02-25-1949	M	33309	03-04-1979	DHMO	Employee Only/Single
44	09-30-1940	F	33334	07-06-1993	DHMO	Employee Only/Single
45	02-18-1939	F	33317	05-07-1990	DHMO	Employee Only/Single
46	12-10-1945	F	33026	10-24-1983	DHMO	Employee Only/Single

47	03-16-1943	F	33063	12-02-1991	DHMO	Employee Only/Single
48	01-04-1943	M	33315	08-07-1989	DHMO	Employee Only/Single
49	04-16-1946	M	33068	06-17-1974	DHMO	Employee Only/Single
50	12-30-1945	M	33311	05-17-1976	DHMO	Family
51	09-29-1951	M	33311	11-14-1973	DHMO	Family
52	09-06-1953	F	33319	05-19-1975	DPPO	Employee & Children
53	04-05-1946	M	33305	02-29-1968	DPPO	Employee & Children
54	01-28-1951	F	33309	01-06-2003	DPPO	Employee & Spouse
55	10-05-1949	F	98012	03-20-1997	DPPO	Employee & Spouse
56	01-05-1929	M	32796	01-27-1958	DPPO	Employee & Spouse
57	02-21-1946	M	33309	03-03-1980	DPPO	Employee & Spouse
58	09-05-1936	M	33311	03-06-1973	DPPO	Employee & Spouse
59	03-09-1941	F	33328	08-06-1990	DPPO	Employee & Spouse
60	03-30-1935	F	76001	09-16-1985	DPPO	Employee & Spouse
61	07-15-1952	M	33441	10-14-1974	DPPO	Employee & Spouse
62	10-01-1934	M	33624	06-01-1981	DPPO	Employee & Spouse
63	01-19-1936	M	28792	10-20-1975	DPPO	Employee & Spouse
64	07-30-1947	M	33309	11-10-1970	DPPO	Employee & Spouse
65	06-18-1948	M	32327	07-19-1974	DPPO	Employee & Spouse
66	03-25-1941	M	32141	10-18-1965	DPPO	Employee & Spouse
67	12-04-1935	M	34478	05-06-1959	DPPO	Employee & Spouse
68	11-22-1948	M	34613	01-29-1978	DPPO	Employee & Spouse
69	06-19-1930	M	33319	03-16-1954	DPPO	Employee & Spouse
70	12-29-1957	M	33326	06-25-1979	DPPO	Employee & Spouse
71	08-19-1960	M	33305	03-07-1980	DPPO	Employee & Spouse
72	12-01-1946	M	33314	03-30-1966	DPPO	Employee & Spouse
73	01-18-1947	M	33065	05-24-1981	DPPO	Employee & Spouse
74	11-22-1929	M	33313	03-15-1961	DPPO	Employee & Spouse
75	10-12-1929	M	32606	06-20-1960	DPPO	Employee & Spouse
76	12-15-1939	M	33312	03-06-1958	DPPO	Employee & Spouse
77	12-22-1932	M	33809	02-08-1971	DPPO	Employee & Spouse
78	09-20-1949	F	33309	09-04-1984	DPPO	Employee & Spouse
79	12-01-1946	M	33004	06-28-1971	DPPO	Employee & Spouse
80	01-25-1947	M	32086	09-20-1971	DPPO	Employee & Spouse
81	06-21-1938	M	30512	05-05-1986	DPPO	Employee & Spouse
82	01-06-1941	M	3816	06-17-1965	DPPO	Employee & Spouse
83	03-16-1947	F	33304	11-25-1974	DPPO	Employee & Spouse
84	11-15-1937	F	33351	10-31-1974	DPPO	Employee & Spouse
85	11-14-1948	F	33067	04-01-1990	DPPO	Employee & Spouse
86	06-30-1946	M	32967	02-10-1966	DPPO	Employee & Spouse
87	10-25-1952	F	33309	11-10-1975	DPPO	Employee & Spouse
88	02-04-1948	M	33029	06-02-1997	DPPO	Employee & Spouse
89	08-31-1938	M	33063	09-18-1996	DPPO	Employee & Spouse
90	01-22-1945	M	33324	10-31-1968	DPPO	Employee & Spouse
91	12-27-1940	M	32903	05-06-1963	DPPO	Employee & Spouse
92	02-01-1946	M	33334	03-28-1982	DPPO	Employee & Spouse
93	09-05-1947	M	32221	09-03-1974	DPPO	Employee & Spouse
94	04-25-1948	M	33318	04-22-1986	DPPO	Employee & Spouse
95	07-19-1951	F	30127	03-15-1981	DPPO	Employee & Spouse
96	02-06-1938	M	33313	08-17-1970	DPPO	Employee & Spouse
97	06-24-1945	M	33311	06-29-1971	DPPO	Employee & Spouse
98	04-19-1938	M	33068	02-13-1984	DPPO	Employee & Spouse

99	02-18-1946 M	34476	10-05-1981 DPPO	Employee & Spouse
100	11-12-1943 M	33179	03-11-1985 DPPO	Employee & Spouse
101	03-27-1954 F	16125	06-25-1989 DPPO	Employee & Spouse
102	07-07-1952 M	33309	08-07-1973 DPPO	Employee & Spouse
103	05-28-1952 M	33433	09-27-1981 DPPO	Employee & Spouse
104	06-11-1946 M	33063	07-19-2002 DPPO	Employee Only/Single
105	07-17-1927 M	33436	08-17-1951 DPPO	Employee Only/Single
106	03-03-1950 F	33308	12-09-1996 DPPO	Employee Only/Single
107	10-10-1949 F	32746	07-26-1995 DPPO	Employee Only/Single
108	03-01-1953 M	28739	02-08-1972 DPPO	Employee Only/Single
109	12-10-1934 M	33304	02-21-1988 DPPO	Employee Only/Single
110	11-20-1946 F	33069	04-19-1971 DPPO	Employee Only/Single
111	09-07-1938 F	92054	09-17-1979 DPPO	Employee Only/Single
112	02-20-1935 F	85739	06-14-1988 DPPO	Employee Only/Single
113	09-16-1952 M	33071	02-11-1980 DPPO	Employee Only/Single
114	09-29-1934 M	34983	05-03-1961 DPPO	Employee Only/Single
115	05-07-1950 F	28739	07-27-1972 DPPO	Employee Only/Single
116	08-16-1952 M	33063	10-19-1970 DPPO	Employee Only/Single
117	10-12-1941 M	33428	08-30-1992 DPPO	Employee Only/Single
118	08-03-1929 F	33324	01-30-1961 DPPO	Employee Only/Single
119	11-19-1943 M	98221	04-19-1993 DPPO	Employee Only/Single
120	09-24-1949 M	33328	01-11-1973 DPPO	Employee Only/Single
121	10-14-1951 F	33334	06-11-1979 DPPO	Employee Only/Single
122	02-21-1948 M	33060	10-04-1983 DPPO	Employee Only/Single
123	06-16-1942 M	33064	06-10-1971 DPPO	Employee Only/Single
124	08-03-1937 M	33316-2104	10-10-1957 DPPO	Employee Only/Single
125	02-05-1947 M	33312	05-01-1969 DPPO	Employee Only/Single
126	09-26-1946 M	33311	11-22-1982 DPPO	Employee Only/Single
127	08-15-1946 M	33311	01-15-1968 DPPO	Employee Only/Single
128	03-10-1940 M	33311	05-28-1970 DPPO	Employee Only/Single
129	02-17-1929 M	39475	02-17-1981 DPPO	Employee Only/Single
130	06-28-1952 F	33317	02-23-1976 DPPO	Employee Only/Single
131	10-06-1930 M	34990-4747	06-22-1959 DPPO	Employee Only/Single
132	09-28-1947 M	33876	09-24-1982 DPPO	Employee Only/Single
133	12-13-1931 M	33060	02-09-1959 DPPO	Employee Only/Single
134	03-09-1948 M	05820-0210	05-21-1979 DPPO	Employee Only/Single
135	07-04-1948 M	32003	03-05-1973 DPPO	Employee Only/Single
136	07-20-1938 F	12065	03-20-1963 DPPO	Employee Only/Single
137	04-30-1942 F	33312-4255	10-24-1963 DPPO	Employee Only/Single
138	01-16-1943 F	33426	05-03-1976 DPPO	Employee Only/Single
139	11-07-1933 M	33301	10-08-1960 DPPO	Employee Only/Single
140	01-30-1941 F	33004	10-01-2000 DPPO	Employee Only/Single
141	12-09-1951 M	33025	07-20-1997 DPPO	Employee Only/Single
142	12-10-1941 F	33304	12-04-1995 DPPO	Employee Only/Single
143	10-30-1959 F	44613	12-18-1994 DPPO	Employee Only/Single
144	12-30-1940 M	33311	09-24-1974 DPPO	Employee Only/Single
145	11-26-1932 M	33308-3504	09-09-1968 DPPO	Employee Only/Single
146	03-25-1936 M	32159	01-04-1962 DPPO	Employee Only/Single
147	09-19-1937 M	32340	05-01-1978 DPPO	Employee Only/Single
148	04-26-1951 M	32071	10-19-1986 DPPO	Employee Only/Single
149	03-16-1950 F	33325	09-04-1978 DPPO	Employee Only/Single
150	12-22-1946 M	34452	01-12-1965 DPPO	Employee Only/Single

151	11-23-1941 F	37918-3680	03-01-1973 DPPO	Employee Only/Single
152	02-05-1948 F	33317	03-13-1972 DPPO	Employee Only/Single
153	08-06-1941 F	33324	10-29-1992 DPPO	Employee Only/Single
154	01-25-1931 M	33311	08-22-1966 DPPO	Employee Only/Single
155	06-04-1949 F	33023	07-10-1978 DPPO	Employee Only/Single
156	03-18-1942 M	33311	04-16-1970 DPPO	Employee Only/Single
157	09-27-1953 F	33317	05-10-1973 DPPO	Employee Only/Single
158	03-23-1952 M	33316	11-28-1977 DPPO	Employee Only/Single
159	02-02-1943 M	30906	06-07-1981 DPPO	Employee Only/Single
160	06-20-1948 M	33311	10-30-1970 DPPO	Employee Only/Single
161	08-08-1944 M	33311	11-14-1969 DPPO	Employee Only/Single
162	06-05-1931 F	29456	05-07-1979 DPPO	Employee Only/Single
163	03-27-1948 M	33324	06-30-1986 DPPO	Employee Only/Single
164	01-16-1947 M	33063	05-21-1990 DPPO	Employee Only/Single
165	06-04-1937 F	33312	02-05-1959 DPPO	Employee Only/Single
166	03-03-1937 M	32110	03-09-1975 DPPO	Employee Only/Single
167	09-30-1932 M	33062	08-26-1968 DPPO	Employee Only/Single
168	11-13-1951 F	32094	08-25-1992 DPPO	Employee Only/Single
169	08-06-1948 F	34987	10-14-1979 DPPO	Employee Only/Single
170	12-03-1950 F	33321	03-21-1988 DPPO	Employee Only/Single
171	07-31-1949 F	33305	08-18-1980 DPPO	Employee Only/Single
172	07-26-1949 F	33301	12-10-1990 DPPO	Employee Only/Single
173	08-18-1954 M	88203	05-14-1989 DPPO	Employee Only/Single
174	08-27-1949 M	33311	03-28-1974 DPPO	Family
175	09-23-1963 F	54180	04-14-1986 DPPO	Family
176	02-19-1960 M	33021	04-07-1980 DPPO	Family
177	02-16-1949 M	33444	06-08-1972 DPPO	Family
178	05-02-1951 M	32060	08-07-1974 DPPO	Family
179	01-11-1952 M	40324	05-11-1980 DPPO	Family

**City of Fort Lauderdale  
Dental Plan Participation Summary  
June 2010**

<b>DHMO</b>	<b>Management</b>	<b>Union</b>	<b>Retirees</b>	<b>Total</b>
Employee Only	29	208	32	269
Employee + Spouse	19	65	17	101
Employee + Children	9	93	0	102
Employee + Family	20	139	2	161
<b>Total</b>	<b>77</b>	<b>505</b>	<b>51</b>	<b>633</b>
Percentage of Total Covered	16%	65%	28%	44%
<b>DPPO</b>	<b>Management</b>	<b>Union</b>	<b>Retirees</b>	<b>Total</b>
Employee Only	121	128	70	319
Employee + Spouse	65	38	50	153
Employee + Children	52	33	2	87
Employee + Family	153	77	6	236
<b>Total</b>	<b>391</b>	<b>276</b>	<b>128</b>	<b>795</b>
Percentage of Total Covered	84%	35%	72%	56%
Total Covered Subscribers	468	781	179	1,428

Prepared by The Rhodes Insurance Group  
6/7/2010

**City of Fort Lauderdale  
DHMO Providers**

YES/NO

Facility							Member	In DHMO
ID	Facility TIN	Facility Name	City	State	Zip	Count	Network?	
4464	59-2681987	Michael Barnard DDS PA	Fort Lauderdale	FL	33312	100		
4483	65-0908498	Gentle Dental Group of Plantation	Plantation	FL	33324	88		
4475	65-0461148	Bayview Dental Associates	Fort Lauderdale	FL	33308	50		
5055	65-0509660	Sunrise Intracoastal Dental Center	Fort Lauderdale	FL	33304	46		
48123	03-0576792	T L C Dental - East	Fort Lauderdale	FL	33308	46		
62536	56-2315803	The Dental Group	Fort Lauderdale	FL	33311	45		
4477	59-2549495	Larry James DDS	Plantation	FL	33317	35		
5510	59-1399832	Emerald Hills Dental Center	Hollywood	FL	33021	33		
9368	65-0387664	Marino Vigna DDS PA	Sunrise	FL	33313	28		
58481	65-0719035	Dental Health Group at Coral Ridge	Fort Lauderdale	FL	33305	27		
4660	65-0043559	G & G Dental Associates	Tamarac	FL	33319	25		
66706	22-3967347	Tamarac Dental Associates	Tamarac	FL	33319	24		
5257	65-0028976	Lauderhill Dental Center	Fort Lauderdale	FL	33311	20		
67574	26-2702706	Sunshine Dental Center of Lauderhill	Lauderhill	FL	33313	20		
4479	65-0076718	Joel Karpel DDS PA	Lauderhill	FL	33313	19		
7004	20-1327329	Dental Group Associates PA	Fort Lauderdale	FL	33313	18		
64733	20-0171638	Dental Care Center of Hollywood	Hollywood	FL	33021	18		
5607	65-0232256	Dentaland of Coral Springs	Coral Springs	FL	33071	17		
9974	65-0322438	Eric R Mehler DDS	Sunrise	FL	33351	17		
68301	26-3394448	Gentle Dentistry of Tamarac	Tamarac	FL	33321	17		
4485	59-2051908	Allen Rosenthal DDS	Sunrise	FL	33351	16		
5564	65-0719035	Dental Health Group @ Pembroke Pines	Pembroke Pines	FL	33025	15		
6865	65-0924956	Gentle Dental Group of Pompano Beach	Pompano Beach	FL	33062	15		
8809	65-0233627	Atlantic Florida Dental Fort Lauderdale	Fort Lauderdale	FL	33316	15		
63236	59-3365515	Coast Dental	Fort Lauderdale	FL	33312	15		
4753	65-0351614	Louis Zall DMD PA	Plantation	FL	33322	14		
57395	42-1650718	Stanton Dental Excellence	Fort Lauderdale	FL	33306	14		
63045	41-2220291	Smile Dental Design Inc	Fort Lauderdale	FL	33315	14		
4474	59-2655484	Gentle Family Dentistry	Plantation	FL	33324	13		
5341	03-0576797	T L C Dental - North	North Lauderdale	FL	33068	13		
45083	04-3688903	Michael J Friend DMD PA	Plantation	FL	33324	13		
4481	20-0536461	Ronald Oklin DDS	Hollywood	FL	33023	12		
4484	59-2665788	Philip A Pine DDS	Pompano Beach	FL	33060	12		
4617	26-4222189	John P Claxton DDS LLC	Pompano Beach	FL	33060	12		
5236	65-0234930	Family Dental Associates	Margate	FL	33063	12		
5340	59-2402440	Thaker & Shroff DDS	Plantation	FL	33322	12		
8816	59-2530483	Jacaranda Square Dentistry	Plantation	FL	33322	12		
68432	20-8445461	Eyad Shehadeh DDS PA	Plantation	FL	33324	12		
4476	65-1056720	The Dental Team - Pompano Beach	Pompano Beach	FL	33062	11		
8619	65-1060281	Andrea Trujillo-Toro DMD PA	Pembroke Pines	FL	33024	11		
60468	04-3791878	Sethi Dental Group Llc	Lauderdale Lakes	FL	33313	11		
60851	65-0846251	Stirling Palm Family Dentistry	Cooper City	FL	33328	11		
68320	65-1084609	Lakeview Bright Smiles	Coral Springs	FL	33071	11		
5502	65-0129699	Plantation Dental Services	Plantation	FL	33324	10		
55745	26-2763541	Family Dental Care	Lauderhill	FL	33313	10		
56141	65-0719035	Dental Health Group @ Coconut Creek	Coconut Creek	FL	33073	10		
4646	59-2578313	Cyrus Pettis DDS	Pompano Beach	FL	33060	9		
4761	65-1056720	The Dental Team - Coral Springs	Coral Springs	FL	33071	9		
11744	47-0915474	Plantation Dental Arts Associates PA	Plantation	FL	33317	9		
60463	65-0865914	Pembroke Pines Dental Health Center	Pembroke Pines	FL	33028	9		
60765	87-0736284	Oasis Dental Associates PA	Pembroke Pines	FL	33026	9		

60794	20-4623329	Dental Associates of South Broward	Hollywood	FL	33024	9
63468	05-0560957	Weston Family Dental Center Inc	Weston	FL	33326	9
4577	59-2147620	Stephen Rothenberg D M D	Hallandale	FL	33009	8
4871	59-2596416	Advanced Dental Center	Lauderhill	FL	33319	8
8640	65-0719035	Dental Health Group @ Coral Springs	Coral Springs	FL	33071	8
9420	20-4476053	Pine Island Dental	Davie	FL	33324	8
36904	27-0064958	Crescent Dental PA	Margate	FL	33073	8
68319	65-0467002	Michele A Dallas DDS PA	Fort Lauderdale	FL	33301	8
68336	59-2550069	Stirling Grove Dental Office	Hollywood	FL	33021	8
9421	56-2362708	Oakland Dental	Lauderdale Lakes	FL	33313	7
57346	32-0094023	Dental Health & Beauty	Coral Springs	FL	33067	7
62675	20-2277129	Gentle Dental of Boynton Beach	Lake Worth	FL	33467	7
67941	26-2651719	Plantation Park Dental Associates	Plantation	FL	33317	7
68476	26-3291016	American Dental of Margate	Margate	FL	33063	7
8800	03-0576799	T L C Dental	Dania	FL	33004	6
11493	20-0164773	Broward Dental Office	Plantation	FL	33317	6
54677	55-0866458	U S 1 Dental Doctor	Lighthouse Point	FL	33064	6
4491	59-2540326	Mounir Albert DDS PA	Boca Raton	FL	33431	5
4691	65-0232256	Dentaland of Aventura	Aventura	FL	33180	5
4863	59-2402440	Thaker & Shroff DDS	Tamarac	FL	33319	5
5859	65-0411776	Premiere Dental Care Center	Pembroke Pines	FL	33029	5
9926	65-0698315	BDC Dental Health Inc Pierre Michael Sm	Fort Lauderdale	FL	33311	5
57512	94-3420892	Urban Dentistry	Fort Lauderdale	FL	33301	5
68537	26-3470614	Dentistry of South Florida	Deerfield Beach	FL	33441	5
69513	27-1168262	Healthy Family Dentistry	Coconut Creek	FL	33073	5
4472	59-1519135	Robert J Fish DDS	Tamarac	FL	33321	4
4487	59-2011487	Jack Saban DDS PA	Plantation	FL	33324	4
4616	65-0165775	H G Hosseini DDS	Weston	FL	33326	4
4742	65-0232256	Dentaland of Jensen Beach	Jensen Beach	FL	34957	4
5070	65-0481999	West Boca Dental Associates	Boca Raton	FL	33428	4
7344	65-1047734	Total Care Dental Inc	Fort Lauderdale	FL	33351	4
7541	65-1013623	Salamon & Yanover Dental Pl	Boca Raton	FL	33434	4
54312	04-3681405	Pristine Dental Care	Pompano Beach	FL	33064	4
58222	20-2458040	Richard Karam DDS PA	Pembroke Pines	FL	33024	4
59837	65-0461896	Tamarac Family & Cosmetic Dentistry	Tamarac	FL	33321	4
62533	42-1713405	Ilya M Babeck DMD PA	Tamarac	FL	33319	4
64666	21-7988592	All Care Dental	North Miami Beach	FL	33160	4
65312	02-0782042	McLean and Associates of South Florida	Pembroke Pines	FL	33025	4
67927	26-2983700	Broward Family Dental Care	Sunrise	FL	33313	4
67948	05-0625239	Jorge I Solano	Pembroke Pines	FL	33024	4
68515	26-3929680	Tender Care Dental	West Palm Beach	FL	33405	4
69190	65-0609315	Dwight E Wilson DDS PA	Miami	FL	33127	4
4482	59-2303705	3 Lakes Dental Center	Tamarac	FL	33309	3
5019	65-0350225	Steven G Mautner DDS PA	Margate	FL	33063	3
5170	65-0883086	The Dental Care Group	Pembroke Pines	FL	33027	3
5171	59-1788725	Deerfield Dental Services	Deerfield Beach	FL	33442	3
5565	65-0719035	Dental Health Group @ North Dade	Miami Gardens	FL	33056	3
5614	65-0644391	Dental Associates of Homestead	Homestead	FL	33030	3
7872	65-0719035	Dental Health Group @ Kendall Lakes	Miami	FL	33186	3
9998	65-1146527	Igor Pasisnitchenko DDS	Pembroke Pines	FL	33026	3
26005	20-4845693	Douglas Goldberg DMD	Coral Springs	FL	33065	3
51180	80-0084368	Sunrise Dental Group	Plantation	FL	33322	3
54618	65-1022040	Soft Touch Dental Care	Pembroke Pines	FL	33028	3
65810	26-0518079	Dental Associates of Hollywood PA	Hollywood	FL	33020	3
65811	20-1594501	All Care Dental Inc	Pompano Beach	FL	33063	3
66968	65-1017817	Kinga E Rogowska DDS PA	Hollywood	FL	33021	3
68121	26-2596962	Advanced Aesthetic Dentistry of Coral Sp	Coral Springs	FL	33071	3

69490	59-1272231	James A Haley DDS PA	Fort Lauderdale	FL	33312	3
4629	65-0700150	Sachs Dental Center	Davie	FL	33324	2
4661	27-2148555	Towncare Dental of Hialeah	Hialeah	FL	33012	2
4886	59-2753930	Gorfien & Jacobsohn PA	Lauderhill	FL	33351	2
4925	65-0411776	North Dade Dental Group	North Miami Beach	FL	33162	2
5374	59-3365515	Coast Dental	Gainesville	FL	32605	2
5492	65-0232256	Dentaland of Boynton Beach	Boynton Beach	FL	33426	2
5576	65-0782230	Deerfield Family Dental	Deerfield Beach	FL	33442	2
5600	65-0495671	Palm Dental Center	Hialeah	FL	33016	2
5834	59-2538168	Miami Lakes Dental Health Center	Miami Lakes	FL	33014	2
6640	65-0928471	Pines Dental Associates	Pembroke Pines	FL	33026	2
6957	65-0875279	Eledent P A	Delray Beach	FL	33483	2
8758	22-3868692	Richard Oklin DMD PA	Hollywood	FL	33023	2
8871	59-3737383	Coast Dental	Port Charlotte	FL	33952	2
9056	59-2975253	Michael M Morgan DMD	Tavares	FL	32778	2
9968	65-0665173	Bright Now! Largo	Largo	FL	33771	2
10295	20-3729334	Main Street Childrens Dentistry of Aventura	Miami Beach	FL	33140	2
27502	65-0235625	Randall T Califf DDS PA & Assoc	Miramar	FL	33023	2
39016	14-1837576	Family Dental Care of Hollywood	Hollywood	FL	33021	2
39270	26-4680611	Dento Facial Cosmetic Center	Hollywood	FL	33021	2
55014	20-1059249	Deerfield Dental L C C	Deerfield Beach	FL	33442	2
57344	20-1095473	Dent-All of Palm City Inc	Palm City	FL	34990	2
59154	65-0719035	Dental Health Group @ Port St Lucie	Port St Lucie	FL	34952	2
62349	01-0829982	Alfredo Corpas DDS	Miami	FL	33157	2
62433	64-0953421	Jorge A Alvarez DDS PA	Boca Raton	FL	33433	2
68106	26-3005908	Gentle Dental Group of Coconut Creek	Coconut Creek	FL	33073	2
68122	26-3251008	A N A Dental Services	North Miami Beach	FL	33162	2
68126	26-1513939	Minerva J Castillo PA	Hialeah	FL	33010	2
69240	27-0726846	Advanced Aesthetic Dentistry of Pembroke	Pembroke Pines	FL	33026	2
4466	65-0008397	Birns & Birns PA	Cooper City	FL	33328	1
4499	65-1056720	The Dental Team - Boynton Beach	Boynton Beach	FL	33435	1
4675	59-1551199	Erick Fass DDS	Pembroke Pines	FL	33024	1
4760	65-0883086	The Dental Care Group	Aventura	FL	33180	1
4875	20-1594501	All Care Dental	Hollywood	FL	33021	1
5078	65-0847868	Gentle Dental Group of North Miami Beach	North Miami Beach	FL	33179	1
5284	65-0522006	Alberto Despaigne DDS PA	Hallandale	FL	33009	1
5589	65-0719035	Dental Health Group @ Jensen Beach	Jensen Beach	FL	34957	1
5628	65-0810432	Magnolia Dental Clinic	Coral Springs	FL	33076	1
5692	65-1056720	The Dental Team - Deerfield Beach	Deerfield Beach	FL	33442	1
8810	65-0233627	Atlantic Florida Dental Dania	Dania	FL	33004	1
8963	65-0732433	Miami Beach Center For Dental Specialist	Miami Beach	FL	33140	1
9336	59-3508140	Coast Dental Tallahassee	Tallahassee	FL	32308	1
10050	59-3356849	Bright Now! Ocala	Ocala	FL	34471	1
11606	76-0710141	Zoraida T Sanchez DDS PA	Homestead	FL	33033	1
11643	59-2896059	Edward C Desjardins DDS	Eustis	FL	32726	1
24522	74-3040305	East Boca Dental Center	Boca Raton	FL	33431	1
26295	59-1790019	Steven B Margolin DDS PA	Margate	FL	33063	1
32352	65-0235625	Randall T Califf DDS PA & Assoc	Sunrise	FL	33323	1
38319	95-3542081	SmileCare	Stockton	CA	95207	1
48054	59-2566623	John F Largen DMD PA	Sunrise	FL	33323	1
56359	20-0391349	Bright Smiles Dental Care	North Miami Beach	FL	33162	1
57503	59-2960505	Greenberg Dental - Deland	Deland	FL	32720	1
57516	59-2960505	Greenberg Dental - Kissimmee	Kissimmee	FL	34744	1
57524	59-2960505	Greenberg Dental - Daytona Beach	Daytona Beach	FL	32114	1
58616	59-3365515	Coast Dental	Fort Myers	FL	33908	1
59312	84-1646763	Dental American Clinic - Pembroke Pines	Pembroke Pines	FL	33026	1
59642	20-2489825	Florida Gardens Dental Center	Lake Worth	FL	33467	1

60092	20-3433248	Sawgrass Dental Center	Sunrise	FL	33323	1
60464	20-1596826	Atria Dental Health Center PA	Pembroke Pines	FL	33029	1
60610	01-0559055	Sergey Korol DMD PA	West Palm Beach	FL	33401	1
60766	26-1602419	Northwest Family Dental	Miami	FL	33167	1
60846	65-1130174	Smile Garden Inc	Hollywood	FL	33024	1
61355	20-0259835	Coronado Dental Care	Coral Springs	FL	33067	1
62241	20-3161505	Pearly White Smiles Llc	Hollywood	FL	33026	1
63006	65-0719035	Dental Health Group @ Miramar	Miramar	FL	33027	1
64280	20-8195969	Dawn L Polasky DDS PA	Fort Lauderdale	FL	33308	1
65314	83-0452797	Florida Dental and Denture Center IV	Lake Worth	FL	33460	1
67277	51-0633779	Sawgrass Mills Mall Dental PA	Sunrise	FL	33323	1
67396	43-2082192	Lauren Kramer DDS PA	Palm Beach Gardens	FL	33410	1
68625	26-3967914	East Coral Dental PA	Fort Lauderdale	FL	33308	1
68782	20-2669320	Heron Bay Dentistry	Coral Springs	FL	33076	1
69188	59-3508140	Coast Dental St Lucie West	Port Saint Lucie	FL	34986	1

**City of Fort Lauderdale  
DPPO Utilization**

Tax ID	First	Last	City	State	Zip	Specialty	Claimant Count	Claim Count	Benefits	YES/NO In PPO Network?
1001546216	Robert M	Maguire Dds	Wolfeboro	NH	'03894	General Dentist	1	3	\$507	
1033501127	Elise	Bolski	Fort Lauderdale	FL	'33326	General Dentist	1	1	\$104	
1048949574	Shayan	Ghods	Coral Springs	FL	'33065	General Dentist	6	11	\$1,459	
1067404614	Gary	Rosen Dds	Miami	FL	'33176	General Dentist	2	4	\$1,405	
1090501181	Jack	Ribacoff	Sunrise	FL	'33351	General Dentist	2	5	\$793	
1122429979	Allen	Rosenthal	Sunrise	FL	'33351	General Dentist	1	1	\$196	
1135927010	Tamir	Segal	Weston	FL	'33331	Periodontist	1	2	\$388	
1143484716	David	Kagan	Boca Raton	FL	'33434	General Dentist	4	8	\$1,292	
1148282361	Richard J	Porraro	Pompano Beach	FL	'33060	General Dentist	4	6	\$1,734	
1171343891	Harvey	Gordon	Hollywood	FL	'33021	General Dentist	1	1	\$111	
1200040163	Eric	Browning	Lexington	KY	'40503	Periodontist	2	2	\$2,584	
1220649207	David	Bistriz	Aventura	FL	'33160	General Dentist	4	6	\$584	
1262154347	Jefferey M	Bartnick Dds	Wilton Manors	FL	'33305	General Dentist	3	5	\$844	
1263375140	J Neal	Wright	Okeechobee	FL	'34972	General Dentist	1	2	\$336	
1264081303	Christopher	Schloss	Fort Lauderdale	FL	'33306	General Dentist	14	42	\$6,181	
1264848166	Keith	Moore	Ft Lauderdale	FL	'33316	General Dentist	18	60	\$13,678	
1265786718	Richard	Sherman	Pembroke Pines	FL	'33024	Pediatric	6	10	\$1,198	
1266828110	Quill	Turk	Panacea	FL	'32346	General Dentist	1	2	\$190	
1266846748	Lee	Friedel	Fort Lauderdale	FL	'33326	General Dentist	2	3	\$235	
1267860177	Randall	Stockton	Fort Lauderdale	FL	'33316	General Dentist	6	10	\$1,251	
1380343372	Henry	Fischer	Sebastian	FL	'32958	General Dentist	3	7	\$1,007	
1453279719	Robert	Whitmore	Arlington	TX	'76017	General Dentist	2	9	\$1,918	
1520388413	Andrew E	Bertnolli	Fort Lauderdale	FL	'33334	General Dentist	3	9	\$778	
1579159377	Dylan	Marfan	Tamarac	FL	'33319	General Dentist	3	3	\$1,086	
1591618102	Edwin	Streiter	Fort Lauderdale	FL	'33308	Dental Hygienist; X-Ray Lab; O	1	1	\$1,079	
1591841784	Myron	Cohen	Hialeah	FL	'33012	General Dentist	2	3	\$2,409	
1592483145	Patricia	Templeton	Davie	FL	'33330	Pediatric	3	5	\$485	
1592483145	Patricia	Templeton	Pembroke Pines	FL	'33024	Pediatric	2	2	\$218	
2010574562	Brent	Jarrett	Margate	FL	'33063	General Dentist	3	9	\$1,188	
2010712049	Joshua	Slatkoff	Fort Lauderdale	FL	'33301	General Dentist	6	13	\$1,691	
2010718993	Tatyana	Nudel	Parkland	FL	'33073	General Dentist	14	33	\$5,743	
2010777097	Nancy	Wiley	Coral Springs	FL	'33067	Orthodontist	2	2	\$3,095	
2010915345	Ann	Freedman-Spoont	Boca Raton	FL	'33433	Pediatric	2	2	\$342	
2010915345	Gloria	Galvez	Boca Raton	FL	'33433	Pediatric	2	2	\$322	
2020365009	Paul	Maloney	Dover	NH	'03820	General Dentist	2	2	\$220	
2020522195	Richard	Neal	Wolfeboro	NH	'03894	General Dentist	1	4	\$561	
2030215982	Roger	Kenney	Richford	VT	'05476	General Dentist	2	5	\$824	
2030215982	Patrick	Paldino	Richford	VT	'05476	General Dentist	1	1	\$96	
2030336398	Bradford	Towne	Saint Johnsbury	VT	'05819	Oral Surgeon	1	1	\$240	

2030474754	Oscar	Gonzalez	Davie	FL	'33330	General Dentist	2	2	\$304
2030474754	Rita	Steiner	Davie	FL	'33330	Endodontist	1	1	\$19
2030576792	Elevteria	Coutras	Fort Lauderdale	FL	'33308	General Dentist	10	32	\$6,316
2030576792	Nancy	Medina	Fort Lauderdale	FL	'33308	Endodontist	2	2	\$1,442
2030576792	Paul	Talchik Jr	Fort Lauderdale	FL	'33308	General Dentist	2	3	\$333
2030576792	Greg	Goldfaden	Fort Lauderdale	FL	'33308	Endodontist	1	1	\$487
2030576792	Daniel	Nagler	Fort Lauderdale	FL	'33308	Periodontist	1	1	\$95
2030576799	Howard	Finnk	Dania	FL	'33004	General Dentist	4	10	\$1,703
2030576799	Bill	Abbo	Dania	FL	'33004	General Dentist	1	3	\$456
2043057005	David	Bardwell	North Andover	MA	'01845	General Dentist	1	4	\$494
2043357238	Louis F	Clarizio Dds Pa	Portsmouth	NH	'03801	Oral Surgeon	1	2	\$1,390
2043683245	Deborah	Ferrer	Fort Lauderdale	FL	'33301	Orthodontist	5	5	\$6,220
2043688903	Michael	Friend	Plantation	FL	'33324	General Dentist	3	6	\$546
2043701422	Hugh	Allen	Pembroke Pines	FL	'33025	General Dentist	5	9	\$1,267
2043708041	Julia	Tulcan Firic	Coral Springs	FL	'33067	Endodontist	1	1	\$903
2043791878	Harvey	Moskowitz	Lauderdale Lakes	FL	'33313	General Dentist	1	1	\$75
2050577633	Nilesh	Dalal	Coral Springs	FL	'33067	Periodontist	2	2	\$1,278
2112751156	Warren	Zweifler Dds	Long Beach	NY	'11561	Dental Hygienist; X-Ray Lab; O	3	8	\$1,082
2113673991	Jeffrey	Bell	Appleton	WI	'54915	General Dentist	3	5	\$1,258
2113814961	Juliana	Gohill	Plantation	FL	'33313	General Dentist	4	6	\$599
2123361760	Stuart	Bayes	Weston	FL	'33326	General Dentist	3	5	\$695
2132705281	Steven	Rubin	New York	NY	'10022	Oral Surgeon	1	1	\$255
2134205825	Michelle	Smitley	Plantation	FL	'33324	Pediatric	2	4	\$650
2138327469	Michael J	Goldberg Dmd	Fort Lauderdale	FL	'33311	Orthodontist	18	36	\$4,568
2161352550	Barry	Boyd	Buffalo	NY	'14214	Oral Surgeon	1	2	\$258
2161660208	Christopher	Roane	Fort Lauderdale	FL	'33308	General Dentist	1	3	\$456
2200164773	Sharone	Reid	Plantation	FL	'33317	General Dentist	2	3	\$1,146
2200171638	Hans	Sperling	Hollywood	FL	'33021	General Dentist	1	4	\$627
2200185918	Monica	Tabbita	Port Charlotte	FL	'33948	General Dentist	1	1	\$151
2200185918	Joseph	Gaeta Jr	Port Charlotte	FL	'33948	General Dentist	1	1	\$78
2200391349	Bassil	Akel	Miami	FL	'33162	General Dentist	8	10	\$4,895
2200391349	Jason	Sheikh	Miami	FL	'33162	General Dentist	2	3	\$1,074

2200797568	Rajvinder	Dulay	Tamarac	FL	'33321	General Dentist	4	6	\$1,135
2200805728	Jose	Calvo	Miami	FL	'33126	General Dentist	1	1	\$41
2200847572	Elan	Salee	Boynton Beach	FL	'33437	General Dentist	4	14	\$5,404
2201036703	Alberto	Villalobos	Jupiter	FL	'33469	General Dentist	1	2	\$786
2201185326	Maheswar	Rampertaap	Coral Springs	FL	'33065	General Dentist	6	8	\$1,091
2201257540	Rasmi	Akel	Boynton Beach	FL	'33437	General Dentist	18	21	\$3,794
2201257540	Barbara	Bates	Boynton Beach	FL	'33437	General Dentist	3	3	\$664
2201327329	Ilya	Stein	Lauderhill	FL	'33313	General Dentist	9	10	\$3,310
2201435221	Damone	Smith	Sunrise	FL	'33323	Oral Surgeon	1	1	\$999
2201493597	Pamela	Bell	Jupiter	FL	'33458	General Dentist	4	10	\$777
2201577593	Peter	Scerbo	Fort Lauderdale	FL	'33316	General Dentist	8	32	\$6,353
2201594501	Oded	Yeoshoua	Hollywood	FL	'33021	General Dentist	3	6	\$1,741
2201594501	Oded	Yeoshoua	North Miami Beach	FL	'33160	General Dentist	2	4	\$497
2201641040	Laurence	Grayhills	Wellington	FL	'33414	General Dentist	1	4	\$1,104
2201863950	Raymond	Kwong	Orlando	FL	'32817	General Dentist	1	1	\$478
2201863950	Rhina	Um	Orlando	FL	'32817	General Dentist	1	1	\$199
2201913723	Saba	Rizvi	Sunrise	FL	'33322	General Dentist	3	5	\$1,053
2202043193	Thomas	Galinis	Palm City	FL	'34990	General Dentist	1	1	\$226
2202052495	William	Balanoff	Fort Lauderdale	FL	'33304	General Dentist	2	3	\$398
2202058007	Jayson	Leibowitz	Plantation	FL	'33324	General Dentist	34	67	\$11,406
2202058007	Brent	Herbert	Plantation	FL	'33324	General Dentist	27	36	\$3,778
2202058007	Mary Ann	Palenzuela	Plantation	FL	'33324	General Dentist	26	47	\$5,578
2202058007	Manal	Hilali	Plantation	FL	'33324	General Dentist	3	4	\$300
2202123402	John	Marchetto	Fort Lauderdale	FL	'33326	General Dentist	3	4	\$4,463
2202331928	Michael	Matouk	Fort Lauderdale	FL	'33306	Oral Surgeon	7	12	\$2,322
2202775497	Dora	Rodriguez	Hollywood	FL	'33024	Pediatric	2	5	\$638
2202915960	Vadim	Valdman	Plantation	FL	'33388	General Dentist	1	3	\$386
2202996316	Brian	Bons	Pembroke Pines	FL	'33026	Orthodontist	1	1	\$486
2202998701	Marcel	Baghdadi-Gegati	Plantation	FL	'33317	General Dentist	4	7	\$2,166
2203020820	Jason	Luchtefeld	Pompano Beach	FL	'33060	General Dentist	4	7	\$366
2203048444	William	Cinkilic	Hollywood	FL	'33021	General Dentist	1	2	\$214
2203065470	Scott	Mcclary	North Charleston	SC	'29405	General Dentist	1	3	\$301
2203141319	James	Kerns	Plantation	FL	'33317	General Dentist	3	8	\$2,563
2203203753	George	Bare	Mount Juliet	TN	'37122	General Dentist	2	4	\$1,259
2203203753	Aaron	Pryor	Mount Juliet	TN	'37122	General Dentist	2	3	\$979
2203582901	Jaime	Silberman	Dds Boynton Beach	FL	'33437	Endodontist	1	1	\$60
2203736502	Carolina	Akerman	Plantation	FL	'33324	Pediatric	2	2	\$523

2203791829	Sharon	Jefferson	Plantation	FL	'33313	General Dentist	11	16	\$3,652
2203965948	Sameer	Sajoo	Fort Lauderdale	FL	'33306	General Dentist	5	22	\$5,975
2203987895	Omar	Malpica	Sunrise	FL	'33323	Dental Hygienist; X-Ray Lab; O	1	2	\$3,000
2204100937	Luis	Fornaris	Dmd Miami	FL	'33175	General Dentist	4	5	\$3,075
2204189103	Daniel	Rovirosa	Coral Springs	FL	'33065	General Dentist	1	1	\$114
2204332436	Joshua	Merrell	Hendersonville	NC	'28791	General Dentist	1	4	\$375
2204399325	Austin	Smith	Southwest Ranches	FL	'33332	General Dentist	1	1	\$459
2204443276	Michael	Hennessy	Tamarac	FL	'33321	Periodontist	2	2	\$875
2204449797	Kent	Molino	Niskayuna	NY	'12309	Dental Hygienist; X-Ray Lab; O	1	2	\$199
2204587282	Mervyn	Dixon	Dds Fort Lauderdale	FL	'33316	General Dentist	3	11	\$2,426
2204705686	William	Baker	Hattiesburg	MS	'39402	General Dentist	1	5	\$570
2204705686	Erik	Graham	Hattiesburg	MS	'39402	General Dentist	1	1	\$204
2204858969	Jonathan	Freed	Fort Lauderdale	FL	'33301	General Dentist	17	51	\$10,734
2204953786	Brandon	Alegre	Boca Raton	FL	'33433	General Dentist	2	3	\$270
2204973449	Alfredo	Martin	Cooper City	FL	'33330	General Dentist	4	4	\$494
2205083198	Lawrence	Hier	Boynton Beach	FL	'33437	Orthodontist	2	2	\$2,088
2205145918	Deborah	Lubell	Royal Palm Beach	FL	'33411	Pediatric	2	10	\$1,810
2205319032	Yanitza	Mcconnell	Fort Lauderdale	FL	'33316	General Dentist	14	28	\$5,642
2205407398	Timothy	Chen	Miramar	FL	'33027	Pediatric	3	6	\$924
2205795059	Charlotte	Gerry	Live Oak	FL	'32064	General Dentist	2	2	\$309
2205830462	Mohammad	Shuayb	Spring Hill	FL	'34609	General Dentist	2	2	\$708
2208195969	Dawn	Polasky	Dds Fort Lauderdale	FL	'33308	General Dentist	2	7	\$1,113
2208214194	Andre	Grenier	Plantation	FL	'33322	Periodontist	3	3	\$224
2208547656	David	Perez	Cooper City	FL	'33328	General Dentist	6	11	\$1,488
2208577828	Helena	Urrea-Feldsberg	Pembroke Pines	FL	'33026	Pediatric	3	3	\$572
2208951520	Robert	Adami	Delray Beach	FL	'33446	General Dentist	2	5	\$2,035
2222146652	Stanley	Cohen	Lake Worth	FL	'33467	General Dentist	2	2	\$215
2223703976	Mankame	Dipak	Plantation	FL	'33317	General Dentist	4	12	\$6,935
2251255715	Joseph R	Ladner Dmd Ms Inc	Hermitage	PA	'16148	Periodontist	1	1	\$93
2251399828	Susan	Calderbank	Greenville	PA	'16125	General Dentist	1	6	\$565
2260178417	Ramon	Perez	Plantation	FL	'33322	Oral Surgeon	2	2	\$56
2260518079	Bruce	Kushner	Hollywood	FL	'33021	General Dentist	3	3	\$762
2260764708	Tamara	Rojas	Hollywood	FL	'33021	Periodontist	3	5	\$267
2260849265	Roland	Hernandez	Fort Lauderdale	FL	'33316	Oral Surgeon	4	7	\$3,092
2261172241	Orffa	Masso	Pompano Beach	FL	'33062	General Dentist	1	1	\$353
2261172646	Alexandra	Gordon	North Miami	FL	'33181	General Dentist	2	4	\$879
2261172646	Carlos	Quilichini	North Miami	FL	'33181	General Dentist	1	1	\$700

2261172646	Rita	Fields Heller	North Miami	FL	'33181	Endodontist	1	1	\$54
2261172646	Shmuel	Stern	North Miami	FL	'33181	Periodontist	1	1	\$54
2261273022	Michael	Costabile	Boca Raton	FL	'33433	General Dentist	3	3	\$238
2261365336	Robert	Shelling	Boca Raton	FL	'33498	General Dentist	1	2	\$1,229
2262133031	Roger	Barlow	Tifton	GA	'31794	General Dentist	1	1	\$112
2262483214	Andrew	Norkin	Boca Raton	FL	'33431	Oral Surgeon	3	5	\$1,297
2262702706	Rodolfo	Acosta-Ortiz	Lauderhill	FL	'33313	General Dentist	3	4	\$789
2262702706	Mario	Laska	Lauderhill	FL	'33313	General Dentist	1	1	\$67
2262763541	Elizabeth	Perez-Flowers	Lauderhill	FL	'33313	General Dentist	2	4	\$782
2262788972	Maikel	Segui	Pembroke Pines	FL	'33029	Oral Surgeon	1	1	\$173
2262916317	Richard	Leiderman	Plantation	FL	'33317	Periodontist	1	1	\$40
2263005908	Marisa	Napoli	Coconut Creek	FL	'33073	General Dentist	1	3	\$1,451
2263100613	Ilya	Stein	Coral Springs	FL	'33067	General Dentist	1	2	\$1,167
2263118748	James	Sainsbury	Tamarac	FL	'33321	Endodontist	1	1	\$69
2263172953	Deborah	Ferrer A	Miramar	FL	'33027	Orthodontist	1	1	\$391
2263201611	Arveen	Andalib	Plantation	FL	'33317	General Dentist	5	8	\$754
2263291016	Steven	Berkowitz	Margate	FL	'33063	Periodontist	1	2	\$179
2263394448	Manal	Hilali	Tamarac	FL	'33351	General Dentist	1	2	\$528
2263672578	Kellie	Paxton	Weston	FL	'33331	Endodontist	1	2	\$709
2263699117	Max	Zaslavsky	Fort Lauderdale	FL	'33308	General Dentist	2	5	\$1,774
2263811492	James	Birnbaum	Coral Springs	FL	'33065	General Dentist	7	29	\$8,596
2263913025	Douglas	Goldberg	Coral Springs	FL	'33065	General Dentist	1	4	\$2,305
2264429924	Francesco	Vultaggio	Deerfield Beach	FL	'33441	General Dentist	2	2	\$214
2264429924	Martin	Wexler	Deerfield Beach	FL	'33441	General Dentist	1	1	\$79
2266852476	Richard	Topolski Dds	Hollywood	FL	'33021	General Dentist	2	4	\$490
2270032597	Jaline	Boccuzzi	Pompano Beach	FL	'33062	General Dentist	2	6	\$373
2270064958	Donna	Dicrescento	Margate	FL	'33073	General Dentist	1	3	\$391
2270084883	Randy	Sachs	Lake Worth	FL	'33467	General Dentist	2	2	\$162
2270126773	Ronia	Baker	Lauderhill	FL	'33313	General Dentist	2	7	\$2,481
2270129674	Eric	Fox	Coral Springs	FL	'33067	Oral Surgeon	2	3	\$1,076
2270889259	Robert	Weishoff	Cooper City	FL	'33328	Periodontist	1	1	\$177
2271055523	Steven	Difilippo	Sunrise	FL	'33351	General Dentist	1	1	\$111

2271436445	Charles	Shofnos	Hollywood	FL	'33026	General Dentist	3	3	\$352
2271436445	Neal	Ziegler	Cooper City	FL	'33026	General Dentist	2	2	\$143
2271499087	Richard	Forum	Fort Lauderdale	FL	'33316	General Dentist	5	12	\$2,257
2272021269	Kenneth	Ross	Lighthouse Point	FL	'33064	Periodontist	1	1	\$42
2300012213	Robert	Quesada	Fort Lauderdale	FL	'33301	General Dentist	22	91	\$22,197
2310717625	David	Brandfass	Lighthouse Point	FL	'33064	Dental Hygienist; X-Ray Lab; O	1	1	\$54
2320094023	Andrew	Segelnick	Coral Springs	FL	'33067	General Dentist	1	1	\$39
2330002949	Bruce	Jordan	Carlsbad	CA	'92011	General Dentist	1	3	\$280
2341589564	Laurie	Gittess	Weston	FL	'33326	Orthodontist	1	1	\$555
2352188179	Santiago	Roldan	Pompano Beach	FL	'33062	General Dentist	1	1	\$223
2364617854	Eli	Friedman	Plantation	FL	'33317	Prosthodontist	4	4	\$368
2383786293	Thomas	Anderson	Bradenton	FL	'34209	Oral Surgeon	1	1	\$530
2391221409	Mark	Steinmetz	Appleton	WI	'54915	Pediatric	3	10	\$1,672
2391315629	Patrick	White	Appleton	WI	'54914	Endodontist	1	1	\$905
2391918520	Thomas	Nick	Woodruff	WI	'54568	General Dentist	1	3	\$541
2391918520	Christopher	Pfaller	Woodruff	WI	'54568	General Dentist	1	1	\$160
2392014613	John	Kosmen	Minocqua	WI	'54548	Oral Surgeon	1	1	\$1,500
2412139274	Todd	Sawisch	Pompano Beach	FL	'33062	Oral Surgeon	6	8	\$2,800
2412139274	Jennifer	Schaumberg	Pompano Beach	FL	'33062	General Dentist	1	1	\$466
2412198754	Stephanie	Diaz	Coral Springs	FL	'33071	General Dentist	13	39	\$5,474
2412220291	Andrea	Giraldo Dmd	Fort Lauderdale	FL	'33315	General Dentist	6	18	\$2,050
2421650718	Robert	Stanton	Fort Lauderdale	FL	'33306	General Dentist	2	4	\$544
2431114843	Daniel	Fannin	Springfield	MO	'65807	General Dentist	1	2	\$1,026
2431114843	Eldon	Thompson	Springfield	MO	'65807	General Dentist	1	1	\$202
2431114843	Steven	Sponenberg	Springfield	MO	'65807	General Dentist	1	1	\$155
2431114843	Derek	Kaelin	Springfield	MO	'65807	General Dentist	1	1	\$106
2431197193	Vanessa	Keller	Clayton	MO	'63105	General Dentist	1	1	\$88
2431852819	Robert	Reynolds	Springfield	MO	'65804	General Dentist	4	5	\$1,401
2432089803	Alexander	Gaukhman	Jacksonville	FL	'32223	General Dentist	2	2	\$157
2450516795	Dustin M	Grimes Dds	West Palm Beach	FL	'33405	General Dentist	2	3	\$546
2470915474	Peter	Coletti	Plantation	FL	'33317	General Dentist	1	4	\$340
2470915474	Fabiola	Duarte	Plantation	FL	'33317	General Dentist	1	1	\$136
2510514141	Keith	Blessitt	Plantation	FL	'33324	General Dentist	7	19	\$3,459
2521573899	Trevor	Salmon	Lauderdale Lakes	FL	'33319	General Dentist	2	4	\$357
2522125936	Catherine	Robinette	Georgetown	KY	'40324	Pediatric	1	1	\$312
2522125936	Hayden	Phillips	Georgetown	KY	'40324	Pediatric	1	2	\$242
2542079759	Craig	Spodak Dds	Delray Beach	FL	'33445	General Dentist	1	2	\$178
2542080841	Nigel	Grandison	Plantation	FL	'33324	Pediatric	9	9	\$889
2542088367	David	Newman	Boca Raton	FL	'33486	Orthodontist	1	1	\$1,041

2542111345	Michael	Minars	Hollywood	FL	'33021	Orthodontist	2	4	\$2,451
2542141417	Ronald	Rosenbaum	Pembroke Pines	FL	'33024	General Dentist	1	1	\$174
2550881045	Christopher	Freeman	Fort Lauderdale	FL	'33308	Orthodontist	4	4	\$3,741
2561466246	James	Olson	Hendersonville	NC	'28739	General Dentist	1	3	\$393
2562315803	Henry	Rodriguez-Martin	Fort Lauderdale	FL	'33311	General Dentist	8	12	\$846
2562315803	Jessica	Rivas Plata	Fort Lauderdale	FL	'33311	General Dentist	5	11	\$1,542
2562315803	David	Warner	Fort Lauderdale	FL	'33311	General Dentist	3	5	\$771
2562338791	Lawrence	Kawa	Boca Raton	FL	'33498	Orthodontist	2	2	\$2,754
2562338791	Allyn	Segelman	Boca Raton	FL	'33498	Oral Surgeon	2	4	\$2,555
2562338791	Juan	Lopez	Boca Raton	FL	'33498	Oral Surgeon	1	2	\$1,261
2582462808	Scott	Wingard	Augusta	GA	'30904	General Dentist	1	3	\$283
2582676964	Itza	Rosado Pietri	Miramar	FL	'33027	General Dentist	2	2	\$176
2582676964	Itza	Sage	Miramar	FL	'33027	General Dentist	1	1	\$203
2590972758	David	Peretz	Hollywood	FL	'33021	General Dentist	1	4	\$884
2591083502	Rashondia	Gaines	Fort Lauderdale	FL	'33328	General Dentist	1	1	\$1,500
2591083502	Evelyn	Arellano	Fort Lauderdale	FL	'33328	Dental Hygienist; X-Ray Lab; O	1	1	\$1,500
2591234909	Richard	Geronemus	Fort Lauderdale	FL	'33304	General Dentist	1	2	\$272
2591263751	Barry	Bluth	Davie	FL	'33314	General Dentist	2	4	\$349
2591270875	George	Williams	Plantation	FL	'33322	General Dentist	2	4	\$1,008
2591272231	James	Haley	Fort Lauderdale	FL	'33312	General Dentist	2	2	\$107
2591273236	Tyrone	Cheeping	N Miami Beach	FL	'33162	General Dentist	1	7	\$1,500
2591290474	Gary	Ozga	Pompano Beach	FL	'33062	General Dentist	3	10	\$1,045
2591350878	Ira	Stone	Hollywood	FL	'33021	Oral Surgeon	2	2	\$1,399
2591369920	Jerry	Fishman	Weston	FL	'33326	Orthodontist	2	2	\$1,794
2591374365	William	Domeyer	Lake Worth	FL	'33461	Orthodontist	1	2	\$639
2591389949	Barry	Rosenthal	Sunrise	FL	'33351	General Dentist	19	42	\$10,834
2591399832	Darren	Snow	Hollywood	FL	'33021	General Dentist	1	1	\$162
2591425149	Denis P	Trupkin Dds	Plantation	FL	'33317	Pediatric	11	27	\$5,659
2591425149	Jason	Hirsch	Plantation	FL	'33317	Dental Hygienist; X-Ray Lab; O	6	9	\$1,688
2591425149	Abby	Wilentz	Plantation	FL	'33317	Pediatric	5	13	\$1,833
2591425149	George R	Babyak Dds	Plantation	FL	'33317	Orthodontist	1	1	\$150
2591428856	William	Bassett	Fort Lauderdale	FL	'33308	General Dentist	6	13	\$3,248
2591432566	Randall	Caton	Gainesville	FL	'32605	Oral Surgeon	1	1	\$144
2591439043	Robert D	Helmholdt Dds Pa	Fort Lauderdale	FL	'33305	Orthodontist	1	2	\$901

2591479001	Joseph	Spingar	Tamarac	FL	'33321	General Dentist	4	5	\$4,159
2591479001	Sheldon	Goodman	Tamarac	FL	'33321	Periodontist	1	1	\$82
2591480093	Edward	Cronauer	Davie	FL	'33330	Orthodontist	1	1	\$1,488
2591483409	Stanley	Kanowitz	Pembroke Pines	FL	'33024	General Dentist	1	1	\$135
2591501210	Jerry	Rosenbaum	Fort Lauderdale	FL	'33308	Periodontist	4	6	\$2,008
2591535256	Lanny	Garvar	Tamarac	FL	'33321	Oral Surgeon	4	6	\$3,198
2591535256	Stanley	Stewart	Tamarac	FL	'33321	Oral Surgeon	1	1	\$37
2591541047	Robert	Stephens	Coral Springs	FL	'33065	Pediatric	25	25	\$2,601
2591541047	James	Bennett Jr	Coral Springs	FL	'33065	Pediatric	18	19	\$1,895
2591541047	Robert	Stephens	Pompano Beach	FL	'33064	Pediatric	18	21	\$1,777
2591541047	James	Bennett	Boca Raton	FL	'33486	Pediatric	8	9	\$837
2591541047	Lauren	Governale	Coral Springs	FL	'33065	Pediatric	3	3	\$291
2591542106	Norman	Gorback	Plantation	FL	'33317	Orthodontist	2	2	\$3,470
2591553204	Ralph	Day	Gainesville	FL	'32601	General Dentist	1	1	\$184
2591566153	Gilbert	Hirschberg	Pompano Beach	FL	'33063	General Dentist	5	13	\$1,780
2591614126	Constantinos	Barogiannis	Fort Lauderdale	FL	'33308	General Dentist	9	23	\$4,221
2591671199	Neil	Baker	Tamarac	FL	'33321	Endodontist	1	1	\$1,337
2591679913	Harvey	Adelson	Tamarac	FL	'33321	General Dentist	6	15	\$4,423
2591690118	Julie	Alter	Aventura	FL	'33180	General Dentist	1	3	\$270
2591690284	Alvin J	Tight li Dds	Fort Lauderdale	FL	'33308	Orthodontist	4	4	\$1,681
2591695324	Denby	Matthews	Davie	FL	'33314	Dental Hygienist; X-Ray Lab; O	1	3	\$753
2591696469	Kerry	Waldee	Plantation	FL	'33324	Dental Hygienist; X-Ray Lab; O	3	7	\$1,638
2591696469	David	Hohimer	Plantation	FL	'33324	General Dentist	1	1	\$82
2591726492	Allin	Crouch Jr	Lighthouse Point	FL	'33064	General Dentist	2	7	\$821
2591740240	Eli	Schwartz	Plantation	FL	'33324	General Dentist	1	1	\$170
2591740263	David	Feuer	Royal Palm Beach	FL	'33411	Orthodontist	2	3	\$1,101
2591740263	David	Feuer	Lake Worth	FL	'33460	Orthodontist	1	2	\$1,446
2591746609	Stephen	Goldfaden	Gainesville	FL	'32609	Endodontist	1	1	\$1,065
2591756766	Steven	Kusnick	Sunrise	FL	'33351	General Dentist	3	7	\$817
2591772084	Kenneth	Anenberg	Tamarac	FL	'33321	General Dentist	1	3	\$213
2591779529	Todd	Denson	Titusville	FL	'32796	General Dentist	2	9	\$967

2591780642	Barry	Kligerman	Fort Lauderdale	FL	'33308	Periodontist	4	13	\$4,701
2591783597	Charles	Hambrook	Pompano Beach	FL	'33060	General Dentist	3	12	\$1,224
2591788725	Frank	Gober	Deerfield Beach	FL	'33442	General Dentist	1	1	\$121
2591835353	Steven	Short	Fort Lauderdale	FL	'33308	Dental Hygienist; X-Ray Lab; O	3	3	\$3,115
2591839550	Theodore	Schwartz	Plantation	FL	'33324	Orthodontist	1	2	\$1,151
2591844575	Robert	Eckelson	Boca Raton	FL	'33486	Orthodontist	2	2	\$978
2591859693	Douglas	Jungman	Bradenton	FL	'34209	General Dentist	1	3	\$344
2591862962	Stephen	Devack	Tamarac	FL	'33319	Dental Hygienist; X-Ray Lab; O	5	9	\$2,175
2591912165	Robert	Dolgow	Lauderhill	FL	'33351	General Dentist	1	5	\$951
2591912165	Constantin	Fiacos	Lauderhill	FL	'33351	General Dentist	1	3	\$341
2591928451	B Harvey	Wiener	Fort Lauderdale	FL	'33301	Endodontist	1	1	\$334
2591931391	Gary	Norkin	Lighthouse Point	FL	'33064	Endodontist	1	1	\$713
2591931391	Robert T	Effren Dds	Coral Springs	FL	'33071	Endodontist	1	1	\$433
2591939858	Jeffrey	Stevens	Pembroke Pines	FL	'33024	Oral Surgeon	2	3	\$215
2591939858	P Stuart	Seider	Pembroke Pines	FL	'33024	Oral Surgeon	1	2	\$1,500
2591939858	Jeffery	Stevens	Fort Lauderdale	FL	'33312	Oral Surgeon	1	1	\$50
2591944868	Thomas A	Parker	Hollywood	FL	'33021	General Dentist	2	6	\$1,661
2591944868	Stephen	Parker	Hollywood	FL	'33021	General Dentist	1	1	\$154
2591946079	Donald C	Erbes Dds	Gainesville	FL	'32605	Dental Hygienist; X-Ray Lab; O	1	5	\$1,146
2591946675	Ronald	Pross	Tampa	FL	'33612	General Dentist	2	8	\$1,134
2591947135	Steven	Oppenheimer	Aventura	FL	'33180	Endodontist	2	2	\$1,311
2591947135	Richard	Mautner	Aventura	FL	'33180	Endodontist	1	1	\$89
2591947135	Richard	Mautner	Miami Beach	FL	'33140	Endodontist	1	1	\$51
2591957820	James	Hancock	Lakeland	FL	'33801	General Dentist	4	10	\$2,077
2591967618	Robert	Lev	Pembroke Pines	FL	'33024	General Dentist	3	11	\$2,586
2591971577	David	Neal	Winter Haven	FL	'33880	Oral Surgeon	1	1	\$1,500
2591999889	Richard	Topolski	Hollywood	FL	'33021	General Dentist	6	9	\$1,323
2592004489	Michael	Scott	Pompano Beach	FL	'33062	General Dentist	5	7	\$456
2592006792	Kenneth	Langston	Pompano Beach	FL	'33062	General Dentist	4	12	\$4,583
2592018927	Gary	Kodish	Fort Lauderdale	FL	'33316	General Dentist	1	3	\$487
2592030238	Frederic	Kirsch	Coral Springs	FL	'33071	Pediatric	7	10	\$1,090

2592043705	Luis	Cardenas	Plantation	FL	'33324	Oral Surgeon	2	2	\$1,465
2592043705	Kurt	Friedman	Plantation	FL	'33324	Oral Surgeon	2	3	\$1,173
2592044456	Richard	Lipman	Boca Raton	FL	'33487	General Dentist	3	6	\$2,984
2592045350	Brian	Boyd	Pompano Beach	FL	'33062	General Dentist	1	1	\$95
2592060659	Richard	Soven	Pembroke Pines	FL	'33026	General Dentist	2	2	\$198
2592107536	David	Lynn	Hollywood	FL	'33021	General Dentist	1	4	\$359
2592116360	Georgina	Merlo	Miami	FL	'33173	General Dentist	3	3	\$538
2592123473	Wayne	Moesching	Okeechobee	FL	'34974	General Dentist	2	3	\$369
2592125283	Steven P	Bogdanoff Dmd Pa	Plantation	FL	'33324	General Dentist	3	6	\$990
2592135962	Joseph	Walsh	Boca Raton	FL	'33431	General Dentist	1	3	\$660
2592147096	Eric	Benson	Stuart	FL	'34994	General Dentist	3	4	\$785
2592169997	Robert	Cecchini	Davie	FL	'33328	General Dentist	1	2	\$222
2592169997	Miriam M	Beydoun	Davie	FL	'33328	General Dentist	1	1	\$122
2592169997	Jennifer	Rostock	Davie	FL	'33328	General Dentist	1	1	\$100
2592175410	Vicki	Menchel	Coral Springs	FL	'33071	General Dentist	7	22	\$3,222
2592175410	Jennifer	Kocher	Coral Springs	FL	'33071	General Dentist	1	1	\$159
2592205377	Walter	Kurosko	Jacksonville	FL	'32221	General Dentist	3	3	\$1,149
2592208015	William	Zenga	Sunrise	FL	'33322	General Dentist	13	22	\$6,006
2592209155	Rodney	Ackley	Spring Hill	FL	'34606	General Dentist	1	1	\$198
2592209155	Jennifer	Lee	Spring Hill	FL	'34606	General Dentist	1	1	\$195
2592229420	Frank	Lipson	Plantation	FL	'33317	General Dentist	12	23	\$1,934
2592239228	Alan	Slootsky	Pompano Beach	FL	'33069	General Dentist	2	9	\$1,837
2592262048	Eric	Rothstein	Coral Springs	FL	'33071	Dental Hygienist; X-Ray Lab; O	2	6	\$777
2592264610	Daniel	Cohen	Tamarac	FL	'33321	General Dentist	1	1	\$375
2592267691	Theodore	Grossman	Sunrise	FL	'33351	Oral Surgeon	1	1	\$1,105
2592271946	William	Shumpert	Fort Lauderdale	FL	'33316	General Dentist	4	5	\$635
2592288558	Esteban	Mulkay Dmd Pa	Pembroke Pines	FL	'33024	Dental Hygienist; X-Ray Lab; O	2	2	\$348
2592289312	B W	Berry Dds	Fort Lauderdale	FL	'33301	General Dentist	9	21	\$3,941
2592303705	Jitrendra	Patel	Tamarac	FL	'33309	General Dentist	10	13	\$1,085
2592318394	Richard	Kramer	Coral Springs	FL	'33067	General Dentist	7	18	\$3,451
2592336103	Jeffrey	Eisner	Miami	FL	'33176	Oral Surgeon	1	1	\$155
2592343174	Julio	Llera	Fort Lauderdale	FL	'33312	General Dentist	6	7	\$793
2592380698	Elza	Pereira	Plantation	FL	'33317	General Dentist	6	9	\$2,786
2592380698	Arturo	Aceituno	Plantation	FL	'33317	General Dentist	3	7	\$2,054

2592397569	Blair	Scharf	Coral Springs	FL	'33065	General Dentist	10	11	\$1,415
2592426431	J Michael	Heider	Fort Lauderdale	FL	'33305	General Dentist	3	10	\$1,576
2592427954	Jeffrey	Elliot	Coral Springs	FL	'33065	Oral Surgeon	3	3	\$1,825
2592427954	Charles	Russo	Coral Springs	FL	'33065	Oral Surgeon	2	2	\$1,168
2592431462	Robert	Smith	Fort Lauderdale	FL	'33305	General Dentist	4	11	\$964
2592432598	Gary	Newman	Boca Raton	FL	'33434	General Dentist	2	8	\$2,675
2592434372	Peter	Rossen	Coconut Creek	FL	'33063	General Dentist	3	8	\$1,034
2592453997	Roy	Feifer	Margate	FL	'33063	General Dentist	3	8	\$1,816
2592459372	E Robert	Spoont	Boca Raton	FL	'33433	General Dentist	1	1	\$224
2592469829	Albert	Gegerson	Deerfield Beach	FL	'33442	General Dentist	2	2	\$107
2592473304	Amalia	Cunha	Coral Gables	FL	'33134	General Dentist	1	3	\$855
2592492420	David	Dello Stritto	Coral Springs	FL	'33071	General Dentist	3	3	\$235
2592495436	Greg T	Russell	Saint Augustine	FL	'32086	Dental Hygienist; X-Ray Lab; O	2	9	\$2,391
2592495753	Scott	Barr	Plantation	FL	'33317	Dental Hygienist; X-Ray Lab; O	17	66	\$13,650
2592502342	Robert	Shectman	Plantation	FL	'33324	Periodontist	1	1	\$192
2592513548	Allen	Pearlman	Plantation	FL	'33322	Periodontist	4	12	\$2,480
2592513548	Benjamin	Porras	Plantation	FL	'33322	Endodontist	2	2	\$65
2592549495	L	James	Plantation	FL	'33317	Dental Hygienist; X-Ray Lab; O	5	14	\$7,007
2592550069	Charles	Mandell Dds	Hollywood	FL	'33021	General Dentist	6	13	\$1,428
2592570247	Eugene	Kravitz	Pembroke Pines	FL	'33029	General Dentist	2	2	\$157
2592570247	Lauren	Kravitz	Pembroke Pines	FL	'33029	General Dentist	1	1	\$36
2592576070	Lee	Alexander	Fort Lauderdale	FL	'33315	General Dentist	18	18	\$2,198
2592576070	Arianny	Arocha	Fort Lauderdale	FL	'33315	General Dentist	12	17	\$2,591
2592576070	Allison	Alexander	Fort Lauderdale	FL	'33315	General Dentist	4	4	\$544
2592596366	Alan	Bresalier	Weston	FL	'33326	Periodontist	1	1	\$1,160
2592596416	R	Fallah	Fort Lauderdale	FL	'33319	General Dentist	8	9	\$1,432
2592596416	Anita	Kianimanesh	Lauderhill	FL	'33319	General Dentist	2	4	\$863
2592596416	Nancy	Medina	Lauderhill	FL	'33319	Endodontist	2	3	\$589
2592596416	Jason	Hersh	Lauderhill	FL	'33319	Periodontist	1	1	\$40
2592598040	Mark	Mautner	Pembroke Pines	FL	'33026	General Dentist	18	38	\$5,016
2592603212	Gretchen	Heinsen	Plantation	FL	'33324	Endodontist	5	7	\$3,027
2592603212	David	Knight	Plantation	FL	'33324	Endodontist	3	4	\$2,006
2592655484	Steven	Gilson	Plantation	FL	'33324	General Dentist	9	12	\$1,386
2592665788	Philip	Pine	Pompano Beach	FL	'33060	Dental Hygienist; X-Ray Lab; O	1	3	\$921
2592673798	Walter	Kulick	Coral Springs	FL	'33065	General Dentist	3	6	\$916
2592681987	Michael	Barnard	Fort Lauderdale	FL	'33312	General Dentist	1	2	\$169
2592692495	Leonard	Garfinkel	Miami	FL	'33180	Periodontist	1	3	\$255

2592704856	Jay	Alperin	Delray Beach	FL	'33445	General Dentist	1	3	\$235
2592709090	Helena A	Deluca Dds	Sunrise	FL	'33351	General Dentist	2	5	\$390
2592712060	Beatriz	Davidson	Miami	FL	'33176	General Dentist	2	2	\$196
2592719039	Joseph	Camuccio	Pompano Beach	FL	'33062	General Dentist	2	4	\$1,024
2592724644	Mark	Mc Cauley	Delray Beach	FL	'33483	General Dentist	2	4	\$1,500
2592753930	Henry	Jacobsohn	Lauderhill	FL	'33351	General Dentist	2	4	\$339
2592756022	Alan	Fistel	Coral Springs	FL	'33067	General Dentist	1	1	\$174
2592771114	Richard A	Mufson	Miami	FL	'33180	Oral Surgeon	1	1	\$578
2592823728	Benjamin	Porras	Pembroke Pines	FL	'33024	Endodontist	2	5	\$1,378
2592823728	Rodrigo	Romano	Pembroke Pines	FL	'33024	Periodontist	2	2	\$181
2592958002	Charles	Arias	Orlando	FL	'32817	General Dentist	1	1	\$987
2593044505	Timothy	Johnson	Ocala	FL	'34471	Periodontist	1	2	\$222
2593200016	Alec	Redfearn	Live Oak	FL	'32064	General Dentist	1	1	\$79
2593240685	Robert	Bliss	Oviedo	FL	'32765	General Dentist	1	1	\$220
2593356849	Robert	Balch	Satellite Beach	FL	'32937	Oral Surgeon	3	7	\$2,555
2593365515	Mark	Tuberoso	Port Orange	FL	'32129	General Dentist	3	6	\$601
2593448775	Roderick	Shaw	Madison	FL	'32340	General Dentist	1	2	\$70
2593470743	Lina	Narbone	Sunrise	FL	'33351	General Dentist	5	8	\$2,324
2593475694	Reza	Miremani	Powder Springs	GA	'30127	General Dentist	2	5	\$834
2593508140	Niyati	Patel	Orange Park	FL	'32003	General Dentist	2	5	\$425
2593508140	Licet	Ordehi	Sebring	FL	'33870	General Dentist	2	4	\$318
2593508140	Richard	Baker	Crystal River	FL	'34429	General Dentist	2	3	\$306
2593555804	Stephen	Demmi	Lake City	FL	'32025	General Dentist	1	1	\$109
2593560899	Robert	Thousand Iii	Saint Augustine	FL	'32086	Endodontist	1	1	\$813
2593585295	Alvaro	Blandon	Orlando	FL	'32828	General Dentist	2	5	\$702
2593599071	Marcos	Diaz	Weston	FL	'33326	Oral Surgeon	1	1	\$263
2593686847	Glenn	Forhan	Jacksonville	FL	'32244	General Dentist	1	4	\$1,684
2593727118	Brad	Gosen	Spring Hill	FL	'34606	General Dentist	2	4	\$286
2593737347	Vernon	Gordon	Palm Coast	FL	'32137	General Dentist	2	3	\$419
2593752296	Fara	Bender	Lake Worth	FL	'33467	Pediatric	3	7	\$1,234
2593789375	Max	Arocha	Pembroke Pines	FL	'33024	General Dentist	2	3	\$210
2593832726	Tomer	Haik	Wellington	FL	'33414	Pediatric	4	6	\$741
2610710363	Judson	Knight	Lexington	KY	'40503	Orthodontist	1	2	\$632
2611294477	Paula	Lenox	Georgetown	KY	'40324	General Dentist	2	4	\$1,128
2611294477	Paula	Lenox	Georgetown	KY	'40324	General Dentist	1	1	\$0
2621062082	Thomas	Whittaker	Knoxville	TN	'37917	Oral Surgeon	1	1	\$684
2621650606	Michael	Goodman	Knoxville	TN	'37918	General Dentist	2	2	\$588
2621694321	Darrin	Cupo	Coral Springs	FL	'33071	Orthodontist	2	3	\$2,874

2640840882	Katie	Bearden	Batesville	MS	'38606	General Dentist	2	4	\$445
2640858666	Clara	Tomlinson	Batesville	MS	'38606	General Dentist	2	3	\$387
2650003241	Joseph	Belotto	Fort Lauderdale	FL	'33308	General Dentist	7	15	\$1,652
2650008718	Mark	Weiss	N Miami Beach	FL	'33179	General Dentist	3	5	\$451
2650013226	Leonard	Weiss	Dmd Plantation	FL	'33324	Dental Hygienist; X-Ray Lab; O	1	1	\$65
2650017651	C Michael	Gilliam	Pompano Beach	FL	'33062	General Dentist	1	2	\$285
2650018888	Norman	Young	Wilton Manors	FL	'33305	Dental Hygienist; X-Ray Lab; O	1	1	\$1,160
2650021384	Gary	Stein	Coral Springs	FL	'33065	Dental Hygienist; X-Ray Lab; O	2	3	\$264
2650028976	Ravin	Mehta	Fort Lauderdale	FL	'33311	General Dentist	2	9	\$2,402
2650030135	Juan De Dios	Garcia	Miami Lakes	FL	'33016	Orthodontist	1	4	\$2,381
2650043559	Gregory	Ufberg	Tamarac	FL	'33319	General Dentist	2	7	\$2,561
2650054091	Trevor	Weathers	Plantation	FL	'33317	Oral Surgeon	1	1	\$325
2650075019	Mark	Boukzam	Deerfield Beach	FL	'33442	General Dentist	4	9	\$3,371
2650078114	Peter	Wohlgemuth	Boca Raton	FL	'33434	Orthodontist	1	1	\$1,957
2650080971	Jeffrey	Heilig	Fort Lauderdale	FL	'33326	Pediatric	2	5	\$1,179
2650089306	Joel	Berger	Coral Springs	FL	'33071	General Dentist	2	7	\$1,018
2650093284	Mark	Ericsson	Boca Raton	FL	'33428	General Dentist	2	5	\$2,572
2650093284	Rosanna	Ericsson	Boca Raton	FL	'33428	General Dentist	1	1	\$95
2650095994	Eric	Wallace	Boca Raton	FL	'33432	General Dentist	3	10	\$1,466
2650106718	Jorge	Ricardez	Fort Lauderdale	FL	'33304	General Dentist	10	12	\$2,323
2650119860	Edward	Metzgar	Coral Springs	FL	'33071	General Dentist	1	3	\$419
2650125864	H James	Miller	Plantation	FL	'33317	Prosthodontist	2	3	\$938
2650129699	Elise	Suarez	Plantation	FL	'33324	General Dentist	1	4	\$1,500
2650132415	Michael	Blum	Fort Lauderdale	FL	'33304	General Dentist	2	4	\$2,708
2650132587	Jeffrey	Meral	Coral Springs	FL	'33065	General Dentist	3	14	\$4,672
2650140275	Guillermo	Rodriguez	Weston	FL	'33331	General Dentist	8	17	\$1,941
2650142861	Lawrence	Ross	Port Saint Lucie	FL	'34986	General Dentist	2	6	\$1,500
2650147084	Theodore	Herrmann	Miami	FL	'33176	General Dentist	1	3	\$777
2650156235	Barry M	Montag Dds	Plantation	FL	'33324	Dental Hygienist; X-Ray Lab; O	7	7	\$765
2650159506	George	Galluzzo	Fort Lauderdale	FL	'33316	General Dentist	6	19	\$3,012
2650161743	Brent	Bracco	Fort Lauderdale	FL	'33308	General Dentist	2	6	\$882
2650162961	Randall	Hoover	Deerfield Beach	FL	'33441	General Dentist	7	14	\$1,809
2650165775	Heather	Hosseini	Fort Lauderdale	FL	'33326	Dental Hygienist; X-Ray Lab; O	8	13	\$6,441
2650174452	Thomas	Lane	Fort Lauderdale	FL	'33308	General Dentist	9	32	\$5,557
2650183045	George	Walters	Fort Lauderdale	FL	'33304	General Dentist	2	5	\$290
2650184844	Lawrence	Marks	Fort Lauderdale	FL	'33308	Prosthodontist	13	43	\$7,351
2650214958	Sidney	Martin	Plantation	FL	'33317	General Dentist	10	26	\$5,997
2650216227	George	Green	Coral Springs	FL	'33071	General Dentist	3	3	\$367
2650225023	Eugenio	Conte	Coral Springs	FL	'33071	General Dentist	4	9	\$2,637

2650225023	Nivia	Conte	Coral Springs	FL	'33071	General Dentist	4	4	\$335
2650225023	Elzebir	Castillo	Coral Springs	FL	'33071	General Dentist	2	2	\$112
2650225023	Malissa	Vacharakiat	Coral Springs	FL	'33071	General Dentist	1	1	\$83
2650229875	Leonard	Grush	Boynton Beach	FL	'33435	General Dentist	1	3	\$406
2650230955	Causey	Lee Jr	Fort Lauderdale	FL	'33308	Orthodontist	3	3	\$2,898
2650232256	Vincent	Catalfo	Coral Springs	FL	'33071	General Dentist	4	4	\$269
2650232256	Arnold	Zusselman	Boynton Beach	FL	'33426	General Dentist	2	4	\$288
2650232256	John	Scott	Coral Springs	FL	'33071	Periodontist	2	2	\$97
2650232256	Christopher	West	Coral Springs	FL	'33071	General Dentist	1	1	\$1,501
2650232256	John	Scott	Boynton Beach	FL	'33426	Periodontist	1	3	\$784
2650232256	Hyman	Friedman	Coral Springs	FL	'33071	General Dentist	1	1	\$42
2650232256	Jay	Green	Coral Springs	FL	'33071	Endodontist	1	1	\$36
2650236974	Debbie	Davis	Boca Raton	FL	'33432	General Dentist	1	3	\$1,046
2650246176	Lawrence	Spector	Coral Springs	FL	'33067	General Dentist	14	28	\$2,949
2650256797	Maria	Murray	Lauderdale Lakes	FL	'33313	General Dentist	1	1	\$318
2650267371	Jay	Singer	Coral Springs	FL	'33067	Orthodontist	2	2	\$2,833
2650271151	Armando	Toral	Hollywood	FL	'33026	General Dentist	6	7	\$928
2650271151	Robert	Adami	Hollywood	FL	'33026	General Dentist	5	5	\$399
2650286174	Michael	Gorfinkel	Plantation	FL	'33324	Dental Hygienist; X-Ray Lab; O	11	30	\$4,323
2650292326	Mitchell	Farr	Boca Raton	FL	'33433	Periodontist	2	2	\$312
2650299563	John Michael	Digney	Boynton Beach	FL	'33437	Oral Surgeon	1	1	\$46
2650310427	I	Ernst	Tamarac	FL	'33321	General Dentist	1	2	\$410
2650313868	Yolanda	Solarte	Davie	FL	'33324	General Dentist	5	10	\$1,167
2650315498	Vincent	Lasalle	Fort Lauderdale	FL	'33308	General Dentist	11	44	\$7,499
2650322438	Eric	Mehler	Sunrise	FL	'33351	General Dentist	8	16	\$3,137
2650327654	Sidney	Julius	Miramar	FL	'33023	General Dentist	2	4	\$358
2650327689	Douglas	Pyser	Fort Lauderdale	FL	'33308	General Dentist	9	15	\$1,906
2650337578	Michael	Radu	Boca Raton	FL	'33432	General Dentist	1	2	\$1,583
2650343194	Ernie	Soto Dds	Plantation	FL	'33324	General Dentist	5	9	\$2,173
2650350225	Steven	Mautner	Margate	FL	'33063	General Dentist	1	2	\$119
2650351614	Louis	Zall	Plantation	FL	'33322	General Dentist	3	4	\$735
2650353286	Tamara	Mccallum	Pembroke Pines	FL	'33026	Pediatric	4	7	\$1,639
2650353286	Ronald	Sloane	Pembroke Pines	FL	'33026	General Dentist	2	2	\$267
2650362638	Marsha	Eisenberg Dmd	Fort Lauderdale	FL	'33301	Dental Hygienist; X-Ray Lab; O	7	32	\$9,247
2650385124	Carlos R	Fiallo Dmd	Miami	FL	'33145	General Dentist	1	5	\$1,155
2650396696	Mervyn	Hurwitz	Fort Lauderdale	FL	'33306	General Dentist	3	5	\$748
2650406105	Marc	Bilodeau	Delray Beach	FL	'33444	General Dentist	1	2	\$265
2650411776	Tin Wai Haro	Hui	N Miami Beach	FL	'33162	General Dentist	1	2	\$820

2650425633	Daniel	Mazor	Hollywood	FL	'33021	Periodontist	1	1	\$53
2650446372	Felipe	Norena	Plantation	FL	'33322	Orthodontist	1	1	\$1,646
2650454026	Richard	Salzman	Hollywood	FL	'33024	Periodontist	7	12	\$3,954
2650456698	Brad	Graff	Fort Lauderdale	FL	'33312	General Dentist	16	26	\$3,460
2650457398	Steven	Goldberg	Boca Raton	FL	'33433	General Dentist	5	9	\$3,446
2650460023	Thomas	Krakauer	Miami	FL	'33168	General Dentist	1	2	\$817
2650461148	Dalal	Zakko	Fort Lauderdale	FL	'33308	General Dentist	8	18	\$5,103
2650461148	Rodolfo	Villa	Fort Lauderdale	FL	'33308	Prosthodontist	5	8	\$1,304
2650461148	Peter	Ciporkin	Fort Lauderdale	FL	'33308	General Dentist	2	8	\$1,905
2650461148	Alex	Cardounel	Fort Lauderdale	FL	'33308	General Dentist	1	3	\$152
2650461148	Shmuel	Stern	Fort Lauderdale	FL	'33308	Periodontist	1	1	\$40
2650467002	Michele	Dallas	Fort Lauderdale	FL	'33301	General Dentist	3	4	\$871
2650469837	Manon	Hutchison	Coconut Creek	FL	'33073	General Dentist	1	1	\$179
2650493909	Mitchell	Epstein	Boca Raton	FL	'33433	General Dentist	2	3	\$240
2650500478	Mayra	Betancourt	Hialeah	FL	'33015	General Dentist	3	4	\$544
2650504324	Kenneth	Mogell	Boca Raton	FL	'33431	General Dentist	1	3	\$335
2650506593	Michael	Ancona	Cooper City	FL	'33330	General Dentist	13	27	\$3,732
2650509660	Jerome	Petrisko	Fort Lauderdale	FL	'33304	General Dentist	6	10	\$961
2650509660	Dana	Fahey	Fort Lauderdale	FL	'33304	General Dentist	1	1	\$99
2650513061	Maria	Portilla	Coral Springs	FL	'33065	General Dentist	3	9	\$1,770
2650518576	John	Davis	Pompano Beach	FL	'33062	General Dentist	2	5	\$2,698
2650522006	Alberto	Despaigne	Hallandale	FL	'33009	General Dentist	1	1	\$57
2650525752	Craig	Schroeder	Delray Beach	FL	'33483	General Dentist	5	17	\$2,495
2650534744	John	Ledakis	West Palm Beach	FL	'33407	General Dentist	1	3	\$566
2650559387	Stephen	Pyle	Weston	FL	'33326	General Dentist	6	16	\$3,059
2650560189	Gabor	Bodnar Dmd	Fort Lauderdale	FL	'33308	General Dentist	1	5	\$1,201
2650573301	Thomas	Jeson Dds	Fort Lauderdale	FL	'33308	General Dentist	1	6	\$830
2650573306	Joshua	Bockian	Pembroke Pines	FL	'33027	General Dentist	3	3	\$285
2650573306	Marta	Ortiz-Perez	Pembroke Pines	FL	'33027	Pediatric	2	6	\$990
2650573306	Marc	Cowan	Pembroke Pines	FL	'33027	General Dentist	1	1	\$115
2650592097	Carlos	Maiz	Fort Lauderdale	FL	'33316	General Dentist	3	4	\$1,763
2650596117	Jorge	Donoso	Coral Springs	FL	'33071	Orthodontist	3	3	\$1,724
2650599004	Osmani	Diaz	Pembroke Pines	FL	'33029	General Dentist	1	3	\$823
2650626397	Clifford	Voltapetti	North Miami	FL	'33181	General Dentist	1	2	\$132
2650626785	Eduardo	Blanco	Pompano Beach	FL	'33062	General Dentist	14	32	\$3,774

2650628374	Albert	Lucas	Plantation	FL	'33324	Orthodontist	4	4	\$2,850
2650631864	Henry	Rozen	Coral Springs	FL	'33067	Orthodontist	6	6	\$6,011
2650632466	Liliana	Hernandez	Fort Lauderdale	FL	'33316	General Dentist	4	11	\$1,389
2650640571	Michael	Flax	Coral Springs	FL	'33065	Endodontist	1	1	\$183
2650646714	Kathy	Theophilopoulos	Plantation	FL	'33324	General Dentist	1	1	\$240
2650650593	Stuart	Moraitis	Fort Lauderdale	FL	'33301	General Dentist	1	2	\$655
2650654629	David	Bitchatchi	Hollywood	FL	'33021	General Dentist	2	4	\$398
2650654799	Christian	Thomas	Fort Lauderdale	FL	'33306	Pediatric	7	11	\$1,437
2650661150	Joann	Dibella	Davie	FL	'33328	General Dentist	1	2	\$133
2650663812	Craig H	Etts	Plantation	FL	'33317	General Dentist	6	14	\$3,198
2650664882	Maria	Mezcua	Pembroke Pines	FL	'33029	General Dentist	5	9	\$1,686
2650666819	Jeffrey	Bartlett	Fort Lauderdale	FL	'33304	General Dentist	5	11	\$1,697
2650667967	George	Brockman	Tamarac	FL	'33319	General Dentist	4	8	\$1,000
2650668849	Albert	Wong	Plantation	FL	'33317	General Dentist	14	33	\$8,700
2650669218	Deborah	Corliss	Pembroke Pines	FL	'33029	General Dentist	2	4	\$324
2650669218	Jerry	Zimmerman	Pembroke Pines	FL	'33029	General Dentist	1	1	\$93
2650670155	Gary	Yanowitz	Pembroke Pines	FL	'33026	General Dentist	3	8	\$827
2650676508	Richard	Douglas	Plantation	FL	'33317	Periodontist	24	44	\$9,762
2650684175	Steve	Wang	Plantation	FL	'33317	Dental Hygienist; X-Ray Lab; O	15	57	\$7,981
2650688337	David	Simon	Tamarac	FL	'33321	Periodontist	2	3	\$218
2650700150	David	Sachs	Davie	FL	'33324	General Dentist	2	3	\$161
2650700150	Randy	Sachs	Davie	FL	'33324	General Dentist	2	2	\$107
2650700287	Ronald	George	Plantation	FL	'33317	Pediatric	14	18	\$2,504
2650713391	Michael	Nudelberg	Pompano Beach	FL	'33060	General Dentist	2	3	\$289
2650717556	Mitchell	Feuer	Hollywood	FL	'33020	General Dentist	7	31	\$6,959
2650718281	Douglas	Rolfe	Boca Raton	FL	'33432	General Dentist	3	9	\$2,254
2650719035	Victor	Christoph	Pembroke Pines	FL	'33025	General Dentist	11	16	\$1,643
2650719035	Victor	Christoph	Pembroke Pines	FL	'33025	General Dentist	3	4	\$280
2650719035	Leonard	Ostroff	Opa Locka	FL	'33056	Periodontist	2	5	\$1,115
2650719035	Ricardo	Garcia	Fort Lauderdale	FL	'33305	General Dentist	2	5	\$920
2650719035	Shannon	Smith	Stuart	FL	'34997	General Dentist	2	5	\$578
2650719035	Morton	Lieberman	Pembroke Pines	FL	'33025	Oral Surgeon	2	2	\$113
2650719035	Beatriz	Nazario-Lugo	Miami Gardens	FL	'33056	General Dentist	1	2	\$770
2650719035	Jay	Green	Coral Springs	FL	'33071	Endodontist	1	2	\$758
2650719035	Nancy	Medina	Pembroke Pines	FL	'33025	Endodontist	1	1	\$700
2650719035	Jon	Robison	Pembroke Pines	FL	'33025	Orthodontist	1	1	\$452
2650719035	Beatriz	Nazario-Lugo	Miami Gardens	FL	'33056	General Dentist	1	1	\$335
2650719035	Sharlene	Starkman	Pembroke Pines	FL	'33025	General Dentist	1	2	\$323
2650719035	Gabriela	Rolland-Asensi	Opa Locka	FL	'33056	Pediatric	1	1	\$318
2650719035	Beatriz	Nazario-Lugo	Miami Gardens	FL	'33056	General Dentist	1	2	\$258
2650719035	Tessa	Scott	Opa Locka	FL	'33056	General Dentist	1	2	\$162

2650719035	Morton	Lieberman	Pembroke Pines	FL	'33025	Oral Surgeon	1	1	\$160
2650719035	Carlos	Mercado	Pembroke Pines	FL	'33025	General Dentist	1	1	\$142
2650719035	Sara	Daneshpajouh	Fort Lauderdale	FL	'33305	General Dentist	1	1	\$127
2650719035	Maria	Urrea	Miami	FL	'33135	Pediatric	1	2	\$120
2650719035	Sharlene	Yap	Pembroke Pines	FL	'33025	Pediatric	1	1	\$70
2650719035	Luis	Torres	Pembroke Pines	FL	'33025	Oral Surgeon	1	1	\$59
2650719035	Nancy	Medina	Pembroke Pines	FL	'33025	Endodontist	1	1	\$58
2650719035	Norman	Shumate	Stuart	FL	'34997	General Dentist	1	1	\$50
2650719035	Jeffrey	Starkman	Fort Lauderdale	FL	'33305	Periodontist	1	1	\$36
2650719628	Seth	Pomerantz	Tamarac	FL	'33321	General Dentist	5	15	\$2,710
2650720179	German	Santana	Hollywood	FL	'33020	General Dentist	1	1	\$681
2650731323	Peter	Krimsky	Plantation	FL	'33317	General Dentist	18	36	\$4,306
2650738897	Richard	Forum	Fort Lauderdale	FL	'33316	General Dentist	8	23	\$4,966
2650746314	Peter	Hernandez	Pembroke Pines	FL	'33024	General Dentist	2	3	\$247
2650752789	Mark	Hellerman	Davie	FL	'33328	General Dentist	3	5	\$1,482
2650754991	Jordi	Rodriguez	Tamarac	FL	'33321	General Dentist	2	9	\$1,548
2650759160	Robert	Lane	Boca Raton	FL	'33486	General Dentist	3	5	\$496
2650761615	Donna	Bridge	Sunrise	FL	'33321	General Dentist	3	8	\$1,547
2650766393	Steven	Rosenberg	Plantation	FL	'33317	General Dentist	22	61	\$12,813
2650767633	To-Nguyen	Hoang	Boynton Beach	FL	'33472	General Dentist	3	6	\$545
2650774583	Kevin	Siao	Plantation	FL	'33324	General Dentist	1	1	\$82
2650787194	Henderson	Taylor	Lauderhill	FL	'33319	General Dentist	2	4	\$381
2650792047	Elie	Israel	Cooper City	FL	'33328	General Dentist	15	21	\$3,035
2650792047	Craig	Dean	Cooper City	FL	'33328	General Dentist	9	17	\$2,489
2650792047	Claudia	Draizin	Cooper City	FL	'33328	General Dentist	5	8	\$1,369
2650792047	Shah	Rassoulian	Cooper City	FL	'33328	Endodontist	1	1	\$525
2650792047	Eric	Mohr	Cooper City	FL	'33328	General Dentist	1	2	\$250
2650792047	Jorge	Landa	Cooper City	FL	'33328	Pediatric	1	1	\$246
2650796764	Philip	Desenze	Pompano Beach	FL	'33060	General Dentist	13	20	\$4,184
2650802993	Yolanda	Cintron	Fort Lauderdale	FL	'33308	General Dentist	1	3	\$452
2650803400	John	Moushati Dmd	Fort Lauderdale	FL	'33305	General Dentist	2	2	\$495
2650806842	Nicholas	Rendon	Vero Beach	FL	'32960	General Dentist	4	7	\$1,501
2650807157	Easton	Douglas	Tamarac	FL	'33319	General Dentist	1	5	\$787
2650816795	Jacqueline R	Moroco Dds Ms	Delray Beach	FL	'33445	Orthodontist	1	1	\$88
2650819931	Ronald	Taylor	Coconut Creek	FL	'33073	Orthodontist	1	2	\$1,620
2650822624	Beth Anne	Campbell	Miramar	FL	'33025	General Dentist	2	5	\$1,602
2650825571	John	Garcia	Davie	FL	'33331	General Dentist	3	7	\$543
2650827738	Mark	Forrest	Pembroke Pines	FL	'33028	Periodontist	2	5	\$350
2650829540	Alfred	Martinez	Fort Lauderdale	FL	'33308	General Dentist	6	10	\$2,742

2650829942	Raul Lizaso	Pembroke Pines	FL	'33029	General Dentist	2	3	\$729
2650830474	Wesam Al-Joburi	Boca Raton	FL	'33433	Periodontist	1	1	\$113
2650850981	Nhat Le	Weston	FL	'33331	Orthodontist	1	1	\$1,594
2650858283	Lauren Mitchell	Boca Raton	FL	'33433	Endodontist	1	1	\$875
2650862462	Charlyn Bradshaw	Palm Beach Gardens	FL	'33410	Endodontist	1	1	\$547
2650863385	Candace Colella	Pompano Beach	FL	'33073	General Dentist	1	3	\$1,500
2650865914	Rodolfo Carballo	Pembroke Pines	FL	'33028	General Dentist	2	3	\$326
2650895720	Virginia Noce	Coral Springs	FL	'33065	Dental Hygienist; X-Ray Lab; O	1	4	\$700
2650897786	Mona H Chami	Fort Lauderdale	FL	'33312	General Dentist	1	2	\$216
2650900867	Michael Brody	Miami Beach	FL	'33140	Pediatric	2	4	\$555
2650915555	J Carlos Benito	Plantation	FL	'33317	General Dentist	5	8	\$2,534
2650919224	Dennis Sevel	Miramar	FL	'33029	General Dentist	1	1	\$151
2650919333	Elisa Ramirez	Hollywood	FL	'33021	General Dentist	1	4	\$548
2650923653	Howard Cunningham	Fort Lauderdale	FL	'33306	General Dentist	4	4	\$308
2650923653	Jazriel Cruz	Fort Lauderdale	FL	'33306	General Dentist	1	1	\$79
2650924956	Marisa Napoli	Pompano Beach	FL	'33062	General Dentist	1	1	\$580
2650937800	James Etling	Palm City	FL	'34990	Orthodontist	2	2	\$1,521
2650940528	Jonathan Cohen	Coral Springs	FL	'33065	General Dentist	2	2	\$1,283
2650960800	Jared Lichstrahl	Sunrise	FL	'33322	Endodontist	2	3	\$1,469
2650960800	Seymour Weiner	Sunrise	FL	'33322	Endodontist	2	2	\$1,039
2650962928	Michael Eggatz	Weston	FL	'33326	General Dentist	1	3	\$508
2650969512	Michelle Handel	Boca Raton	FL	'33498	General Dentist	1	2	\$402
2650970611	Tory Lindh	Plantation	FL	'33317	General Dentist	2	7	\$604
2650971271	James Strawn	Fort Pierce	FL	'34981	General Dentist	1	3	\$308
2650975638	Kathy Garcia	Plantation	FL	'33324	Pediatric	6	13	\$1,479
2650976774	Albert Ziembra	Plantation	FL	'33317	General Dentist	1	3	\$717
2650976774	C 'Kip' Ring	Plantation	FL	'33317	General Dentist	1	5	\$673
2650977033	John Bazos	Coral Springs	FL	'33067	Pediatric	13	32	\$5,577
2650980524	Ian Jones	Margate	FL	'33063	General Dentist	16	50	\$17,652
2650985810	James Yang	Plantation	FL	'33324	Orthodontist	2	2	\$2,002
2650987643	David Perez	Sunrise	FL	'33351	General Dentist	2	2	\$196
2650990007	Julie Freedman	Miramar	FL	'33025	General Dentist	3	5	\$490
2650999748	Jenny Moreno	Pembroke Pines	FL	'33026	Pediatric	2	2	\$232

2651007689	Elizabeth	Rothfield	Hollywood	FL	'33021	General Dentist	9	18	\$3,652
2651007689	Heidi	Lewis	Hollywood	FL	'33021	General Dentist	7	11	\$1,218
2651017817	Kinga	Rogowska	Hollywood	FL	'33021	General Dentist	1	2	\$302
2651021909	Oana	Romasan	Wilton Manors	FL	'33305	Pediatric	5	7	\$565
2651025280	Luis	Gomez	Margate	FL	'33063	General Dentist	6	7	\$1,074
2651025280	Luis	Gomez	Coral Springs	FL	'33073	General Dentist	4	4	\$246
2651029025	Mark	Colin	Fort Lauderdale	FL	'33306	General Dentist	6	16	\$3,030
2651030631	Patrick	Arnold	Fort Lauderdale	FL	'33308	Pediatric	8	15	\$1,505
2651038725	Sonia	Pena	Fort Lauderdale	FL	'33301	Endodontist	3	4	\$3,436
2651047734	Robert	Aron	Lauderhill	FL	'33351	General Dentist	3	4	\$778
2651050940	Martin	Leon	Pembroke Pines	FL	'33029	General Dentist	1	1	\$95
2651056720	Myron	Coulton	Pompano Beach	FL	'33062	General Dentist	2	4	\$524
2651063015	Georgeana	Lewis	N Miami Beach	FL	'33179	General Dentist	2	2	\$469
2651064956	Nicholas	Deture	Fort Lauderdale	FL	'33301	Periodontist	4	5	\$1,397
2651064956	Thomas	Mccawley	Fort Lauderdale	FL	'33301	Periodontist	2	6	\$1,748
2651081473	Julia	Neuls	Fort Lauderdale	FL	'33308	General Dentist	1	5	\$714
2651083048	Craig	Friedman	Weston	FL	'33331	General Dentist	1	1	\$86
2651084609	Xiaofang	Cheng	Coral Springs	FL	'33071	General Dentist	1	1	\$512
2651092401	Natalia	Stadler	Pompano Beach	FL	'33062	General Dentist	2	6	\$635
2651100498	Daniel	Mccawley	Fort Lauderdale	FL	'33301	General Dentist	13	52	\$7,660
2651100498	Carl	Moerke	Fort Lauderdale	FL	'33301	General Dentist	1	1	\$82
2651136796	Maria	Verne	Pembroke Pines	FL	'33029	Orthodontist	1	4	\$1,154
2651142450	Christopher	Stock	Bradenton	FL	'34205	General Dentist	1	1	\$314
2651146452	Ralph	Collazo	Weston	FL	'33331	General Dentist	5	7	\$846
2651147593	Tammy	Finder	Coral Springs	FL	'33065	General Dentist	2	5	\$934
2651147593	Howard	Listopad	Coral Springs	FL	'33065	General Dentist	1	3	\$1,444
2651155895	Lance	Kamel	Plantation	FL	'33322	General Dentist	2	2	\$209
2651158574	Martin	Wexler	Deerfield Beach	FL	'33441	General Dentist	2	9	\$2,590
2680498361	David	Kemp	Coral Springs	FL	'33071	General Dentist	5	5	\$715
2710915165	Frank	Cornella	Springfield	MO	'65804	Oral Surgeon	1	1	\$132
2753136614	Frank	Maye	Boca Raton	FL	'33498	Pediatric	5	9	\$908
2760741305	Charmaine	Johnson-Leong	Ft Lauderdale	FL	'33306	General Dentist	1	11	\$1,678
2800084368	Juan	Arroyo	Plantation	FL	'33322	Oral Surgeon	1	2	\$439
2800084368	Robert	Comora	Plantation	FL	'33322	Endodontist	1	1	\$78
2820573456	Sorrell	Strauss	Port Saint Lucie	FL	'34953	Oral Surgeon	1	1	\$138
2830399635	Robert	Cherry	Sunrise	FL	'33323	General Dentist	9	21	\$3,923

2830401313	Adam	Winton	Pompano Beach	FL	'33064	Oral Surgeon	2	2	\$1,208
2841619675	Stephen	Paul	Lauderdale By The Sea	FL	'33308	General Dentist	2	4	\$323
2860836782	Michael	Killebrew	Tucson	AZ	'85739	General Dentist	2	5	\$988
2910974034	Richard	Tucker	Bellingham	WA	'98225	General Dentist	1	5	\$1,763
2911110265	Curtis K	Wade	Burlington	WA	'98233	Periodontist	1	2	\$1,237
2911891746	Linda	Cirtaut	Mill Creek	WA	'98012	General Dentist	4	9	\$1,262
2912114346	Yves	Semeah	West Palm Beach	FL	'33406	General Dentist	1	3	\$386
2943420892	Nadja	Horst	Fort Lauderdale	FL	'33301	General Dentist	13	36	\$5,259
2943420892	Malissa	Vacharakiat	Fort Lauderdale	FL	'33301	General Dentist	1	1	\$186

**City of Fort Lauderdale Group Dental Plans  
March 1, 2010 Renewal - MetLife**

<b>Enrollment</b>	<b>DHMO</b>	<b>Current Rates</b>	<b>Renewal Rates</b>
281	Employee Only	\$13.48	\$15.91
103	Employee + Spouse	\$23.59	\$27.84
97	Employee + Children	\$28.31	\$33.41
171	Employee + Family	\$39.77	\$46.93
652	Total Monthly	\$15,764	\$18,604
Total Monthly Increase			\$2,840
Total Annual Increase			\$34,076
Percentage Increase			18%

<b>Enrollment</b>	<b>DPPO</b>	<b>Current Rates</b>	<b>Renewal Rates</b>
318	Employee Only	\$46.02	\$60.52
151	Employee + Spouse	\$86.22	\$113.38
71	Employee + Children	\$88.64	\$116.56
224	Employee + Family	\$111.72	\$146.91
764	Total Monthly	\$58,972	\$77,549
Total Monthly Increase			\$18,577
Total Annual Increase			\$222,924
Percentage Increase			32%

Enrollment includes active, retirees based on census data provided June 2010.

Prepared by The Rhodes Insurance Group

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**City of Fort Lauderdale  
Dental Plan Rate History**

**DPPO**

Year	2003	2004	2005	2006	3/1/2007- Current	2008	2009	to 2/28/10
Company	Guardian	Guardian	Guardian	Guardian	Safeguard	Safeguard	Safeguard	Safeguard
Employee	\$44.55	\$44.55	\$44.55	\$44.55	\$46.02	\$46.02	\$46.02	\$46.02
Employee + Spouse	\$86.00	\$86.00	\$86.00	\$86.00	\$86.22	\$86.22	\$86.22	\$86.22
Employee + Child(ren)	\$90.00	\$90.00	\$90.00	\$90.00	\$88.64	\$88.64	\$88.64	\$88.64
Employee + Family	\$120.00	\$120.00	\$120.00	\$120.00	\$111.72	\$111.72	\$111.72	\$111.72
<b>DHMO</b>								
Employee	\$16.87	\$16.87	\$16.87	\$16.87	\$13.48	\$13.48	\$13.48	\$13.48
Employee + Spouse	\$32.84	\$32.84	\$32.84	\$32.84	\$23.59	\$23.59	\$23.59	\$23.59
Employee + Child(ren)	\$31.89	\$31.89	\$31.89	\$31.89	\$28.31	\$28.31	\$28.31	\$28.31
Employee + Family	\$51.46	\$51.46	\$51.46	\$51.46	\$39.77	\$39.77	\$39.77	\$39.77

Prepared by The Rhodes Insurance Group  
12/8/2005

**7. QUESTIONNAIRE (SEE WORD FILE – ATTACHMENT K)**

**Responses to the questions are to be included in Section IV of your proposal as a hard copy and also in an electronic format on a CD.**

**General**

- 1. Where are your company’s claims and customer service offices located? Are there any plans to locate those member call centers out of the country?

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- 2. Is your company willing to provide a dedicated toll free number for servicing this account?

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- 3. Is your company capable of providing the following reports on a monthly basis? If not, please provide a description of reports the company is capable of providing and their frequency.

Indemnity Plans

Monthly paid claims separated by option, by network, non-network, by employee, by dependent

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Monthly paid claims by CDT code and description, by employee, by dependent

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DHMO Plans

Number of encounters by CDT code and description by employee, by dependent, by month

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Please provide a list of your standard reporting package with a brief description of the report.

- 4. Does your company maintain a website? If so, please provide the address, services and capabilities for employers and members available at that site.

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5. If your website provides network directory information, how often is it updated for terminations and additions?

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6. Does your company have the ability to allow for online enrollments and billing services for the plans proposed?

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7. If your company proposed both a DPPO & DHMO plan, are both plans serviced through the same toll-free number and website?

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8. Is your organization currently in compliance with Florida Department of Financial Services statutes and requirements? If no, describe why not?

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9. Is member satisfaction information linked to provider compensation? If so, how?

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10. How many verbal and written complaints were received per 1,000 members during 2008 and 2009?

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11. Do your proposed plans cover prescription drug benefits? If yes, describe the terms of use.

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12. Are claim forms ever required of patients? If so, under what circumstances?

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13. What percentage of your member services representatives are bilingual? List the language capabilities available other than English.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. If you capitate, describe how the individual provider is paid for services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. What percentage of your primary care providers are capitated? Specialty providers?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. What percentage of orthodontists, maxillofacial surgeons, endodontists and periodontists have certification in their specialty from an accredited program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DHMO**

	<u>Broward</u>	<u>Miami-Dade</u>	<u>Palm Beach</u>	<u>Monroe</u>
1. What is the current average waiting time for setting appointments for				
General Dentists	_____	_____	_____	_____
Specialists	_____	_____	_____	_____

2. Does your proposed DHMO plan require the member to select a general dentist?

\_\_\_\_\_

3. Can each family member select his or her own dentist when using the DHMO?

\_\_\_\_\_  
\_\_\_\_\_

4. How often are members permitted to change their selection of a dentist?

\_\_\_\_\_  
\_\_\_\_\_

5. Does your plan require a referral to a specialist dentist? If yes, please explain the process and turn-around time for the referral.

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6. Under what circumstances do members have direct access to specialists without a referral?

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7. Does you plan include a copay for each dentist office visit in addition to the copay for each defined service provided?

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8. Please describe any plans for future DHMO network growth in Broward, Miami-Dade, Palm Beach and Monroe Counties. Be specific and include number and type of dentists targeted by county. If no growth is planned, please state so.

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9. What is the maximum number of members that may be assigned to a specific dentist before a practice is closed to new members? Include a description of how often this is measured and if the calculation includes other DHMO plan members.

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10. How many participating general dentists in Broward, Miami-Dade, Palm Beach and Monroe Counties were terminated in 2008 as a result of quality assurance reviews or member complaints?

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11. How many participating specialist dentists in Broward, Miami-Dade, Palm Beach and Monroe Counties were terminated in 2008 as a result of quality assurance reviews or member complaints?

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12. Please describe your credentialing criteria and process for DHMO providers.

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13. How many general dentists are not accepting new patients? Please provide this information separately for Broward, Miami-Dade, Palm Beach Counties and Monroe counties.

Broward \_\_\_\_\_  
Miami-Dade \_\_\_\_\_  
Palm Beach \_\_\_\_\_  
Monroe \_\_\_\_\_

14. What is the 2008 turnover percentage for your DHMO network of general dentists?

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15. How are emergency dental services provided and/or reimbursed for members who may be out of area at time of service?

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16. Provide a description of benefits available for TMJ. Include details regarding any required authorization processes.

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17. Does your proposed DHMO plan include coverage for implants? If yes, please explain the coverage.

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**Indemnity/PPO**

1. Are members required to select a dentist when enrolled in the PPO?

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2. What is the average turn around for a clean non-network claim submission?

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3. Please describe the credentialing criteria for PPO dentists.

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4. Are non-network claims paid subject to usual, customary and reasonable allowances or a schedule of allowances?

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5. Describe your company's method of determining usual, customary and reasonable charges.

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6. What database does your company use for reasonable and customary profiles? How often is it updated?

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7. What percentile is typically used for dental R&C? What are the options?

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8. Can your system allow certain tolerance ranges to be applied to reasonable and customary limits? Describe.

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9. Are participating dentist offices required to file claims on behalf of their members as part of the provider contract?

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10. Listed below are some popular dental procedures. Please provide your average PPO discounted fee for these procedures. Assume the service is incurred in Broward County, Florida. If your company has two different DPPO networks, provide the information for both networks.

Diagnostic/Preventive

- 9310 consultation \_\_\_\_\_
- 0120 periodic oral evaluation \_\_\_\_\_
- 0140 limited oral evaluation \_\_\_\_\_
- 0150 comprehensive oral evaluation \_\_\_\_\_
- 0210 intraoral, complete series \_\_\_\_\_
- 0220 intraoral periapical, first film \_\_\_\_\_
- 0230 intraoral periapical, each additional film \_\_\_\_\_
- 0270 bitewing, single film \_\_\_\_\_
- 0272 bitewings, 2 films \_\_\_\_\_
- 0274 bitewings, 4 films \_\_\_\_\_
- 0330 panoramic film \_\_\_\_\_
- 1110 prophylaxis, adult \_\_\_\_\_
- 1120 prophylaxis, child \_\_\_\_\_
- 1203 topical application of fluoride, child \_\_\_\_\_
- 1330 oral hygiene instructions \_\_\_\_\_

Restorative

- 2140 amalgam, 1 surface \_\_\_\_\_
- 2150 amalgam, 2 surfaces \_\_\_\_\_
- 2160 amalgam, 3 surfaces \_\_\_\_\_
- 2330 resin, 1 surface, anterior \_\_\_\_\_
- 2391 resin-based composite, 1 surface, posterior \_\_\_\_\_
- 2392 resin-based composite, 2 surfaces, posterior \_\_\_\_\_
- 2393 resin-based composite , 3 surfaces, posterior \_\_\_\_\_
- 2750 crown - porcelain fused to high noble metal \_\_\_\_\_
- 2950 core buildup, including any pins \_\_\_\_\_
- 6750 crown - porcelain fused to high noble metal \_\_\_\_\_

Endodontics

- 3220 therapeutic pulpotomy \_\_\_\_\_
- 3310 endodontic therapy, anterior \_\_\_\_\_

- 3320 endodontic therapy, bicuspid \_\_\_\_\_
- 3330 endodontic therapy, molar \_\_\_\_\_

Periodontics

- 0180 comprehensive oral evaluation \_\_\_\_\_
- 4260 osseous surgery, per quadrant \_\_\_\_\_
- 4341 periodontal scaling and root planing,  
4 or more teeth, per quadrant \_\_\_\_\_
- 4342 periodontal scaling and root planing,  
1 to 3 teeth, per quadrant \_\_\_\_\_
- 4355 full mouth debridement to enable  
comprehensive evaluation and  
diagnosis \_\_\_\_\_
- 4381 localized delivery of antimicrobial  
agents, per tooth, by report \_\_\_\_\_
- 4910 periodontal maintenance \_\_\_\_\_

Prosthodontics

- 2920 recement crown \_\_\_\_\_
- 2950 core buildup, including any pins \_\_\_\_\_
- 5213 maxillary partial denture, cast metal \_\_\_\_\_
- 5410 adjust complete denture, maxillary \_\_\_\_\_
- 5640 replace broken teeth, per tooth \_\_\_\_\_
- 6750 crown, porcelain fused to high  
noble metal \_\_\_\_\_
- 6930 recement fixed partial denture \_\_\_\_\_

Oral Surgery

- 7140 extraction, erupted tooth or  
exposed root \_\_\_\_\_
- 7210 surgical removal of erupted tooth \_\_\_\_\_
- 7220 removal of impacted tooth,  
soft tissue \_\_\_\_\_
- 7230 removal of impacted tooth,  
partially bony \_\_\_\_\_
- 7240 removal of impacted tooth,  
completely bony \_\_\_\_\_
- 7241 removal of impacted tooth,  
completely bony, with unusual  
surgical complications \_\_\_\_\_
- 7250 surgical removal of residual  
tooth roots \_\_\_\_\_
- 7280 surgical access of an unerupted  
tooth \_\_\_\_\_

City of Fort Lauderdale • Procurement Services Department  
 100 N. Andrews Avenue, #619 • Fort Lauderdale, Florida 33301  
 954-828-5933 FAX 954-828-5576  
[purchase@fortlauderdale.gov](mailto:purchase@fortlauderdale.gov)

## ADDENDUM NO. 1

RFP 105-10461  
 Group DHMO and DPPO Dental Plan Benefits

ISSUED: July 2, 2010

QUESTION: For Clarification regarding the contributions – the census breaks out employees into 5 classes:

Mgt/Confidential	241
Professional	153
Retiree	179
Supervisory	74
Union	781
Total	1428

ANSWER:: For contribution purposes you can classify the groups as follows:

- Management (468 = Mgt, Professional, and Supervisory, representing 378 employees, for whom the city pays 100% and Confidential representing approximately 90 employees for whom the City pays 50% of the cost.
- General (781) = Union members who pay 100% of the cost.
- Retirees (179) = Retirees who pay 100% of the cost.

**All other terms, conditions, and specifications remain unchanged.**

**This Addendum No. 1 SHOULD be submitted with your RFP Proposal, (RFP 105-10461)**

Michael Walker, CPPB  
 Procurement and Contracts Manager

Company  
 Name: \_\_\_\_\_  
 (please print)

Authorized Contractors  
 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Question and Answers for Bid #105-10461 - Group DHMO and DPPO Dental Plan Benefits

### OVERALL BID QUESTIONS

#### Question 1

Please clarify the current rates being paid for DHMO and DPPO, vs. renewal rates stated in Attachment J?  
(Submitted: Jun 23, 2010 8:30:01 AM EDT)

#### Answer

- In Attachment J - the City is Currently paying the Current Rates as stated for the DHMO and DPPO thru December 31, 2010. Please disregard MetLife's Renewal rates, as these rates were never implemented by MetLife. (Answered: Jun 23, 2010 8:32:15 AM EDT)

#### Question 2

Under the "minimum qualifications of proposer" (section 5), it states that the Insurance company must hold an AM Best rating of 'A' or better. Will the City consider contracting with a dental carrier with an AM Best rating of B++ for this RFP? (Submitted: Jun 23, 2010 10:42:44 AM EDT)

#### Answer

- No, the RFP specifically required the bidding entity to have an AM best rating of 'A' or better as of the submission date of their proposal, or will be deemed non-responsive. (Answered: Jun 23, 2010 10:43:51 AM EDT)